



Recognizing and Reporting Acute Change of Condition

*Welcome to the
Elizabeth McGowan
Training Institute*



Cell Phones and Pagers



- Please turn your cell phones off or turn the ringer down during the session. If you must answer a call, please be considerate of other attendees and leave the room before you begin to have your conversation.

Presenters



Maria Wellisch, RN, BBA, LNFA

You Cannot Recognize Changes If You Don't Know Your Residents

- Transfers to hospitals occur often during the first month after admission?
- WHY?



Transfers to Hospitals

- Transfers to hospitals are traumatic for anyone – especially our residents
- Hospitalizations may increase potential for skin breakdown, confusion, delirium, infections, under nutrition, and adverse drug reactions



What Is An Acute Change of Condition

- Sudden
- Clinically Important Deviation from a resident's baseline in physical, cognitive, behavioral or functional domains
- Without intervention the condition may result in complications or death

Goal of Recognizing Changes

- To allow staff and physician to manage resident at facility and avoid transfer to hospital or ER



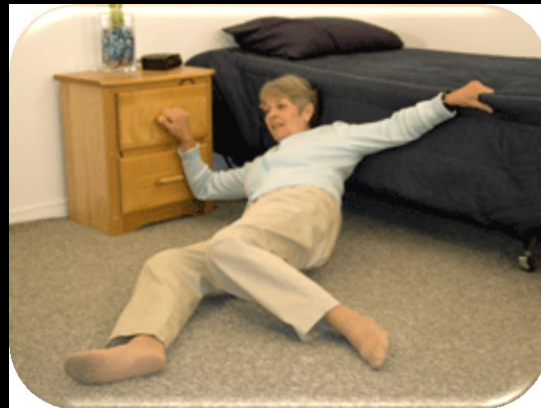
Over What Period of Time Do Acute Changes of Condition Occur?

- Abruptly
- Over several hours
- Several Days



Are There Predictable Acute Changes of Condition

- Pneumonia- delirium
- Recent Catheterization- fever
- New Medications for elevated Blood Pressure-falls



Reporting

- 1st do not make assumptions that the nurse or doctor know the resident you are reporting.
- Full description of change, have vital signs,
- Do NOT call the physician without observing the resident yourself and having the chart available

2516 East 21st St
CAVIA, J. O. 2/16/01
110 74 92-0
261 3024
Se Op
1/10
1975
History Examination Problems and Plans
P2 - 10/26 @ check swelling since Monday. It takes interactive
dependent on my nose. At approx 10/15, noted some drainage from
nose. Report a sore. It has to cycle nose on hand.
PMH - B
* positive 1984
* negative 1984
PEI
Harvey Sanders, M.D.
No appropriate pos, well encapsulated
No psychotic features, no recent, previous suicidal
thoughts
top - Systemic nerve would try
Vital - all within limits
As scheduled
good
as per note
good
INSTRUCTIONS: Clinic Referral to Student Health
1) Warm soaks to your face at least 1 hour a day.
2) Take antibiotics as directed.
3) Follow up w. student health.
EMERGENCY DEPARTMENT RECORD

Information You Will Need For Reporting

- Name, age, sex,
- Overall condition
- Vital Signs
- Physical Findings
- Resident's description of Pain
- Onset
- Medications: changes, allergies



More Information Needed...

- Diet, changes in intake
- Current Diagnosis
- History Related to Condition
- Description and date of last BM



Always Consider

- Fluid and electrolyte imbalance
- Acute Infection
- Potential Adverse Drug Reactions- recurrent falling, changes in mental status and behavior, anorexia , weight loss.



Know Your Resident's Wishes

- Incorporate into Care Plan
- Have readily accessible



We Are A Team!

- It takes all of us to recognize resident change of condition and we need to respect each others observations.



Conditions A-Z

- Abdominal Pain- not every resident will complain of pain but if they do ...YOU HAVE to take it seriously and act!!
 - » Report bloating
 - » Report rigid abdomen
 - » Report constipation
 - » Report change in appetite
 - » Know that older adults have the potential to die from abdominal conditions





A-B

- Agitation-especially in the cognitively impaired may demonstrate pain or even poor oxygenation.
- Appetite- any changes need to be reported- this can signify so, so many problems and conditions
- Bleeding- rectal, nasal, any part of the body--- immediately report
- Blisters- drug reactions, insect bites, shingles





C-D

- Coughing
- Chest Pain
- Complaints- Family, Resident or Sitters, Visitors
- Confusion-
- Convulsions
- Constipation
- Dizziness



E-G

- Earache
- Edema
- Eye pain, redness, strange sensations'
- Falls
- Fever



H-J

- Head injuries
- Headaches
- Hearing loss
- Hematuria blood in the urine
- Incontinence
- Itching



L-N

- Lab reports abnormal
- Laceratiion
- Medication errors
- Memory loss, new onset
- Nausea
- Nocturia
- Nosebleed



P-S

- Pain
- Pressure Ulcers
- Pulse- abnormal
- Puncture wounds
- Respiratory rate, abnormal
- Rash
- Seizure
- Skin tear



SSSSSS

- Shortness of Breath
- Splinters
- Suicide potential
- Swallowing difficulty



T-Z

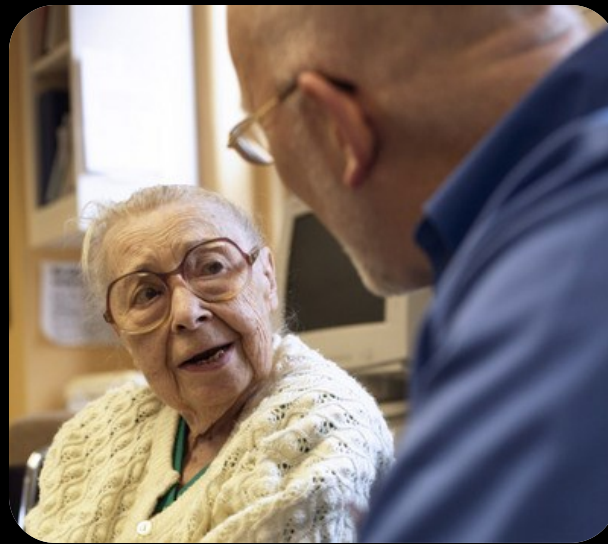
- Toothache
- Urinary incontinence or retention
- Vaginal bleeding
- Vaginal discharge
- Vision, partial or complete loss
- Vomiting blood
- Walking difficulty
- Weakness
- Wounds



Nurses Must Teach



Nurses Must Listen



Nursing Assistants Must Observe



Nursing Assistants Must Report

- And report
- And report



Housekeepers, Dietary Aides, Activity Coordinators

- Never underestimate any member of the team.



Conclusion

- Reporting conditions



Evaluations

