Change in Condition

Patient Information

Name | Initial Admission | Date of Birth | Allergies | Diagnosis | Effective Date | Admission | Gender | Physician | Location | Medical Record # | Facility | (Optional) SSN

Situation

I am concerned about the following condition:

UTI | SSTI | U/L RI | Gastro | STI | Oral/Dental | Eye | Behavioral | Cardio | Neuro | Other: | Other: Specify

- Change started: [DATE]
- Condition: Worse, better, no change
- Medication History: recent change
- Condition: What makes better
- Condition: What makes worse
- Condition: occurred before
- Explain:
- Tx for last episode

Background

General information: Medical History- The resident has:

- Indwelling Cath
- Straight Cath
- Emphysema/ COPD
- Diabetes Mellitus
- Warfarin/ Coumadin → Date of INR → INR Results
- Other → Other: Specify

Allergies → AUTOPOPULATE

Advanced Directives → AUTOPOPULATE

Vitals: When most recent, BP, PULSE, RESP, O2, Temp, Glucose

- Resident in pain → No=skip / Yes
- New/Worse → No=skip
- Not cognitively able to rate → Observation Assessment
- Cognitively able to rate → Verbal → No / Yes → 1-10 Pain Scale → 7-10 / 4-6
- Breathing: Occasional Labored / Noisy/Labored
- Negative Vocalization: Occasional / Troubled
- Facial Expression: Sad/ Frightened/ Frown / Grimacing
- Body Language: Tense / Rigid
- Consolability: Voice or Touch / Unable to console
- Facial Scale: Even More / Worst/ Whole Lot

Localizing Signs & Symptoms

UTI — New or increased:
- Obvious Blood in Urine → Yes
- Painful/Difficult Urination → Yes
- Urgency/Freq Urination → Yes
- Suprapubic tenderness → Yes
- CVA tenderness → Yes
- Incontinence → Yes
- Other → Specify:

Skin or Soft Tissue — New or increased:
- Pus draining from wound → Yes
- Redness around wound → Yes
- Pain/ Tenderness → Yes
- Swelling at the site → Yes
- Odor → Yes
- Other → Yes
- Specify:

Respiratory — New or increased:
- Productive cough → Yes
- Pleuritic chest pain → Yes
- Shortness of breath → Yes
- Blood purulent sputum → Yes
- Runny, stuffy, sneezing → Yes
- Sore throat/ headache → Yes
- Other → Yes
- Specify:

Gastrointestinal — New or increased:
- Vomiting → Yes
- Diarrhea → Yes
- Vomit/diarr. in community → Yes
- Abdominal pain/tender → Yes
- Distended abdomen → Yes
- </absent bowel sounds → Yes
- Constipation (no bowel 3d) → Yes
- Jaundice → Yes
- Evidence of GI bleeing → Yes
- Frequency w/in 24 hours
- Frequency w/in 24 hours

Oral/Dental — New or increased:
- Drainage → Yes

Behavioral — Displaying any of the following S/S:
- Pain → Yes
- Not eating/drinking → Yes
- Acute decline in ADL ability → Yes
- Nausea, vomiting, diarr. → Yes
- Abdominal distention/tender → Yes
- New cough/ abdm sounds → Yes
- n/w: incont., pain/blood urine → Yes
- new skin condition → Yes

Cardiovascular — Describe cardio changes:
- chest pain/ tightness → Yes
- New irregular pulse → Yes
- resting pulse >100 or <50 → Yes
- Other → Yes
- Specify:
- Describe:
- New/Abrupt, unrelieved by current meds, etc.
- Relieved by antacids/ nitroglycerin, w/o other sympts, reoccuring

Neurological:
- Gradual w/o other criteria
- Gradual recent onset
- Decreased consciousness → Sudden
- Weakness, hemiparesis → Abrupt
- self-limited, w/ known history
- Seizure → New onset, persistent when known history = intermittent
- Abnormal speech → Yes
- Minor, persist change 24h
- Dizziness/ Unsteadiness → Abrupt w/ slurred speech
- Other → Specify:

Non-localizing Signs & Symptoms

Behavioral — Describe changes:
- Non-aggressive / Verbal agression / Aggressive
- Personality Change
- Social withdrawl
- Depression → Recent onset: eg. -mood, w/ anorexia, crying & sleepless
- Acute suicidal ideation
- Describe:
- Danger to self/others
- Suicide potential → New onset of talking about wanting to die, no threats
- Acute ideation, gestures, detailed plan
- Other
- Specify:

Cardiovascular — Describe changes:
- Edema → Yes
- Inability to stand w/o dizziness or light headed → Yes
- Describe Edema:
- Abrupt, unilateral leg
- Persistent uni/bi lat. leg
- Assoc. w/ inability to sleep w/o sitting
- Weight gain: >5lb. in 1wk

All other conditions — New or worsening:
- Confusion → Yes
- Aggitation → Yes
- Pain → Yes
- Falls → Yes
- Decreased eating/sleeping → Yes
- sleepiness, (-) alertness → Yes
- Decline in function/gait → Yes
- Shaking/chills w/in 24h → Yes
- Recent fall → Yes
- Recent weight gain → Yes
- Recent weight loss → Yes
- Other
- Specify:

Assessment

- Abnormal Vital Signs or Pain → Yes / No
- Localizing Signs or Symptoms → Yes / No
- Non-localizing Signs or Symptoms → Yes / No
- Other Significant Findings → Yes / No → Specify:

Based on your previous responses, the patient does not meet the Revised McGeer's criteria. Please revisit the previous responses or continue monitoring the resident's vitals and supportive care orders.

Based on the residents's current condition which of the following are needed:

- Diagnostic and Therapeutic Orders
- Monitoring and Supportive Care Orders

Recommendation- Diagnostic and Therapeutic Orders

Based on your responses, the following options may be appropriate for the resident according to the McGeer's criteria

Diagnostic and Therapeutic orders:
- Urinalysis
- Urine Culture
- CBC w/Diff
- Chest X-Ray
- O2 Supp.
- Nebulizer Tx
- Cough Suppressants
- Start Antibiotic → Indication: → Name, Dose, Frequency, Days/duration, Stop date
- Start Other Medication
- Other → Specify:

Recommendation- Monitoring and Supportive Care Orders

Based on your responses, the following options may be appropriate for the resident according to the McGeer's criteria

Monitoring and Supportive Care Orders
- Monitor vital signs → Monitor # times /day → 1, 2, 3, 4, Other: → Specify:
- Oral fluids for hydration → Hydration: → ___cc → # ; every ___ hours → #
- IV fluids for hydration
- Monitor fluid intake/urine ouput
- Notify prescriber if symptoms worsen (immediately)
- Notify prescriber if symptoms unresolved → within __hours → 12, 24, 36, 48, Other: → Specify:
- Other → Specify:

Communication

- Medical Professional Contact: → Name, designation; Phone number
- Contact Person → Agent, Caregiver, Emergency Contact, Guardian, NExt of kin, Personal
- Phone → Home, Cell
- I have contacted the resident's physician regarding their CIC
- I have contacted the resident's contact person regarding their CIC
- The assessment is complete and ready to submit

TRIGGER: Automatic schedule of Antibiotic Follow-up Assessment in 48 (or 72) hours

Antibiotic Follow-up

Patient Information

Name | Initial Admission | Date of Birth | Allergies | Diagnosis | Effective Date | Admission | Gender | Physician | Location | Medical Record # | Facility | (Optional) SSN

Notification

- Notify provider → N/A
- PCP → Date/Time
- Scheduled Review → Date/Time → Method of communication

Antibiotic Prescribing Summary

- Who prescribed
- Why Pt was sent out
- Orig. justifying Dx
- # of Rx ordered → Orders → Last Administration → Stop-Date
- Warfarin/ Coumadin → Date of INR → INR Results
- Allergies → AUTOPOPULATE
- Type of infection being treated: UTI, Pneumonia, Bronchitis, COPD exacerbation, Aspiration event, Cellulitis, Wound infection, C.diff, Other, Specify:

Resident Condition

- Before Antibiotic Start: Original Signs & Symptoms; Fever; Localizing symptoms → Specify:; Non-localizing symptoms → Specify:
- Since Antibiotic Start: Any new Signs & Symptoms; Fever; Localizing symptoms → Specify:; Non-localizing symptoms → Specify:

Vitals

- When were most recent taken: (Date/time)
- Max temp 24h
- Lowest BP 24h
- Highest pulse 24h
- Highest resp. 24h
- Lowest O2 24h
- Other notes/comments → Specify:
- Orig. S&S resolved

Diagnostic Test Results, LABS:

- Received lab results → Yes / No
- No → Trigger: Dashboard prompt every 24 hours.; Skip section
- WBC
- Creatinine Level
- BUN
- GFR → Specify:
- If diabetic: blood sugar abnormally high → N/A; Yes; No

Diagnostic Test Results, CULTURES:

- Were cultures ordered → Yes / No → Skip section
- What cultures were performed: Urine, Respiratory, Wound, Other → Specify:
- Resistance
- Causative organism → Specify:

Patient Review

NURSE

- Resident's CIC has resolved? Yes / No
- Is resident treated for UTI? Yes / No
- Urine culture neg for bacteria? Yes / No
- Urine positive for bacteria that are resistant to the current antibiotic? Yes / No
- Resident on: ciprofloxacin, levofloxacin, moxifloxacin? Yes / No
- Currently scheduled for >7 days of antibiotics Yes / No → Stop Here
- Resident treated for UTI, bronchitis, pneumonia, or cellulitis? Yes / No → Stop Here
- Is the resident's CIC improving or resolved? Yes / No → Stop Here

PRESCRIBER

- Non-infectious explanation? Yes / No
- Urine positive for bacteria that are resistant to the current antibiotic? Yes / No
- Urine culture positive for bacteria susceptible to narrower antibiotics? Yes / No

De-escalation Recommendation

Discontinue Therapy
Stopping antibiotics when risk of infection is low reduces risk of future adverse events (resistance, clostridium difficile, etc.)

Change Therapy
Change to an effective antibiotic if you truly feel the resident has a UTI

Narrow Therapy
Switching to narrow spectrum alternative will reduce risk of clostridium difficile

Shorten Therapy
A majority of nursing home infections can be safely treated with 7 days or less of antibiotics

- Is the resident's eGFR>50 and is the UTI confined to the bladder no concerns of pyelonephritis? Yes / No
- Consider switching to nitrofurantoin
- Allergic to Bactrim (sulfa)? Yes / No
- Consider switching to Amoxicillin or Cephalexin
- Consider switching to Bactrim (sulfa)

Short-Course Antibiotic Therapy (7 days or less)

As effective as longer (7 days) courses of antibiotics when treating cystitis, non-purulent cellulitis, acute exacerbations of chronic bronchitis (AECB) and uncomplicated pneumonia.

Longer treatment may be indicated for infections involving the upper urinary tract (pyelonephritis), prostate or complicated wound infections.

References:
(1) Lutters et al. Cochrane Database Syst Rev2008; (3): CD001535
(2) Hepburn et al. ArchIntern Med 2004; 164(15): 1669-74
(3) Raftalidis et al. Infect Dis Clin N Am 2009; 23(2): 269-76

Prescriber Orders

- Continue → Reason:
- Discontinue
- Change → Start new: → Antibiotic:, Dose:, Frequency:, Days:, Stop Date:
- Narrow
- Shorten → Change stop date to: