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

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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
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.
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
• 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
• Coughing
• Chest Pain
• Complaints - Family, Resident or Sitters, Visitors
• Confusion -
• Convulsions
• Constipation
• Dizziness
E-G

- Earache
- Edema
- Eye pain, redness, strange sensations’
- Falls
- Fever
• Head injuries
• Headaches
• Hearing loss
• Hematuria  blood in the urine
• Incontinence
• Itching
L-N

- Lab reports abnormal
- Laceration
- 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
SSSSSSS

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