RECOGNIZING THE CHANGE

IN RESIDENT CONDITION TO PREVENT DETERIORATION

What is THE CHANGE?

THE CHANGE is any change in the resident's baseline health, behavior and/or level of functioning

When in doubt

CALL the Nurse Practitioner-Led Outreach Team (NLOT)

Why is THE CHANGE important?

- May be a sign that the resident is becoming unwell
- Early recognition means treatment can be started early and prevent further deterioration/consequences







| What has CHANGED? | Possible causes | Frontline Interventions |
|---|---|---|
| Altered level of consciousness Altered level of alertness | Infection (Respiratory/Urinary most common) Cardiac (CHF) Electrolyte abnormalities Dehydration Stroke | Vitals monitoring Hydrate as tolerated (HOB > 90 degrees) CALL MD/NP |
| Shortness of Breath | Respiratory infection (pneumonia)CHF exacerbationCOPD exacerbation | Vitals monitoring Supplemental O2 if SpO2 < 92% (88% w/ COPD) HOB > 90 degrees CALL MD/NP |
| Abdominal Pain Diarrhea Vomiting/Nausea (N/V) | CONSTIPATION (N/V) Urinary infection/retention Obstruction/lleus (N/V) C-Diff (Diarrhea) Cholecystitis/Pancreatitis Appendicitis Diverticulitis | Vitals monitoring Limit solids if vomiting (push fluids as tolerated) Check BOWEL history Follow bowel protocol if constipated |
| Genitourinary Changes (Urine) | Infection (associated w/ changes in color/smell and frequency) | Vitals monitoringNote color/appearance |

| Diabetes | | | |
|---------------|---|--|--|
| Condition | Signs/Symptoms | Frontline Interventions | |
| Hypoglycemia | Hunger Irritability Fatigue Sweating ↓ Level of alertness Confusion Headache Rigors (Shaking) | Vitals monitoring Follow Hypoglycemia protocol if in place Provide carbohydrates | |
| Hyperglycemia | Extreme thirst Dry mouth Weakness/Lethargy Frequent urination | Vitals monitoring CALL MD for supplemental Insulin orders | |