CHANGE IN CONDITION

Resident Name		Room/l	Bed	Date _	/	/ Time
S - SITUATION						
The change in condition (including sym	antoms or signs)	am calling about is				
The change in condition (including sym	iptomis or signs) i Sir	nce this started on /	/	. it has gotten [□ Worse □ E	Better Stayed the same.
The condition gets worse when						
The condition gets better when						
This change in condition has occurred	before. \square No	☐ Yes:				
The resident had a recent change in m	edications. 🗖 No	☐ Yes:				
Treatment for last episode (if applicab	le):					
B - BACKGROUND (check	all that appl	y)				
B1. General information						
Medical History		Medication Allergies Additional infor		nation		
☐ Indwelling Catheter ☐ Diabetes	•				Wishes:	
	rin/Coumadin				or changes in condition:	
☐ Other:						
B2. Vital Signs						
Blood Pressure/ Pulse Oximeter		☐ Temperature > 100.5° F or repeated Temp		d Temp > 99 [°] F	☐ O2 satur	ration < 90%
Pulse Rate Temperature		☐ BP < 90 or > 200 systolic			☐ Finger stick glucose < 70 or > 300	
Respiratory Rate Glucose	Rate Glucose Level		00 or < 50		☐ Respirat	ory rate > 28 or < 10/min
B3. Localizing Signs or Symp	toms					
Urinary Tract	Respiratory		Skin or Soft	Tissue		Gastrointestinal
☐ Obvious blood in urine ☐ New or incr		easing cough	Location:	ion:		☐ Vomiting: times
☐ Painful or difficult urination	☐ Pleuritic che	est pain	□ New or increasing pus dra wound			in past 24 hours ☐ Diarrhea: times in past 24 hours ☐ Other vomiting or
New or increased: Urgency or Frequency of urination	☐ Shortness o					
☐ Suprapubic Tenderness per Pt or	☐ Blood in pu	•	wound	☐ New or expanding redness around wound		
nurse exam	• •	y nose and/or sneezing ☐ Pain/		Tenderness		diarrhea in community
☐ CVA Tenderness			☐ New or increased swelling at the site			
☐ Urinary Incontinence ☐ Other infection ☐ Other:		tions in the community	ns in the community			
B4. Non-Localizing Signs or S	Symptoms					
			П D :	f	_	☐ Recent fall
New or worsening: ☐ Agitation☐ Confusion☐ Pain☐ Other:	nfusion		☐ Decline in function or gait☐ Shaking or chills in past 24 hours☐			☐ Recent weight gain
A – ASSESSMENT						
					▶	Higher Risk (Go to R1 & R2)
Was					Ĺ	(GO to KI & K2)
Yes	Yes					
人	人		^		^	
Abnormal	Localizing		landisin			
Vital Signs?	Symptoms?	Syn	-localizing nptoms?	No	Other significan	Yes Review McGeer's
(Any checked In B2)	(Any checked in B3)		r checked In B4)		findings?	Criteria
					\	

Yes

Lower Risk

(Go to R2)

Suggested Script for Low-Risk Change-In-Condition

"According to my assessment, this resident is experiencing a low-

active monitoring care plan. I would <u>not</u> recommend testing the

urine or starting antibiotics at this time

risk change-in-condition. I would like your permission to initiate our

R - RECOMENDATIONS					
If higher risk: R1 and R2	If lower risk: R2				
R1. Diagnostic and Therapeutic Orders Urinalysis	R2. Monitoring and Supportive Care Orders Monitor vital signs every hours Oral fluids for hydration: cchr. IV fluids for hydration cc hr. Monitor fluid intake/urine output every hours Notify provider if symptoms worsen or if unresolved in hours / days Other orders:				
COMMUNICATION					
Name of Family or Health Care Agent Notified:	Date Time				
Name of Primary Care Clinician Notified (specify MD/NP/PA):	Date Time				
Pending Notification Tasks:	7 7				
Staff Name (RN/LPN) and Signature:					
NURSING NOTES					