

Active Monitoring Tracking Form

Resident Name _____

MRN _____

Facility _____ DOB _____

Room Number _____

A. Warning Signs												
Symptoms or Signs	Date				Date				Date			
	D	E	N		D	E	N		D	E	N	
Fever (single temperature 100 F or greater or multiple recurrent temperatures of 99 or greater [MAY SUBSTITUTE FACILITY CRITERIA IF THEY EXIST])												
Delirium												
Rigors												
Hypotension												
Tachycardia (elevated heart rate)												
Leukocytosis (WBC >14,000 cells/mm ³ or > 6% bands)												

B. Localizing Signs/Symptoms												
Symptoms or Signs	Date				Date				Date			
	D	E	N		D	E	N		D	E	N	
Acute dysuria – burning / pain on urination												
Gross hematuria												
Suprapubic pain – either reported or noted when pressing on abdomen												
New urinary frequency or urgency												

C. Non-Localizing Signs/Symptoms												
Symptoms or Signs	Date				Date				Date			
	D	E	N		D	E	N		D	E	N	
Change in behavior												
Functional decline (requires more assistance)												
Mental status change												
New fall												
Restlessness												
Fatigue/less interactive												
Not her-himself												
Other (specify: _____)												
Other (specify: _____)												
Other (specify: _____)												

Evaluate resident for symptoms/signs above each shift. Check appropriate box if present.

D = Day Shift; E = Evening Shift, N = Night Shift

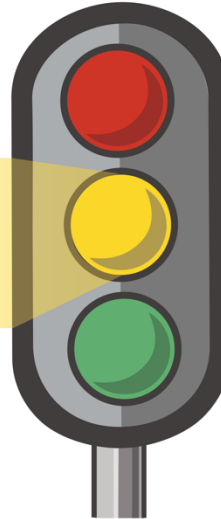
Use Active Monitoring for Residents who have Isolated Non-Localizing Signs/Symptoms

NON-LOCALIZING SIGNS/SYMPTOMS

- | | |
|--|---|
| <ul style="list-style-type: none"> • Behavior Changes • Functional Decline • Mental Status Changes • Falls | <ul style="list-style-type: none"> • Restlessness • Fatigue • “Not being her-
himself” |
|--|---|

ISOLATED NON-LOCALIZING SIGNS/SYMPTOMS

- Initiate active monitoring temporary care plan*
- Don't test the urine and don't treat with antibiotics initially
- Consider testing and treatment with antibiotics if symptoms not improving or localizing signs/symptoms develop



Example of an Active Monitoring Order Set*

- Obtain vital signs (BP, Pulse, Resp Rate, Temp, Pulse Ox) every ____ hours for ____ days.
 - Record fluid intake each shift for ____ days.
 - Notify physician if fluid intake is less than _____ cc daily.
 - Offer resident ____ ounces of water / juice every ____ hours.
 - Notify physician, NP, or PA if condition worsens, or if no improvement in ____ hours.
 - Obtain the following blood work _____.
 - Consult pharmacist to review medication regimen.
 - Contact the physician, NP, PA with an update on the resident's condition on _____.

* Nace DA, Drinka PJ, Crnich CJ. Clinical uncertainties in the approach to LTC residents with possible UTI. *J Am Med Dir Assoc* 2014; 15(2): 133-9. PMID: 24461240



The Active Monitoring Tracking Form on the front is a modified form of a tool developed by investigators at the University of Pittsburgh as part of the Improving Outcomes of UTI (IOU) study. Support for this study was provided in part through the Agency for Healthcare and Quality (AHRQ R18 HS023799-01) and the University of Pittsburgh Claude E. Pepper Center (NIA P30 AG024827-11)