



Case 3 - Acutely Ill with Non-localizing/Non-specific Geriatric Signs and Symptoms with warning signs and/or symptoms

Situation: Larry is 6 days post-op Cholecystectomy with acute mental status changes with confusion, not feeling himself, poor appetite, without localizing urinary tract signs or symptoms

Resident evaluation: He has no cough, diarrhea, vomiting, rash or skin sores. He denies dysuria, we see no urinary tract signs or symptoms. He has no history of diabetes or heart condition. But he does have a past history of alcohol abuse.

Appearance: : This resident is post-op day 6. He has acute confusion with warning signs of fever and hypoxia. He has no localizing signs or symptoms of obvious infection. His blood sugars are elevated, but he has no prior history of diabetes mellitus

Vitals

Temperature: 102.4 (oral)

Pulse: 108 (apical)

BP: 112/58

O2 Sat: 88% RA: Resp. Rate: 28 and shallow

Finger stick Blood Sugar: >300

Background

Diagnoses: 6 days post-op Cholecystectomy, alcohol abuse, NO h/o DM

Recent antibiotics: Post-op cephalexin 5 days ending yesterday

Anticoagulants, Dig, oral hypoglycemic: none

Allergies: ciprofloxin

Code Status: (unknown)



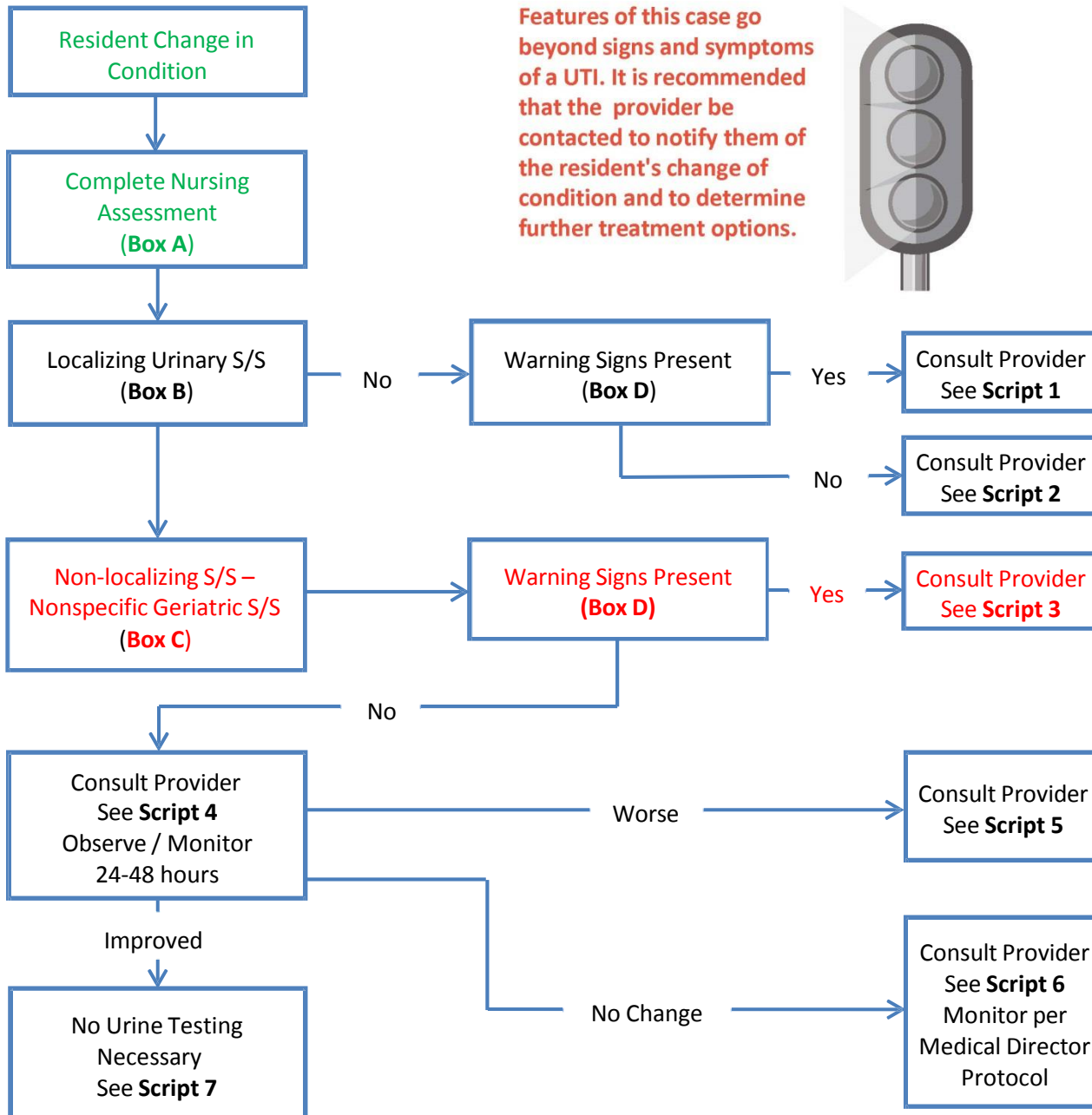
Case Study 3 – Answer Keys

When to Test Urine – Nursing Tool

Case Study 3 – Nursing Tool Answer Key

Wisconsin Healthcare-Associated Infections in LTC Coalition

Features of this case go beyond signs and symptoms of a UTI. It is recommended that the provider be contacted to notify them of the resident's change of condition and to determine further treatment options.



Box A
Nursing Assessment
Complete Nursing Assessment
See Nursing Assessment on reverse side of this tool

- Box B**
Localizing Urinary S/S
- Acute dysuria
 - New or worsening frequency
 - New or worsening urgency
 - New or worsening incontinence
 - Gross hematuria
 - Suprapubic pain
 - Costalvertebral angle pain
 - New scrotal / prostate pain
 - Urethral purulence

- Box C**
Non-localizing / Non-Specific Geriatric S/S
- Behavior Changes
 - Functional Decline
 - Mental Status Change
 - Falls
 - Restlessness
 - Fatigue
 - "Not Being Her-Himself"

- Box D**
Warning Signs
- Fever
 - Clear-cut Delirium
 - Altered LOC
 - Disorganized Thinking
 - Psychomotor Retardation
 - Rigors (shaking chills)
 - Hemodynamic Instability
 - Hypotension
 - Tachycardia



Script 3 PHYSICIAN COMMUNICATION

Acutely Ill with Non-localizing/Non-specific Geriatric Signs and Symptoms with warning signs and/or symptoms

Phone Call Only

Resident: Larry Needtonotify
Date: 10/21/14 4:00PM

Provider: Dr. Wesby

This message is to inform you of a change in condition

Chief Complaint: Acute confusion with fever beginning at noon today and worsening through the day.

Situation: Larry is 71 y/o male six days post-op cholecystectomy who has a complaint of general discomfort. He has no site specific pain. He says, "I just don't feel good. I want to go home." He has had a mental status change of acute confusion with some lethargy but excitable and trying to go home. His appetite has been poor, he refused lunch today. He has been continent and independent of bowel and bladder since he arrived and he has no evidence of any localizing urinary symptoms.

Vitals: Temperature 102.4 (oral), Pulse 108 apical, Respirations 28 and shallow, B/P 112/58, O2 Sat 88% on RA.

Finger-stick Blood Sugar: >300

Background:

Diagnoses: Post-op cholecystectomy 10/15/14, hx/o alcohol abuse, no history of diabetes

Recent antibiotics: Had post-op cephalexin for 5 days ending yesterday

Anticoagulants, Hypoglycemics, or Digoxin: None

Allergies: Ciprofloxin

Resident evaluation: There is no cough, vomiting, diarrhea, or rash or skin sores. He has no incontinence, denies dysuria and we see no localized signs or symptoms of UTI. There is a past history of alcohol abuse. There is no prior history of diabetes or heart condition.

Appearance: This resident is post-op day 6. He has acute confusion with fever and hypoxia. He has no localizing signs or symptoms of obvious infection. His blood sugars are elevated, but he has no prior history of diabetes mellitus.

Review/Notify: According to our understanding of best practices and our facility protocols, the information is insufficient to indicate an active urinary tract infection. However, we request help in further evaluation with an order for STAT CBC, blood culture, and possible Chest X-ray in the morning. We also request your help for further treatment. Please advise.