



## Case 5 - Post 24-48 Hour Observation -Worse with Warning Signs

**Situation:** Suzi has been on observation since 4:00PM yesterday for mild non-localized pain with poor appetite and mild confusion and lethargy. She has developed tachypnea with drop in O2 Sat while on room air. She has only eaten 10% in the last 24 hrs. with fluid intake of 400cc only.

**Resident evaluation:** Confusion is worse. Lungs are clear. There is no chest or abdominal pain, no bowel changes or vomiting, no rash or skin sores, and no localized urinary S/Sx's. She's had no exposure to infected residents or visitors,

**Appearance:** Suzi has new hypoxia and tachypnea while being observed 24-48 hrs. for the new complaint of generalized pain, poor appetite, mild confusion. She exhibits no urinary tract S/Sx's and no other focal evidence of infection.

### Vitals

**Temperature:** 98.8 (oral)

**Pulse:** 100 regular **Resp:** 34

**BP:** 120/62

**O2 Sat:** 88% RA

**Finger stick Blood Sugar:** 166

### Background

**Diagnoses:** multiple spine VB compression fractures, OA, osteoporosis, h/o mastectomy

**Recent antibiotics:** none

**Anticoagulants, Dig, oral**

**hypoglycemic:** none

**Allergies:** doxycycline

**Code Status:** Full Code



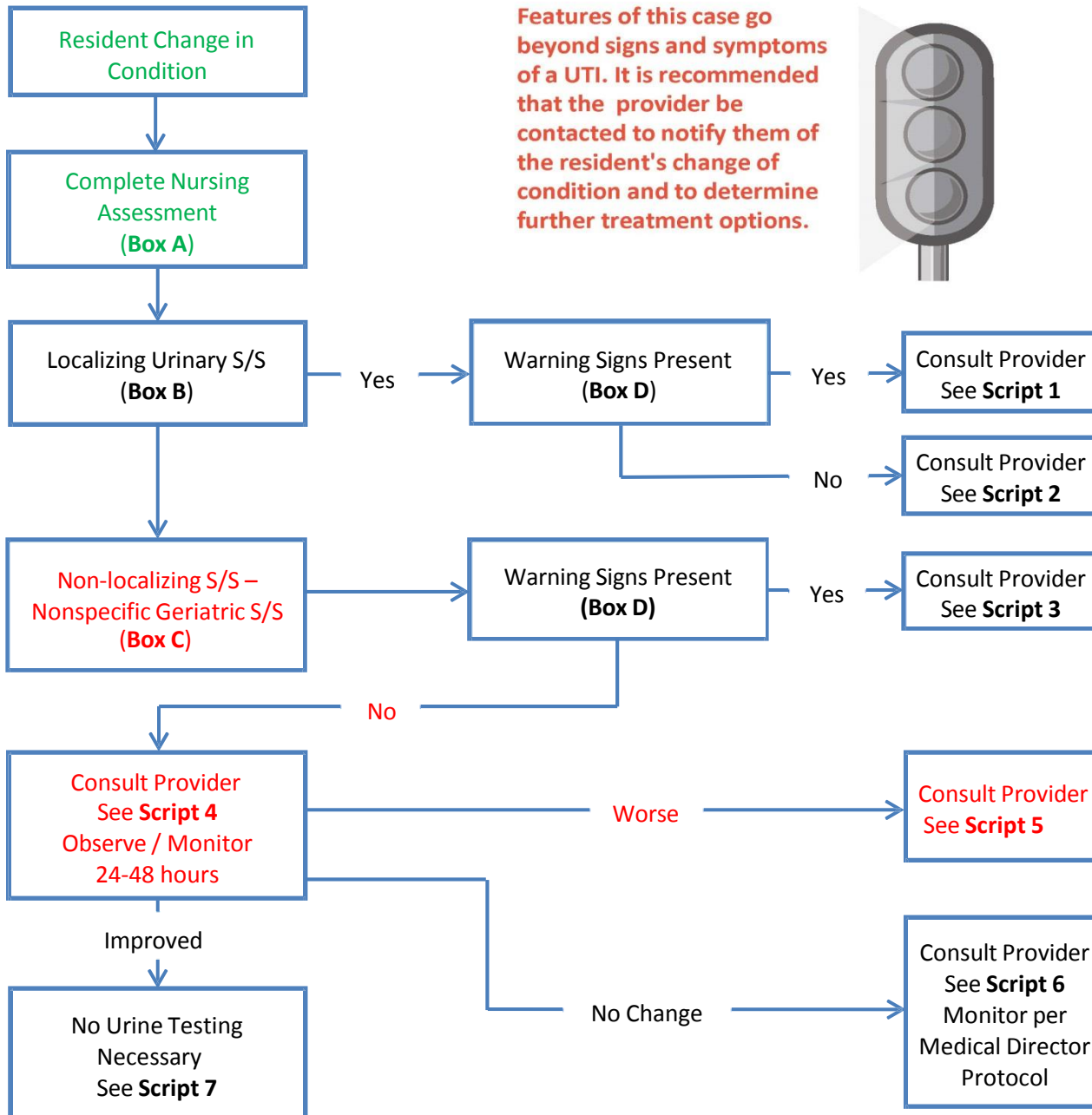
## Case Study 5 – Answer Keys

# When to Test Urine – Nursing Tool

## Case Study 5 – 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 5 PHYSICIAN COMMUNICATION

### Post 24-48 Hour Observation -Worse with Warning Signs

Phone Call Only

Resident: Suzi Notsosick  
Date: 10/22/15 8:00PM

Provider: Dr. Wesby

#### **This message is to inform you of a change of condition**

**Chief Complaint:** Changing condition during 24 Hr. observation period now with tachypnea and hypoxia.

**Situation:** She has been on 24 Hr. observation since 4:00PM yesterday for increase of mild non-localized pain with poor appetite and mild lethargy. In past four hours has developed sustained rapid breathing and drop in O2 sat while on room air. She has only eaten 10% in the last 24 hrs. with fluid intake of 400cc only.

**Vitals:** Temperature 98.8(Buccal) Pulse 100 and regular, Respirations 34, B/P 120/62. O2 Sat on room air is 88%. There is no weight change in last three weeks.

**Finger-stick Blood Sugar:** 166

#### **Background:**

**Diagnoses:** Vertebral body compression fx-multiple, osteoarthritis, osteoporosis, frailty, GERD, Hx of mastectomy.

**Recent antibiotics:** None      **Allergies:** Doxycycline      **Anticoagulants, Hypoglycemics, Digoxin:** None

**Resident evaluation:** She remains alert but has difficulty focusing and is incoherent for brief periods. There has been no recent exposure to infectious residents or visitors. Lungs are clear and there is no chest pain. She had a normal bowel movement last night and there is no vomiting or diarrhea. There are no localizing urinary signs or symptoms, hematuria, abdominal or flank pain. There are no skin rashes or sores, and no new joint or abdominal pains.

**Appearance:** This resident is an elderly female who developed new tachypnea and hypoxia while she was undergoing a period of observation for the complaint of poorly localized general discomfort with mild confusion and poor appetite. She continues to show no signs or symptoms of focal infection and there are no localizing urinary tract signs or symptoms.

**Review/Notify:** According to our understanding of best practices and our facility protocols, the information is insufficient to indicate an active urinary tract infection. The resident does NOT need an immediate prescription for an antibiotic, but may need further evaluation and treatment.

**We request Oxygen therapy and advice for further evaluation and treatment.**