



Case 6 - No Improvement of Non-Urinary, Non-specific Geriatric Symptoms after 24-48 Hr.

Situation: Suzi has been on 48 hr. observation for mild generalized pain, mild confusion, and recent med change with addition of gabapentin for chronic pain. These symptoms continue without change and no new findings including no S/Sx's of localized urinary tract findings.

Resident evaluation: She was observed and treated with prn acetaminophen. She has no change in symptoms. She is alert and oriented x3. Denies headache, dyspnea, chest pain, abd pain or dysuria, with normal bowel function. There is no rash or sores. Lungs clear. Abd soft.

Appearance: She has been on 48 hr. observation for mild increase of diffuse pain and mild confusion. She is no better. She has no localized urinary tract signs or symptoms or other S/S's of focal infection

Vitals

Temperature: 97.2 (oral)

Pulse: 68 regular **Resp:** 20

BP: 120/62

O2 Sat: 97% RA

Finger stick Blood Sugar: 122

Background

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

Recent antibiotics: none

Allergies: doxycycline

Anticoagulants, Dig, oral

hypoglycemic: none

Code Status: Full Code

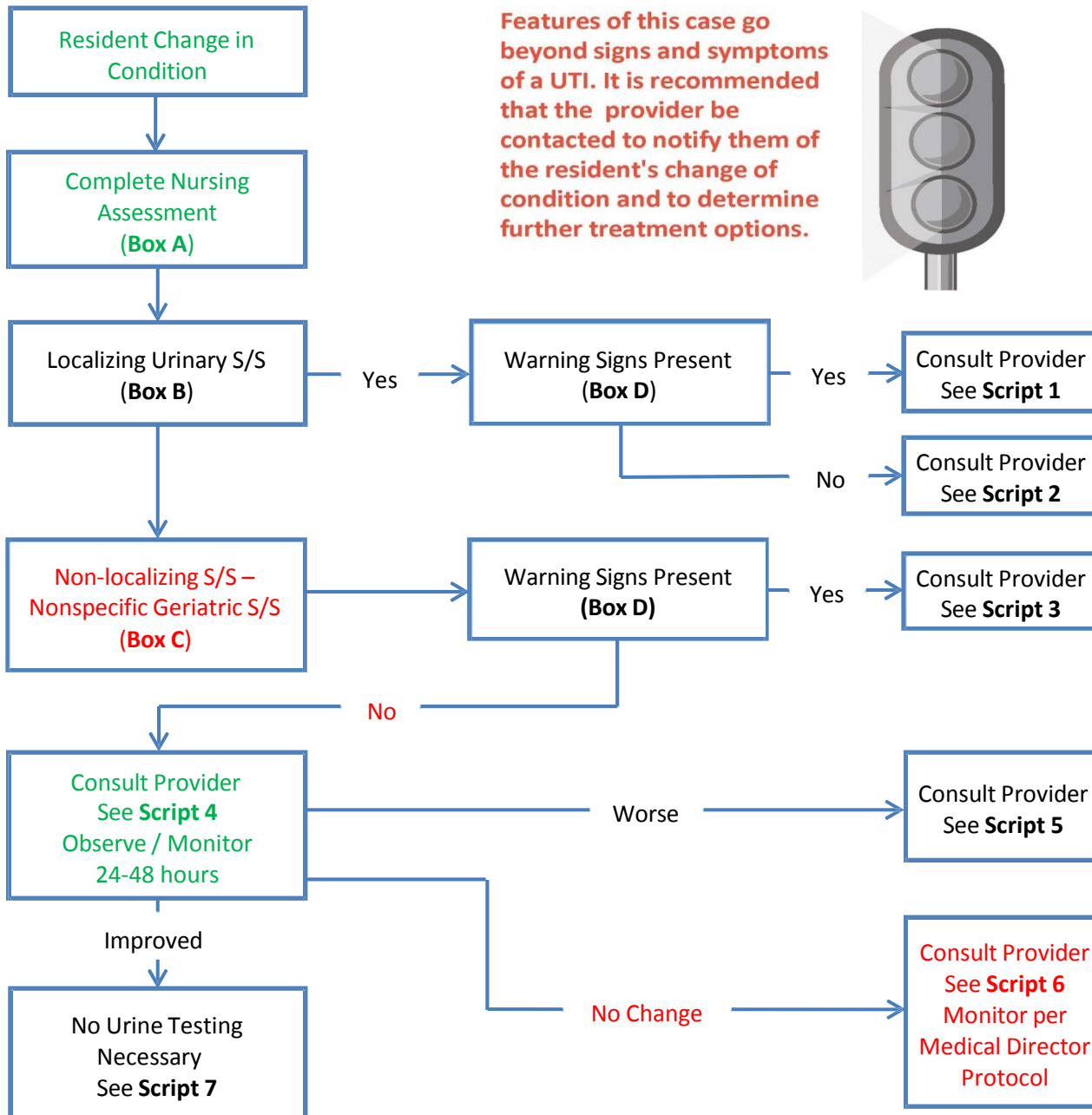


Case Study 6 – Answer Keys

When to Test Urine – Nursing Tool

Case Study 6 – Nursing Tool Answer Key

Wisconsin Healthcare-Associated Infections in LTC Coalition



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 6 PHYSICIAN COMMUNICATION

No Improvement of Non-Urinary, Non-specific Geriatric Symptoms after 24-48 Hr.

May Fax

Resident: Suzi Notsosick
Date: 10/23/15 4:00PM

Provider: Dr. Wesby

This message is to inform you of a change of condition

Chief Complaint: No improvement of pain, mild confusion and poor appetite after a 48 hr. period of observation that began on 10/21 at 4:00 PM.

Situation: She has been on 24-48 hr. observation for the complaint of generalized discomfort and mild confusion with recent addition of gabapentin to medication regimen. These symptoms have continued without improvement in spite of using prn acetaminophen, encouraging oral intake. She has had no worsening pain, no new significant complaints or signs or symptoms of other infection, other illness, and no localized urinary signs or symptoms.

Vitals: Temperature 97.2 (oral) Pulse 68 and regular, Respirations 20, B/P 120/62. O2 Sat on room air is 97%.

Finger-stick Blood Sugar: 122

Background: Code Status: Full Code

Diagnoses: Compression fractures of vertebral body-multiple, osteoarthritis, osteoporosis, frailty, GERD, Hx of mastectomy.

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

Resident evaluation: She was observed and treated with prn acetaminophen according to standing orders. She continues with same complaints without increase of pain or confusion. She is alert and oriented x3. Denies headache, dyspnea, chest pain, abd pain or dysuria. She had a bowel movement yesterday with normal consistency. There is no rash or sores. Lungs clear.

Appearance: She has been on 48 hr observation for change of condition consisting of mild increase of diffuse pain and mild confusion. She is not better. She has no localized urinary tract signs or symptoms or other S/S's of focal infection.

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 additional observation and medical evaluation. Additionally, we request a physician problem visit with scheduled rounds tomorrow or as soon as possible. Please advise.