



Communication Script Template

Localizing Signs and Symptoms with Warning Signs

Mode of Communication: PHONE FAX

Resident:

Provider:

Date:

This message is to inform you of a change in condition:

Chief Complaint:

Situation:

Vitals: Temperature Pulse Resp B/P O2 Sat

Finger- stick Blood Sugar:

Background:

Diagnoses:

Recent antibiotics:

Allergies:

Anticoagulants, Hypoglycemic, Digoxin:

Code Status:

Resident evaluation:

Appearance:

Review/Notify:

Box A

Nursing Assessment

Complete nursing assessment

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 or Himself"

Box D

Warning Signs

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