



## SCRIPT 1 - PHYSICIAN COMMUNICATION

### Localizing Signs and Symptoms with Warning Signs

Wisconsin Healthcare –Associated Infections in LTC Coalition

#### PHONE CONTACT NECESSARY

**Resident:** Jimmy Issick

**Provider:** Dr. Wesby

**Date:** 11/7/15 8:00PM

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

**Chief Complaint:** Acute onset of dysuria and fever over the last two hours.

**Situation:** Jimmy has sudden onset of acute dysuria and frequency. Gross hematuria is present with small clots. There is no suprapubic or costovertebral tenderness.

**Vitals:** Temperature 102.3 (oral), Pulse 104 apical and irregular, Respirations 30 and shallow, B/P 150/80, O2 Sat on room air is 86%.

**Finger-stick Blood Sugar:** 166

#### **Background**

**Diagnoses:** Dementia, COPD, Type II DM, CHF, Hx CVA with left hemiplegia, MRSA carrier

**Recent antibiotics:** Had Trimeth/Sulfa 10 days for lower respiratory infection 9/12-9/22

**Allergies:** Ciprofloxin

**Anticoagulants, Hypoglycemic, Digoxin:** None

**Code Status:** DNR

**Resident evaluation:** He has mildly increased confusion since mid-afternoon today. He has had a functional decline requiring an increase in staff assist with bed mobility, transfers, and other ADLs. His appetite is diminished and oral fluid intake in the last 16hr is 600 CCs. Lungs are clear. Bowel sounds are present in all 4 quadrants. Abdomen is non-tender with no vomiting or diarrhea. His urine is dark colored and has mucous shreds.

**Appearance:** This resident is exhibiting localizing urinary tract signs and symptoms with hypoxia and warning signs of fever and tachycardia.

**Review/Notify:** According to our understanding of best practices and our facility protocols, the information is sufficient to indicate an active urinary tract infection. We request an order to obtain a urinalysis and culture. Please advise regarding further treatment.

KH RN



## SCRIPT 2 - PHYSICIAN COMMUNICATION

### Localizing Signs and Symptoms without Warning Signs

Wisconsin Healthcare –Associated Infections in LTC Coalition

#### MAY FAX

**Resident:** Tommy Needalittlehelp

**Provider:** Dr. Wesby

**Date:** 11/7/15 3:00PM

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

**Chief Complaint:** Acute onset of dysuria, urgency and frequency starting after lunch today.

**Situation:** Tommy is complaining of acute dysuria, urgency and frequency. He has been incontinent three times today which is unusual for him. Urine is clear and amber in color. He has no costovertebral angle tenderness or suprapubic tenderness. He is not otherwise in distress.

**Vitals:** Temperature 98 (oral), Pulse 78 apical, Respirations 20 and unlabored, B/P 112/68, O2 Sat 94%.

**Finger-stick Blood Sugar:** 166

#### **Background**

**Diagnoses:** COPD, mild CHF, HTN

**Recent antibiotics:** None

**Allergies:** Trimeth / Sulfa

**Anticoagulants, Hypoglycemic, Digoxin:** None

**Code Status:** Full code

**Resident evaluation:** He's had no recent medication changes. He has no change in mental status and is oriented to person, place and time and follows commands. He is independent with ADLs. He's eating and drinking and is on a 1400 cc 24 hr. fluid restriction and took in 1400 ccs in the last 24 hours. His weight is stable. There is no shortness of breath, chest or abdominal pain and he is not vomiting. Bowel sounds are active in all quadrants.

**Appearance:** This resident is exhibiting localizing symptoms suggesting the need to obtain a urinalysis.

**Review/Notify:** According to our understanding of best practices and our facility protocols, the information is sufficient to indicate an active urinary tract infection. We request permission to obtain a urinalysis, continue to encourage fluids within resident's fluid restriction guidelines and continue to observe. This resident does NOT need an immediate prescription for an antibiotic, but may need further evaluation and treatment. We will update MD with lab results.

KH RN



**SCRIPT 3 - PHYSICIAN COMMUNICATION**  
**Acutely Ill with Non-localizing/Non-specific Geriatric Signs and Symptoms**  
**with Warning Signs and/or Symptoms**

Wisconsin Healthcare –Associated Infections in LTC Coalition

**PHONE CALL ONLY**

**Resident:** Larry Needtonotify

**Provider:** Dr. Wesby

**Date:** 10/21/15 4:00PM

**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 and 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 room air.

**Finger-stick Blood Sugar:** >300

**Background**

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

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

**Anticoagulants, Hypoglycemic, 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. He has a past history of alcohol abuse and 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.

**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 a STAT CBC, blood culture, and possible chest x-ray in the morning. We also request your help for further treatment. Please advise.

KH RN



## SCRIPT 4 - PHYSICIAN COMMUNICATION

### No Localizing Urinary Tract S/S: No Warning S/S

Wisconsin Healthcare –Associated Infections in LTC Coalition

#### MAY FAX

**Resident:** Suzi Notsosick

**Provider:** Dr. Wesby

**Date:** 10/21/15 4:30PM

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

**Chief Complaint:** Generalized discomfort and mild confusion since lunch today.

**Situation:** She complains of generalized discomfort. She has had a change in her mental status and is currently exhibiting mild lethargy, mild confusion and a tendency to wander but is able to be reoriented. She didn't go to activities this afternoon and her appetite has been poor since this morning. She remains alert. She has a recent med change consisting of addition of gabapentin 300 mg bid oral for pain.

**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:** 106

#### **Background**

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

**Recent antibiotics:** None

**Allergies:** Doxycycline

**Anticoagulants, Hypoglycemic, Digoxin:** None

**Code Status:** Full Code

**Resident Evaluation:** She has not recently fallen. Lungs are clear and there is no chest pain. She has had no change in BMs with last one yesterday and there is no vomiting or diarrhea. There are no localizing urinary symptoms or signs. There are no skin rashes or sores, and no new joint, chest, or abdominal pains. There is no exposure to infectious residents or visitors.

**Appearance:** This resident is an elderly female with 24-36 hours of complaint of poorly localized general discomfort with mild confusion and poor appetite. She has no warning signs, no localizing urinary signs or symptoms and no signs or symptoms of other 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 or urine testing. We are asking for an order for a 24-48 hour period of observation and will call physician with resident change of condition. Please advise.

KH RN



## SCRIPT 5 - PHYSICIAN COMMUNICATION

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

Wisconsin Healthcare-Associated Infections in LTC Coalition

#### PHONE CALL ONLY

**Resident:** Suzi Notsosick

**Provider:** Dr. Wesby

**Date:** 10/22/15 8:00PM

**This message is to inform you of a change in 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 she has developed sustained rapid breathing and a drop in her 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:** Compression fractures of vertebral body-multiple, osteoarthritis, osteoporosis, frailty, GERD, Hx of mastectomy.

**Recent antibiotics:** None

**Allergies:** Doxycycline

**Anticoagulants, Hypoglycemic, 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.

KH RN



## SCRIPT 6 - PHYSICIAN COMMUNICATION

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

Wisconsin Healthcare – Associated Infections in LTC Coalition

#### MAY FAX

**Resident:** Suzi Notsosick

**Provider:** Dr. Wesby

**Date:** 10/23/15 4:00PM

**This message is to inform you of a change in 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 her medication regimen. These symptoms have continued without improvement in spite of using prn acetaminophen and 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:**

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

**Recent antibiotics:** None

**Allergies:** Doxycycline

**Anticoagulants, Hypoglycemic, Digoxin:** None

**Code Status:** Full Code

**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. She 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 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.

KH RN

\*Please see reference to AMDA Clinical Practical Guidelines: Acute Change of Condition in the Long-term Care Setting. (Not intended to be part of this script)

# ACUTE CHANGE OF CONDITION in the Long-Term Care Setting

## AMDA Clinical Practical Guideline

Revised 2012

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**STEP 9** Monitor the patient's progress. Nurses, nursing assistants, and other direct care staff should closely monitor each patient who is being treated for an ACOC. Nursing assistants in particular are critical participants in the monitoring process. Nursing managers and charge nurses should advise nursing assistants what to look for as they care for the patient and when to report their observations to a nurse, as well as about any changes anticipated in the patient's care plan. Table 17 provides examples of staff roles and responsibilities during the monitoring phase. Caregiving staff should understand that symptoms and abnormal test results related to an ACOC do not necessarily resolve quickly. For example:

Fever may persist for several days after appropriate treatment for infection is instituted.

(Or), a chest X-ray may remain positive for weeks after pneumonia is clinically resolved.

(Or) urine cultures will often remain positive despite successful treatment of a symptomatic urinary tract infection.

A nurse should evaluate the patient with an ACOC at least once during every shift while the patient is unstable or significantly symptomatic and should document relevant findings in the patient's record. Additionally, a review of the overall progress of each patient with an ACOC should be documented at least daily until the patient is stable and mostly asymptomatic. The review should include a summary of the patient's overall condition and a comparison of actual progress with expected progress as noted in the original care plan. Some facilities use an incident follow-up form to document the condition of a patient with an ACOC during each shift for 3 days. This ensures that staff pay attention to the patient's status until the ACOC is stable or resolved.

Nurses and other appropriate staff should provide practitioners with enough detailed information to allow them to determine the patient's progress and identify possible complications. At least one meaningful communication (by phone or fax) should occur between the nurse and the practitioner within 24 hours of the onset of an ACOC or of identification of the fact that the patient's condition is not stable or improving as anticipated. Interventions should be adjusted based on the practitioner's review of the patient's progress, underlying causes of the acute episode of illness, and the patient's goals, wishes, and prognosis. Practitioners must be available to examine the patient and follow up as needed. If treatment is initiated at the facility but the patient's condition fails to stabilize or improve, the practitioner should re-examine the original review of causes and reconsider the appropriateness of current treatments. The practitioner may need to see a patient within 24 to 48 hours of being notified that the individual is not responding to treatment as anticipated.

**STEP 10** Adjust interventions and goals based on the patient's response to treatment.

Maintain or modify current treatments, reassess the patient's prognosis, and adjust the goals of care accordingly. For example, a new or different cause of the patient's problems may be identified, current treatments may be ineffective, or complications may occur. With input from the practitioner, caregiving staff should document the rationale for maintaining or changing the treatment regimen.

If the patient is not progressing as expected after resolution of an ACOC, the practitioner should reassess the situation and determine whether a complication, new illness, or other problem is occurring. If symptoms persist or recur, or if new symptoms emerge, the practitioner should re-evaluate the patient and review his or her current drug regimen.



**SCRIPT 7 - PHYSICIAN COMMUNICATION**  
**Resolution of Non-Urinary,  
Non-specific Geriatric Signs and Symptoms after 24-48 Hr.**

Wisconsin Healthcare – Associated Infections in LTC Coalition

**NOTIFY PER PHYSICIAN PREFERENCE**

**Resident:** Suzi Notsosick

**Provider:** Dr. Wesby

**Date:** 10/23/15 8:00PM

**This message is to provide you with an update following 24 hr. skilled nurse observation for increased pain and mild confusion beginning 10/21/15 at 4:00PM**

**Chief Complaint:** Symptoms resolved. Resident condition returns to baseline.

**Situation:** She has been on 24-48 hrs. of skilled nursing observation for the complaint of generalized discomfort and mild confusion. Her mental status, intake and activity have returned to baseline. She says her pain is improved with scheduled acetaminophen within limits of her current orders. She had no new significant complaints or signs or symptoms of focal infection. She has continued on her regular medication regimen including new gabapentin order from a week ago.

**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:** Not done

**Background:**

**Diagnoses:** Compression fractures vertebral body-multiple, osteoarthritis, osteoporosis, GERD, Hx/o mastectomy

**Recent antibiotics:** None

**Allergies:** Doxycycline

**Anticoagulants, Hypoglycemic, Digoxin:** None

**Code Status:** Full Code

**Appearance:** She had no new significant complaints or signs or symptoms of localized infection or other illness. She was observed and treated according to standing orders. She has resumed normal activity and intake.

**Review/Notify:** We have provided skilled observation for 48 hrs. 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. We request that her baseline care plan be resumed.

KH RN