

Caregiver's Communication Guide:



PROTOCOLS *for* Change of Condition

Caring FOR THE
OLDER ADULT

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Table of Contents

Introduction	3
How to Use This Guide	6
Alphabetical List of Conditions:	
Activity Change	7
Agitation or Behavioral Changes	7
Bleeding	8
Blood Pressure (BP)	8
Orthostatic Low Blood Pressure	9
Breathing Problems	10
Chest Pain	10
Chest Discomfort	10
Confusion	11
Cough or Cold Symptoms	12
Diarrhea	12
Dizziness	13
Eating/Appetite Change	13
Eye Problems	14
Falls	14
Fever	15
Headache	15
Hearing (worsening)	16
Itching	16
Medication Problems/Errors	16
Memory Problem	17
Mouth Pain	17
Nausea & Vomiting	17
Pain – New or Worse	18
Seizures	18
Skin Changes	19
Sleep Problem	19
Stomach Pain	20
Swallowing	20
Swelling	20
Urine Problems	21
Vaginal Problems:	21
Vision Changes	21
Walking	22
Weakness	22
Weight Gain or Loss	22
Sample Forms for Use in the ALC	23



protocols for change of condition

Caregiver's Communication Guide:

CARING FOR THE OLDER ADULT

Protocols FOR CHANGE OF CONDITION

INTRODUCTION

This manual is intended for use by the caregivers of older adults. While it is best suited for caregivers within an Assisted Living Community (ALC), it can be adapted for family caregivers as well. In this manual, in the "condition section", we refer to the older adult as the "resident." This manual is intended to help the caregiving staff (unlicensed staff) in ALCs to:

- recognize a change in condition,
- gather information about what is going on with the older adult, and;
- to communicate that information directly to someone designated by the ALC's policy.

The caregiver might communicate to the primary care practitioner (PCP), which can be a doctor, nurse practitioner or physician's assistant; or to the ALC supervisor, ALC licensed nurse, or to the ALC manager. The information gathered (from the questions under each condition category starting on page 7), helps to guide the PCP on how to care for the older adult. Contents of this manual may even be used as part of the ALC's orientation program.

The caregiver's role is important in recognizing and reporting a change of condition (especially a sudden one). A change of condition means that there is something going on with the older adult that is not usual for them. Often these changes of condition, if **not** noticed and quickly

Many times in older adults there are small changes that may not be noticed unless you know what to look for.

acted upon, result in bad outcomes for the older adult, such as sending them out to a hospital or having them discharged from the ALC. Many facilities do not have a licensed nurse in a managerial role and may not have professional staff 24 hours a day, 7 days a week. Therefore every caregiver needs to be aware of the ALC policy regarding communication and know who to contact regarding a resident's change of condition.

Many times in older adults there are small changes that may not be noticed unless you know what to look for. Knowing what to look for and what to report can help the PCP take better care of the older adult. Missing those small changes and not reporting them may cause problems for the older adult. However, there needs to be an organized way to recognize a change of condition in the older adult and a way to report that change to the PCP in order to take better care of the person.

The ALC needs to stress to the caregiver that what they see is important to report. The ALC also needs to let everyone know who the caregiver should call when a change in condition is recognized. Have the person in charge of the ALC, or the AL nurse, review the policy and procedure with you regarding:

- who you are to notify for a change of condition, and;
- who to notify when an emergency condition arises.

If the caregiver sees any of the changes listed in this communication manual, they should try to answer the questions provided. Once the questions are answered, the caregiver should provide the information to the practitioner or the nurse they report to.

Because the PCP or nurse has many patients, they may not remember everything about the older adult you are communicating about. The caregiver knows the resident best because they are with them often. So it is important to "introduce" the resident to the nurse or PCP and "tell a story" about the problem noticed. Using this manual will help a caregiver do that.

EX: Here is an example of how to communicate the information you gathered to the PCP:

"Dr. Jones, my name is Tara and I am a caregiver for Mr. Alex Lightfoot, age 68, who lives here at XYZ Assisted Living community. I went to get him for dinner and found him on the floor in his bathroom. It looks like he may have hit his head on the vanity. He has a one inch gash on his forehead with dried blood. There is an area of drying blood the size of a dollar on the floor. Other than that he seems to be OK, but we are sending him to the ER for evaluation. He has been falling a lot recently since he started on a new medication, Lisinopril. I will send his medication list with him to the Emergency Room. He has an allergy to penicillin. His wife is his responsible party and we

have called her and she is meeting him at the ER. He does not have advanced directives. I looked at his diagnosis sheet and he has high blood pressure and mild Alzheimer's disease. We do not take vital signs at this community, but he has been checked by the paramedics and they have said his vital signs are normal."

When reporting a change to the PCP or nurse, always include the following:

1. Resident's name
2. Age
3. Current medications and recent (new) changes
4. Allergies
5. Sex of the resident (male or female)
6. Vital signs, if possible and according to ALC policy
7. Responsible party for the older adult or nearest relative
8. Advanced directives, if any
9. Past medical history and current diagnoses (e.g., diabetes, high blood pressure, had a stomach ulcer last year)

HOW TO:

This manual is not intended to be used for first aid instruction or for treating and managing any of the conditions. The caregiver should note and describe observations. They should follow ALC policy about documentation and how to handle emergency situations.

Call 911 immediately (and follow your ALC policy for emergency situations) if **the situation appears to be life threatening**

Remember, older adults may not have the same symptoms a younger person would have such as the symptoms during a heart attack.

When in doubt call 911. (See page 27 – "Suggested Guidelines for an Emergency Situation")

EX: Here is an example for what to do in emergency situations:

1. Call nurse in facility or designated staff member. If they are not present, call 911
2. Call PCP
3. Call family

HOW TO USE THIS GUIDE

The conditions are listed alphabetically. There are questions to answer which are related to each condition. This will provide guidance to the caregiver so that she or he will be able to provide good information to the person they are reporting the change to.

For example, if the person you are caring for always goes to activities and is suddenly not going, you would get the manual and look up “Activity Change”. Then you would answer the questions that are listed. You would then write down the answers and then communicate the problem with those answers to who you are reporting these changes to.

Every ALC has their own policies and procedures. ALCs also have different state regulations. Therefore, each ALC manager should go through this manual prior to its use and note their policies related to the specific conditions.

For example, by the condition “Blood Pressure” there is a question asking what the blood pressure is. If the staff are not allowed to take a blood pressure, the ALC manager should either cross that question out, or make a notation that the staff can not take blood pressures. However, if the resident can take their own blood pressure, then the staff can write down what the blood pressure is without violating any policy.

A caregiver is a very special person. They are able to make a difference in each person’s life they care for. By following the recommendations in this manual, you will be able to take even better care of those you look out for.



Caregiver's Communication Guide:

PROTOCOLS FOR CHANGE OF CONDITION

Activity Change

1. Did the resident have a recent fall? (See: Falls)
2. Ask the resident why they have changed their activity.
3. Is something emotional happening in the resident's life? (For example, the daughter is out of town or someone close to the resident just passed away.)
4. Does the resident have cold symptoms? (See: Cold Symptoms)
5. Does the resident say they are in pain? (See: Pain)
6. Describe the change in activity [*Occurring for more than one day*]. (For example, the resident is not doing the daily care for themselves that they *usually* do; or they are not attending their usual daily activities.)
7. Is the resident not eating or drinking the amount they usually do?
8. Is the resident staying in bed?
9. Has the resident lost or gained weight? (For example, do clothes fit differently; tight or loose?)

Agitation or Behavioral Changes

1. Describe what they are doing that makes you think they have a behavior change or are agitated.
2. When did the problem begin?
3. Did this change in behavior happen quickly or has the change taken place over a few days?
4. Is the resident taking any new medication(s)?
5. Has the resident had a change in bowel or bladder habits? (Describe)
6. Has the resident fallen recently?
7. Is there a change in the resident's intake of food and fluid?
8. Has the resident recently been in the hospital, urgent care center, emergency room, or been recently sick?
9. Has the resident been drinking alcohol?
10. Has there been a change in the resident's sleep pattern?
 - Sleeping more during day
 - Sleeping less at night



- Sleeping all day & all night
- Awake all night without sleep

11. Did any particular event start this behavior?
12. Does the resident have diabetes?
13. If the resident does have diabetes, what is their fingerstick reading?
14. What is the resident's blood pressure (See: Blood Pressure)
15. Is the resident less alert, hyper, etc?

Bleeding

1. Where is the resident bleeding from?
2. How much blood has been lost? (Describe amount – dime size, nickel, quarter, one cupful).
3. Document color of blood. (Dark or bright red).
4. If vomiting blood, does it look like coffee grounds or bright red?
(If bright red, call 911)
5. If the resident has a cut, can you stop the bleeding with direct pressure and ice? (A slow ooze of blood may be normal in these situations). **If there is a cut that is bleeding fast - call 911.**
6. Is resident taking a medication called an anticoagulant (E.g., warfarin, aspirin, Plavix, or a medicine that can increase a risk for bleeding (E.g., ibuprofen?)

Blood Pressure (BP)

It is important to know what the resident's normal blood pressure should be. It is also important to find out when the PCP wants to be notified regarding a resident's blood pressure. For example, the PCP states they want you to call them if the resident's top blood pressure number goes over 160. You can get this information from the resident's PCP and then write this in the resident's chart. Put this in a place in the chart where it will always stay.

Low Blood Pressure: *Top number less than or equal to 90; or a number the PCP tells you what is low for that resident*

1. Is the resident having trouble walking that is not normal for them? (For example, are they holding on to the walls and doors?)
2. Is the resident confused? If so, is their confusion more than usual?
3. Has the resident's energy level changed from their normal energy level?
4. Does the resident say they feel "light headed" or "dizzy"?



Orthostatic Low Blood Pressure

To check for an orthostatic low BP (a drop in blood pressure when a person stands up), have the resident lie flat, and take the BP. Then have them stand up and get that BP within 1 minute of them lying flat BP. You can also measure a person's BP while they are sitting or reclining, in addition to lying down, then measure upon standing. A drop from lying to standing of 20 points systolic (upper number) or diastolic (lower number) would be a sign of orthostatic low BP. (For example, when lying down the BP is 110/90, but when standing up the BP is 90/70.) Check this again in 3 minutes then report findings.

High Blood Pressure:

Blood pressure goals for older persons are higher than for younger persons. The goal for older persons is to lower the BP to less than 140/90. However, in older persons with diabetes or kidney disease, the goal is to lower the BP to less than 130/80. The National Kidney Foundation suggests blood pressure targets of 125/75 for people with kidney disease. Therefore a BP of 130/80 for older adults *with* diabetes or kidney disease, or 140/90 for an older adult *without* diabetes or kidney disease is considered a high blood pressure.

If you know the resident has a high BP, ask the following questions:

1. Does the resident have chest pain? Where is the pain? Do they describe it as crushing? (**If so, call 911**)
2. Does the resident have a headache? If so:
 - What part of the head is hurting (front, back, top)?
 - Is it pounding, throbbing, sharp pain or pressure?
3. Is there a change in how the resident talks?
4. Does the resident have blurred vision or any vision changes?
5. Is the resident short of breath?
6. Is the resident vomiting?
7. Does resident have change in alertness?
8. Does the person have sudden weakness or loss of movement of limbs, slurred speech or unresponsiveness? (These are a sign of a stroke. **If you see this, call 911 right away**)

HOW TO:

TIP

Breathing Problems

1. Is the resident wheezing (high pitched whistling sound)?
2. Is the resident having trouble catching their breath? (Is this a change from their regular breathing pattern?)
3. Can the resident talk to you normally or is their breathing causing a problem with talking? Ask the resident to recite the alphabet. They should be able to reach the letter G without stopping for a breath.
4. Is it harder for the resident to breathe when dressing, walking, doing activities, etc?
5. Is the resident breathing fast or slow?
6. How many breaths per minute is the resident taking?
7. Is the resident experiencing a change of color in their face? (For example, is the resident: paler than usual; more flushed than usual; lips look blue or grey.)
8. Is the resident coughing?
9. Did the resident have a recent cold or flu?
10. Is the resident using more pillows than usual in bed to sleep?
11. Does the resident seem uncomfortable when lying flat in the bed?
12. Has the resident been sitting up in a chair during the night? (Is this new?)
13. Does the resident regularly use oxygen?
14. Are the resident's feet or ankles swollen? Is this new or has it gotten worse?

Chest Pain

Call 911 when a person has any of the following:

- chest discomfort that may radiate to the arms, jaw, neck, back, or stomach
- chest discomfort that feels like pressure, squeezing, fullness or pain
- chest discomfort with other signs such as sweating, nausea, or lightheadedness
- shortness of breath with or without chest discomfort

These signs may not be present in every situation and the person could still be having a heart attack. Don't wait more than 5 minutes to call 911 (American Heart Association).

Don't wait more than 5 minutes to call 911.

Chest Discomfort

If any signs of chest pain, call 911. (See: Chest Pain)

1. Ask the resident if the pain feels like indigestion.
2. Is resident sick in stomach or vomiting?
3. How long ago did they eat and what did they eat?
4. Is the resident burping?
5. Is the resident lying down or sitting up?
6. Ask the resident what makes the pain worse.
7. Ask the resident what makes the pain better.
8. Does the resident have an order for Mylanta or another antacid?
9. Has the resident ever experienced this kind of pain before?



Confusion

1. Ask the resident if they know:
 - Their name
 - The date
 - Where they are
 - Who you are
2. What is the resident doing that is making you think they are confused? Describe what they are doing.
3. When did the problem begin? Is the confusion getting worse?
4. Is the resident taking any new medication(s)?
5. Has the resident had a change in bowel or bladder habits? (Describe)
6. Has the resident fallen recently?
7. Is there a change in the resident's intake of food and fluid?
8. Has the resident recently been in the hospital, urgent care center, emergency room, or recently sick?
9. Has the resident been drinking alcohol?
10. Has there been a change in the resident's sleep pattern?
 - Sleeping more during day
 - Sleeping less at night
 - Sleeping all day & all night
 - Awake all night without sleep

Cough or Cold Symptoms

1. Describe the cough (dry, wet, hacking, congested, hard, etc.).
2. Is the cough constant or occasional?
3. How long has the resident had cough or cold symptoms?
4. Is there drainage from their nose? If so, what color?
5. Is the resident coughing anything up? (Describe the color: green, yellow, clear, red, other?)
6. Does anything make the cough better or worse?
7. Is there any pain with the cough?
8. Is the cough associated with eating?
9. Does the resident have a sore throat?

Diarrhea

1. Is the resident having bowel movements more often than their normal pattern?
2. What is the number of times the resident has had bowel movements over the last day?
3. Is the resident incontinent of bowel? If yes, how many times have they been changed?
4. Is there a change in the resident's food and fluid intake?
5. Does the resident have stomach pain?
6. Is the stool loose, watery with flecks of stool, or is it a formed stool?
7. Does anyone else have diarrhea in the community?
8. Was there a recent change in the foods they have been eating? (For example, rich dessert like chocolate cake, candy, ice cream, etc.; more fruit than usual, sugar free foods and snacks)
9. Were there any changes to the resident's medication?
10. Is the resident taking a laxative? If so, when was the last time they took it?
11. Do you notice any over the counter medications in the resident's room (For example, Milk of Magnesia, Pepto-Bismol, Epsom salts) that family members have brought in or the resident purchased?
12. Look in the resident's room and check for items such as old foods.
13. Is resident on antibiotic medications?
14. Is there any bleeding with bowel movement? (For example, black, dark, red or "tarry" stool?)

TIP

Dizziness (If someone fainted, call 911)

1. Describe how the resident says they feel.
2. Ask the resident if the room is spinning or if they feel like they are spinning.
3. Ask the resident if this dizziness is a new symptom and if so, when did it start.
4. What is the resident's blood pressure?
(See: Orthostatic low blood pressure)
5. Has the resident started on a new medication?
6. Has the resident's hearing gotten worse?
7. What is the resident's heart rate?
8. Has there been a decrease in how much the resident is drinking?
9. Does the resident have diarrhea, are they vomiting; or are they urinating a lot?
10. Is the resident taking a fluid pill?
11. If the resident has diabetes, what is their fingerstick blood sugar?
12. Has the resident changed the amount of fluids they usually drink?
13. Was the resident recently out with family for a meal?
14. Has the resident been drinking alcoholic beverages?
15. Has the resident's recent activity changed from their normal routine?
16. Was the resident lying down, standing or sitting when the dizziness occurred?

TIP

Eating/Appetite Change

1. Describe the change in eating/appetite.
2. How long have you noticed this change in eating/appetite?
3. When was the resident's last bowel movement?
4. Has the resident been moving their bowels in the way they normally do or in their normal pattern?
5. Does the resident have dentures? If so, is the resident wearing his/her dentures, and do the dentures fit?
6. Does the resident have pain in their mouth or teeth problems? (For example, broken or missing teeth.)
7. Is the resident complaining of a stomach ache or pain?
(See: Stomach Ache)
8. Is the resident complaining of indigestion, heartburn?
(See: Chest Discomfort)
9. Does the resident have a sore throat?

10. Is the resident saying that they don't feel well? (If Yes, ask them to describe what they mean by "they don't feel well")
11. Has the resident lost or gained weight? (For example, do clothes fit differently; tight or loose?)

Eye Problems

1. How is the resident describing the problem?
2. Describe the change(s) to the eye that you can see.
 - Is there redness in the eye?
 - Is there drainage?
 - Is there a ring around the iris?
3. Does the resident say they are having pain in the eye? Explain how the resident describes the pain.
4. Does the resident say there is itching in the eye(s)?
5. Has the resident had any eye surgeries or trauma or falls?
6. Ask the resident if there are any vision changes. If so, was the vision change sudden or gradual?
7. Ask the resident if they see spots.
8. Does the resident normally wear glasses? If so:
 - Are they wearing their own pair?
 - When was the most recent prescription?
 - Are the glasses clean and in good condition?
 - Do the glasses sit on their face correctly or do they slide down their nose?



Falls

Multiple falls is a big problem. Make sure you let the nurse or supervisor and/or PCP know right away if the resident has fallen multiple times.

1. Did you find the resident on the floor? If Yes, was the resident sitting on floor when you found them?
2. Describe what you heard and what you saw.
3. Does the resident have any injuries that you can see? (For example, bruising, rubbing the area, cuts, swelling.)
4. Does the resident say they are in pain? (See: Pain)
5. Can the resident walk? If so, is this how they normally walk? (For example, can they walk as far as they usually do?)
6. Did the resident say they hit their head?
7. Does the resident appear more confused than usual?

8. Did the resident recently start any new medications, or have a change in a dose, or have any medications discontinued?
9. Is resident taking a medication called an anticoagulant (e.g., warfarin, aspirin, Plavix)?
10. Has the resident been drinking alcohol? (In the last 24 hours)
11. Are any new devices (For example, canes, walkers, wheel chair) being used?

12. If there is any doubt about resident's safety call 911.

Fever

1. What is the resident's temperature and how did you obtain it (mouth, underarm, etc)? Do you know what the resident's usual temperature is?
2. Does the resident have cold/flu symptoms? (See: Cold)
3. Does the resident have any complaints of not feeling well? (Describe what they mean by "they do not feel well".)
4. Does the resident have any pain? (See: Pain)
5. Is there a change in urine odor, amount of times they urinate, or have they suddenly wet themselves?
6. Is there a change in the resident's food and fluid intake?
7. Is the resident having diarrhea or vomiting?
8. Are there any open areas or sores on the resident's skin?
9. Has the resident recently taken aspirin or ibuprofen or Tylenol?



Headache

1. What is the resident's blood pressure?
2. Describe the headache. (For example, do they describe the headache as throbbing, pounding, sharp or constant pain and where is it located?)
3. Any changes in how the resident usually speaks?
4. When did it start and how long has it been going on?
5. Does the resident have/had a change in vision? (For example, double vision or blurred vision)
6. Does it hurt on one side of the head more than anywhere else?
7. Is the resident leaning to one side or the other? Is this a new behavior?
8. Ask the resident if they recently had a fall and hit their head.

Hearing (worsening)

1. Is the resident talking louder?
2. Is the TV or radio very loud when they listen to it?
3. Does the resident normally wear a hearing aide? If so, are they wearing it? Did you check the batteries?
4. Is there a wax buildup on the hearing aide?

Itching

1. Where does the resident itch?
2. Are they scratching themselves? Do you see evidence of scratching?
3. Does the resident report pain where they are scratching?
4. How much of the body is involved?
5. Does the resident have a rash? If so, describe the rash. (For example, red and flat, red and raised, pimples, fluid filled pimples, warm to touch, round or oval with a bull's eye appearance?)
6. Is the itching worse at night or after a shower?
7. Has the resident changed their hygiene products recently? (For example, shampoo, soap, lotion, detergent, etc.)
8. Is the residents skin dry or flaky?
9. Ask the resident if they have been bitten by an insect such as mosquito or spider.
10. What drugs has resident received in past 12 hours?
11. What are the resident's allergies?
12. Has the resident had any procedures in a hospital or doctors office in the last 24 hours? If so, do you know what was done? (For example, an MRI test.)
13. Is there any facial swelling, audible wheezing, or shortness of breath? **If so call 911**

TIP

Medication Problems/Errors

1. Describe the medication error including the day and time it was given or omitted.
2. Was the medication error due to:
 - Wrong drug given
 - Wrong time
 - Wrong dose
 - Did not give the medication



- Resident refused to take it
 - Wrong route (ear drops in eyes)
 - Other
3. Did the resident (who self medicates) report an error to you and if so, what are they saying the error is? (For example, they say they took two blood pressure pills today because they missed their dose yesterday.)

Memory Problem (See: Confusion)

1. What makes you think the resident is having memory problems?

Mouth Pain

1. Does the resident have broken teeth?
2. Does their breath have a bad odor? (Bad odor often means that the teeth are bad).
3. Do the resident's gums bleed when they brush their teeth?
4. Does the resident have blisters inside their mouth?
5. Are the resident's dentures fitting poorly or rubbing the gums?
6. Is there a white coating on the tongue?
7. Is the inside of the mouth red?
8. Are there sores in the mouth?



Nausea & Vomiting

1. Does the resident feel warm? (See: Fever)
2. Does the resident have a stomach ache? (See: Stomach Ache)
3. When was the last bowel movement?
4. If the resident vomited:
 - How much have they vomited? (Cup, ½ cup)
 - What color is it?
 - What does the vomit look like? (For example, food, spit, coffee grounds)
 - How many times have they vomited?
 - What did the resident eat before they vomited?
 - What was the resident doing before they vomited? (For example, were they eating or coughing?)



Pain – New or Worse

1. Ask the resident to describe the pain:
 - Where is the pain?
 - On a scale from 1-10, with 10 being the worst pain imaginable, what is their number on the scale?
 - Is it an ache, throb, sharp, dull, burning, radiating, etc.?
 - Is it a new pain?
 - Is it a worsening of a previous pain?
2. What makes it better?
3. What makes it worse?
4. How long has the pain been like this?
5. Is the resident on pain medicine? If so, when was the last time they took it and what did they take?
6. Did the resident have a recent fall? (See: Fall)
7. What was the resident doing before the pain started?

Seizures

1. Describe the seizure (body movements, eye movement, etc.) and how long it lasted.
2. Has the resident ever had a seizure before?
 - If so, when was the last one and is this seizure different from the seizures they have had before?
3. Describe how the resident was after the seizure. (For example, sleepy, anxious, do they know who they are and where they are, etc.)
4. Is the resident on any medication(s) for seizures?
 - Has the dose(s) been changed?
 - Have they missed any dose(s)?
 - What is the last drug level? (if known)
5. Did the resident experience any injury after the seizure?

If this is a new seizure or if the resident was injured, call 911

Skin Changes

1. Description of the change:
 - Blister
 - Bruise
 - Burn
 - Change in skin color
 - Cut
 - Rash
 - Redness
 - Skin tear
 - Wound(s)
 - Other
2. How big is the area affected? (For example, dime, quarter, etc.)
3. Where is it located on the body?
4. Is it hot or cold?
5. Is it red around the area?
6. Is it bleeding?
7. Is there any drainage? (If Yes, what is the color, is there any odor?)
8. Is the resident having pain and if so, can they describe it?
(See: Pain)
9. Is it swollen?
10. Does it itch?

Sleep Problem *(For 3 days in a row)*

1. Is the resident sleeping more or less than usual?
2. Is the resident sleeping at a different time than usual?
(For example, are they sleeping during the day and awake at night?)
3. Has a new medication been started?
4. Has a medication dose been changed?
5. Does the resident drink caffeine or alcoholic beverages late afternoon, early evening?
6. Is the resident concerned about this sleep change?
7. Ask the resident why they think they:
 - are having a sleeping problem?
 - feel tired when they wake up and feel like they have not had enough rest?
 - have pain interfering with their sleep?
 - are going to the bathroom at night that is interfering with sleep?



Stomach Pain

1. Is the resident holding their stomach?
2. Does the resident have a fever?
3. When was the resident's last bowel movement?
4. How long ago did the resident eat and what did they eat?
5. How long has the resident had the stomach pain?
6. On a scale from 1-10, with 10 being the worst pain imaginable, what is their number on the scale? (See: Pain)
7. Have the resident vomited? If so, describe it. (See: Nausea & Vomiting)
8. Does the resident complain of heartburn or indigestion? (See: Chest Discomfort)
9. Is the resident burping or passing excessive gas?
10. Are any areas of abdomen sensitive/painful to touch?

Swallowing Problem

1. How is the resident having problems swallowing?
2. Does the resident sound "gurgled" or "wet" after they finish eating?
3. Does the resident need to cough or have to clear their throat after they take a bite of food or drink?
4. Does the resident have difficulty swallowing dairy products (e.g., ice cream, milk)?
5. Does the resident's nose run when they eat?
6. Does the resident cough when they eat?
7. Does it take the resident a long time to chew and/or swallow? Do they hold food in their mouth?
8. If you give the resident a drink, is the drink coming or "drooling" out on one side of their mouth?
9. Is neck pain or trouble moving their neck keeping them from putting their head back giving them problems with swallowing food or liquids?
10. Has the resident's eating habits changed? (See: Eating/Appetite Change).

Swelling

1. Where is the swelling? (Ankle, feet, hands, etc.)
2. Is the swelling on one or two sides of the body?
3. Is there pain, redness, warmth, cold, or wetness where the swelling is?

4. Is the swollen area bruised?
5. If the resident normally has swelling, is the swelling worse than normal?
6. Was the resident sleeping with their feet and legs hanging over the bed?
7. Was the resident sleeping or sitting in a recliner all night with leg(s) down?
8. Does the resident wear special stockings for swelling (For example, TEDs) and did they have them on?
9. Is the resident having trouble breathing?
10. Does the resident take multiple doses of ibuprofen on a daily basis? (Too much ibuprofen can cause kidney problems.)

TIP

Urine Problems

1. Is it new or worsening?
2. When is it happening, is it more during the day or night?
3. Are the resident's feet swollen? (See: Swelling)
4. Is the resident having any discomfort when urinating? (For example, burning, pain).
5. How often is the resident urinating? Is this more or less than their usual amount of times to the bathroom?
6. Have there been any recent changes in how the resident moves about and walks?
7. Is the resident on a fluid pill? (Diuretic)

Vaginal Problems

1. Is there bleeding? (See: Bleeding)
2. Is there a discharge from the vagina?
3. Did the resident have a bowel movement before it happened?
4. Can you see any sores or a rash by the vagina?
5. Ask the resident if this problem happened before and if so, what caused it?

Vision Changes (See: Eye Problems)

Walking (Change in walking)

1. Describe the change.
2. Is the resident “favoring” their leg, foot, or hip?
3. Do you see bruising or swelling on the resident’s body like hip, back, buttocks or legs, etc?
4. Has the resident had a recent fall? (See: Fall)
5. Is the resident having any pain? (See: Pain)
6. Does the resident normally use an assistive device (e.g., walker or a cane) and if so, are they using it now?
7. Is the resident leaning on any thing (e.g., furniture) to help them walk?
8. Is the resident leaning to one side?
9. Is the resident saying they are dizzy? (See: Dizziness)
10. Does the resident have diabetes? If so, do you know what their blood sugar finger stick is?
11. Has the resident been drinking alcohol recently?
12. Has the resident recently taken medications for pain, or sleeping medications?

Weakness

1. Describe what has changed with the resident to make you think they are weak.
2. Is there a change in their activities?
3. Have there been changes in what they can do for themselves? (For example, can they still dress, bathe, and feed themselves?)
4. Is this a sudden change or did it happen over time?
5. Is one side weaker than the other?
6. Does the resident have a fever or were they recently sick?

Weight Change (Loss or Gain) (See: Eating/Appetite Change)



Examples of Staff Roles and Responsibilities in Monitoring Residents with Acute Change of Conditions (ACOCs)

Caregiver

- ☐ Recognize and report condition changes
- ☐ Make frequent observations of the resident's condition and symptoms
- ☐ Communicate findings according to community protocol to appropriate AL staff person or primary care practitioner (PCP)
- ☐ Tell the AL manager or person in charge if follow-up has not occurred before leaving for the day
- ☐ Review the resident's status with caregivers on the next shift before leaving for the day

Nurse

- ☐ Respond to a caregiver's concerns about a resident
- ☐ Recognize condition changes early
- ☐ Assess/evaluate the resident's symptoms and physical function. Communicate the detailed descriptions of observations and symptoms to a Nurse Manager or PCP (depending on policy). Document in the resident's medical records
- ☐ Update the Nurse Manager or PCP (depending on policy) if resident's condition deteriorates or resident fails to improve within expected time frame
- ☐ Report resident's status to the Nurse Manager or PCP (depending on policy) as appropriate

Nurse Managers/or Person in Charge

- ☐ Ensure consistent, timely evaluation, documentation, and reporting of relevant information about the resident
- ☐ Communicate the detailed descriptions of observations, symptoms and physical function of the resident to the PCP (if that is the policy) and document in the resident's medical records
- ☐ Provide PCP with copy of advanced directives if available
- ☐ Ensure effective communication of necessary information to other members of the interdisciplinary team, including relevant clinicians, caregivers or care technicians, resident, health care surrogates/responsible family member, ancillary staff, and others responsible for the resident's care

PCP

- ☐ If notified by telephone, listen to initial concern and ask sufficient questions to arrive at a tentative diagnosis to decide whether resident needs to be sent out to an acute care facility, your office or treated in the Assisted Living setting
- ☐ Ensure that all diagnostic and therapeutic interventions are consistent with resident's advance directives
- ☐ Visit resident or have them sent to your office when direct resident assessment or review of pertinent intervention is needed to manage the situation
- ☐ Remain in contact by telephone as necessary until resident's condition stabilizes
- ☐ Communicate with other relevant practitioners (e.g., covering physicians, nurse practitioners, consultants) involved in resident's care about interventions, care plan adjustments, etc.
- ☐ Follow up with AL staff about the progress of residents with ACOCs. Do not assume that "no news is good news"
- ☐ Communicate information to appropriate family member or other responsible party; for example, to discuss change in advance directives or resident's failure to improve as expected



(Put Assisted Living Facility Name Here)

**Sample Form
Change in Condition Report**

Resident Name _____ Date _____ Time _____

Use this form to report any resident accident or change in condition. Complete all information. Communicate information to the practitioner or nurse in charge and place the completed form _____ for review and follow-up. Once completed, the report will be filed in the individual resident's record.

Reason for Report: (Fill in with information you got from answering the "protocol" questions)

Was 911 contacted? YES / NO

Was the resident sent to the hospital? YES / NO

If yes:

What hospital were they sent to? _____

What time were they sent out? _____

If the resident did not go to the hospital, what instructions were given? _____

Manager notified: **Who was called** _____

Date _____ **Time** _____

PCP notified: **Who was called** _____

Date _____ **Time** _____

Name of Family/Responsible Party member notified: _____

Date _____ **Time** _____ **By Whom** _____

Staff signature _____ Title _____



(Put Assisted Living Facility Name Here)

Sample Form
Change in Condition Follow-up Notes

Start with the Change in Condition Report then document each shift on how the resident is doing.

Resident's name: _____

Resident's room: _____

Date	Time	



Sample Form Notification of Medication Changes

Instructions: This form is to be sent with every resident who is being transferred to the hospital or emergency room, or to a practitioner who is not the resident's primary care provider (PCP) such as a specialist. An assisted living staff member should originally send this to the resident's PCP so that he/she can list the medications they feel should not be changed without their notification. This form should be updated any time there is a medication change for the resident.

Resident's Name: _____ Date: _____

Name of Assisted Living Community (ALC): _____

Phone number of ALC: _____

Dear Receiving Practitioner,

I am the primary care practitioner (PCP) for the above named patient. Before discontinuing or changing the following medications please contact me at the number below. Your cooperation is greatly appreciated.

List of Medications:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PCP Name: _____

PCP Phone number: _____

PCP Pager number: _____



(Put Assisted Living Facility Name Here)

Sample Form

Suggested Guidelines for an Emergency Situation

An emergency medical situation is defined as something that poses an immediate risk to a person's life or health. But sometimes it is hard to know what is, and what is not, an emergency situation. If you are unsure, it is best to be on the safe side and treat it as an emergency. To handle emergency medical conditions you need to know what the policies and procedures related to emergency situations are at the Assisted Living Community (ALC) where you work. In an emergency, you need to react quickly and appropriately to the situation.

Remember, **first dial 911**, and then provide assistance to the person having the emergency until help arrives. Then call the designated person you report to at the ALC. If other staff members are present, one staff member can stay with the person having the emergency while the other staff member is phoning for help.

Your primary responsibilities are to:

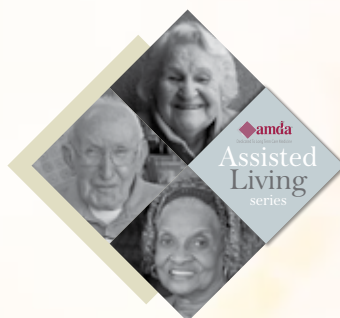
- make sure the 911 call is made, and;
- provide assistance to the person with the emergency until help arrives.

The American College of Emergency Physicians offers a list of warning signs that indicate the need for immediate emergency care at an emergency room. ***If you feel a condition is life threatening (which can be more than what is on this list) call 911.***

- Difficulty breathing, shortness of breath
- Chest or upper stomach pain or pressure
- Fainting, sudden dizziness, sudden weakness
- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal feelings
- Difficulty speaking
- Shortness of breath
- Unusual abdominal pain
- Severe reaction to an insect bite or sting, to medication, or food
- Loss of consciousness
- Severe bodily injury

Adapted from Florida Agency for Healthcare Administration and from the American College of Emergency Physicians

— *Notes* —



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