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| Physician Notification Summary  When to Call the Doctor (Page 1) | | | | NO. | |
| |  |  |  | | --- | --- | --- | | **Condition** | **Immediate** | **Non-Immediate**  **Dr. Book ≤ 1 Week Response**  **Voicemail ≤ 4 Hr Response**  **Except Overnight** | | Acute change in mental status | \* Sudden onset of change in mental status | \*Gradual change in responsiveness | | Bleeding | \* Uncontrolled or repeat episode within 24 hours (e.g., prolonged nosebleed; bloody emesis)  \* Bloody stools, not hemorrhoids  \* Profuse vaginal bleeding  \* Gross bloody urine | \* Controlled; no further episodes; bleeding from hemorrhoids | | Chest Pain | \* New onset; or recurrent which is not relieved in 20 min. by previously ordered nitroglycerin x3 | \* In a resident with a known history of chest pain; increase in frequency of episodes | | Combative / Aggressive Behavior | \* Behavior unresolved with environmental interventions or prescribed treatments  \* New onset behavior associated with change in medication or medical status | \* Increasing episodes of minor aggressive episodes | | Constipation | \* Severe abdominal pain, rigid abdomen  \* Absence of bowel sounds | \* Unresolved constipation  \* Two or more episodes of constipation in 30 days | | Decreased Oral Fluid Intake:  Dehydration Risk |  | \* Persistent symptoms for more than 24 hours in spite of intervention  \* Drinking less than 50% of fluids in previous 24 hours  \* More than one episode of vomiting in 24 hours | | Diarrhea | \* Acute onset of multiple stools with change in vital signs (e.g. temp over 100, and/or altered mental status, etc.)  \* Refer to standing orders | \* Persistent loose stools greater than 48 hours while using protocol  \* Chronic loose stools  \* Recurrence of diarrhea after return to usual diet  \* Positive fecal occult blood | | Dry, Itchy Eyes | \* Severe eye pain  \* Abrupt onset of change in vision  \* c/o seeing halos | \* Persistent symptoms unrelieved by measures in protocol | | Edema | \* Resident with lung, heart, or renal disease experiences sudden onset of fluid excess  \* Edema with sudden onset of shortness of breath, and/or chest pain  \* Abrupt onset in one leg  \* Loss of sensation in swollen leg  \* Abrupt onset with tenderness and redness | \* Known history or edema with progressive unilateral or bilateral increase  \* Gradually progressive edema with weight gain  \* Skin changes associate with edema | | Emesis | \* Bloody or coffee grounds  \* Accompanied by abdominal pain associated with change in vital signs | \* One time episode  \* More than one episode in 24 hours | | | | | | |
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| Physician Notification Summary  When to Call the Doctor (Page 2) | | | | NO. | |
| |  |  |  | | --- | --- | --- | | **Condition** | **Immediate** | **Non-Immediate**  **Dr. Book ≤ 1 Week Response**  **Voicemail ≤ 4 Hr Response**  **Except Overnight** | | Enteral Feeding Tube | \* If removed and unable to immediately replace | \* Intolerance to feeding; leakage around G-tube stoma site | | Falls | \* Obvious deformity of extremity, hip, or shortening and outward rotation of leg  \* Inability to bear weight or unwillingness to bear weight, or move extremity  \* New onset abnormal neurological status  \* Laceration with uncontrolled bleeding | \* No bleeding; no injury or minor injury (e.g. skin tear, bruise)  \* Increased frequency of falls in 24-72 hour period  \* Joint or hip pain with palpation or range of motion | | Family Request | \* Requesting or demanding to speak to physician now | \* Persistent, recurrent concern that may need physician attention | | Insomnia | \* None | \* Persistent, insomnia after interventions  \* Three-day sleep monitoring log, when complete | | Medication Errors | \* Significant error, resident is symptomatic due to the error | \* Non-significant medication error; no symptoms | | Pain | \* Severe joint or hip pain associated with fall  \* Noticeable change in alignment, ability to perform ROM in extremity  \* Headache with altered vision, change in mental status  \* Pain with change in mental status  \* Abdominal pain with guarding and/or rigidity | \* Persistent mild to moderate pain in spite of interventions | | Nasal / Sinus Congestion | \* None | \* Green or yellow nasal discharge  \* Signs or symptoms not relieved in 3 days | | Seizures | \* New onset or status epilepticus | \* Self-limited with known history and on anti-seizure medication | | Shortness of Breath | \* Acute onset or with chest pain; change in vital signs  \* Labored breathing, ashen or dusky appearance, cyanosis | \* Partial relief with previously ordered treatment (oxygen, inhaler)  \* Recurrent episodes but now more frequent | | Skin Rash | \* Significant urticaria with swelling about the face and neck  \* Rash or blister formation associated with pain or fever | \* Generalized urticaria without symptoms  \* Localized, no other symptoms  \* Recurrent  \* Rash in someone taking a new medication | | | | | | |
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| Physician Notification Summary  When to Call the Doctor (Page 3) | | | | NO. | |
| **Lab Values for *Urgent* Reporting (unless its baseline value is similar)**  When a lab value must be reported, please follow the following guidelines and have the resident’s chart available for comparison with previous values, allergies, and current medications. Please check the date on the lab report before calling to make sure that this information is the most current. Unless otherwise indicated by the clinician, labs not listed below do not have to be reported. They will be reviewed on our next visit.   |  |  |  | | --- | --- | --- | | Hemotology: | WBC | >12,000 with change of condition or fever | |  | HCB | <8 | |  | HCT | <24 | |  | Platelets | <75,000 | |  | PT/INR | INR <1.5 or >3.2 | |  |  |  | | Chemistries: | Sodium | <130, > 150 | |  | Potassium | < 3.0, >6.0 | |  | BUN | >100 | |  | Creat | >4 | |  | Calcium | >12.5 | |  | Glucose | >450 in diabetic without sliding scale | |  |  | >450 in diabetic with sliding scale or “HI” on machine. | |  |  | <60 in diabetic | |  |  | <50 in anyone | |  |  |  | | Drug Levels: | Digoxin | All >2.0 | |  | Dilantin | All >20.0 | |  | Phenobarb | All >40.0 | |  | Tegretol | All >12.0 | |  | Primidone | All >12.0 | |  | Depakene | All >100.0 | |  | Theophylline | All >20.0 | |  | Procainamide | All >12.0 | |  | Tricyclics | All >upper limits of therapeutic range |  |  |  | | --- | --- | | Bacteriology: | Positive cultures; urine > 100,000ccc, sputum, blood or skin/wounds if resident is not already on an appropriate antibiotic based on the culture results plus patient has signs or symptoms of infection | |  | Positive stool cultures for C.diff |   **Regardless of the above guidelines, the Physician/Nurse Practitioner**  **may be called if nursing judgment so indicates.**  Also, please remind Physician if resident is Hospice patient or not.  Please feel free to send patient to the ER immediately if you are unable to reach the General Medicine doctor: if chest pain; shortness of breath; ANY bleeding; SBP systolic <or equal to 85, or systolic > or equal to 190; oxygen sats <90 and signs and symptoms. | | | | | |
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| Physician Notification Summary  When to Call the Doctor (Page 4) | | | | NO. | |
| **Laboratory Notification Parameters**  **Vital Sign Parameters**   |  |  |  |  | | --- | --- | --- | --- | | **Condition** | **Immediate / Call**  **( > greater than)**  **( < less than)** | **Non-Immediate**  **Dr. Book ≤ 1 Week Response**  **Voicemail ≤ 4 Hr Response**  **Except Overnight** | **Note pertinent medications, dose, and date of the order** | | Complete Blood Count (CBC) | \* WBC > 12.000\* with change of condition or fever.  \*HB: < 8\*  \*HCT: < 24\*  \*Platelets: < 75,000 | \* WBC: > 10,500 without symptoms or fever | Antibiotic, iron supplement, NSAID, ASA | | Chemistry | \*BUN: > 60\*  \*Calcium (Ca): > 12.5  \*Potassium (K): < 3.0, > 6.0  \*Sodium (Na): < 130, > 150  Blood Glucose:  \*Over 300 in diabetic with no sliding scale  \*Over 430 in diabetic with sliding scale or machine read HI  \*Less than 70 in diabetic  \*Less than 50 in anyone | \* Glucose: consistently over 200  Put all labs and reports in Dr. Book to be retrieved. | Diuretics, potassium supplement, HTN med, diabetics med. | | Drug Levels | \* Levels above therapeutic range in any drug, hold next dose |  | Drug being monitored | | Protime INR (Internationalized Normalized Ratio) | \* INR: <1.5 or >3.2 | \* Persistent, insomnia after interventions  \* Three-day sleep monitoring log, when complete |  | | Urinalysis | \* Abnormal urinalysis results in someone *with sign and symptoms*: fever, burning, pain, altered mental status | \* Abnormal urinalysis results in someone *without signs and symptoms* | Antibiotic | | Urine Culture | \* >100,000 colony count *with symptoms* | \* >100,000 colony count, *no symptoms* | Antibiotic | | X-ray | \* New or unsuspected finding, such as fracture, pneumonia, CHF – if symptomatic and not being treated | \* Old or long-standing finding, no change from prior exam | \* Antibiotic, diuretic | |  | **Vital Signs** |  |  | | Vital Signs | \* Systolic BP: >190, <85  \* Diastolic BP: >115, <45  \* Resting Pulse: >125, <50\*  \* Respiration: >28, <10  \* Oral Temp: >100.5, <94  \* Pulse Oximetry: <90% (if available) | \* Diastolic BP routinely >90  \* Resting pulse: >120 on repeat exam |  | | Weight Loss | Weight Loss Never Urgent | \* 5% or more in 30 days  \* 7.5% or more in 3 months  \* 10% or more in six months |  |   \* Unless values are consistently at this level and the physician is aware. | | | | | |
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| Physician Notification Summary  When to Call the Doctor (Page 5) | | | | NO. | |
| **On Call Worksheet**  The primary physician for your facility will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  The primary nurse practitioner will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  The usual scheduled days will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  If you need to call the Physician / Nurse Practitioner, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Tell them the patient’s name, your name, the name of the Nursing Home and who the caller should ask for. The answering service technician will ask you if you can wait for check-in or if it is an emergency. The Physician / Nurse Practitioner will check in with the answering service at the following times: 6:30 A.M., 10:30 A.M., 2:30 P.M., and 10:30 P.M.  For example, immediate calls (calls that cannot wait for check-in) are: critical labs, significant changes in resident’s status, and falls with injuries. Non-immediate calls (calls that can wait for check-in) are: falls without injuries, mildly abnormal labs and dietary recommendations for stable residents. Our answering service is available 24 hours a day. There is a first and second person on call that will be notified of your concerns at all times.  When placing a call to our answering service, please be prepared to answer the appropriate questions regarding the resident. Having the current vital signs, medication sheet, and chart available may be of assistance in reporting the information to whomever returns your call. Since the on-call person may not be familiar with your residents, they are not to be called for those issues that can be discussed with your primary physician or Nurse Practitioner on the next scheduled clinical day.  A communication log will be placed on each nursing unit. Any concerns that can wait for the next clinical visit should be written on the log. General Medicine Clinicians will always review the log and will address all issues within a timely manner. Forms, labs and therapy evaluations should be placed within the log notebook and a note written by the person who has submitted the information.  **Reporting Nurse’s Concerns**:  Immediate: Call answering service and report that the return call cannot wait for check-in.  Non Immediate: Call answering service and report the incident and acknowledge that return call can wait for check-in.  Notification: Documents the information on communication log.  This does not require a call to the answering service.  **Labs:** Review Lab Values Information Form.  **Falls with no injury**: Call answering service and acknowledge that the return call can wait for check-in.  **Falls with injury**: Call answering service and report the incident and request an immediate return call.  **Significant change in** Call answering service and request a return call that cannot wait for check-in.  **resident’s condition**: | | | | | |
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