|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HOT RACK CHARTING | | | | NO. | |
| PURPOSE:  Residents with condition changes or needing an assessment each shift will be placed on the “HOT RACK”. An area at each nursing unit will be designated for the Hot Rack charts. Residents are monitored each shift for assessment with full vital signs (if appropriate) and thorough entries into the nursing notes.  PROCEDURE:  A resident placed on the Hot Rack must be documented on each shift. The documentation must reflect the area(s) of concern that warranted the resident being placed on the Hot Rack. The Director of Nursing or his/her designee will review the medical record on a daily basis, M-F, and make the determination as to whether or not the resident’s area(s) of concern has been addressed in the documentation and do follow up as warranted. The documentation will include family and physician notification.  Any licensed nurse may place a resident on the Hot Rack but only the Director of Nursing or her designee may remove a resident from the Hot Rack system.  SUGGESTED GUIDELINE FOR HOT RACK CHARTING FOLLOW-UP:   1. New admits, including full vital signs for 72 hours. 2. Residents who have been to the hospital or who have had a surgical procedure and are re-admitted or returned to the facility. 3. Incident reports for approximately 72 hours after the incident (with or without an injury). 4. Falls where resident hits their head will include documentation of neuro checks for 72 hours. 5. Falls, if un-witnessed, treated as suspected head injury and include documentation of neuro checks for 72 hours. 6. Medication errors. 7. Residents on antibiotics, including temperature checks, until 72 hours post antibiotic therapy. 8. Residents on new or revised psychotropic medications. 9. Residents receiving IV therapy until 72 hours post IV therapy. 10. Residents who have had a Foley catheter newly inserted or discontinued. 11. Acute conditions: Changes in mood or behavior and/or decline in condition such as congestion, fever, reactions to medications, change in vital signs etc., episodes of Vertigo, seizure activity or isolation. 12. Resident with 2 or more episodes of diarrhea or emesis in a 24 hour period if outside of their norm. 13. Residents with a change in skin condition including skin tears, pressure and non-pressure ulcers, or bruising. 14. Residents with certain abnormal lab values (outside of their normal baseline) including abnormal blood glucose levels. 15. Residents with new or increased pain. 16. Residents who have attempted to elope from the facility. 17. Residents who have had a change in their diet order involving change in consistency, route or formula. | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date:  6/2014 | Change No.: | | Page:  1 of 2 |
| HOT RACK CHARTING | | | | NO. | |
| 1. Residents with altered appetite (refusal or inability to consume food or fluids for more than 2 shifts) or decrease in fluid intake or output. 2. Medicare Residents for the duration of their Medicare days.   20. Residents who have had a room change  21. Residents who have been involved in an abuse allegation or investigation. | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date:  6/2014 | Change No.: | | Page:  2 of 2 |