



Title: INTERACT Care Paths and Change in Condition File Cards

Date Created: 10/1/2015

Date Modified: 10/13/2015; 2/23/2017

Date Approved by Board of Directors: 10/13/2015

Clinical Guideline # CGC-CG-03

Purpose: INTERACT Care Paths and Change in Condition File Cards can be used as decision support tools to help with the recognition, evaluation, management, and reporting of specific symptoms and signs. These tools include explicit criteria for notifying primary care clinicians.

Added to this toolkit, the “Symptoms of Sepsis and Septic Shock” Care Path is an evidence-based tool endorsed by IPRO, an organization providing healthcare assessments and improvement services. IPRO, under contract with Centers for Medicare & Medicaid Services, leads the Atlantic Quality Innovation Network, one of the 14 Medicare-funded Quality Innovation Network-Quality Improvement Organizations operating across the U.S.

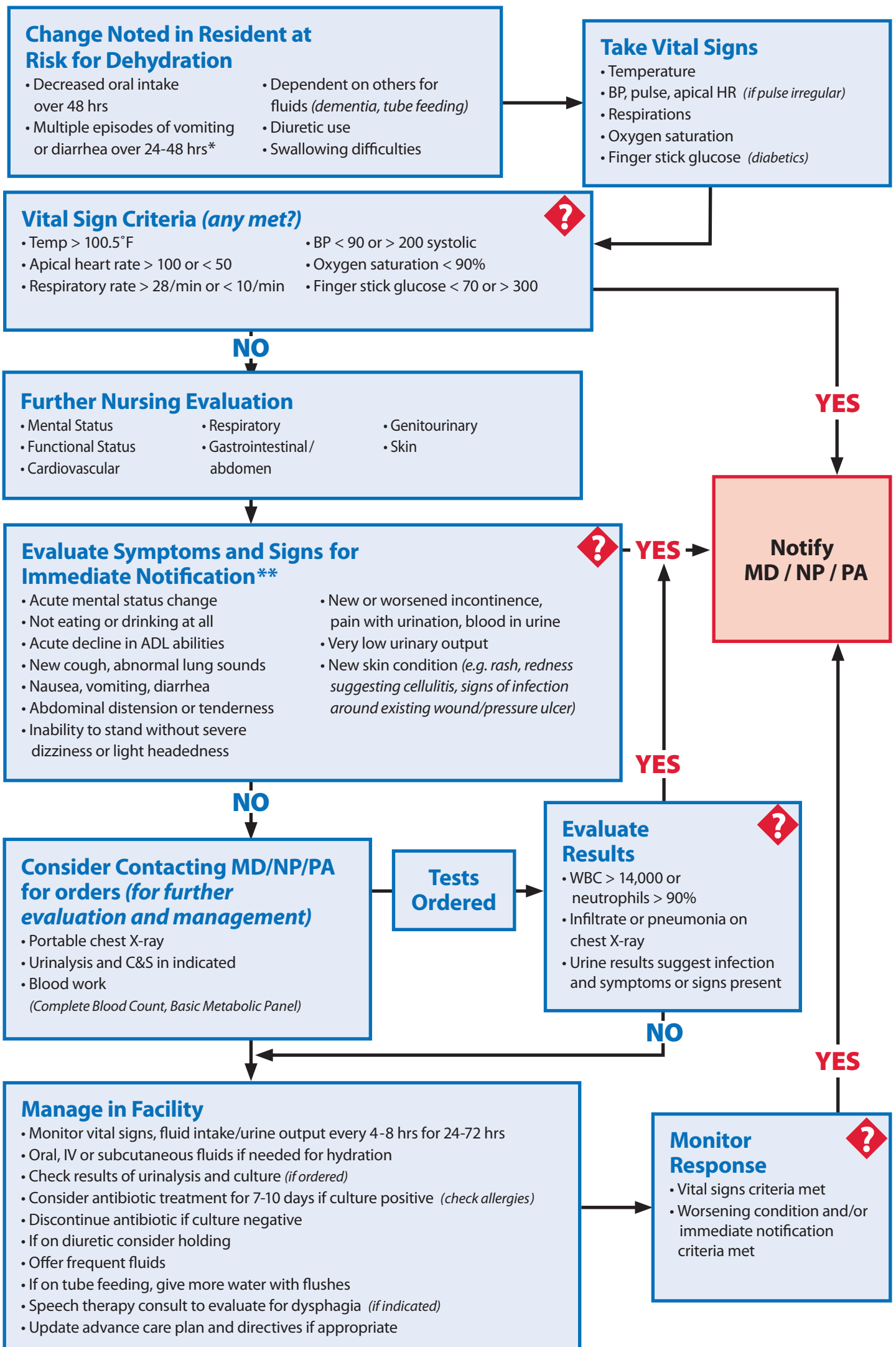
Definitions: INTERACT: Interventions to Reduce Acute Care Transfers; IPRO: Improving Healthcare for the Common Good

Procedure: See attachments beginning on next page. It is recommended by the Clinical Governance Committee that prior to notifying the MD/PA/NP in each Care Path, that SNF clinical staff reviews the resident’s wishes. This can include MOLST, eMOLST, DNR order, or any other actionable medical order.

When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization’s delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.

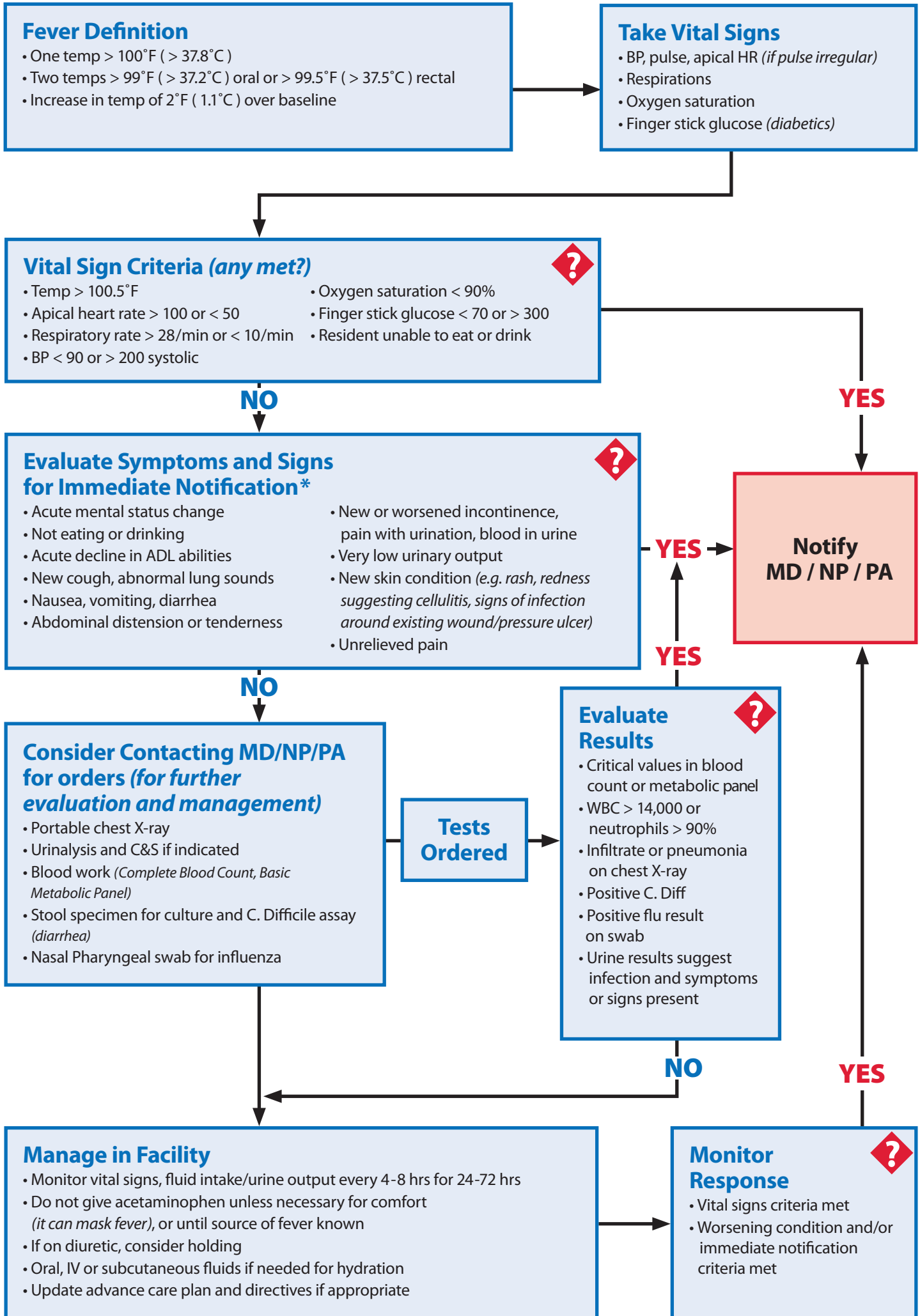
CARE PATH

Dehydration (potential for)



* Refer also to INTERACT GI Symptoms Care Path

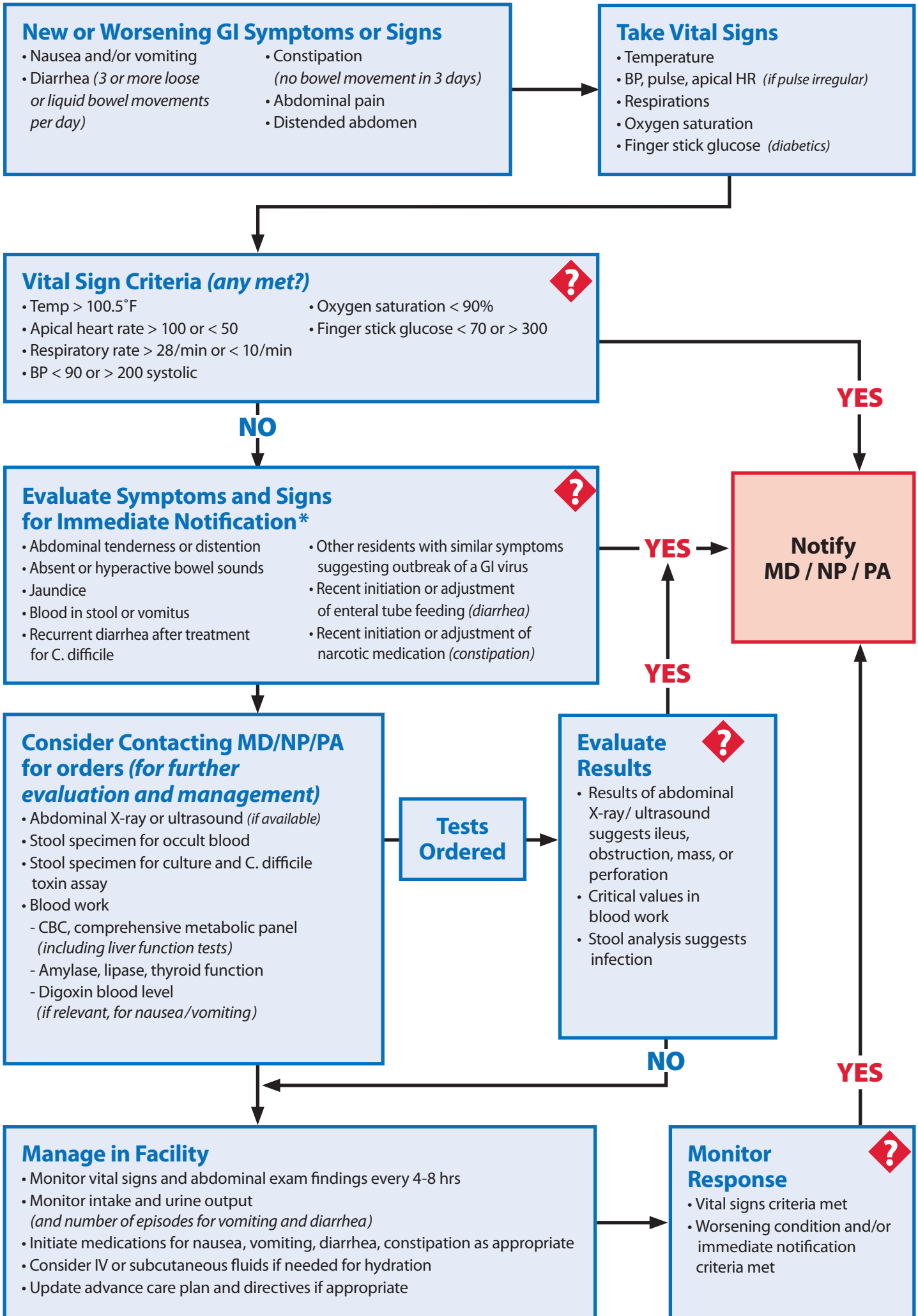
** Refer also to other INTERACT Care Paths as indicated by symptoms and signs



* Refer also to other INTERACT Care Paths as indicated by symptoms and signs

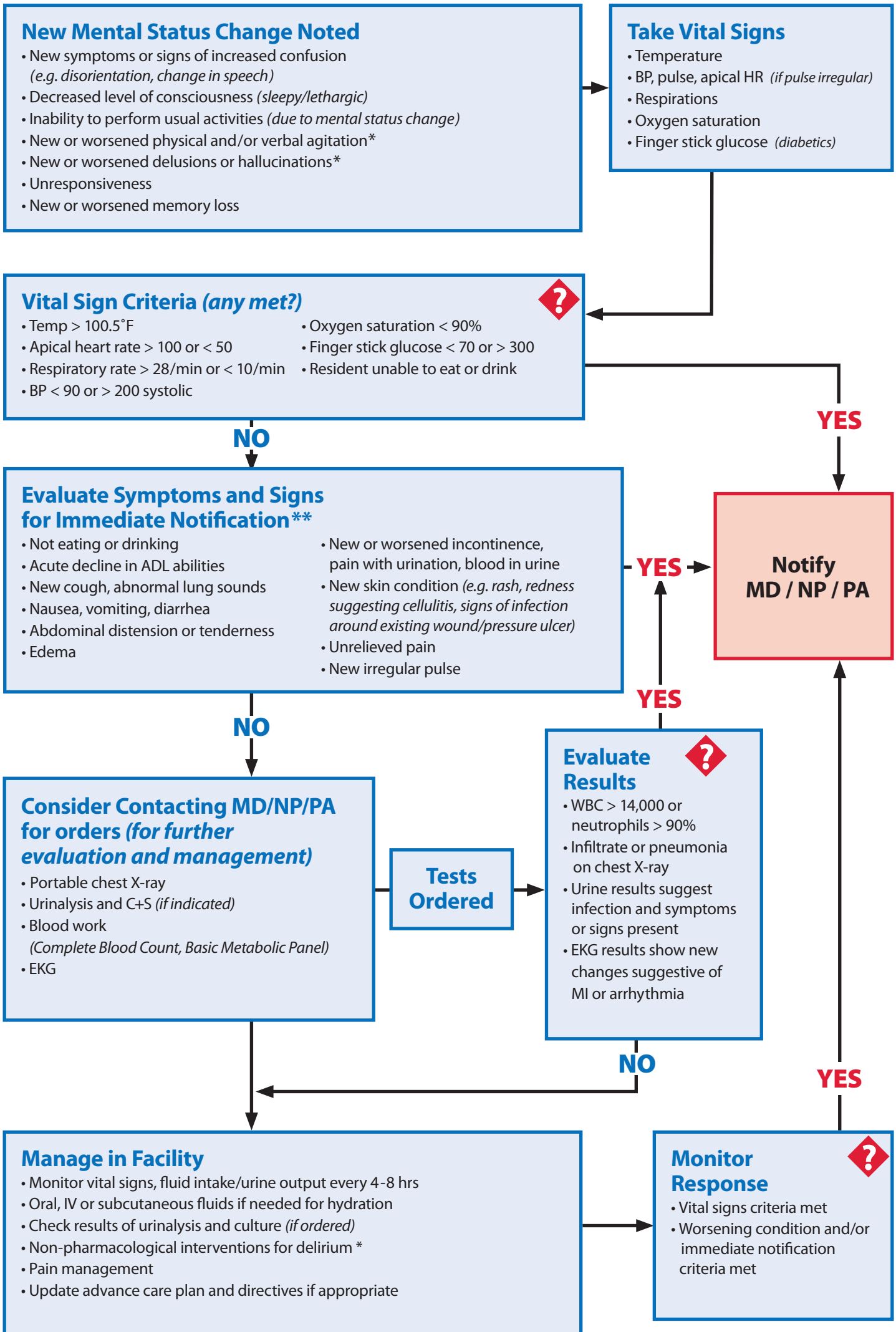
CARE PATH

Gastrointestinal (GI) Symptoms



* Refer also to other INTERACT Care Paths as indicated by symptoms and signs

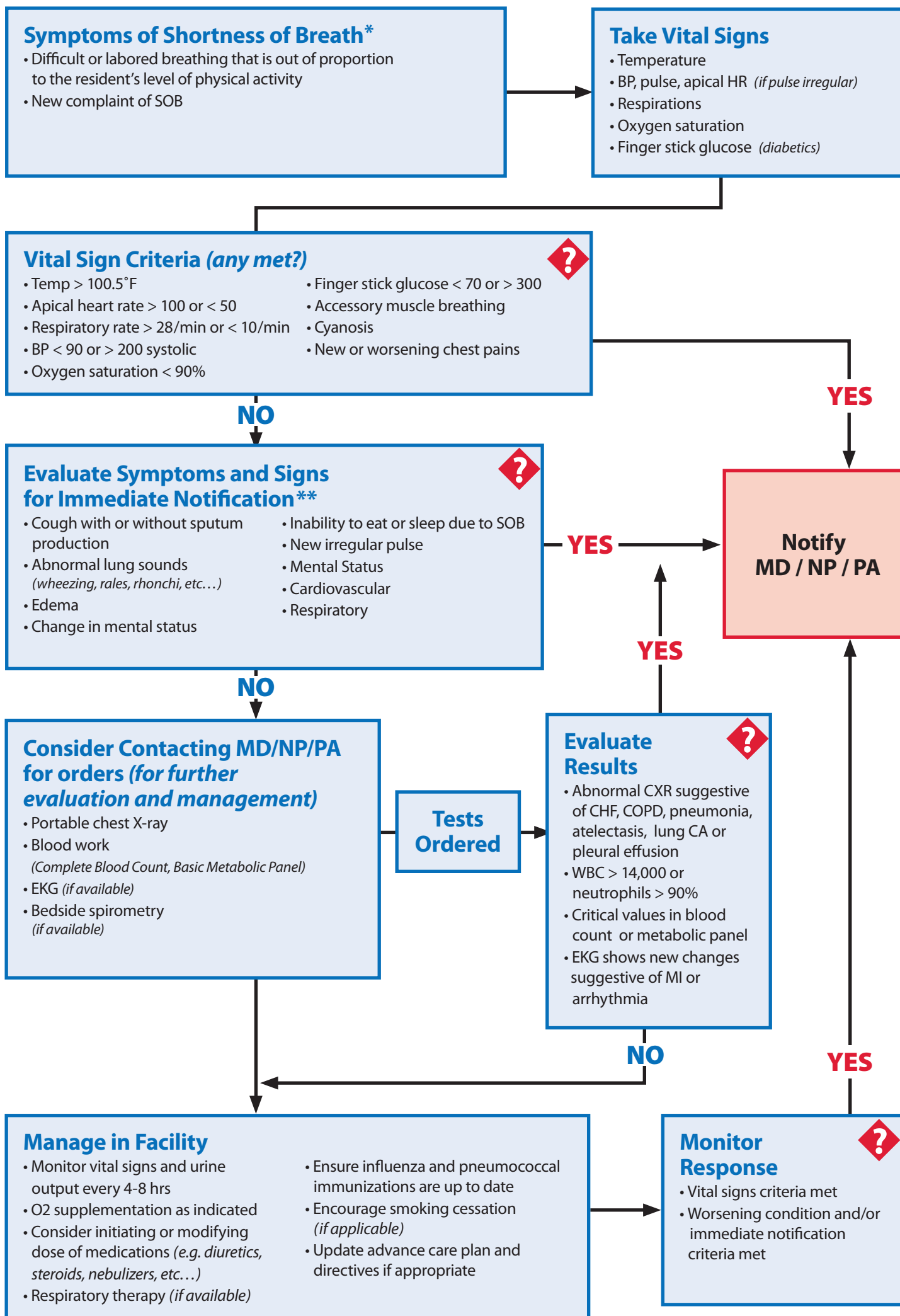
CARE PATH Symptoms of Acute Mental Status Change



* Refer also to the INTERACT Behavior Change Care Path

** Refer also to other INTERACT Care Paths as indicated by symptoms and signs

CARE PATH Symptoms of Shortness of Breath (SOB)

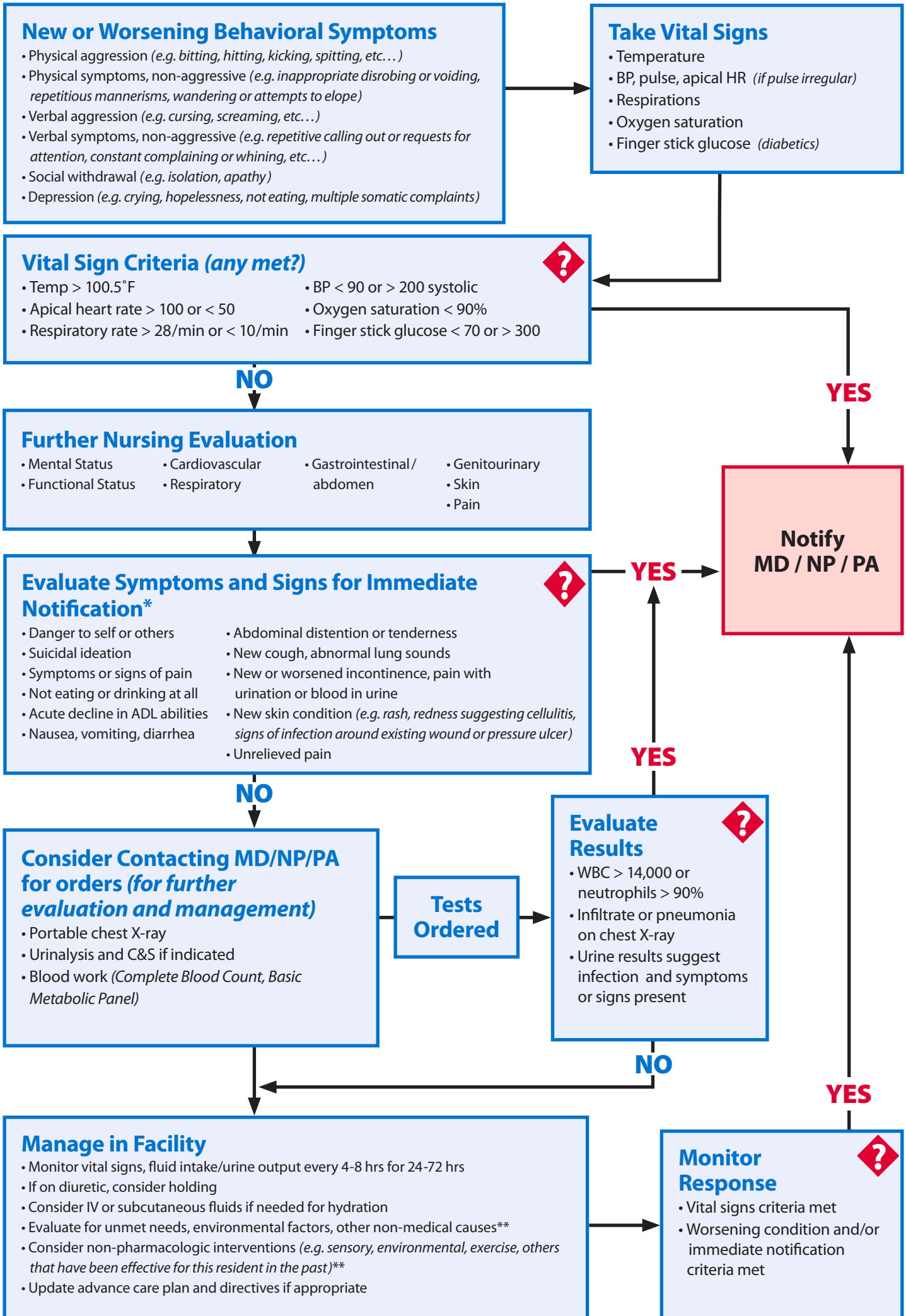


* Refer also to the INTERACT CHF and Lower Respiratory Infection Care Path

** Refer also to other INTERACT Care Paths as indicated by symptoms and signs

CARE PATH *Change in Behavior*

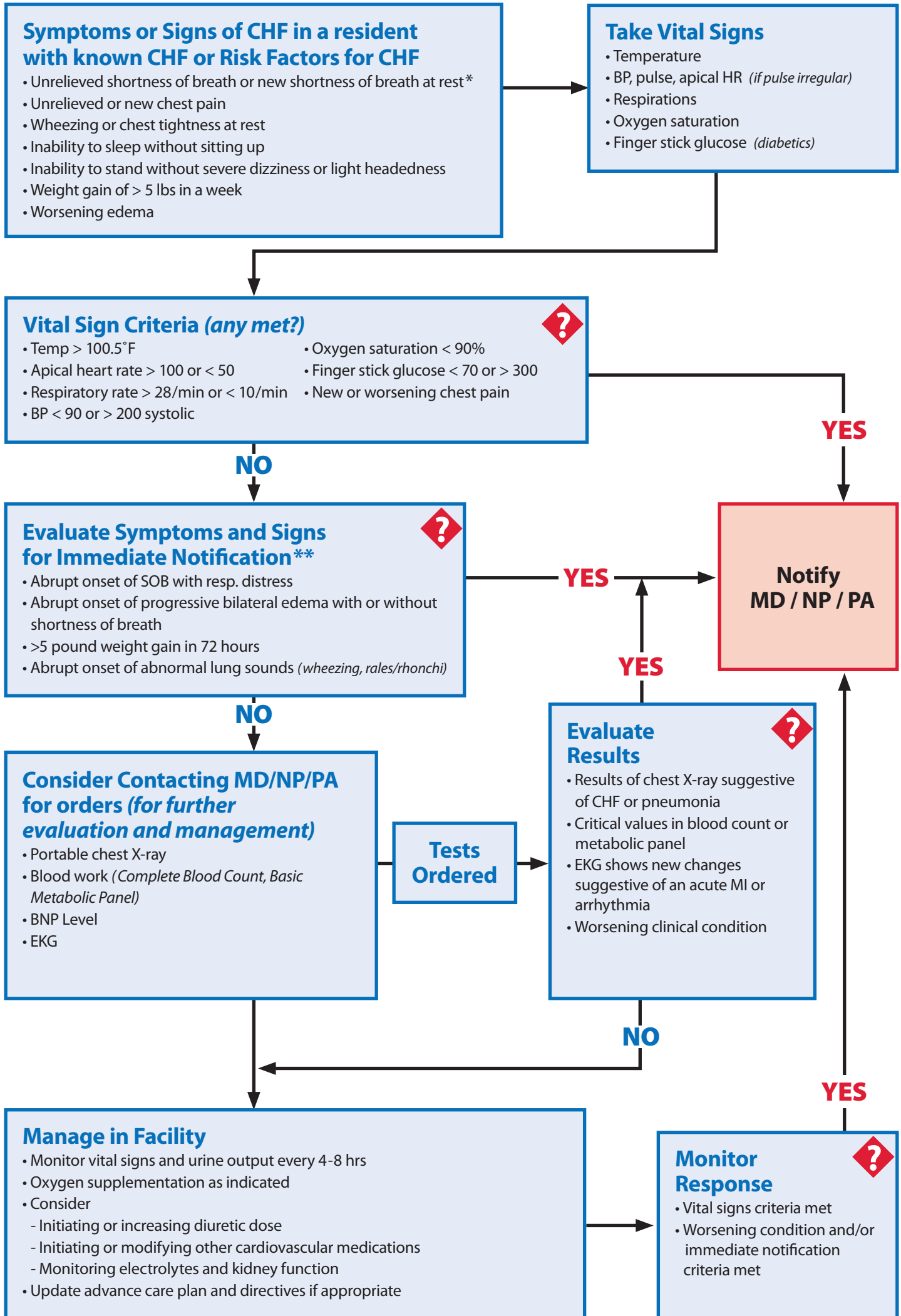
Evaluation of Medical Causes of New or Worsening Behavioral Symptoms



* Refer also to other INTERACT Care Paths as indicated by symptoms and signs

** See resources available from the Advancing Excellence Campaign at www.nhqualitycampaign.org and from CMS at www.cms-handinhandtoolkit.info/Index.aspx

CARE PATH Symptoms of Congestive Heart Failure (CHF)

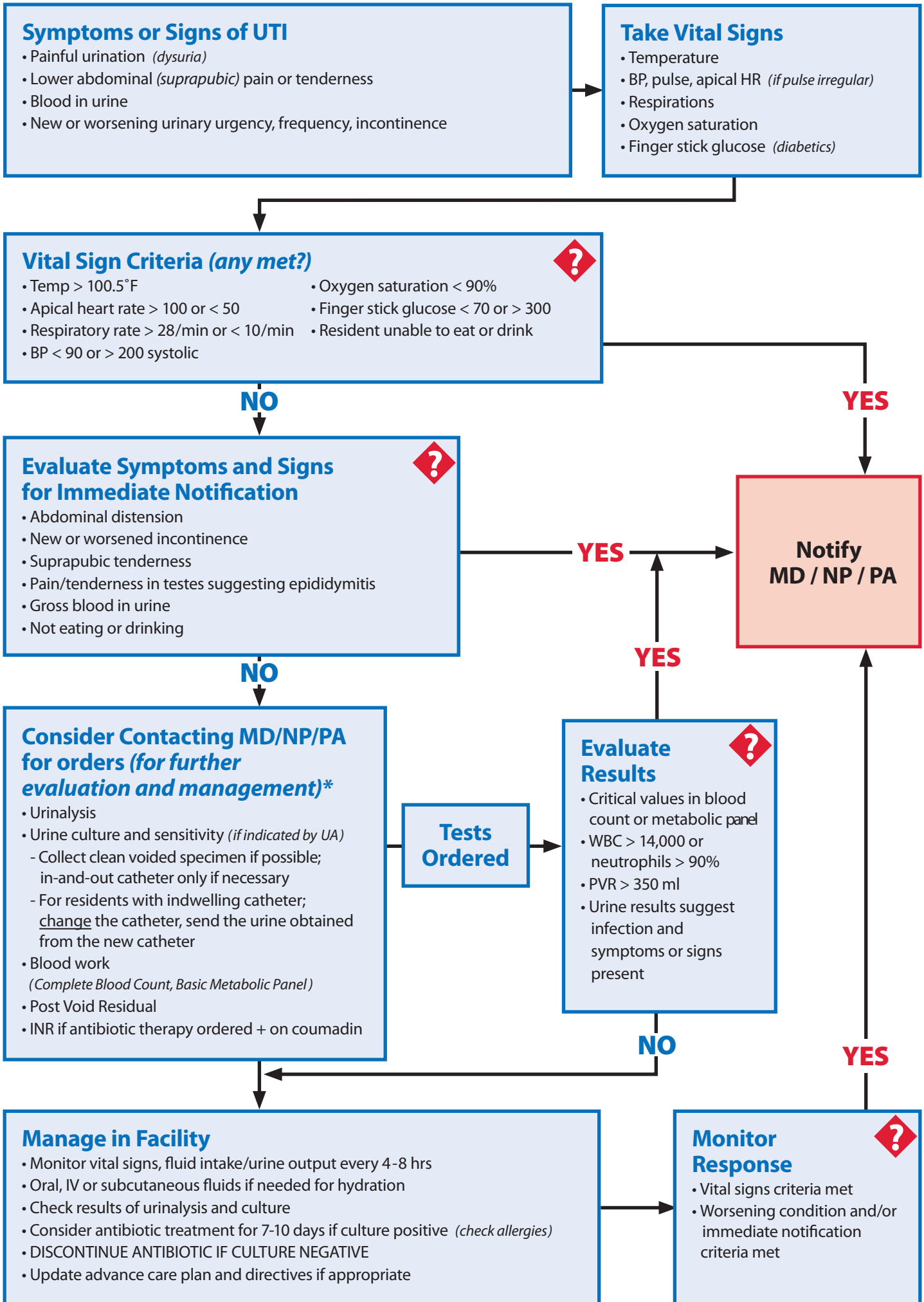


* Refer also to the INTERACT Shortness of Breath and/or Lower Respiratory Symptoms Care Path

** Refer also to other INTERACT Care Paths as indicated by symptoms and signs

CARE PATH Symptoms of Urinary Tract Infection (UTI)

(in residents without an indwelling catheter)

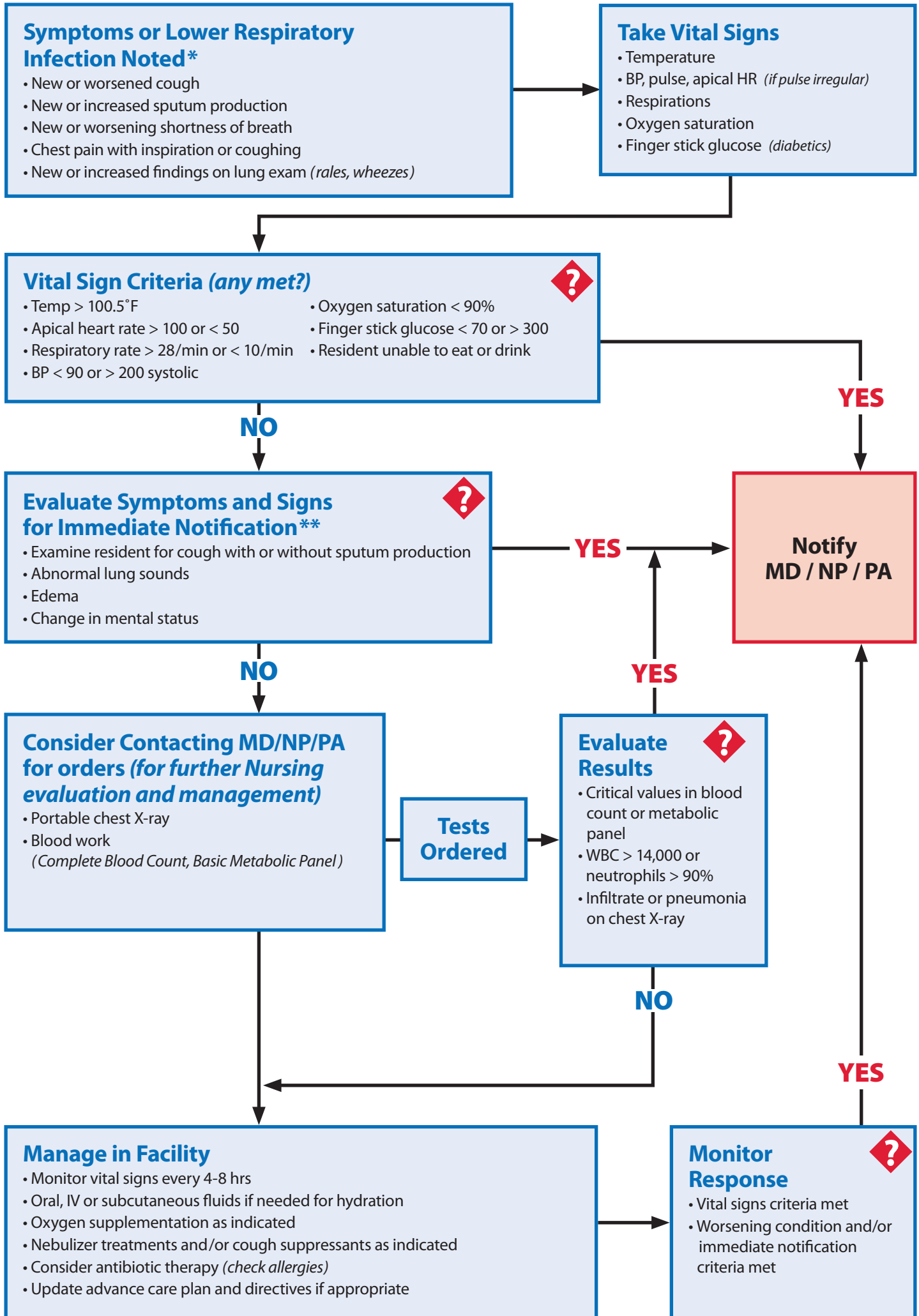


*** Please Note:**

1. Overtreatment of asymptomatic bacteriuria labeled as a "UTI" is a major problem contributing to adverse events, C. Difficile infection, and resistant organisms. Antibiotic treatment should be reserved for those who meet specific clinical criteria.
2. Evaluation and management of patients with indwelling catheters includes different criteria.

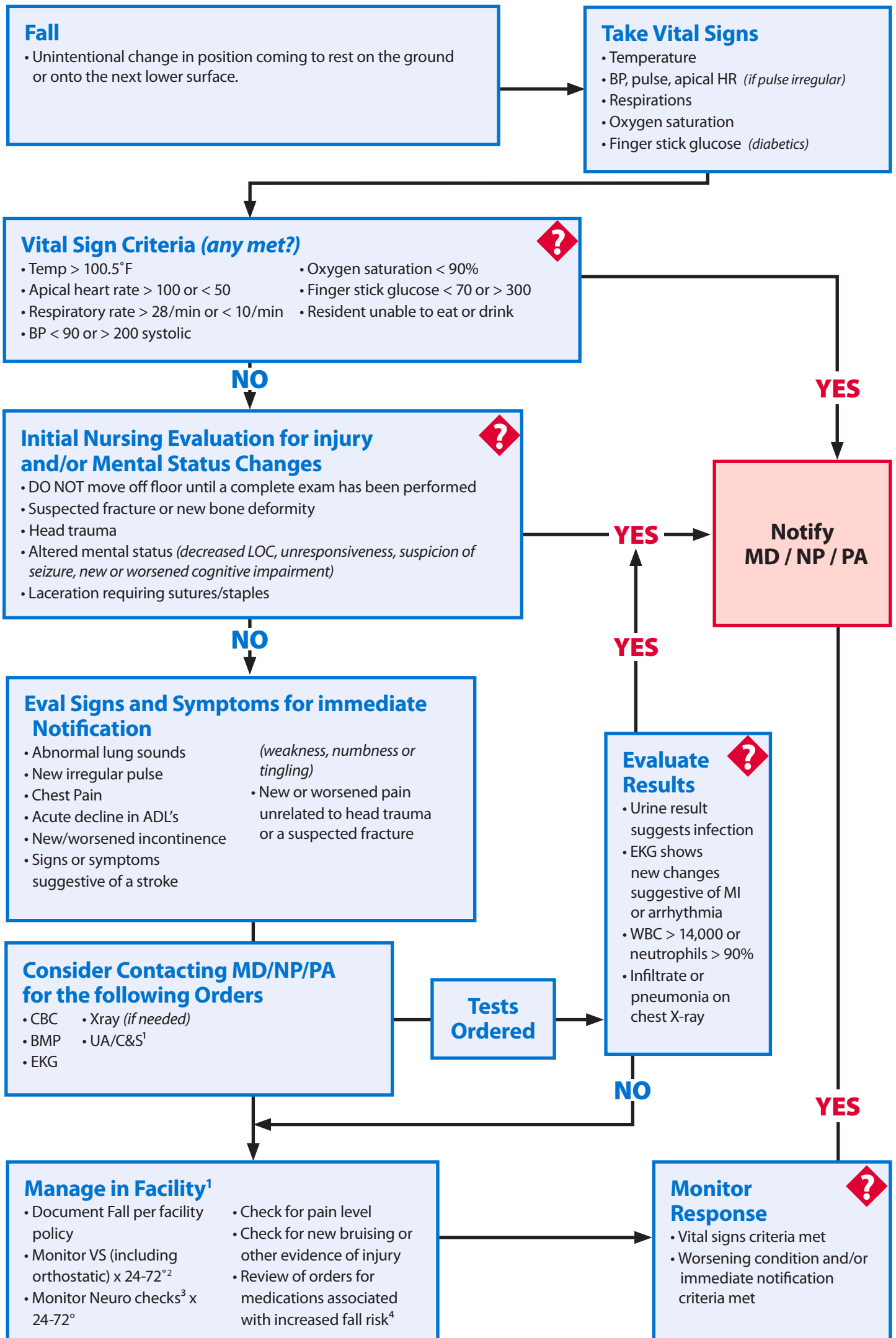
See http://www.cdc.gov/nhsn/PDFs/LTC/LTCF-UTI-protocol_FINAL_8-24-2012.pdf; or JAMDA 15 (2014) 133-139

CARE PATH Symptoms of Lower Respiratory Infection



* Refer also to the INTERACT Shortness of Breath Care Path

** Refer also to other INTERACT Care Paths as indicated by symptoms and signs



¹ See link to Fall Management Program at <http://interact.fau.edu>

² Obtain only if symptoms of urinary tract infection

³ Neuro Checks should be according to your facility policy and procedure

⁴ Many classes of medications can increase risk of falls

Skilled Nursing Facility Care Pathway - Symptoms of Sepsis and Septic Shock

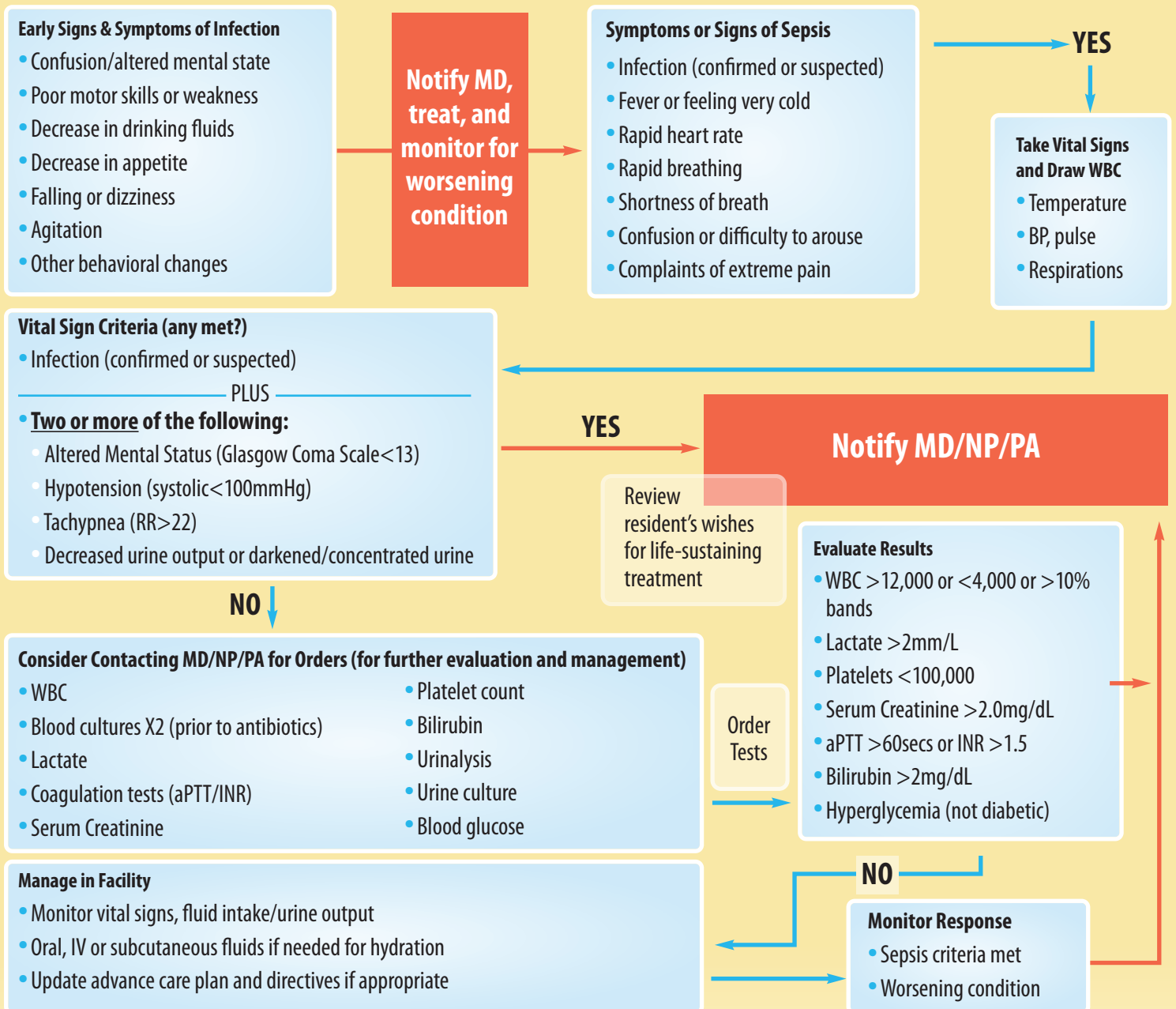
Sepsis = Infection + life-threatening organ dysfunction

Septic Shock = Sepsis + persistent hypotension despite fluid resuscitation and need for vasopressors to keep MAP >65mmHg.

Anyone with an infection is at high risk for sepsis.

Potential causes of infection that can lead to sepsis include the following:

- Pneumonia
- Pressure Ulcers
- C.Difficile Infection
- Urinary Tract Infection
- Prolonged Use of Catheters
- Chronic Conditions



Adapted from: Third International Consensus Definitions for Sepsis and Septic Shock- Singer et al. JAMA 2016;315(8) 801-810

This resource is not all inclusive and may not apply to all patients/residents and/or situations. It is intended for educational purposes only and as guidance to support investigation for performance improvement—not as a substitute for treatment or advice from a physician or healthcare provider.

This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Innovation Network–Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINNY-TskSIP-SEPSIS-16-23

Change in Condition: *When to report to the MD/NP/PA*

Immediate Notification

Any symptom, sign or apparent discomfort that is:

- **Acute** or **Sudden** in onset, and:
 - **A Marked Change** (*i.e. more severe*) in relation to usual symptoms and signs, or
 - **Unrelieved** by measures already prescribed

Non-Immediate Notification

- **New or worsening symptoms that do not meet above criteria**

This guidance is adapted from: AMDA Clinical Practice Guideline – Acute Changes in Condition in the Long-Term Care Setting 2003; and Ouslander, J, Osterweil, D, Morley, J. *Medical Care in the Nursing Home*. McGraw-Hill, 1996

Vital Signs *(report why vital signs were taken)*

Vital Sign	Report Immediately*	Non-Immediate
Blood Pressure Pulse Respiratory Rate Temperature	<ul style="list-style-type: none"> • Systolic BP > 200 mmHg or < 90 mmHg • Diastolic BP > 115 mmHg • Resting pulse > 100, < 50 • Respirations > 28, < 10/minute • Oral temp > 100.5 F • Oxygen saturation < 90% 	<ul style="list-style-type: none"> • Diastolic BP > 90 mmHg • New irregular pulse
Weight Loss		<ul style="list-style-type: none"> • New onset of anorexia with or without weight loss • 5% or more within 30 days • 10% or more within 6 months
Weight Gain		<ul style="list-style-type: none"> • > 5 lbs in one week in resident with <ul style="list-style-type: none"> - CHF - chronic renal failure - other volume overload state

Laboratory Tests/Diagnostic Procedures

(report why the test or procedure was done)

Test/Procedure	Report Immediately*	Non-Immediate
Complete Blood Count	<ul style="list-style-type: none"> • WBC > 14,000 • Hemoglobin (Hb) < 8 • Hematocrit < 24 • Platelets < 50,000 	WBC > 10,000 without symptoms or fever
Chemistry	<ul style="list-style-type: none"> • Blood/urea/nitrogen (BUN) > 60 mg/dl • Calcium (Ca) > 12.5 mg/dl • Potassium (K) < 3.0, > 6.0 mg/dl • Sodium (Na) < 125, > 155 mg/dl • Blood glucose > 300 mg/dl or < 70 mg/dl (<i>diabetic</i>) 	<ul style="list-style-type: none"> • Glucose consistently > 200 mg/dl • Hb A1c (<i>any value</i>) • Albumin (<i>any value</i>) • Bilirubin (<i>any value</i>) • Cholesterol (<i>any value</i>) • Triglycerides (<i>any value</i>) • Other chemistry values
Consult Reports	Consultant report recommending immediate action or changes in management	Routine consultant report recommending routine action or changes in resident's management
Drug Levels	Levels above therapeutic range of any drug (<i>hold next dose</i>)	Any therapeutic or low level
INR (<i>International Normalized Ratio</i>)	• INR > 6 IUs (<i>hold warfarin</i>)	<ul style="list-style-type: none"> • INR 3-6 IUs (<i>hold warfarin</i>) • PT (<i>in seconds</i>) 2x control (<i>hold warfarin</i>)
Urinalysis	Abnormal result in resident with signs and symptoms possibly related to urinary tract infection or urosepsis (<i>e.g. fever, burning sensation, pain in suprapubic or flank area</i>)	Abnormal result in resident with no signs or symptoms
Urine Culture	>100,000 colony count with a urinary pathogen with symptoms	Any growth with no symptoms
X-ray	New or unsuspected finding (<i>e.g. fracture, pneumonia, CHF</i>)	Old or long-standing finding, no change

Signs and Symptoms A's

Symptom or Sign	Immediate	Non-Immediate
Abdominal Pain ¹	Abrupt onset severe pain or distention, OR with fever, vomiting	Mild diffuse or localized pain, unrelieved by antacids or laxatives
Abdominal Distention ¹	Rapid onset, OR presence of marked tenderness, fever, vomiting, GI bleeding	Progressive or persistent distention not associated with symptoms
Abdominal Tenderness ¹ (e.g., bloating, cramps, etc...)	Associated with fever, continuous GI bleeding, or other acute symptoms	Persistent discomfort not associated with other acute symptoms
Abrasion	Accompanied by significant pain or bleeding	If bleeding continues or if associated with evidence of local infection
Agitation ²	Abrupt onset of significant change from usual, OR associated with fever or new onset abnormal neurological signs	Continued progression or persistence of symptoms
Altered Mental Status	Abrupt significant change in cognitive function from usual with or without altered level of consciousness	Persistent change from usual cognitive function with no other criteria met for immediate notification
Appetite, Diminished	No oral intake 2 consecutive meals	Significant decline in food and fluid intake in resident with marginal hydration and nutritional status
Asthma	Acute episode with wheezing, dyspnea, or respiratory distress	Self-limited episode that was more extensive or less responsive to treatment than the usual

Signs and Symptoms *B's*

Symptom or Sign	Immediate	Non-Immediate
Back, injuries and complaints	Abrupt onset of severe pain secondary to fall or injury, OR pain with new abnormal neurological signs	Persistent back pain not responding to existing or progressive orders
Behavioral Symptoms	New or worsening physical / verbal aggression (<i>biting, kicking, cursing, screaming, etc</i>) and / or danger to self or others	New or worsening non-aggressive physical / verbal symptoms posing no danger to self or others
Bleeding, rectal (<i>melen</i>)	Persistent, or accompanied by diaphoresis, tachycardia, significant orthostatic BP drop	Recent self-limited bleeding; black stool or melena without change in vital signs; stools positive for occult blood on routine testing
Blisters	Secondary to any burn more than a minor one	New onset large tense blisters with fever
Bowel Sounds (<i>absent or hyperactive</i>)	Associated with severe abdominal pain / distention with or without fever or vomiting	Continued progression or persistence of symptoms
Burns	Any burn other than a minor first degree burn with no significant pain	Minor first degree burn in past twenty-four hours

Signs and Symptoms C's

Symptom or Sign	Immediate	Non-Immediate
Chest pain, pressure or tightness	New or abrupt onset, unrelieved by current medications, OR accompanied by diaphoresis, change in vital signs or new EKG changes	Relieved by antacids or nitroglycerin, without other symptoms, but recurring more often than usual
Common cold (<i>symptoms of</i>)	With marked respiratory distress, severe cough, or T > 100.5 F	Change in color of sputum or phlegm; persistent need for symptom relief
Complaint, medical, by family or patient	Demand to speak to a physician or have a medical assessment without delay	Any persistent or recurrent complaint that might need a physician's attention
Confusion ¹	See Altered Mental Status	See Altered Mental Status
Consciousness, altered ¹	Sudden change in level of consciousness or responsiveness	Gradual change in level of consciousness not associated with other criteria for immediate notification
Constipation	Severe abdominal pain, rigid abdomen, absent bowel sounds	< 1 BM in a week
Contusions	Accompanied by significant pain or bleeding	Associated with a recent fall with no other complications
Cough ²	Associated with blood in sputum, new sputum production, fever or respiratory distress	New or recent onset of persistent or nocturnal cough, causing discomfort or disturbing sleep

Signs and Symptoms *D's*

Symptom or Sign	Immediate	Non-Immediate
Delirium	See Altered Mental Status	See Altered Mental Status
Depressed affect (see 'Suicide, potential')	Acute suicidal ideation	Recent onset of significant mood decline, with anorexia, crying, and sleeplessness
Diabetes, poorly controlled	Any diabetic with altered mental status, or an acute infection, OR hypoglycemic episode in someone on hypoglycemic medication or not responding to additional glucose; Glucose > 300 or < 70 mg/dl	Usually stable diabetic with change in oral intake, thirst, or urination, fluctuating or rising blood sugars
Diarrhea ¹	Acute onset of 3 or more episodes of loose stools	Persistent multiple loose with stable vital signs
Discoloration of Skin	Any new skin discoloration accompanied by significant pain	Any new skin discoloration without any other symptoms
Dizziness or unsteadiness	Abrupt onset, with slurred speech, or other focal neurological findings	Minor but persistent change over past 24 hours from usual pattern
Dyspnea ² (shortness of breath)	See Shortness of Breath	See Shortness of Breath
Dysuria	See urination, painful	Not applicable

Signs and Symptoms *E, F, G's*

Symptom or Sign	Immediate	Non-Immediate
Earache	Severe ear pain, bleeding or discharge from canal	Progressive or persistent ear pain
Edema ¹	Abrupt onset unilateral leg edema, with tenderness or redness or progressive bilateral edema with or without SOB	Persistent unilateral or bilateral edema
Eye injuries (<i>foreign bodies; chemical burns; contusions</i>)	Any eye injury	Any persistent redness of eyes not associated with known injury or infection
Fainting	Sudden loss of consciousness	
Fall ²	With any suspected serious injury (<i>e.g. fracture</i>) any hip pain, or more than minor pain elsewhere	Fall with no or minor injury
Fever ³	New onset T > 100.5 F regardless of any other symptoms (<i>unless under treatment already and clinician already aware</i>)	Gradual increase in temperature curve or recurrent daily temperature spikes for more than two days
Fractures and dislocation	Any suspected fracture or dislocation	
Gait disturbances	Abrupt onset with slurred speech, or other new focal neurological findings	Significant recent changes in gait without other symptoms or findings

Signs and Symptoms *H, I, J's*

Symptom or Sign	Immediate	Non-Immediate
Hallucinations	Abrupt onset of visual or auditory hallucinations	Continued progression or persistence of problem
Head injuries	Any head injury with change in level of consciousness, other mental status change, or any focal neurological findings	Head injury not meeting Immediate Notification criteria
Headache	Abrupt onset of progression of severe headache with fever, change in mental status, or focal neurological abnormalities	Persistent nagging headache, unresponsive to standard analgesics
Hearing loss	Abrupt onset or progression of hearing loss with fever or focal neurological abnormalities	Significant hearing loss without other significant symptoms
Hematuria ¹ (<i>blood in urine</i>)	Gross hematuria with pain, fever or other signs of bleeding at other sites	One isolated episode of blood-tinged urine without fever or other signs of bleeding, or other urinary symptoms
Hypothermia	New onset T < 95F, OR T more than two degrees below usual with change in mental status or other symptoms	New onset T < 95, OR T more than two degrees below usual lower limits of normal, without change in mental status or other symptoms
Incontinence of urine or stool ¹	New onset of incontinence with fever, neurological abnormalities or other symptoms	New onset without other abnormalities or other symptoms
Itching (<i>pruritus</i>)	Severe unremitting itching, OR occurring after recent change in medications	Persistent mild to moderate itching unrelieved by topical treatment or mild antihistamines
Jaundice (<i>yellowing of skin</i>)	Abrupt onset of jaundice with or without nausea / vomiting / fever	Continued progression or persistence of problem

Signs and Symptoms *L, M, N's*

Symptom or Sign	Immediate	Non-Immediate
Laceration	Any laceration requiring sutures	Any laceration not requiring sutures and without other symptoms
Lung Sounds ¹ (<i>abnormal</i>)	Abrupt onset of wheezing, rales or rhonchi (<i>new</i>)	Self-limited episode of abnormal lung sounds that was more extensive and less responsive to treatment than usual
Medication error	Causing any new symptoms OR involving a cardiac, psychotropic, or other drug with potential for significant toxic side effects	Not applicable
Medication side effects	Any abrupt symptoms or significant changes in condition that might be associated with one or more medications	Any minor symptoms or changes in status that might be associated with one or more medications
Memory loss ²	Abrupt onset or progression of memory loss with fever, change in level of consciousness, or focal neurological abnormalities	Noticeable decline in memory or mental status without other apparent symptoms
Musculoskeletal pain	Marked localized bruising, swelling, or pain over joint or bone, with or without recent fall	Progressive or more frequent pain
Nausea ³	Associated with fever, vomiting or recent change in condition	Persistent discomfort not associated with other acute symptoms
Nocturia	N/A	Marked increase in nocturia from usual pattern for >2 days
Nosebleed	Acute nosebleed which persists despite simple packing or pinching nostrils	Recent minor nosebleed with more than minor blood streaking

Signs and Symptoms *P,R's*

Symptom or Sign	Immediate	Non-Immediate
Pain	New severe pain, or marked increase in chronic pain	Increase in frequency or severity of pain
Personality change ¹	Abrupt significant change from usual, associated with fever, or new onset of abnormal neurological signs	Recent minor but persistent change or fluctuation in behavior, memory, or mood from usual
Pressure sore	New onset T > 100.5 F in someone with Grade 2 or higher sore	New onset Grade 2 or higher pressure sore, OR progression of pressure sore despite interventions
Puncture wounds	Deep or open wound, OR with more than minor bleeding	Minor uncomplicated puncture wound
Rash	Rash in someone taking a new medication, OR one known to cause allergic reaction	Recent onset of localized or diffuse pruritic rash, OR any rash accompanied by other systematic symptoms

Signs and Symptoms S's

Symptom or Sign	Immediate	Non-Immediate
Seizure activity	Any new onset seizure activity, OR persistent seizure in someone with known intermittent seizure activity	Self-limited seizure in past 24 hours in a resident with known seizure activity who is already on an anticonvulsant
Shortness of breath (<i>dyspnea</i>) ¹	Abrupt onset of shortness of breath with pain, fever, or respiratory distress, or with progressive leg edema	Recently progressive or persistent minor shortness of breath without other symptoms
Skin Tear	Accompanied by significant pain or bleeding	Not associated with immediate notification criteria
Sleep disturbance	Not applicable	Difficulty sleeping
Sore throat	Accompanied by respiratory distress or inability to swallow	With mild to moderate symptoms of upper respiratory infection not responding to standard conservative treatments
Speech, abnormality ²	Abrupt change in speech, with or without other focal neurological findings	Not applicable
Splinters/slivers	If unable to remove readily, with OR accompanied by considerable pain or bleeding	If area appears to be infected, with erythema or purulent drainage, OR if no tetanus shot within past ten years
Suicide potential	Makes a suicidal gesture, OR discusses a detailed plan for carrying out suicide	New onset of talking about wanting to die, but not making any specific suicidal threats
Swallowing difficulty	With new onset or progressive choking, aspiration	Decreased intake from dysphagia, with potential risk of dehydration malnutrition

Signs and Symptoms *T,U,V's*

Symptom or Sign	Immediate	Non-Immediate
Toothache	Accompanied by fever, severe pain, redness, or swelling in mouth, cheek, or jaw	Persistent or progressive discomfort not responding to conservative measures
Urination (<i>painful</i>)	Abrupt onset of painful urination with or without fever, frequency	Not applicable
Urinary hesitancy or retention	Abrupt decrease in urinary output, with lower abdominal distension, discomfort over bladder, or bladder volume > 400 cc	Decreased in urinary output over 1 - 2 days, or new onset of post-void residual > 300 cc
Vaginal bleeding	Bleeding with clots that saturate one pad or more every two hours	Episode of bleeding that persist or that resolved spontaneously
Vaginal discharge or spotting	Not applicable	New or recurrent discharge or spotting
Vision, partial or complete loss	Abrupt onset with pain, redness, or other symptoms	Recent significant change
Vomiting ¹	Persistent or recurrent (<i>2 or more within 12 hours</i>) vomiting, with or without abdominal pain, bleeding, distension / fever	Intermittent recurrent vomiting without immediate notification criteria met
Vomiting blood ¹ (<i>hematemesis</i>)	New onset hematemesis with clots, OR accompanied by rapid pulse or orthostatic BP drop	One isolated episode of blood-streaked vomiting without other significant symptoms

Signs and Symptoms *W's*

Symptom or Sign	Immediate	Non-Immediate
Walking difficulty	Acute onset accompanied by other neurological signs	Recent onset not resolving spontaneously
Weakness, arm or leg	Abrupt onset of noticeable change in strength or use	Gradual recent onset not resolving spontaneously
Weakness, general	Abrupt onset of general weakness with fever or other acute symptoms	Abrupt onset of general weakness without fever, change in level of consciousness, or other acute symptoms
Weight, change in		<ul style="list-style-type: none"> • New onset of anorexia with or without weight loss • 5% or more within 30 days • 10% or more within 6 months • > 5 lbs in one week in resident with <ul style="list-style-type: none"> - CHF - chronic renal failure - other volume overload state
Wounds	Any wound that will not stop bleeding, OR that exposes subcutaneous tissue	Apparently minor recent wound now developing redness, swelling, or pain

Clinical Guideline Board Approval History:
Clinical Guideline Revisions:

Date	Revision Log	Updated By
10/13/2015	Update with BOD approval date	D. Sculley
2/23/2017	Added “Symptoms of Sepsis and Septic Shock” Care Path	N. Roselli

This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.