INFECTIOUS DISEASE/ PANDEMIC EMERGENCY

SUBJECT:  Acute Change of Condition (ACOC)

POLICY:  A/20

PURPOSE:  To provide early recognition and safe management of residents with Acute Changes of Condition (ACOC) in the facility;

To support clinical staff efforts to correctly identify, monitor, evaluate, and treat residents experiencing an ACOC or modify treatment for residents as appropriate;

To provide guidelines to assist facility staff with the identifying individuals at risk for AOCOs, describing and documenting symptoms and/or condition changes, and establishing a process of reporting findings;

To support implementation of effective processes to ensure appropriate assessments are performed before a decision to transfer a resident to the hospital is made;

To assist facility staff with the appropriate care of patients who are at risk for AOCOs while maintaining comfort, dignity, and respect for advance directives.

PROCEDURE and RESPONSIBILITY

CNA / ANCILLARY STAFF
Recognize and report condition change to the nurse via Stop and Watch documentation.

NURSE
Assess the resident’s symptoms, mental status and physical function.
Review resident’s medications and perform reconciliation to reveal any potential interactions involved in the ACOC.

Utilize the disease specific Care Path as an evidenced-based guide to assist in reporting to the Physician/Nurse Practitioner/Physician Assistant using the SBAR format of communication. Prior to contacting the practitioner, perform an assessment and collect the appropriate information including, but not limited to:
• Current symptoms
• Exposure to infectious agent
• History of present illness
• Vital signs
• Previous and recent diagnostic tests and lab work
• Medication reconciliation findings
• Advance directive status

Document descriptions of observations and symptoms, nursing interventions and resident response to care and place on 24-hour report.

Inform the charge nurse and/or nursing supervisor and medical staff if resident’s response does not improve within an expected period of time as indicated by the clinical condition.

The nurse will read back any verbal orders to the practitioner to ensure accurate transcription.

NURSING SUPERVISOR
Ensure residents are monitored consistently, document resident response to care and place on the 24-hour report.

Ensure relevant information is communicated to other members of the interdisciplinary team with responsibility for the resident’s care by using the SBAR format of communication.

PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN ASSISTANT
The Physician /Nurse Practitioner /Physician Assistant will be notified of problems or changes in the resident’s condition and/or status.

The Chief Medical Officer will be called by the nurse for additional guidance and consultation if a timely response is not received from the attending physician or practitioner.

The practitioner will discuss the findings and the possible causes of the ACOC with the nurse, and develop a plan for initial workup and treatment.

Review resident’s medications and perform reconciliation to identify medication risks and possible drug interactions related to the ACOC.

Order necessary lab work and other diagnostics.
As needed, the practitioner will discuss with the staff, resident and/or designated representative the benefits and risks of diagnosing and managing the ACOC in the facility or in another setting:

- Many acute changes of condition can be managed effectively in nursing facilities with outcomes that are comparable to those of hospitalization.
- This discussion should consider the patient’s overall condition, prognosis, and wishes.

Ensure interventions are consistent with resident’s Advance Directives.

Communicate with the resident, resident’s family member/health care proxy to discuss change to Advance Directives if the resident fails to improve as expected.

Communicate with other disciplines/consultants in regards to the resident’s care as needed.

The practitioner will document in the EHR/resident record their findings, diagnostic/preliminary impression, plan of care and further diagnostic work-up, if needed.

At the next visit, the practitioner will review the status of the condition change and document findings including, but not limited to, the significance of the ACOC, anticipated residual effects on the individual’s function, psychosocial status, or prognosis.

- The attending physician or practitioner will make a follow-up visit, if needed, to assess the situation (especially if the individual is not stable or is not improving as anticipated)
- If the situation resolves satisfactorily, the follow-up visit may be the next routinely scheduled visit

Advance Directives that may impact the decision to transfer the resident will be given careful consideration. If it is decided at any point in the treatment or management of the ACOC, after sufficient review, that care or observation cannot reasonably be provided in the facility, the attending practitioner will authorize transfer to an acute hospital or another appropriate setting. Please review the facility’s Transfer Policy to follow the correct procedure.

References
AMDA Acute Change of Condition Clinical Practice Guideline, Columbia, Maryland, 2003
AMDA Protocols for Physician Notification. Columbia, Maryland, 2005