

# Change in Condition

**Patient Information**

Name: [ ] Initial Admission: [ ] Date of Birth: [ ] Allergies: [ ] Diagnosis: [ ] Effective Date: [ ] Admission: [ ] Gender: [ ] Physician: [ ] Location: [ ] Medical Record #: [ ] Facility: [ ] (Optional) SSN: [ ]

**Situation**

I am concerned about the following condition:

UTI | SSTI | U/L NI | Gastro | STI | Oral/Dental | Eye | Behavioral | Cardio | Neuro | Other: [ ] | Other: Specify [ ]

Change started (DATE): [ ]  
Condition: Worse, better, no change [ ]  
Medication History recent change: [ ]  
Condition: What makes better [ ]  
Condition: What makes worse [ ]  
Condition: What occurred before [ ]  
Explain [ ]  
Tx for last episode [ ]

**Background**

General information: Medical History: The resident has:

Including: Cahn [ ] Straight Cahn [ ] Emphysema/COPD [ ] Diabetes Mellitus [ ] Warfarin/Coumadin [ ] Other: Specify [ ]

Allegies: [ ] Admitted/Discharged: [ ] Vitals: [ ]

When most recent: [ ]

BP [ ]  
PLAISE [ ]  
RESP [ ]  
O2 [ ]  
Temp [ ]  
Glucose [ ]

Resident in pain: [ ]  
No-skip [ ]  
New/Worse [ ]  
Not cognitively able to rate [ ]  
Cognitively able to rate [ ]  
Observation Assessment [ ]  
Verbal [ ]

Occasional Labored [ ]  
Occasional Negative Ventilation [ ]  
Facial Expression [ ]  
Body Language [ ]  
Voice or Touch [ ]

Facial Scale: [ ]  
Body Scale: [ ]  
Worst/Whole Lot [ ]

**Localizing Signs & Symptoms**

**UTI New or increased:** Obvious Blood in Urine [ ] Pain/Difficult Urination [ ] Urgency/Freq. Urination [ ] Suprapubic tenderness [ ] CVA tenderness [ ] Incontinence [ ] Other [ ]

**Skin or Soft Tissue New or increased:** Pus draining from wound [ ] Redness around wound [ ] Pain/Tenderness [ ] Swelling at the site [ ] Odor [ ] Other [ ]

**Respiratory New or increased:** Productive cough [ ] Pleuritic chest pain [ ] Shortness of breath [ ] Blood-tinged sputum [ ] Fluffy, stuffy, sneezing [ ] Sore throat/headache [ ] Other [ ]

**Gastrointestinal New or increased:** Vomiting [ ] Diarrhea [ ] Abdominal pain/tender [ ] Distended abdomen [ ] Silent bowel sounds [ ] Constipation (no bowel 3d) [ ] Jaundice [ ] Evidence of GI bleeding [ ] Frequency with 24 hours [ ]

**Oral/Dental New or increased:** Drainage [ ]

**Behavioral (Displaying any of the following 5%):** Pain [ ] Not sitting/standing [ ] Acute decline in ADL ability [ ] Nausea, vomiting, clear [ ] Abdominal distention [ ] New cough/shortness of breath [ ] New skin condition [ ]

**Cardiovascular Describe cardiac changes:** Chest pain/tightness [ ] New irregular pulse [ ] Resting pulse >100 or <50 [ ] Other [ ] Describe: [ ] New/skip, unexplained by current meds, etc [ ] Referred by antipsychotic/antidepressants, who other serms, reoccurring [ ]

**Neurological:** Gradual w/ other criteria [ ] Sudden [ ] Weakness, numbness [ ] Abrupt [ ] Seizure [ ] New onset persistent when known history = premeditated [ ] Abnormal speech [ ] Dizziness/Unsteadiness [ ] Abrupt w/ slurred speech [ ] Other [ ]

**Non-localizing Signs & Symptoms**

**Behavioral Describe changes:** Non-aggressive [ ] Verbal aggression [ ] Personality change [ ] Social withdrawal [ ] Acute suicide ideation [ ] Depression [ ] Describe: [ ] Acute ideation, delirium, detailed plan [ ]

**Cardiovascular Describe changes:** Edema [ ] Inability to stand w/o dizziness or light-headed [ ] Describe (Edema): [ ] Abrupt unilateral leg [ ] Persistent unrel. leg [ ] Assoc. w/ inability to sleep w/o sitting [ ] Weight gain >5lb in 1wk [ ]

**All other conditions New or worsening:** Confusion [ ] Agitation [ ] Pain [ ] Decreased consciousness [ ] Sleepiness (> alertness) [ ] Decline in functioning [ ] Shaking/chills with fever [ ] Recent fall [ ] Recent weight gain [ ] Recent weight loss [ ] Other [ ]

**Assessment**

Abnormal Vital Signs or Pain [ ]  
Localizing Signs or Symptoms [ ]  
Non-localizing Signs or Symptoms [ ]  
Other Significant Finding [ ]

Based on your responses, the following options may be appropriate for the resident according to the McGee's criteria:

Diagnosis and Therapeutic Orders [ ]  
Monitoring and Supportive Care Orders [ ]

Based on the resident's current condition which of the following are needed:

Diagnosis and Therapeutic Orders [ ]  
Monitoring and Supportive Care Orders [ ]

**Recommendation- Diagnostic and Therapeutic Orders**

Based on your responses, the following options may be appropriate for the resident according to the McGee's criteria:

Diagnostic and Therapeutic orders:

Urinalysis [ ]  
Urine Culture [ ]  
CBC w/ Diff [ ]  
Chest X-Ray [ ]  
O2 Supp [ ]  
Nebulizer Tx [ ]  
Cough Suppressants [ ]  
Start Antibiotic [ ]  
Start Other Medication [ ]  
Other [ ]

Indication: [ ]  
Name: [ ]  
Dose: [ ]  
Frequency: [ ]  
Days/Duration: [ ]  
Stop date: [ ]

**Recommendation- Monitoring and Supportive Care Orders**

Based on your responses, the following options may be appropriate for the resident according to the McGee's criteria:

Monitoring and Supportive Care Orders:

Monitor vital signs [ ]  
Oral fluids for hydration [ ]  
IV fluids for hydration [ ]  
Monitor fluid intake/output [ ]  
Notify prescriber if symptoms worsen (immediately) [ ]  
Notify prescriber if symptoms unresolved [ ]  
Other [ ]

Hydration: [ ]  
within 24h [ ]  
12 [ ]  
24 [ ]  
36 [ ]  
48 [ ]  
Other [ ]

Monitor # times (day): [ ]  
1 [ ]  
2 [ ]  
3 [ ]  
4 [ ]  
Specify: [ ]

**Communication**

Medical Professional Contact: [ ]  
Contact Person: [ ]  
Name, designation [ ]  
Agent [ ]  
Caregiver [ ]  
Emergency Contact [ ]  
Guardian [ ]  
Next of kin [ ]  
Personal [ ]  
Phone: [ ]  
Home [ ]  
Cell [ ]

I have contacted the resident's physician regarding their CIC [ ]  
I have contacted the resident's contact person regarding their CIC [ ]  
The assessment is complete and ready to submit [ ]

PRESCRIBER: Automatic selection of Antibiotic Follow-up Assessment (1-48 or 90 days)

# Antibiotic Follow-up

**Patient Information**

Name: [ ] Initial Admission: [ ] Date of Birth: [ ] Allergies: [ ] Diagnosis: [ ] Effective Date: [ ] Admission: [ ] Gender: [ ] Physician: [ ] Location: [ ] Medical Record #: [ ] Facility: [ ] (Optional) SSN: [ ]

**Notification**

Notify provider: [ ] N/A [ ] Scheduled Review [ ]  
PCP [ ] Date/Time [ ]  
Date/Time [ ] Method of communication [ ]

**Antibiotic Prescribing Summary**

Who prescribed: [ ] # of Rx ordered: [ ] Warfarin/Coumadin [ ] Allergies [ ] Type of infection being treated [ ]  
Why Pt was sent out: [ ] Orders [ ] Date of NR [ ] AUTOPOPULATE [ ]  
Orig. Justifying Dx [ ] Last Administration [ ] INR Results [ ]

Stop Date [ ]

UTI [ ]  
Pneumonia [ ]  
Bronchitis, COPD exacerbation [ ]  
Aspiration event [ ]  
Cellulitis [ ]  
Wound infection [ ]  
C.diff [ ]  
Other [ ]  
Specify: [ ]

**Resident Condition**

Before Antibiotic Start: [ ]  
Original Signs & Symptoms [ ]  
Fever [ ]  
Localizing symptoms [ ]  
Non-localizing symptoms [ ]

Since Antibiotic Start: [ ]  
Any new Signs & Symptoms [ ]  
Fever [ ]  
Localizing symptoms [ ]  
Non-localizing symptoms [ ]

**Vitals**

When were most recent taken: (Date/Time) [ ]

Max temp 24h [ ]  
Lowest BP 24h [ ]  
Highest pulse 24h [ ]  
Highest resp 24h [ ]  
Lowest O2 24h [ ]  
Other notes/comments [ ]  
Dmg, S&S resolved [ ]

**Diagnostic Test Results, LABS:**

Received lab results: [ ]  
Yes [ ] No [ ]  
WBC [ ]  
Creatinine Level [ ]  
BLIN [ ]  
GFR [ ]  
If diabetic: blood sugar abnormally high [ ]  
Yes [ ] No [ ]

**Diagnostic Test Results, CULTURES:**

Were cultures ordered: [ ]  
Yes [ ] No [ ]  
What cultures were performed: [ ]  
Urine [ ]  
Respiratory [ ]  
Wound [ ]  
Other [ ]  
Resistance [ ]  
Causative organism: [ ]

**Patient Review**

Resident's CIC has resolved? [ ]  
Is resident treated for UTI? [ ]  
Urine culture neg for bacteria? [ ]  
Urine positive for bacteria that are resistant to the current antibiotic? [ ]  
Resident on: ciprofloxacin, levofloxacin, moxifloxacin? [ ]  
Urine positive for bacteria susceptible to narrower antibiotics? [ ]  
Urine culture positive for bacteria susceptible to narrower antibiotics? [ ]  
Non-infectious explanation? [ ]  
Currently scheduled for >7 days of antibiotics? [ ]  
Resident treated for UTI, bronchitis, pneumonia, or cellulitis? [ ]  
Is the resident's CIC improving or resolved? [ ]

**De-escalation Recommendation**

Discontinue Therapy [ ]  
Change Therapy [ ]  
Narrow Therapy [ ]  
Shorten Therapy [ ]

Stopping antibiotics when risk of infection is low reduces risk of future adverse events (resistance, clostridium difficile, etc.) [ ]  
Change to an effective antibiotic if you truly feel the resident has a UTI [ ]  
Switching to narrow spectrum alternative will reduce risk of clostridium difficile [ ]  
A majority of nursing home infections can be safely treated with 7 days or less of antibiotics [ ]

Is the resident's eGFR < 30 and is the UTI confined to the bladder no concerns of pyelonephritis? [ ]  
Consider switching to nitrofurantoin [ ]  
Allergic to Bactrim (sulfa)? [ ]  
Consider switching to Amoxicillin or Cephalosporin [ ]  
Consider switching to Bactrim (sulfa) [ ]

**Short-Course Antibiotic Therapy (7 days or less)**

As effective as longer (7 days) courses of antibiotics when treating cystitis, non-purulent cellulitis, acute exacerbations of chronic bronchitis (AECB) and uncomplicated pneumonia. [ ]  
Longer treatment may be indicated for infections involving the upper urinary tract (pyelonephritis), prostate or complicated wound infections. [ ]

References: [ ]

**Prescriber Orders**

Continue [ ]  
Discontinue [ ]  
Change [ ]  
Narrow [ ]  
Shorten [ ]

Reason: [ ]

Start new: [ ]  
Antibiotic: [ ]  
Dose: [ ]  
Frequency: [ ]  
Days: [ ]  
Stop Date: [ ]

Change stop date to: [ ]