



Changing Seasons – Changing Conditions

Act Early, Act Often

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For every season...

- Unique health care challenges
- Fall into winter – respiratory illness
 - Flu, COVID-19, pneumonia, bronchitis, respiratory syncytial virus (RSV)
 - More time spent indoors allowing higher transmission
 - Cold, dry air
 - Viruses live longer

For every season...

- Unique health care challenges
- Fall into winter – chronic disease
 - Chronic obstructive pulmonary disease (COPD)
 - Asthma
 - Arthritis
 - Autoimmune Disease
 - Depression
 - Sleep disorders

Office of Inspector General (OIG) Top Diagnoses for Hospitalizations From Nursing Homes

- Sepsis
- COPD/asthma
- Pneumonia
- Congestive heart failure (CHF)
- Urinary tract infection (UTI)
- Dehydration

**Let's Call the
Whole Thing OFF!**



Let's Control What We Control

- Vaccinate
- Excellent infection control
- Increase surveillance
- Early identification
- Early notification
- Early action

Sepsis

- Bodies' extreme reaction to an infection
 - Age greater than 65
 - Chronically ill
 - Immunosuppressed
 - Those with a history of sepsis
 - Those with recent hospitalization or severe illness
- “Because symptoms and signs are nonspecific in older patients, especially those with multiple comorbidities and/or cognitive impairment, virtually any acute change in condition could represent possible sepsis due to an infection.”

Empowerment

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

Name of Resident _____

Your Name _____

Reported to _____ Date and Time (am/pm) _____

Nurse Response _____ Date and Time (am/pm) _____

Nurse's Name _____

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I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!

How Vital are Vital Signs?

- Competency staff
- Calibrate equipment
- 100-100-100



Vigilance

- Assess frequently.
- Report even minor changes.
- Notify and request assessment.
- Communicate using SBAR (situation, background, assessment, recommendation).
- Know your residents' wishes.

Questions?

Contact

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