# Assessment and Critical Thinking

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## CRITICAL THINKING

1. Why is this happening?
2. Red Flags
3. Consider “A” word = ASSESSMENT
4. Avoid Band-Aids
5. Document
6. Keep thinking, assessing, and updating the provider

## Why is this HAPPENING?

1. This is the key question
2. Abnormal vitals, critical lab, changes in normal behavior, etc
3. Consider anything that is not normal for the patient to be a concern

## RED FLAGS

1. Fever
2. Pain
3. Anxiety/confusion/behavior disturbance
4. Lethargy or change in mentation
5. Nausea/vomiting/diarrhea
6. Low O2 sats or SOB
7. Chest Pain
8. Blood (emesis/stool)
9. Critical Lab
10. Glucose (high/low)
11. Weight Loss/poor po intake
12. Edema
13. Family concerns particularly “patient not right”

## ASSESSMENT

1. Vital signs
2. ROS
3. Exam
4. Advance directives
5. Diagnoses
6. Allergies

## VITAL SIGNS

- Temperature
- Blood pressure including postural changes
- Pulse rate
- Oxygen saturation
- Respiratory rate
- Current and previous body weights

## REVIEW of SYMPTONS

- Respiratory
- Urine
- Abdomen
- Cardiac
- Mental Status
- Functional Status
- Discomfort, other

## Physical Examination

- Mental status
- Oral cavity
- Conjunctiva
- Skin
- Chest
- Heart
- Abdomen
- Genitalia
- Peri-rectal area
- Central nervous system

## ADVANCE DIRECTIVES

- DNR does not mean "do not respond"
- DNI does not mean "do not initiate"

## MISCELLANOUS

1. Diagnoses
2. Allergies

## AVOID BAND-AIDS

1. Tylenol for fever
2. Narcotics for pain
3. Psychotropics for anxiety/agitation/behaviors
4. U/A and U/C for lethargy
5. Compazine for nausea/immodium for diarrhea
6. O2 for low O2 sats
7. NTG for chest pain
8. Hgb for bleeding
9. Recheck for critical lab/failure to call provider
10. Sliding scale for abnormal glucose
11. Supplements for weight loss/poor po intake
12. Teds, elastic stockings
13. Ignore, failure to appreciate family concerns

## FEVER

1. Tylenol masks reason
2. Causes are pneumonia, UTI, cellulitis, other inflammation
3. Tylenol is the band-aid

## PAIN

1. Acute?
2. Chronic?
3. Where is it?
4. Quality and intensity
5. Pain med is the band-aid

## BEHAVIOR

1. Is the behavior persistent?
2. Is the behavior harmful?
3. Has environmental, psychosocial or medical causes been ruled out?
4. Will the drug improve behavior?
5. Are benefits & risks assessed?
6. Is there informed consent?
7. Psychotropic med is the Band-aid

## LETHARGY

1. Often the first sign of illness
2. Start with vital signs
3. Review of systems & exam
4. Consider new meds as a cause
5. Likely a medical problem
6. U/A & U/C is the Band-aid

NAUSEA / VOMITING / DIARRHEA

1. Vital signs i.e., fever
2. Other symptoms
3. How long going on?
4. New medications
5. Compazine or Immodium is the band-aid

## LOW O2 SATS

1. Significant issue and often bad
2. Pneumonia, CHF, Pulmonary embolus
3. Lack of assessment occurs often
4. Oxygen is the band-aid

## CHEST PAIN

1. Giving NTG is making an assessment and implies angina
2. New angina is a critical diagnosis
3. Using NTG from standing orders and not calling provider is always wrong
4. NTG is the band-aid

## BLOOD

1. Bloody stools, vomiting blood and black stools in context of bleeding requires hospitalization
2. Streaks of blood in vomit or stool is not bleeding but represents trauma
3. Just rechecking Hgb is the band-aid

## CRITICAL LAB

1. Always needs to be called
2. Not faxed or left on voice mail
3. The band-aid is not directly speaking to the provider

## ABNORMAL GLUCOSE

1. Sliding scale is not recommended
2. Improve basal insulin regimen
3. Can be a sign that something else is occurring i.e., infection or diet change
4. Band-aid is the sliding scale

## WEIGHT LOSS/POOR po INTAKE

1. Dysphagia
2. Drugs
3. Medical problems
4. Dentures
5. Dining room issue
6. Band-aid is the supplement

## EDEMA

1. CHF?
2. Symptoms
3. Weights
4. Unilateral or bilateral
5. New or increased?
6. Band-aid is TEDs

## FAMILY CONCERN

1. Very important to listen
2. Do not minimize
3. Independently assess
4. Contact the provider
5. Band-aid is failure to take a concern seriously

## ASSESSMENT

1. ALL RED FLAGS should be called to the provider
2. Do NOT fall into the band-aid trap
3. Assessment is the “A” word

## DOCUMENT

1. Makes or breaks you
2. Medical Legal
3. Do it right away
4. Describe event factually

## FOLLOW-THROUGH

1. Keep thinking
2. Keep assessing
3. Keep updating the provider

## The Call To The Physician

- Nursing Assessment
- Clinical symptoms
- Physical exam
- Major diagnoses
- Current medications and allergies
- CPR status

## 3 Most Common Nursing Home Infections

- Respiratory tract
- <u>Urinary tract</u>
- <u>Skin/soft tissue</u>

## Laboratory Tests in Pneumonia

- Chest x-ray [gold standards]
- Sputum culture [not recommended]
- Blood cultures and WBC counts [not very helpful]
- BUN [only laboratory test linked to outcome]

## UTI in Resident Without Catheter

- Must have at least 3 of the following:
  - Fever greater than 99 degrees F [or more than 2.0 degrees over baseline]
  - Burning pain on urination
  - Frequency or urgency
  - Flank or suprapubic pain or tenderness
  - Change in character of urine
  - Worsening of functional status or mental status
  - New or increased incontinence

## UTI in Resident With Catheter

- Must have at least two of the following:
  - Fever greater than 99 degrees F or chills
  - Flank or suprapubic pain or tenderness
  - Change in character of urine
  - Worsening of mental status
  - Worsening of functional status

## Asymptomatic Bacteriuria

- 30% of elderly nursing home residents
- 50% of elderly nursing home residents with severe functional impairment
- Can result in inaccurate diagnosis and nonrecognition of other infections or medical problems

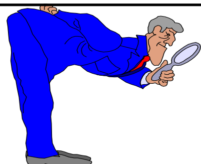
## Leukocyte Esterase Test

- **Presence of pyuria [positive leukocyte esterase test] does not reliably distinguish colonization from true infection**
- **Leukocyte esterase test is 83% sensitive for pyuria [i.e., 17% false negatives]**
- **Leukocyte esterase test is 52% specific for pyuria [i.e., 48% of false positives]**

## Fever?

**In a study of 372 episodes of fever in 211 patients, 6% were caused by UTI, 43% undeterminable, 40% due to respiratory, 6% due to GI infection and 3% due to soft tissue infections.**

**However, urine cultures were positive in 50% of episodes meaning that 90% of positive urine cultures were probably irrelevant to the febrile episode.**



**The data gained from a urine culture must be used in the context of a complete clinical evaluation, because no matter how sure one is that an elderly nursing home patient has a UTI, the possibility of a diagnostic error is large.**

## Treatment For UTI in The Nursing Home

- 7 days minimum for women
- 14 days minimum for men
- 7 to 14 days with catheters

## CELLULITIS/ SKIN INFECTIONS

1. Can be confused with noninfectious inflammation i.e., a bursitis
2. Decision needed if an antibiotic is necessary

## ANTIPSYCHOTICS

1. Before
2. When
3. After

## BEFORE

1. Most behaviors are about something
2. Consider nonpharmalogic approach
3. Consider behavior history on admission
4. Many antipsychotics prescribed in the hospital are unnecessary
5. Behavior book to include behaviors, triggers, and exchange of ideas
6. What is the expectation of the drug (prevention of wandering and resistance to care are common expectations)

## WHEN

1. Ensure indication is an appropriate target behavior
2. Evaluate risk/benefit
3. What is the expectation?
4. Remember docs think staff wants the doc to order a med
5. Psychiatrists think docs and nurses want them to order a med
6. Require a diagnosis
7. Informed consent (BB warning!)

## AFTER

1. An appropriate drug for an appropriate indication is still unnecessary if it does not work
2. Monitor side effects
3. Taper and d/c when indications are no longer present
4. Ensure lowest dose that is required for the target behavior
5. Culture change i.e., shift from meds, leadership, and education
6. Avoid chemically “schlogged”

## PRNS for BEHAVIORS

**Why do we do it?**

1. **Need to do something**
2. **Pills are the magic bullet**
3. **It is easier to give a pill than to think (assess)**
4. **False assumption that dementia is a psychiatric disease rather than a neurological one**
5. **We do not know what else to do**

## PRNS in GENERAL

**I generally believe not a good idea for anything**

1. **Pain**
2. **Bowels**
3. **Sliding scale**
4. **Blood pressure**
5. **Behavior**
6. **Etc.**

## PROBLEMS with PRNS

1. **Often precludes an assessment or critical thinking**
2. **If used must document the need and the result**
3. **Usually after the fact**
4. **Who decides?**
5. **Survey issues**
6. **Consider a policy that prns can only be used for 1 week**

## PAIN and PRNS

1. Difference between prns and breakthrough pain
   - breakthrough pain meds are used with scheduled meds
   - prns are the only meds
2. If >3 or 4 prns or breakthrough meds in 24 hours change to a scheduled med or increase the scheduled dose