

Acute Change of Condition Determination Tool: Signs and Symptoms

Acute changes of condition are very common in LTC residents and may occur abruptly or over several hours to several days. Many ACOCs can be anticipated. Most often, an ACOC represents a change in the resident's well-established and documented health status. It is important to describe the signs and symptoms so that ACOCs can be recognized. Timely evaluation and intervention is important so that residents can be managed in the home and avoid unnecessary transfer to a hospital. (AMDA 2003) This Acute Change of Condition Determination Tool may assist staff in their assessment of the resident's ACOC and to determine the need to contact the physician immediately.

Recommend purchase of: AMDA (2003). Acute change of condition in the long-term care setting Clinical practice guideline. Columbia, MD: American Medical Directors Association. www.amda.com and Texas Nurses Association. (2005). Long term care protocols (3rd ed.). Austin, TX: Author. www.texasnurses.org

Resident

Date/Time Started

Nurse

Date/Time Reported to MD

Nurse

Clinically Important Signs and Symptoms Observed that May Help Define ACOCs and Need to Call Physician

Vital Signs

Blood Pressure normal 110-140/60-90 mmHg

- Sustained elevation, new neurological signs
- Decrease ≥ 20 mmHg when moving signals orthostatic hypotension
 O from lying to sitting O from sitting to standing
- Decrease BP with other symptoms (e.g., dizziness, increased pulse rate)
- Systolic BP > 210 mmHg, < 90 mmHg
- Diastolic BP > 115 mmHg
- Diastolic BP routinely > 90 mmHg
- Postural hypotension, tachycardia with active GI bleeding

Respiration elderly 16-25bpm, 2:1 inspiration/expiration ratio

- Respiration rate ≥ 28 or < 10 breaths per minute
- Marked change from usual respiration pattern or rhythm
- Irregular breathing, long pauses between breaths, audible noises r/t breathing
- Struggling to breathe (e.g., gasping for breath, using accessory muscles of neck)

Mental/Cognitive/Behavioural Status

- Confusion: O Sudden onset O Gradual onset
- Onset of hallucinations, delusions, or paranoia
- Significant fluctuation in LOC during the day or over several days
- Significant change in nature or pattern of usual behaviour
- New onset resistance to care
- Abrupt onset or progression of O Significant agitation O Combative behaviour
 O Violent O Destructive behaviours directed at O Self O Others
 O Sudden O Persistent decline in function (i.e., ability to perform ADLs)
 O Recent change in medications O Unresolved with environmental changes
- Persistent sadness
- Expression of suicidal thoughts or suicidal intent

Chest Pain

- New onset or recurrent, not relieved in 20min by nitroglycerin X3, antacids
- Increase in frequency of previously diagnosed chest pain
- Accompanied by change in vital signs, diaphoresis, nausea, vomiting, SOB

Pain

- Pain worsening in O Severity O Intensity O Duration
- History of pain with new location
- New onset acute or persistent pain
- New onset of pain associated with trauma
- New onset of pain rated ≥ 4 on a 10-point pain scale
- Severe persistent eye pain
- Sudden, severe, unusual headache or change in headache pattern

Bleeding

- Uncontrolled or repeat episode in 24h (eg nosebleed, emesis)
- Bloody stools not from hemorrhoids or bloody hemorrhoids
- Grossly bloody urine or profuse vaginal bleeding

Temperature

36.8°-37.7°C & varies up to .5°C daily

- Sudden or rapid change from normal temperature
 O one temperature reading $> 37.7^\circ\text{C}$
 O two temperature readings $> 37.2^\circ\text{C}$
 O increase of 1.1°C above resident's upper end of normal
 O temperature reading $> 38.3^\circ\text{C}$ (oral)
 O temperature reading below $35-36^\circ\text{C}$ (oral)
- Remains elevated > 24 h (having checked T° q4h over last 24h)
- Remains low > 24 h and continues to fall to $35-33^\circ\text{C}$

Pulse

60-100 BPM

- Sustained change from normal
- Change in usual pulse rhythm or regularity
- Pulse > 120 BPM or < 50 BPM at rest
- Pulse $> 100-110$ BPM combined with symptoms such as palpitations, dyspnea, dizziness

Level of Consciousness

- Change in level of consciousness
 O Alert O Drowsiness/lethargic O Stuporous O Comatose
- Frequent fluctuations in LOC
- Reduction in LOC (e.g., alert to lethargic)
- More sleepy than usual
- Sleepy for most of the day

Weakness & Falls

- New onset of weakness or significant change from usual strength
- Describe weakness
 O Generalized O Localized to specific body area
 O Noninjurious falls O Injurious falls
 O Dropping things O Needs help with ADLs \rightarrow new
- Repeated falls on the same day
- Recurrent falls over several days to weeks
- New onset of falls not attributable to a readily identifiable cause
- Fall resulting in neurological changes, injury, fracture
- Sudden loss of balance, dizziness, unsteadiness

Vision & Speech

- Sudden vision change, 1 eye, double vision
- Resident complains of seeing halos
- Sudden loss of speech or understanding speech
- Persistent symptoms unrelieved by measures in care plan

Lab and Report Results

- Abnormal blood chemistry value
- Any drug whose levels are above/below therapeutic range
- Abnormal O Urinalysis O Stool O Other
- Abnormal reports

Elimination: constipation - diarrhea - emesis

- Appearance of frank blood in O stool O urine O vomit
- Abrupt change in frequency of O urination O defecation
- Worsening incontinence of O bladder O bowel
- Frequent loose stools (≥ 3 in 24h, with vital sign changes, $T > 38^\circ\text{C}$) and/or worsening of mental status
- Persistent loose stools for > 48 h while diarrhea is being treated
- Chronic loose stools
- Recurrence of diarrhea after return to usual diet
- Severe abdominal pain, rigid abdomen
- Absence of bowel sounds
- Unresolved constipation symptoms
- ≥ 2 episodes constipation within 30 days
- Bloody or coffee ground emesis
- Emesis ≥ 1 episode within 24 h
- Emesis with moderate to severe abdominal pain and VS changes

Weight / Eating & Fluid Patterns

- Abrupt change in appetite
- Pain when eating/chewing
- Change in intake patterns (document solids and liquids intake)
 O consuming $< 75\%$ of all meals in 24h
 O consuming $< 25\%$ of any one meal
- Signs and symptoms of fluid imbalance (e.g., edema)
 O Acute, rapid \uparrow weight with fluid accumulation (eg CHF)
 O Acute, rapid weight \downarrow over ++ days: hydration emergency.
- Drinking $< 50\%$ of usual fluid intake in previous 24
- Persistent symptoms for > 24 h in spite of interventions
- Weight loss: $\geq 5\%$ within 30 days, $\geq 10\%$ within 6 months

Edema

- Sudden onset in resident with lung, heart or kidney disease
- Accompanied by sudden onset of SOB and/or chest pain
- Sudden onset in one leg
- Loss of sensation in swollen leg
- Sudden onset with tenderness / redness
- History of edema with progressive uni/bilateral \uparrow in severity
- Gradually progressive edema accompanied by weight gain

SUMMARY

Resident's Stability

- Condition is rapidly deteriorating
- Vital signs markedly abnormal / unstable
- Condition is declining

Additional Risk if:

- Newly admitted O < 90 days O < 1 yr
- Recent hospitalization
- Recent acute illness