

ACOC Reference Tool

Categories of Symptoms That May Indicate Acute Change of Condition (Health Status)

Categories	Description
Physical: Vital Signs: → <u>Respiration</u> → <u>Temperature</u> → <u>Blood Pressure</u> → <u>Pulse</u>	<p>Observe the patient for the following signs and symptoms:</p> <ul style="list-style-type: none"> • Respiratory rate >28 breaths/min (normal in younger adults is 12-15 breaths/min; in the elderly, 16-25 breaths/min, with approximate 2:1 inspiration/expiration ratio) • Marked change from usual respiration pattern or rhythm • Irregular breathing, long pauses between breaths, audible noises related to breathing • Struggling to breathe (e.g., gasping for breath; using accessory muscles of the neck) <ul style="list-style-type: none"> • A range of 98.2°F (36.8°C) to 99.9°F (37.7°C) oral temperature is considered normal. A patient's normal temperature will vary by up to 0.9°F (0.5°C) daily. As quickly as possible after admission, try to establish the patient's normal temperature range. • A sudden or rapid change from normal temperature may suggest an acute change of health status/condition. One temperature reading above 100°F, two readings above 99°F, or an increase of 2°F above the upper end of the patient's normal range may indicate an acute change of condition. • After an isolated temperature reading that is outside the patient's normal range, repeat temperature readings approximately every 4 hours for up to 24 hours and seek other signs and symptoms to determine whether an acute change of condition exists. • Hypothermia may also indicate a possible acute change of condition. • An electronic thermometer is the preferred method for taking temperatures. • Assess the patient for factors that may affect temperature, such as medications. <ul style="list-style-type: none"> • As soon as possible after admission, establish the patient's usual blood pressure (BP) range. (Normal range is approximately systolic 100-140 mmHg, diastolic 60-90 mmHg.) • A change in BP is more often a symptom than a cause of an acute change of condition. Isolated BP elevations generally are not significant. Sustained elevations in systolic pressure should trigger further assessment. A BP change alone should not trigger a call to the physician without additional signs or symptoms (e.g., sustained elevation, new neurological symptoms). • A decrease in systolic BP ≥ 20 mmHg when moving from a prone to a seated position or from a seated to a standing position signals orthostatic hypotension. • Any significant decrease in BP may signal an acute change of condition (e.g., systolic BP <100 mmHg if baseline is 110 mmHg, decline in BP accompanied by other symptoms such as dizziness, decline ≥ 15 mm in systolic BP, combination of pulse >100 beats per minute (BPM) and/or systolic BP <100 mmHg). <ul style="list-style-type: none"> • Normal pulse ranges from approximately 60-100 BPM, but this can vary by about 10%. The following clinical presentations may indicate an acute change of condition and should be assessed further: <ul style="list-style-type: none"> • Sustained change from normal range • Change in usual pulse rhythm or regularity • Pulse >120 BPM or <50 BPM • Pulse >100 BPM combined with other systems (e.g., palpitations, dyspnea, or dizziness)

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Pain	<p>The following may indicate an acute change of condition and should be assessed further:</p> <ul style="list-style-type: none"> • Pain worsening in severity, intensity, or duration, and/or occurring in a new location • New onset of pain associated with trauma • New onset of pain greater than 4 on a 10-point scale
Weight/ Eating Patterns	<ul style="list-style-type: none"> • An abrupt change in appetite may indicate an acute change of condition before a significant change in weight occurs. • Rate of weight gain or loss may be a more important indicator of a possible acute change of condition than amount of weight gain or loss. • A change in intake patterns (e.g., consuming <75% of all meals in 24 hours or <25% of any one meal) should trigger additional evaluation for a possible acute change in condition. • In documentation of intake, identify both solid and liquid intake in as much detail as possible. • Evaluate signs and symptoms that may suggest fluid imbalance (e.g., edema or changes in edema). <ul style="list-style-type: none"> ○ Acute, rapid weight gain may indicate an acute change of condition that is accompanied by fluid accumulation (e.g., acute Congestive Heart Failure) ○ Acute, rapid weight loss over several days should trigger concern about a hydration emergency (For more information about fluid imbalance, please refer to AMDA's 2001 clinical practice guideline Dehydration and Fluid Maintenance).
Level of Consciousness	<ul style="list-style-type: none"> • Level of consciousness (LOC) should be distinguished from aspects of cognition such as orientation and memory. • Levels of consciousness are alert, drowsy/lethargic, stuporous, and comatose. • The following may indicate an acute change of condition and should be assessed further: <ul style="list-style-type: none"> ○ Frequent fluctuations in LOC ○ A reduction of one level or more in LOC (e.g., from alert to lethargic, or from lethargic to stuporous) ○ Hypersomnolence (more sleepy than usual or sleepy for most of the day)
Weakness	<ul style="list-style-type: none"> • New onset of weakness or significant change from baseline may indicate an acute change of condition and should be assessed further. • Classify weakness or generalized or localized and describe in detail
Falls	<p>The following may indicate an acute change of condition and should be assessed further:</p> <ul style="list-style-type: none"> • Repeated falls on the same day • Recurrent falls over several days to weeks • New onset of falls not attributable to a readily identifiable cause • A fall with consequent change in neurological status, or findings suggesting a possible injury
Change in Elimination Patterns	<p>The following may indicate an acute change of condition and should be assessed further:</p> <ul style="list-style-type: none"> • Appearance of frank blood in stool, urine, or vomit • Abrupt change in frequency of urination or defecation • Frequent loose stools (three or more in 24 hours) • Worsening incontinence of bowel or bladder
Behavioural Symptoms	<ul style="list-style-type: none"> • Significant change in nature or pattern of usual behaviour • New onset of resistance to care • Abrupt onset or progression of significant agitation or combative behaviour • Significant change in affect or mood • Violent/destructive behaviours directed at self or others
Cognitive Symptoms	<ul style="list-style-type: none"> • Abrupt onset of or increase in confusion • Onset of hallucinations, delusions, or paranoia • Significant fluctuations in level of confusion during the day or over several days
Functional Symptoms	<ul style="list-style-type: none"> • Sudden or persistent decline in function (i.e., ability to perform activities of daily living (ADLs))