

Assessment of Changing Health Status & Actions: Beyond the Tip of the Iceberg



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Outline

- Introduction & Objectives
- “Ice-breaker” - knowing the person
- The tip of the iceberg – signs and symptoms
- Looking beyond the tip – making connections
- Moving beyond linear assessment
- Living in the Grey Zone – taking action
- Conclusion
- Evaluation



Objectives

Participants will

- Appreciate the importance of knowing the person
- Understand the significance of changes
- Assess for common changes



Objectives – Cont'd

Participants will

- Learn a process for reporting and recording
- Understand the role in reporting changes
- Understand when to call “911”



“Ice-Breaker”

- **Exercise**




Knowing the Person

- Unless you know the person's usual ways, you cannot assess change.
- Trust your intuition while seeking supporting data.
- Listen to family members/allied health professionals, as they often note changes before the person's nurse might.

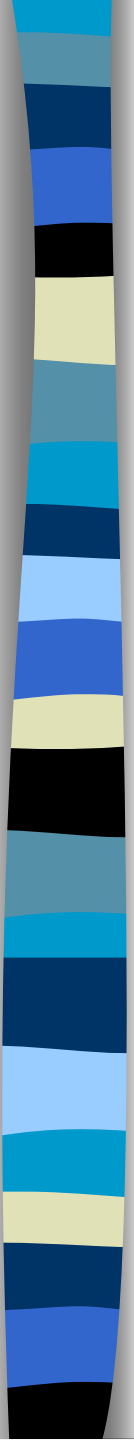
The Tip of the Iceberg

“Things aren’t always what they seem!”




What do you see/hear/observe that indicates to you that there has been a change in health status?

The Iceberg – Below the Surface



Looking Beyond the Tip

- 
- What do you need to know in order to move beyond the tip of the iceberg?

Flipchart Connections

S & S	Pre-existing Conditions	Associated Risks/ Meaning for Resident
	<ul style="list-style-type: none">■ MI	<ul style="list-style-type: none">■ DVT/P. Embolism; Dysrhythmia
	<ul style="list-style-type: none">■ Atrial fibrillation with anti-coagulat'n	<ul style="list-style-type: none">■ Bleeding r/t coagulat'n status; Stroke
	<ul style="list-style-type: none">■ CHF■ COPD■ Diabetes	<ul style="list-style-type: none">■ Acute dyspnea; P. Edema■ Resp'y Tract Inf'n■ Fluid/Lytes Imbal; Hypoglyc

Flipchart Connections

S & S	Pre-existing Conditions	Associated Risks/ Meaning for Resident
	■ Hip #	■ Venous Thrombosis; P. Embolism
	■ GI Bleed	■ Acute recurrence
	■ Neurogenic Bladder	■ U.T.I.
	■ New Medications	■ Falling; Delirium

Flipchart Connections

S & S	Pre-existing Conditions	Associated Risks/ Meaning for Resident
	<ul style="list-style-type: none"><li data-bbox="484 536 948 701">■ Parkinson's Disease	<ul style="list-style-type: none"><li data-bbox="1209 536 1721 915">■ Acute agitated, combative behaviour; Delirium
	<ul style="list-style-type: none"><li data-bbox="484 965 958 1029">■ Stroke, TIA	<ul style="list-style-type: none"><li data-bbox="1209 965 1731 1343">■ Recurrence of Stroke; Acute bleeding from anticoagulation



Looking Beyond the Tip: Nursing Actions

- What are nurses required to do when assessing the resident with signs or symptoms that may indicate an acute change of condition (ACOC)?



Minimal Requirements

- Ask the resident how he/she is feeling or (how the symptoms developed) (what does he/she feel like now compared to before), regardless of the resident's cognitive level.
- Take vital signs.
- Assess the resident's overall condition, level of consciousness, and function.



Minimal Requirements – cont'd

- Seek information that might help identify possible causes from the resident's health record, lab results, x-rays.(both acute and chronic conditions of the symptoms to help determine which body systems to evaluate further).
- Clearly report critical information.
- Describe and document: signs & symptoms, who you them reported to, and their response (in detail, using correct terminology).



Reporting Using the PQRSTAAA Mnemonic

- **P : Provocation or Palliation**
 - What provoked the situation?
- **Q: Quantity, Quality**
 - How much is the patient bothered by the situation?
 - What (is the degree of discomfort?) does it feel like?



PQRSTAAA Mnemonic – cont'd

■ **R: Region, Radiation**

- Where are the symptoms located?
- Do they move from one part of the body to another?

■ **S: Signs, Symptoms**

- What S&S coincide with the primary findings? (Ex: is pain accompanied by sweating and elevated pulse.)



PQRSTAAA Mnemonic – cont'd

■ **T: Temporal Relations**

- What changed around the time of the onset of symptoms or condition change?
- What other active problems are on the resident's problem list?
- Have the same or similar episodes occurred in the past? What was happening at those times?



PQRSTAAA Mnemonic – cont'd

■ T – cont'd

- What solutions have or have not been effective previously?
- Have the resident's medications or physical routine changed recently?



PQRSTAAA Mnemoic – cont'd

- **A: Alleviating**

- What makes the current symptoms better?

- **A: Aggravating**

- What makes them worse?

- **A: Associated**

- What are the associated symptoms?



Why Look Beyond the Tip of the Iceberg!

- Signs and symptoms could indicate a life-threatening condition, if not addressed in a timely manner.
- A review of our residents' files revealed a list of symptoms which could have resulted in better outcomes for the residents, **had they been reported to the M.D. earlier.**



Beyond the Tip of the Iceberg!

- rapid and/or laboured breathing
- bleeding
- decreased level of consciousness
- sudden increase/decrease in vital signs
- pain



Beyond the Tip of the Iceberg!

- decreased intake/output
- increased confusion
- new incontinence
- change in behaviour
- change in abilities
- falls



Living in the Grey Zone

“To call or not to call”

- Observe for a change in health status
- Is there one? Yes! No! What is it?
- How will you decide?
- Clarify the change immediately. Why?
- How will you clarify the change?



Living in the Grey Zone

“To call or not to call”

What will you do to clarify the observation you've made? Changes you've observed?

Objective Data

- Compare the change with what is normal for that person.
- When was the change first noticed?



Living in the Grey Zone

“To call or not to call”

Objective Data

- Length of time the change/symptom persists at one time.
- How severe is the change? Does anything affect it or change it?



Living in the Grey Zone

“To call or not to call”

Subjective Data

- What does the resident say about the change?
- What do the family and other allied health and nursing professionals say about it?



Living in the Grey Zone

“To call or not to call”

Is medical assessment and/or intervention needed urgently?

How will you know?

How do you decide to call or not to call now?



Living in the Grey Zone

“To call or not to call”

What constitutes a situation requiring
IMMEDIATE notification?

Any symptom with sudden and severe onset

Any symptom which would constitute a threat
to life if it were allowed to persist.