Case Study 1

Wisconsin Healthcare –Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Jimmy Issick **Provider**: Dr. Wesby

Date: 11/7/15 8:00PM

Chief Complaint: Acute onset of dysuria and fever over the last two hours.

Situation: Jimmy has sudden onset of acute dysuria and frequency. Gross hematuria is present with small clots. There is no suprapubic or costovertebral tenderness.

Vitals: Temperature 102.3 (oral), Pulse 104 apical and irregular, Respirations 30 and shallow, B/P 150/80, O2 Sat on room air is 86%.

Finger-stick Blood Sugar: 166

Background

Diagnoses: Dementia, COPD, Type II DM, CHF, Hx CVA with left hemiplegia, MRSA carrier

Recent antibiotics: Had Trimeth/Sulfa 10 days for lower respiratory infection 9/12-9/22

Allergies: Ciprofloxin

Anticoagulants, Hypoglycemic, Digoxin: None

Code Status: DNR

Resident evaluation: He has mildly increased confusion since mid-afternoon today. He has had a functional decline requiring an increase in staff assist with bed mobility, transfers, and other ADLs. His appetite is diminished and oral fluid intake in the last 16hr is 600 CCs. Lungs are clear. Bowel sounds are present in all 4 quadrants. Abdomen is non-tender with no vomiting or diarrhea. His urine is dark colored and has mucous shreds.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

Case Study 2

Wisconsin Healthcare –Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Tommy Needalittlehelp **Provider**: Dr. Wesby

Date: 11/7/15 3:00PM

Chief Complaint: Acute onset of dysuria, urgency and frequency starting after lunch today.

Situation: Tommy is complaining of acute dysuria, urgency and frequency. He has been incontinent three times today which is unusual for him. Urine is clear and amber in color. He has no costovertebral angle tenderness or suprapubic tenderness. He is not otherwise in distress.

Vitals: Temperature 98 (oral), Pulse 78 apical, Respirations 20 and unlabored, B/P 112/68, O2 Sat 94%.

Finger-stick Blood Sugar: 166

Background

Diagnoses: COPD, mild CHF, HTN

Recent antibiotics: None

Allergies: Trimeth / Sulfa

Anticoagulants, Hypoglycemic, Digoxin: None

Code Status: Full code

Resident evaluation: He's had no recent medication changes. He has no change in mental status and is oriented to person, place and time and follows commands. He is independent with ADLs. He's eating and drinking and is on a 1400 cc 24 hr. fluid restriction and took in 1400 ccs in the last 24 hours. His weight is stable. There is no shortness of breath, chest or abdominal pain and he is not vomiting. Bowel sounds are active in all quadrants.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

Case Study 3

Wisconsin Healthcare –Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Larry Needtonotify **Provider**: Dr. Wesby

Date: 10/21/15 4:00PM

Chief Complaint: Acute confusion with fever beginning at noon today and worsening through the day.

Situation: Larry is 71 y/o male six days post-op cholecystectomy who has a complaint of general discomfort. He has no site specific pain. He says, "I just don't feel good. I want to go home." He has had a mental status change of acute confusion with some lethargy but excitable and trying to go home. His appetite has been poor and he refused lunch today. He has been continent and independent of bowel and bladder since he arrived and he has no evidence of any localizing urinary symptoms.

Vitals: Temperature 102.4 (oral), Pulse 108 apical, Respirations 28 and shallow, B/P 112/58, O2 Sat 88% on room air.

Finger-stick Blood Sugar: >300

Background

Diagnoses: Post-op cholecystectomy 10/15/15, history of alcohol abuse, no history of diabetes

Recent antibiotics: Had post-op cephalexin for 5 days ending yesterday

Anticoagulants, Hypoglycemic, or Digoxin: None

Allergies: Ciprofloxin

Resident evaluation: There is no cough, vomiting, diarrhea, or rash or skin sores. He has no incontinence, denies dysuria and we see no localized signs or symptoms of UTI. He has a past history of alcohol abuse and no prior history of diabetes or heart condition.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

Case Study 4

Wisconsin Healthcare –Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Suzi Notsosick **Provider**: Dr. Wesby

Date: 10/21/15 4:30PM

Chief Complaint: Generalized discomfort and mild confusion since lunch today.

Situation: She complains of generalized discomfort. She has had a change in her mental status and is currently exhibiting mild lethargy, mild confusion and a tendency to wander but is able to be reoriented. She didn't go to activities this afternoon and her appetite has been poor since this morning. She remains alert. She has a recent med change consisting of addition of gabapentin 300 mg bid oral for pain.

Vitals: Temperature 97.2 (oral), Pulse 68 and regular, Respirations 20, B/P 120/62, O2 Sat on room air is 97%.

Finger-stick Blood Sugar: 106

Background

Diagnoses: Compression fractures of vertebral body-multiple, osteoporosis, osteoarthritis, GERD, Hx of mastectomy.

Recent antibiotics: None

Allergies: Doxycycline

Anticoagulants, Hypoglycemic, Digoxin: None

Code Status: Full Code

Resident Evaluation: She has not recently fallen. Lungs are clear and there is no chest pain. She has had no change in BMs with last one yesterday and there is no vomiting or diarrhea. There are no localizing urinary symptoms or signs. There are no skin rashes or sores, and no new joint, chest, or abdominal pains. There is no exposure to infectious residents or visitors.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

Case Study 5

Wisconsin Healthcare–Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Suzi Notsosick **Provider**: Dr. Wesby

Date: 10/22/15 8:00PM

Chief Complaint: Changing condition during 24 Hr. observation period now with tachypnea and hypoxia.

Situation: She has been on 24 hr. observation since 4:00PM yesterday for increase of mild non- localized pain with poor appetite and mild lethargy. In past four hours she has developed sustained rapid breathing and a drop in her O2 sat while on room air. She has only eaten 10% in the last 24 hrs. with fluid intake of 400cc only.

Vitals: Temperature 98.8 (Buccal), Pulse 100 and regular, Respirations 34, B/P 120/62, O2 Sat on room air is 88%. There is no weight change in last three weeks.

Finger-stick Blood Sugar: 166

Background:

Diagnoses: Compression fractures of vertebral body-multiple, osteoarthritis, osteoporosis, frailty, GERD, Hx of mastectomy.

Recent antibiotics: None

Allergies: Doxycycline

Anticoagulants, Hypoglycemic, Digoxin: None

Resident evaluation: She remains alert but has difficulty focusing and is incoherent for brief periods. There has been no recent exposure to infectious residents or visitors. Lungs are clear and there is no chest pain. She had a normal bowel movement last night and there is no vomiting or diarrhea. There are no localizing urinary signs or symptoms, hematuria, abdominal or flank pain. There are no skin rashes or sores, and no new joint or abdominal pains.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

Case Study 6

Wisconsin Healthcare – Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Suzi Notsosick **Provider**: Dr. Wesby

Date: 10/23/15 4:00PM

Chief Complaint: No improvement of pain, mild confusion and poor appetite after a 48 hr. period of observation that began on 10/21 at 4:00 PM.

Situation: She has been on 24-48 hr. observation for the complaint of generalized discomfort and mild confusion with recent addition of gabapentin to her medication regimen. These symptoms have continued without improvement in spite of using prn acetaminophen and encouraging oral intake. She has had no worsening pain, no new significant complaints or signs or symptoms of other infection, other illness, and no localized urinary signs or symptoms.

Vitals: Temperature 97.2 (oral), Pulse 68 and regular, Respirations 20, B/P 120/62, O2 Sat on room air is 97%.

Finger-stick Blood Sugar: 122

Background:

Diagnoses: Compression fractures of vertebral body-multiple, osteoarthritis, osteoporosis, frailty, GERD, Hx of mastectomy.

Recent antibiotics: None

Allergies: Doxycycline

Anticoagulants, Hypoglycemic, Digoxin: None

Code Status: Full Code

Resident evaluation: She was observed and treated with prn acetaminophen according to standing orders. She continues with same complaints without increase of pain or confusion. She is alert and oriented x3. She denies headache, dyspnea, chest pain, abd pain or dysuria. She had a bowel movement yesterday with normal consistency. There is no rash or sores. Lungs clear.

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?

*Please see reference to AMDA Clinical Practical Guidelines: Acute Change of Condition in the Long-term Care Setting. (Not intended to be part of this script)

Case Study 7

Wisconsin Healthcare – Associated Infections in LTC Coalition

Is MD Contact Necessary?

Resident: Suzi Notsosick **Provider**: Dr. Wesby

Date: 10/23/15 8:00PM

Chief Complaint: Symptoms resolved. Resident condition returns to baseline.

Situation: She has been on 24-48 hrs. of skilled nursing observation for the complaint of generalized discomfort and mild confusion. Her mental status, intake and activity have returned to baseline. She says her pain is improved with scheduled acetaminophen within limits of her current orders. She had no new significant complaints or signs or symptoms of focal infection. She has continued on her regular medication regimen including new gabapentin order from a week ago.

Vitals: Temperature 97.2 (oral), Pulse 68 and regular, Respirations 20, B/P 120/62, O2 Sat on room air is 97%.

Finger-stick Blood Sugar: Not done

Background:

Diagnoses: Compression fractures vertebral body-multiple, osteoarthritis, osteoporosis, GERD, Hx/o mastectomy

Recent antibiotics: None

Allergies: Doxycycline

Anticoagulants, Hypoglycemic, Digoxin: None

Code Status: Full Code

Appearance: Localizing signs and symptoms present? Warning signs and symptoms present? Assessment/appearance based off information presented above?

Review/Notify: What are we requesting?