

Sharp Coronado Hospital Long-Term Care Fever/Suspected Infection Assessment

Facility name

Long Term Care Fever/Suspected Infection ASSESSMENT

RN to complete prior to calling Pharmacist/Physician for fever or suspected infection

Patient Name: _____ Unit _____ Rm: _____

Attending Physician: _____ ID Consultant? _____ On-call MD: _____

Current Isolation Status: _____ Code Status: _____

Admitting Diagnosis (please list): _____

Allergies: _____

IV Lines: yes ___ no ___ if yes, what type(s)? _____

Feeding tube: yes ___ or no ___ (type): _____

Current Antibiotics: _____ (please include dates)

Recent Antibiotic use (within the last month): _____ (please include dates)

History of resistant organisms: _____ (please include dates)

Vitals: (last 24 hours)
 HR _____
 RR _____
 BP _____
 O2 Sat _____
 WBC _____ SCr _____
 Last 2 Temp.: _____ (site: _____) Re-check after 1 hour if >100.4 (38.0)
 Immunosuppressed? (i.e. on steroids or post-chemo) Y or N

Report symptoms and fevers to pharmacist/MD

Patient Status/symptoms → Please check all that apply & report to Pharmacist/MD/NP:

<p>Suspected Respiratory Infection</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of COPD or CHF (circle one) <input type="checkbox"/> Ventilator/trach/blowby (circle one) <input type="checkbox"/> Rigors (shaking chills) <input type="checkbox"/> Cough, new or increased <input type="checkbox"/> Purulent sputum production, new or increased <input type="checkbox"/> New infiltrates on chest xray (dated: _____) <input type="checkbox"/> RR > 25 bpm <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> O2 sat <94% or decreased >3% from baseline <input type="checkbox"/> Acute change in mental status or functional decline 	<p>Suspected UTI</p> <ul style="list-style-type: none"> <input type="checkbox"/> Catheter (type: _____ date changed _____) <input type="checkbox"/> Acute dysuria <input type="checkbox"/> Acute pain/swelling of testes/epididymis or prostate <input type="checkbox"/> Gross hematuria <input type="checkbox"/> Acute costovertebral angle tenderness or pain <input type="checkbox"/> New or worsening urinary urgency, frequency or suprapubic pain or incontinence <input type="checkbox"/> Rigors (shaking chills) <input type="checkbox"/> Acute change in mental status or functional decline <input type="checkbox"/> Purulent discharge from around catheter
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<p>Suspected skin/soft tissue infection</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increasing purulent drainage at site <input type="checkbox"/> Redness at site <input type="checkbox"/> Tenderness or warmth at site <input type="checkbox"/> Swelling that is new or increasing at wound or soft tissue site 	<p>Fever of Unknown Origin</p> <ul style="list-style-type: none"> <input type="checkbox"/> New onset of delirium <input type="checkbox"/> Rigors (shaking chills) <input type="checkbox"/> Diarrhea
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Satisfies LTC Fever/Suspected Infection Protocol for Cerner Powerplan initiation for CBC, CMP, chest xray (T>100.4 x 2, at least 1 hour apart, or HR >120, RR>25, sys BP <90 after suctioning/re-positioning)

Labs & symptoms reviewed with Pharmacist to help determine origin of infection

SBAR for MD call: (if 2200-0630, as per on-call Pharmacist recommendation)

Situation: Report imminent patient status: abnormal vitals, pain, physical symptoms, fever or acute mental status or vital sign changes, CBC, CMP, & chest x-ray results.

Background: Give patient history, status: diagnosis, presence of catheter, wounds, etc.

Assessment: Report if McGeer Criteria met & if patient qualifies for initiation of antibiotics per on-call RPh

Recommendation: Initiate cultures/empiric antibiotic therapy per Cerner powerplan/as recommended by RPh

FAX this page to Pharmacy when completed; Call Pharmacist to review

RN completing assessment: _____ Date: _____ Form Updated 7/2015

For more information about this example contact Bridget Olson, ASP/ID Pharmacist at Bridget.Olson@sharp.com

CDPH does not endorse the specific content or recommendations included in these examples. They are illustrative purposes only.