

Nursing Homes and Medication Management: Strategies for Success Part 1

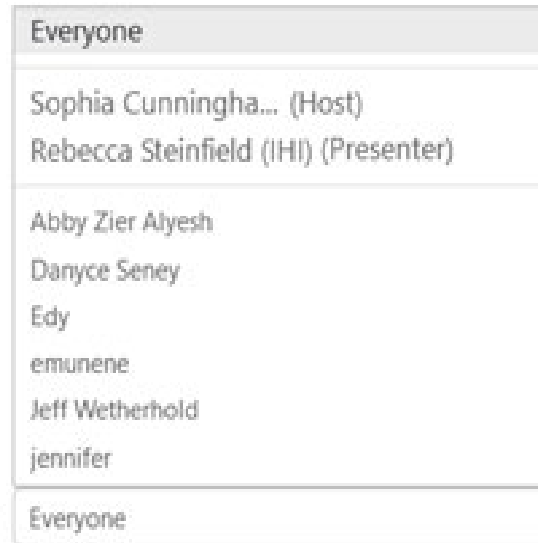
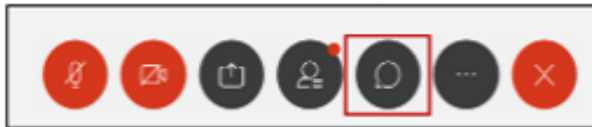
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How To Use Chat Feature

Chat Feature Highly Encouraged



- In the Send To or To **drop-down** list, select the recipient of the message
 - **Scroll All the Way Down**
 - **Select “Everyone”**
 - **Do not select “All Attendees”**
- Enter your **message** in the Chat Text Box, then **press Enter** on your keyboard

Please Enter in Chat:

- Your Name
- Your Role
- Your Hospital
- Your State

Medication Discrepancies & Adverse Drug Events (ADEs):

- ADE: “an injury resulting from medical intervention related to a drug.”
- Estimated 70% of patients experience an actual or potential unintended discrepancy at hospital discharge, which can then precipitate an ADE
- Preventable ADEs identified within hospitals, nursing homes, and ambulatory care range between 27% and 50%
- ADEs and issues with medication reconciliation across care settings are major drivers for hospital readmission

Medication Management

- Medication History
 - up-to-date listing of all prescription and over-the-counter medications, herbal supplements and vitamins
- Medication Reconciliation
 - comparison of one or more medication lists to new one
 - resolve discrepancies
 - identify and resolve medication related problems
 - should occur whenever there is a care transition, or change in medications or diagnosis
- Medication Adherence

Medication Discrepancies

- Unintended or unexplained/undocumented differences among medication lists across different sites of care. Examples are:
 - Omissions
 - Duplications
 - Dose/frequency/route of administration errors
 - Drug name discrepant/incorrect
- Sometimes discrepancies are differentiated as “intended” or “unintended” – intended discrepancies would have the rationale documented

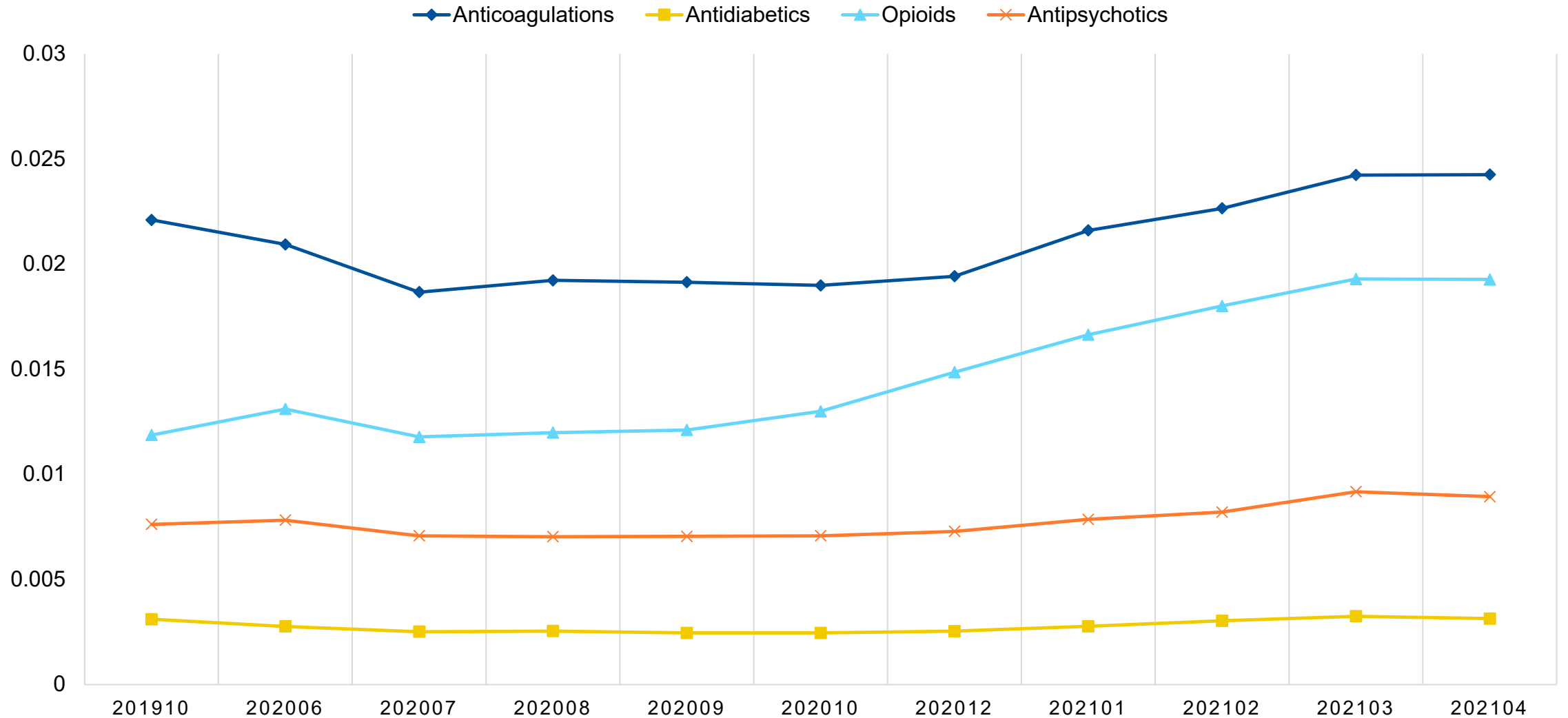
Preventing and Reducing Adverse Drug Events in Nursing Homes

Anticoagulants, Opioids, Hypoglycemics:

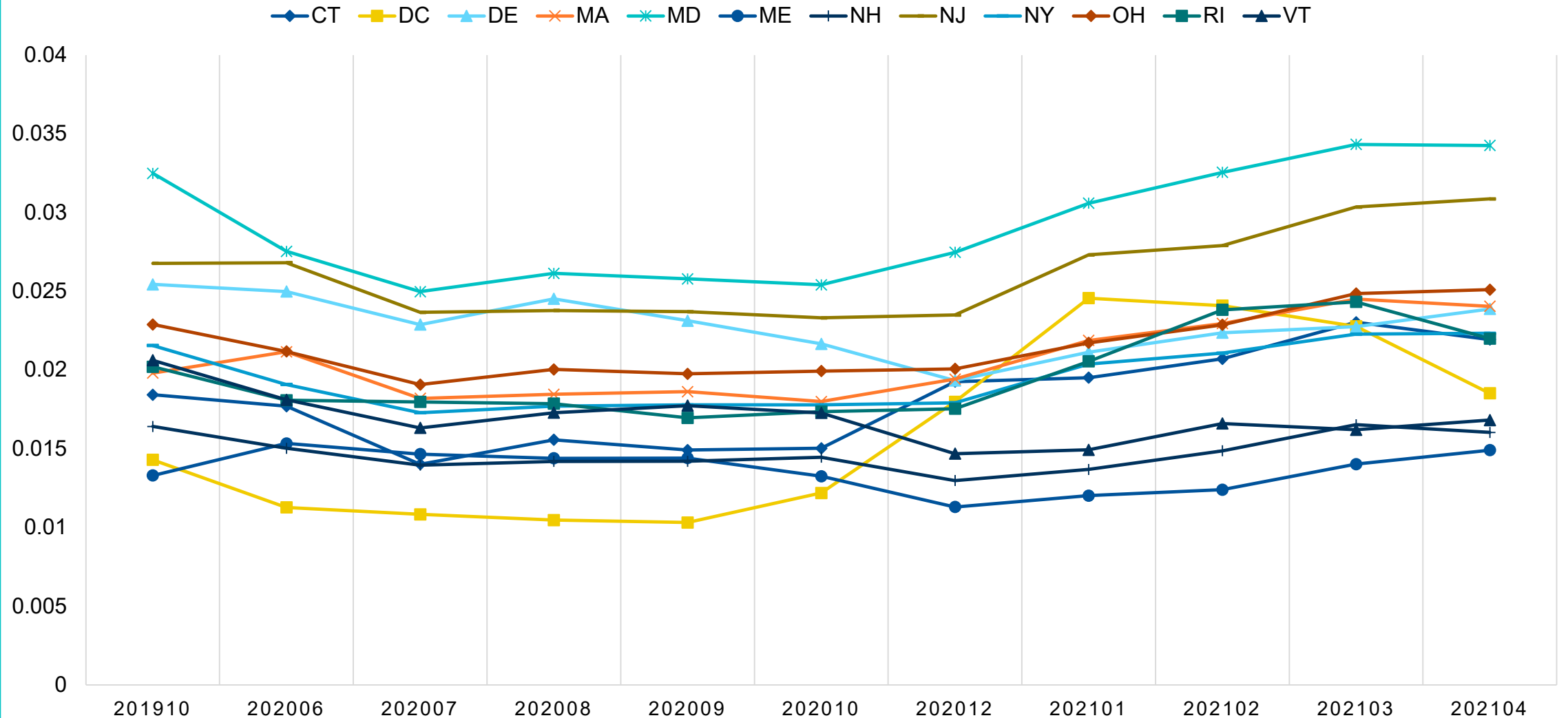
- ✓ **Communication failures**
- ✓ **Suboptimal management systems**
- ✓ **Inadequate access to medication lists and lab results**

“Medication reconciliation as a care transitions strategy is important to reduce potential medication discrepancies.”

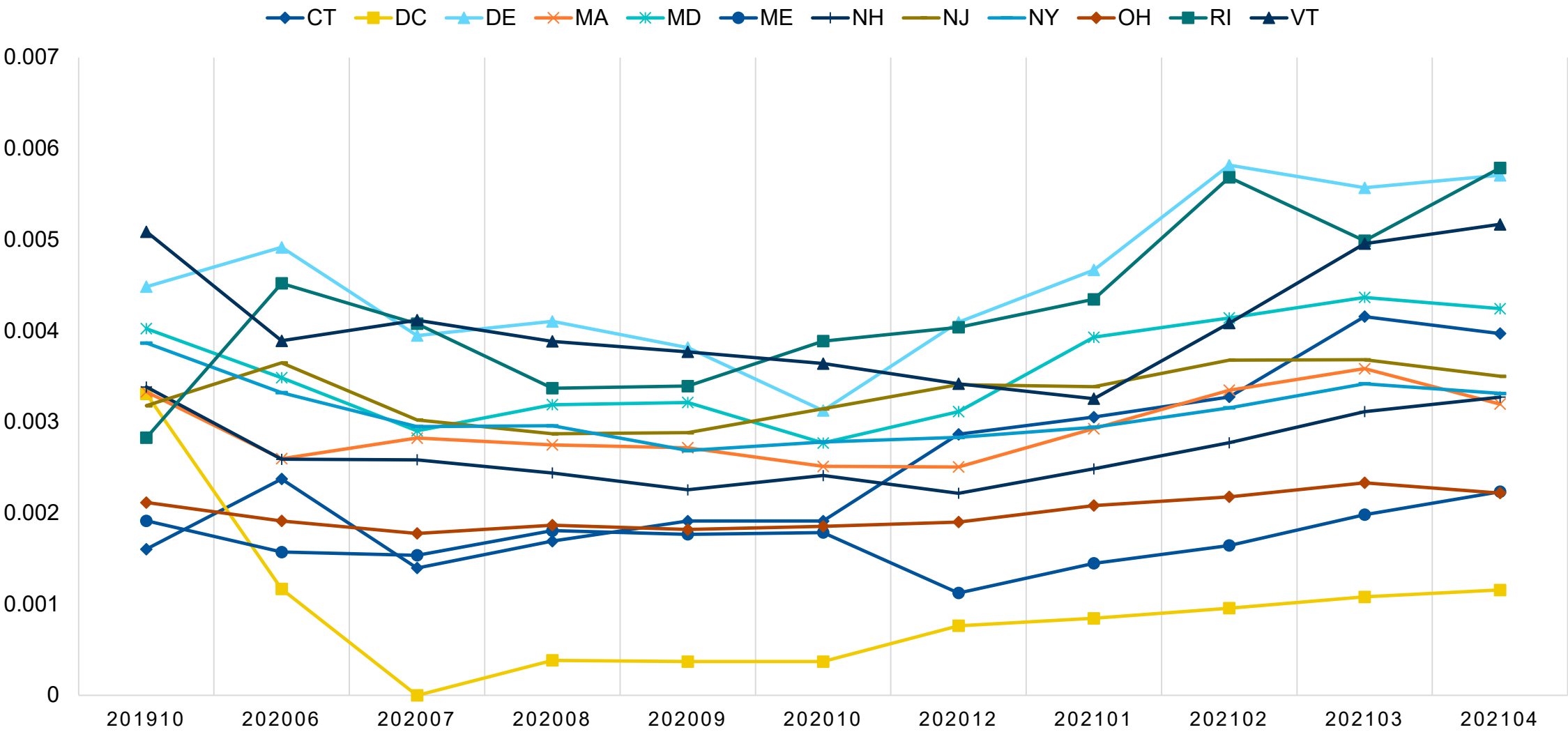
ADE Rate among NH Residents, by Drug Category



Anticoagulant ADE: By State



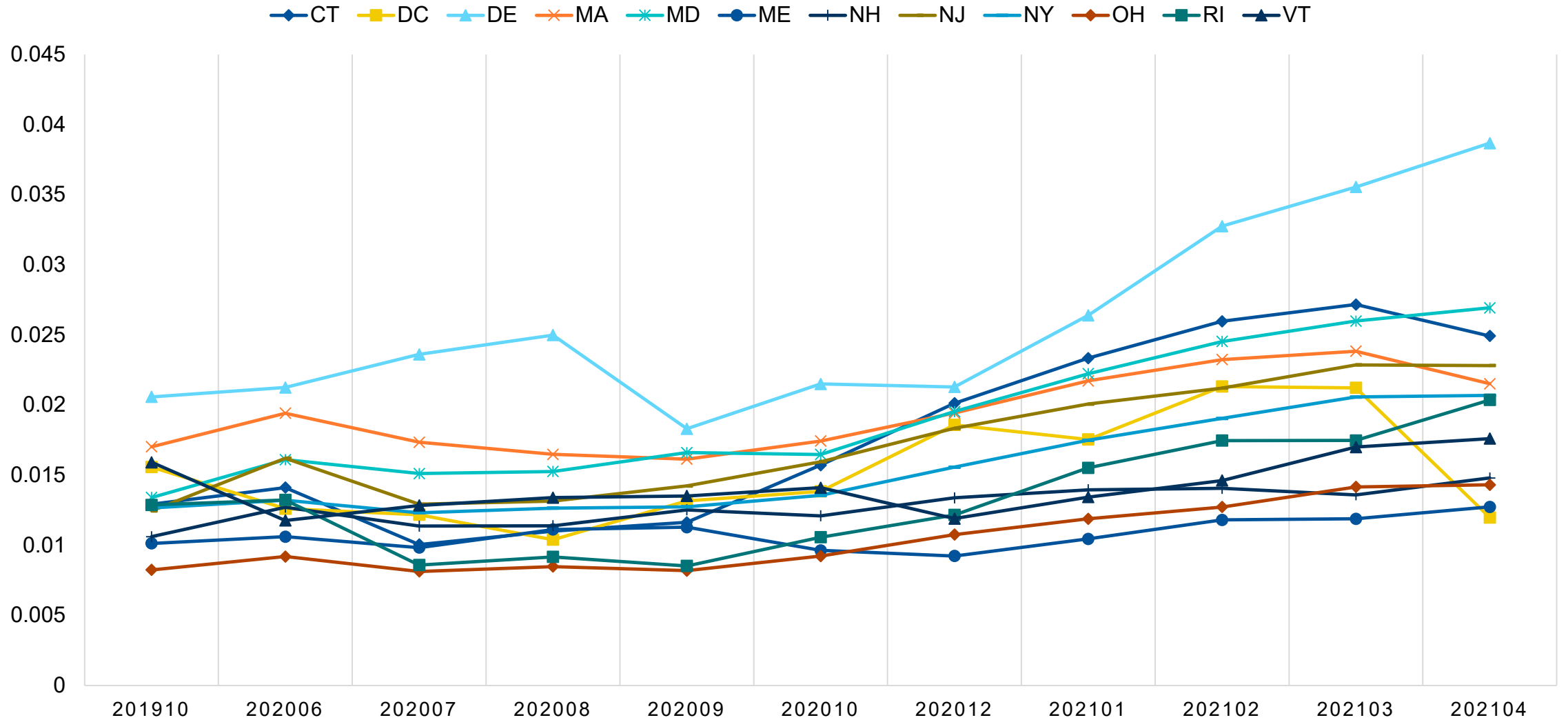
Antidiabetic ADE: By State



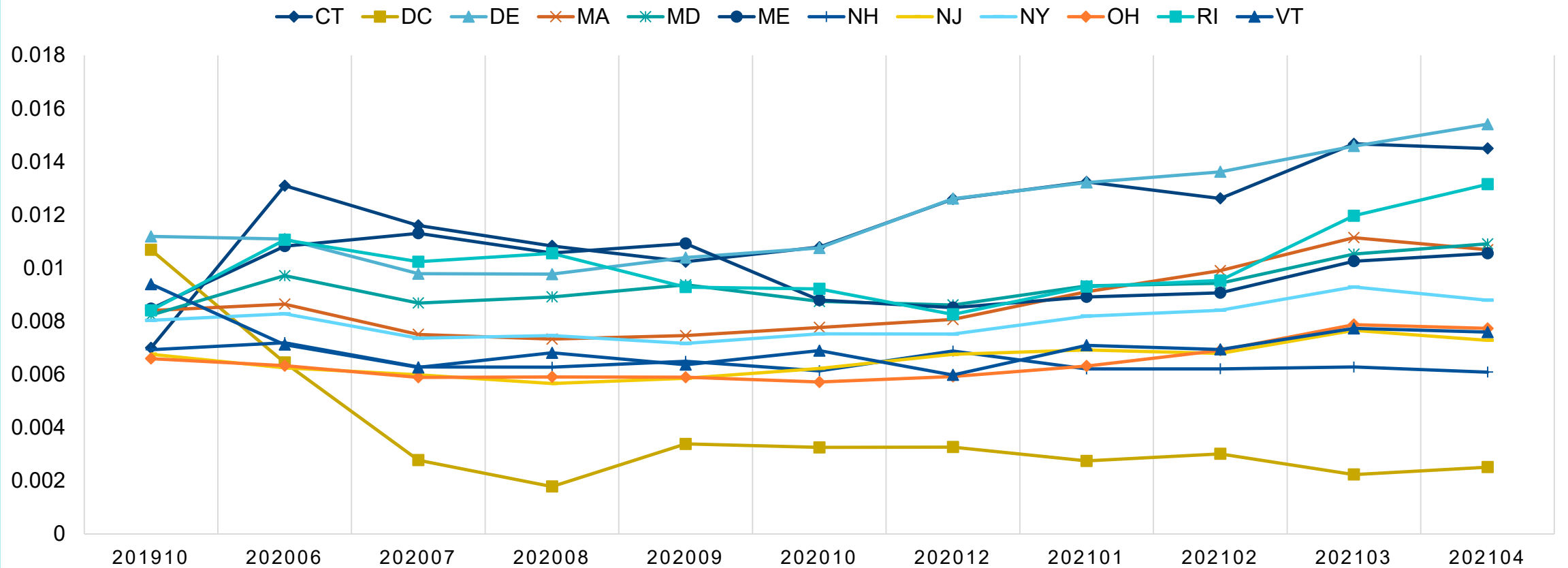
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Opioids ADE: By State



Antipsychotic ADE: By State



Identifying Adverse Drug Events, High Risk Medications, and Medication Related Problems



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Categories of Medication Related Problems (MRPs):



Medication Related Problems

- Unnecessary medications
- Wrong medication
- Dose too low
- Dose too high
- **Adverse drug reaction**
- Inappropriate adherence
- Needs additional drug therapy

Examples of Drug Categories and Drugs Associated with Preventable Adverse Drug Events (pADE) (High Risk Medications)		
Drug Category/Drug		pADE
Analgesics	NSAIDs (ibuprofen, naproxen, etc.)	GI bleeding, renal impairment, hypertension
	opioids	CNS depression, constipation, cardiac events, falls
Antibiotics		Various – CNS, skin eruptions, drug interactions, GI and cardiac events
Anticholinergics –“Beer’s List”		Confusion, urinary retention, blurred vision, falls, increased heart rate, constipation, etc.
Anticoagulants	Warfarin, apixaban, rivaroxaban, dabigatran, edoxaban	Bleeding, drug interactions
	Heparin, enoxaparin, other	Bleeding, blood dyscrasias
Cardiovascular agents	digoxin	High blood levels – GI upset, nausea, diarrhea, visual disturbances, low heart rate
	diuretics, vasodilators	hypotension
Central Nervous System agents	benzodiazepines	Sedation, falls
	antipsychotics	Anticholinergic effects (some); parkinsonism
Hypoglycemics	Insulin, sulfonylureas (glyburide, glipizide)	hypoglycemia

Red Flags:



Possible Symptoms of Medication Related Problems

- New or increased confusion
- New or increased depression
- Delirium
- New or worsening insomnia
- Parkinson's-like symptoms
- Rash
- New Incontinence
- Weakness or lethargy
- Loss of appetite
- Falls
- Changes in speech
- Bruising, bleeding, blood in stool
- Nausea, vomiting

Know baseline patient characteristics

Be attuned to worsening condition

Listen to patients/residents and care partners regarding changes in patient status

Take any information provided seriously

Create care plans which include active monitoring for medication related red flags

Identifying HRM Issues on Admission for Short Stay Residents

- Identify high risk medications
 - New to drug? Highest risk for patient
- Minimum required elements
 - Indication/diagnosis for drug
 - Might have multiple – need to capture all
- Start date if new to drug
- Stop, Resume or change dates; duration of therapy if short term
- Date, time, strength, route: last dose given, next dose due
- Laboratory or other monitoring

Identifying HRM Issues on Discharge for Short Stay Residents

- High risk medications(s): warfarin, enoxaparin
- Indication: atrial fibrillation, post hip replacement
- Start date
 - Warfarin – on long term for A.Fib
 - Enoxaparin – bridging with warfarin post-orthopedic surgery
- Stop, resume or change dates; duration of therapy if short term
 - Warfarin – resumption date
 - Enoxaparin – parameters for stop date
- Date, time, strength, route: last dose given, next dose due
 - More info is better – best would be to for the hospital to send the latest history.
- Laboratory or other monitoring
 - Warfarin – last 2-3 INRs; new INR within 3-7 days of dose changes



<https://doi.org/10.1016/j.jcjq.2018.04.015>

Identifying HRM Issues on Discharge for Short Stay Residents

- High risk medication(s): Oxycodone 5mg/Acetaminophen 325mg
- Indication: post-hip replacement
- Start date
 - Has the patient taken any while in short-stay?
 - Routinely or as needed?
 - If as needed, what is the frequency of pre-discharge use?
- Stop, resume or change dates; duration of therapy if short term
 - Is there a post-op stop date?
 - Was a limited number of days of therapy provided?
- Date, time, strength, route: last dose given, next dose due
 - Provide medication prior to transitioning from the nursing home to home to ensure patient does not transition in pain; have clarity on when the next dose is due
- Laboratory or other monitoring
 - Are other CNS depressants ordered along with Percocet? Benzodiazepines?
If yes, then patient may be a candidate for naloxone.

Pain Management Discharge Communication (PMDC) Elements

Pain diagnosis
Pain category(ies) or classification
Temporal characteristics
Pain severity, recent
Pain severity, current
Drug name, dose, strength, formulation, route, and frequency for entire current daily medication regimen
Opioid doses administered within the last two 24 hour periods
Identification of opioid lack of knowledge for patients starting on an opiate.
Presence, frequency, and degree of use of respiratory depressants (benzodiazepines, cough syrup containing alcohol, etc.)
History of opioid overdose with date(s).
Contact information provided for the subsequent pain management prescriber/physician.
Alcohol and/or substance abuse and/or dependence history
Behavioral health/mental health history and status
Respiratory status
Date of last bowel movement
Bowel regimen ordered
Presence of potential barriers to safe medication use (e.g. cognitive impairment, mental health disorders, dementia, visual impairment, etc.)
Falls assessment and history
Assessment of patient ability to self-administer current pain regimen
Patient/caregiver/ family member capacity for identifying signs/symptoms of overdose
Caregiver/family member capacity for administering a reversal agent for overdose if reversal agent is available
Instruction to follow safe usage, storage and disposal procedures for the prescribed medication for patients being discharged to home
Documentation of provision of educational materials to patient/caregiver
Documentation of assessment of patient/caregiver understanding of education provided

Patient Case



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Case Study: Jane T.

- Present illness: 87-year-old fell at home resulting in hip fracture, was hospitalized for hip repair surgery then discharged to your nursing home for short stay rehabilitation before returning to home
- CC: burning on urination, incontinent, “sleepy”, weak, nausea
- PE: bruising on arms and legs, P 48, BP 110/76

Case Study: Jane T.

Diagnoses	Medications
Heart failure	Lisinopril 20mg po daily
	Digoxin 0.25mg po daily
Urinary tract infection	Trimethoprim/sulfamethoxazole DS (Bactrim DS) 1 tablet po bid
Deep Vein Thrombosis prophylaxis	Warfarin 5mg po daily
Hip pain	Naproxen 500mg po bid
	Cyclobenzaprine 10mg po tid
	Hydrocodone 5mg/Acetaminophen 500mg po tid prn
Insomnia	Diphenhydramine 50mg po at bedtime

Case Study: Jane T.

Any Red Flags?

- Bruising
- Incontinence
- “Sleepy” and weak
- Nausea
- Recent fall with fracture

Case Study: Jane T.

Any actual or potential MRPs?

- Drug Interactions
 - Warfarin + Naproxen = increased bleed risk
 - Warfarin + Naproxen + Bactrim DS = high bleed risk
 - Cyclobenzaprine + diphenhydramine = anticholinergic effect potentiation
 - Hydrocodone/acetaminophen alone or + diphenhydramine + cyclobenzaprine – lethargy, drowsiness

Case Study: Jane T.

Any actual or potential MRPs?

- ADE
 - Warfarin + interacting drugs – bruising
 - Cyclobenzaprine + diphenhydramine + hydrocodone/acetaminophen – sleepiness, weakness, possible urinary retention → UTI → incontinence
 - Digoxin – dose too high – low heart rate, nausea, weakness

Tools & Resources



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High Risk Medication Resources

GeriatricsCareOnline.org

The screenshot shows the GeriatricsCareOnline.org website. The header includes the site name, tagline "Complex Care. Access to Resources Simplified.", and links for REGISTER, LOGIN, and a shopping cart. A navigation bar contains Home, Store, and a search bar. The main content area displays the product details for the "American Geriatrics Society Updated Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults". On the left, a sidebar lists product types: Audio Programs, Books & Online Texts, Geriatrics for Specialty Residents Toolkits, Guidelines, Recommendations & Position Statements, Journals, and Meeting Presentations. The product details section shows the product type as "Guidelines, Recommendations & Position Statements", the publisher as "American Geriatrics Society", and the year of publication as "2019".

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PRODUCT DETAILS

American Geriatrics Society Updated Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Product Type : Guidelines, Recommendations & Position Statements

Publisher : American Geriatrics Society

Year of publication : 2019

HealthinAging.org

The screenshot shows the HealthinAging.org website. The header includes the site name, tagline "Trusted Information. Better Care.", and links for Foundation and Donate. A navigation bar contains links for About Us, Aging & Health A-Z, Wellness & Prevention, Age-Friendly Healthcare & You, Medications & Older Adults, and Driving Safety. The main content area displays the "Medications & Older Adults" section. It includes a paragraph about medication use in older adults and three sub-sections: "Medications Work Differently in Older Adults", "Medications Older Adults Should Avoid or Use with Caution", and "Alternative Remedies".

HealthinAging.org
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About Us Aging & Health A-Z Wellness & Prevention Age-Friendly Healthcare & You Medications & Older Adults Driving Safety

Medications & Older Adults

People 65 years old and older take prescribed medications more frequently than any other age group in the United States. Most older adults take several medicines to treat chronic illnesses. Healthcare providers may also prescribe medications to older adults to help prevent certain illnesses. This section provides important information on medication safety for us all as we age.

Medications Work Differently in Older Adults

Medications Older Adults Should Avoid or Use with Caution

Alternative Remedies



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IHI Nursing Home Adverse Events Trigger Tool

Medication Module Triggers

M1	Abnormal electrolytes	M10	Sodium polystyrene administration
M2	Abrupt medication stop	M11	Abnormal drug levels
M3	Anti-emetic use	M12	Thrombocytopenia
M4	Diphenhydramine use	M13	Total WBC < 3000
M5	Elevated INR	M14	Vitamin K administration
M6	Epinephrine use	M15	Antibiotics started in SNF
M7	Glucose <50mg/dL, glucagon or dextrose supplement	M16	Increasing pain medication needs
M8	Abrupt onset hypotension	M17	Administration of parenteral fluid
M9	Naloxone use	M18	Medication-Other

<http://www.ihf.org/resources/Pages/Tools/SkilledNursingFacilityTriggerTool.aspx>



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CMS Nursing Home ADE Trigger Tool

Adverse Drug Event Trigger Tool

Adverse Drug Event (ADE)	Risk Factors - These increase the potential for ADEs. Multiple factors increase risk.	Triggers: Signs and Symptoms (S/S) - Any of these may indicate an ADE may have occurred.	Triggers: Clinical Interventions - These actions may indicate an ADE occurred.	Surveyor Probes - These questions are designed to assist in the investigation. A negative answer does not necessarily indicate noncompliance.
Change in mental status/delirium related to opioid use	<ul style="list-style-type: none"> • PRN or routine use of opioid medication • Opioid naiveté (someone who has not been taking opioids) • Opioids used in combination with sedatives or other opioids • History of opioid abuse • Opioid tolerance • Severe pain • Low fluid intake/dehydration • Low body weight • History of head injury, traumatic brain injury, or seizures 	<ul style="list-style-type: none"> • Falls • Hallucinations • Delusions • Disorientation or confusion • Light-headedness, dizziness, or vertigo • Lethargy or somnolence • Agitation • Anxiety • Unresponsiveness • Decreased <ul style="list-style-type: none"> • BP • Pulse • Pulse oximetry • Respirations 	<ul style="list-style-type: none"> • Administration of Narcan • Transfer to hospital • Call to physician regarding new onset of relevant signs or symptoms • Abrupt stop order for medication 	<ul style="list-style-type: none"> • Is there an assessment and determination of pain etiology? • Does the resident's pain management regime address the underlying etiology? • For a change in mental status, is there evidence that the physician conducted an evaluation of the underlying cause, including medications? • Is there evidence of a system for ensuring that residents are routinely assessed for pain, including monitoring for effectiveness of pain relief and side effects of medication (e.g., over-sedation)? • If receiving PRN and routinely, is there consideration for the timing of administration of the PRN? • Can staff describe signs/symptoms of over-sedation? • Is there evidence of a system for ensuring "hand off" communication includes the resident's pain status and time of last dose? • Do the resident, family, and direct caregivers know signs and symptoms of over-sedation and steps to take if noted (e.g., alert the nurse)? • Is there evidence the facility implements non-pharmacological pain management approaches? • Is there a system to ensure extended-release formulations are delivered correctly (e.g., medications not crushed)?

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf>



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Resources for Safe Medication Use

Drug Product	Active Ingredient(s)	Dosage Form(s)	Reasons/Comments
Abilify MyCite kit	(aripiprazole)	Tablet	Drug-device combination
Absorica	(ISO tretinoin)	Capsule	Mucous membrane irritant
Abstral	(fenta NYL)	Tablet	Note: Sublingual tablet; do not suck, chew, or swallow whole.
AcipHex	(rabeprazole)	Tablet	Slow-release
AcipHex Sprinkle	(rabeprazole)	Capsule	Slow-release; Note: contents are intended to be sprinkled on food or liquid but should not be chewed or crushed.
Acticlate	(doxycycline hyclate)	Capsule; Tablet	Film-coated; tablet is scored and may be split; Note: 150 mg tablets can be broken into two-thirds or one-third to provide a 100 mg and 50 mg strength, respectively
Actiq	(fenta NYL)	Lozenge	Slow-release; Note: this lollipop delivery system requires the patient to slowly allow dissolution. If chewed and swallowed, may result in a lower peak concentration and bioavailability.
Actionel	(risedronate)	Tablet	Irritant; Note: chewed, crushed, or sucked tablets may cause oropharyngeal ulceration.
Actoplus Met Xr	(combination)	Tablet	Slow-release
Adalat CC	(NIFE dipine)	Tablet	Slow-release
Adderall XR	(amphetamine salts)	Capsule	Slow-release (a)

**Be aware of medications
that should not be crushed**

<http://www.ismp.org/tools/donotcrush.pdf>



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Patient/Resident Education

Blood Thinner Safety Plan: Which zone are you in?

Check your "zone" often to stay healthy and safe

Circle the name of your "blood thinner":

☐ Coumadin® (warfarin) ☐ Pradaxa® (dabigatran) ☐ Xarelto® (rivaroxaban) ☐ Eliquis® (apixaban) ☐ Savaysa® (edoxaban)

☐ Lovenox® (enoxaparin) ☐ Arixtra® (fondaparinux) ☐ Fragmin® (dalteparin) ☐ Heparin

I take my blood thinner for: _____

<p>Warfarin Users Only:</p> <ul style="list-style-type: none"> I can afford & get my medication without problems I take medication exactly as prescribed I have no changes/symptoms <p>Warfarin Users Only:</p> <ul style="list-style-type: none"> I get my INR tested regularly and my doctor says it's ok 	<p>GREEN ZONE</p> <ul style="list-style-type: none"> No action needed
<p>Changes/Symptoms</p> <ul style="list-style-type: none"> I have trouble affording medication/insurance won't cover it I have trouble getting medication from the pharmacy I miss doses/sometimes go without taking my blood thinner I have symptoms such as: <p><input type="checkbox"/> Bruising <input type="checkbox"/> Bleeding <input type="checkbox"/> Can't eat <input type="checkbox"/> Vomiting <input type="checkbox"/> Upset stomach</p> <p><input type="checkbox"/> Cold/Flu <input type="checkbox"/> Diarrhea (24+ hours) <input type="checkbox"/> Other _____</p> <p>Date: _____</p> <p>What I'm having done:</p> <ul style="list-style-type: none"> I'm confused about the dose I need to take I'm pregnant or plan to become pregnant <p>Warfarin Users Only:</p> <ul style="list-style-type: none"> I've started/stopped/changed the dose of another medication (prescription or over the counter) or I'm unable to have INR tested when scheduled My diet has changed 	<p>YELLOW ZONE! Time to take action!</p> <p>These changes or symptoms may put you at risk of bleeding or clotting!</p> <ul style="list-style-type: none"> Call doctor's office Doctor's name: _____ Doctor's phone: _____ State your name & name of your doctor Describe changes/symptoms you've had Write instructions the doctor has provided below:
<p>Changes/Symptoms</p> <ul style="list-style-type: none"> I'm bleeding and it will not stop I have severe stomach or back pain, headache, dizziness, fainting, or body weakness that will not stop, or unusual bruising I have black tarry (sticky like tar) stool, any color blood in stool, any color blood in vomit, vomit that looks like coffee grounds, or any shade of red (even pink) in urine I had a major accident, serious fall, or hit my head 	<p>RED ZONE!!</p> <ul style="list-style-type: none"> SEEK EMERGENCY MEDICAL ATTENTION DIAL 911

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Patient and Caregiver Snapshot: Anticoagulation Management

What to Expect When Surgery or Other Medical or Dental Procedures are Planned

<p>ANTICOAGULATION MEDICATION</p> <p>Millions of people take medication to prevent dangerous blood clots. These medications are called anticoagulants, but they are commonly called "blood thinners." Some of the most common reasons people are prescribed anticoagulation medication include:</p>	<p>ATRIAL FIBRILLATION</p> <p>People diagnosed with atrial fibrillation or an irregular heartbeat may be prescribed an anticoagulant to prevent dot-provoked stroke.</p>
<p>IMPORTANT BALANCE OF CLOTTING & BLEEDING RISKS</p> <p>When used properly, anticoagulation medications can safely and effectively prevent blood clots. As with all prescription medications, they also can cause side effects. The most common side effect or complication of all anticoagulation medications is bleeding.</p>	<p>RISK FOR BLOOD CLOTS IN LEGS OR LUNGS</p> <p>People at increased risk for dangerous blood clots in the legs or lungs may be prescribed an anticoagulant to prevent life-threatening blood clots like these.</p>
<p>Effective anticoagulation management requires the successful balance between the prevention of blood clotting and the potential risk of bleeding that is a complication of all anticoagulation therapies.</p> <p>You should always talk to your doctor or healthcare team about your anticoagulation management when you have surgery or any other medical or dental procedure planned.</p>	<p>Bleeding risks with anticoagulation therapy can be minor, such as when you nick yourself while shaving, scrape your knee, or undergo a dental cleaning or procedure like a tooth extraction.</p> <p>Bleeding risks with anticoagulation therapy can be major or life threatening, such as internal bleeding that can occur if you have an accident, serious injury, or major surgery.</p>

TAKE THESE FOUR STEPS

- BEFORE YOUR SURGERY OR MEDICAL OR DENTAL PROCEDURE**
Work with your doctor to schedule your medical procedure and make sure your doctor and healthcare team are aware of all of the medications you are taking, as well as your existing risk for blood clots and prescribed anticoagulation treatment.
- WHEN YOUR SURGERY OR PROCEDURE IS SCHEDULED**
Follow all of your doctor's instructions before and after your surgery or medical procedure. If you do not follow your doctor's instructions, you run greater risks for bleeding and clotting and your surgery or procedure may need to be postponed.
- GENERAL GUIDELINES FOR ANTICOAGULATION MANAGEMENT & WHAT YOU CAN EXPECT**
Everyone is different and you will have different risks. Below are the general guidelines your doctor may follow, depending on the type of medication you take.
- AFTER YOUR SURGERY OR PROCEDURE**
Follow-up with your doctor for specific instructions to restart anticoagulant medication. This will vary based on your clotting and bleeding risks, the type of anticoagulant you are taking, and the type of procedure that was performed.


<p>Warfarin (Coumadin®)</p> <p>5 days before procedure: Stop taking</p> <p>2-3 days before procedure: Bridge with injections of low molecular weight heparin (LMWH)</p> <p>24hrs before: Stop injections of LMWH</p>	<p>Antiplatelet Aspirin</p> <p>7-10 days before procedure: Stop taking aspirin</p>	<p>New Direct Oral Anticoagulants Apixaban (Eliquis®), Edoxaban (Savaysa®), Rivaroxaban (Xarelto®)</p> <p>2-3 days before procedure: Stop taking medication</p> <p>Dabigatran (Pradaxa®)</p> <p>3-5 days before procedure: Stop taking medication</p>
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This material was prepared through a collaboration of the National Blood Clot Alliance and the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Innovation Network-Quality Improvement Organization for New York State, South Carolina, and the District of Columbia under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The educational content is intended for general information purposes only. This should not only on the information provided as a substitute for actual professional medical advice, care, or treatment. If you have a medical emergency, contact your healthcare provider or call 911 immediately. The contents do not necessarily reflect CMS policy. 1150N/AQINNY-TASC-MAAP-17-04


Test Your Knowledge

After reading the educational materials about anticoagulation management when surgery or invasive procedures are planned, test your knowledge by answering the questions below. Share the results with your doctor or other healthcare provider.


- The term "blood thinner" is commonly used to mean (choose one):
☐ a. A medication that cools your body down when you have a fever or high temperature
☐ b. A medication called an anticoagulant used to prevent or treat dangerous blood clots
☐ c. A medication used to prevent certain blood infections
- What is one of the most common complications or side effects of all anticoagulation medications (choose one)?
☐ a. Dry eye
☐ b. Joint pain
☐ c. Bleeding
- A dental procedure such as having a tooth pulled can cause minor bleeding (choose one): True ☐ or False ☐
- Surgery is an example of something that can cause major bleeding (choose one): True ☐ or False ☐
- Which of the following may be a cause of major or dangerous bleeding (choose all that apply)?
☐ a. Surgery
☐ b. Brushing your teeth too hard
☐ c. A broken bone or serious injury
☐ d. Having a tooth removed or extracted
- Which of the following may be a cause of minor bleeding (choose all that apply)?
☐ a. Having your tonsils removed
☐ b. Having a tooth removed or extracted
☐ c. Scraping an elbow
☐ d. Surgery
- When planning surgery or a medical procedure and taking oral anticoagulation therapy, what requires careful balance (choose one)?
☐ a. The time of day the medication is taken and how much food is eaten throughout the day
☐ b. The amount of time in between each pill and the number of days leading up to your procedure
☐ c. Clotting and bleeding risks
- When planning or scheduling surgery or another invasive procedure, how many days in advance should you talk to your doctor about potential changes in your anticoagulation medication (choose one)?
☐ a. At least 1-2
☐ b. At least 3-5
☐ c. At least 7-10
- If you take warfarin to prevent blood clots, how many days before your procedure is your doctor likely to stop or interrupt treatment (choose one)? If you do not take warfarin, skip to question 10.
☐ a. 3 days
☐ b. 5 days
☐ c. 7 days
- If you take aspirin to prevent blood clots, how many days before your procedure is your doctor likely to stop or interrupt treatment (choose one)? If you do not take aspirin to prevent blood clots, skip to question 11.
☐ a. 2 to 3 days
☐ b. 4 to 5 days
☐ c. 7 to 10 days
- If you take a newer direct oral anticoagulant medication (apixaban/Eliquis®, edoxaban/Savaysa®, rivaroxaban/Xarelto®), how many days before your procedure is your doctor likely to stop or interrupt treatment (choose one)? If you do not take any of these medications, skip to question 12.
☐ a. 2 to 3 days
☐ b. 4 to 5 days
☐ c. 7 to 10 days
- If you take the newer direct oral anticoagulant medication dabigatran/Pradaxa®, how many days before your procedure is your doctor likely to stop or interrupt your treatment (choose one)? If you do not take this medication, skip to question 13.
☐ a. 2 to 3 days
☐ b. 3 to 5 days
☐ c. 7 to 10 days
- Symptoms of blood clots in the leg include, (choose all that apply):
☐ a. Swelling
☐ b. Red or discolored skin
☐ c. Cold skin
- Symptoms of blood clots in the lung include, (choose all that apply):
☐ a. Chest pain, worsens with deep breath
☐ b. Difficulty breathing
☐ c. Coughing up blood
- Symptoms of stroke include, (choose all that apply):
☐ a. Sudden trouble seeing, affecting one or both eyes
☐ b. Sudden numbness or weakness of face, arm, or leg
☐ c. Sudden confusion, trouble speaking, or understanding speech
☐ d. Sudden sleepiness




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National Blood Clot Alliance



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Communication Tools

INTERACT Version 4.0 Tools

Communication Tools

For Communication Within the Nursing Home

- Stop and Watch Early Warning Tool
- Stop and Watch Early Warning Tool - Spanish
- Stop and Watch Early Warning Tool - Creole
- SBAR Communication Form
- Medication Reconciliation Worksheet for Post-Hospital Care

For Communication Between the Nursing Home and Hospital

- Engaging Your Hospitals - Tip Sheets
- SNF/NF Capabilities List
- SNF/NF - Hospital Transfer Form
- SNF/NF - Hospital Data List
- Acute Care Transfer Checklist
- Hospital - Post-Acute Transfer Form
- Hospital - Post-Acute Data List

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain – new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change; swollen legs or feet
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to

Date and Time (am/pm)

Nurse Response

Date and Time (am/pm)

Nurse's Name

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SBAR Communication

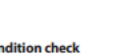
- **S**ituation – reason for call in 5-10 seconds
- **B**ackground – the context, specific objective data
- **A**ppearance/**A**ssessment – your assessment of the problem
- **R**eview/**R**ecommendation – what do we need to do?

SBAR Communication Form


and Progress Note for RNs/LPN/LVNs




Version 4.0 Tool



Version 4.0 Tool



Version 4.0 Tool



Version 4.0 Tool

Before Calling the Physician / NP / PA / other Healthcare Professional:

☐ **Evaluate the Resident/Patient:** Complete relevant aspects of the SBAR form below

☐ **Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, O₂ saturation and finger stick glucose for diabetics

☐ **Review Record:** Recent progress notes, labs, medications, other orders

☐ **Review an INTERACT Care Path or Acute Change in Condition File Card,** if indicated

☐ **Have Relevant Information Available when Reporting**
(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION

The change in condition, symptoms, or signs observed and evaluated is/are _____

This started on ____/____/____ Since this started it has gotten: ☐ Worse ☐ Better ☐ Stayed the same

Things that make the condition or symptom **worse** are _____

Things that make the condition or symptom **better** are _____

This condition, symptom, or sign has occurred before: ☐ Yes ☐ No

Treatment for last episode *(if applicable)* _____

Other relevant information _____

BACKGROUND

Resident/Patient Description
 This resident/patient is in the facility for: ☐ Long-Term Care ☐ Post Acute Care ☐ Other: _____

Primary diagnoses _____

Other pertinent history *(e.g. medical diagnosis of HF, DM, COPD)* _____

Medication Alerts
☐ Changes in the last week *(describe)* _____

☐ Resident/patient is on *(Warfarin/Coumadin)* Result of last INR: _____ Date ____/____/____

☐ Resident/patient is on other anticoagulant *(direct thrombin inhibitor or platelet inhibitor)*

Resident/patient is on: ☐ Hypoglycemic medication(s) / Insulin ☐ Digoxin

Allergies _____

Vital Signs

BP _____ Pulse _____ (or Apical HR _____) RR _____ Temp _____ Weight _____ lbs *(date ____/____/____)*

For HF, edema, or weight loss: last weight before the current one was _____ on ____/____/____

Pulse Oximetry *(if indicated)* _____% on ☐ Room Air ☐ O₂ (_____)

Blood Sugar *(Diabetics)* _____

Resident /Patient Name _____

Acute change in condition check

☐ Other *(describe)* _____

☐ No changes observed

☐ Other *(describe)* _____

☐ No changes observed

☐ Personality change

☐ Other behavioral changes *(describe)* _____

☐ No changes observed

☐ Symptoms of common cold

☐ Other respiratory changes *(describe)* _____

☐ No changes observed

☐ Other *(describe)* _____

☐ No changes observed

☐ Other neurological symptoms *(describe)* _____

☐ No changes observed

☐ Jaundice

☐ Nausea and/or vomiting

☐ Other *(describe)* _____

☐ No changes observed

the following advanced care planning)

Oral Feeding ☐ Other Order or Living Will *(specify)* _____

(continued)

(continued)

Thank you!



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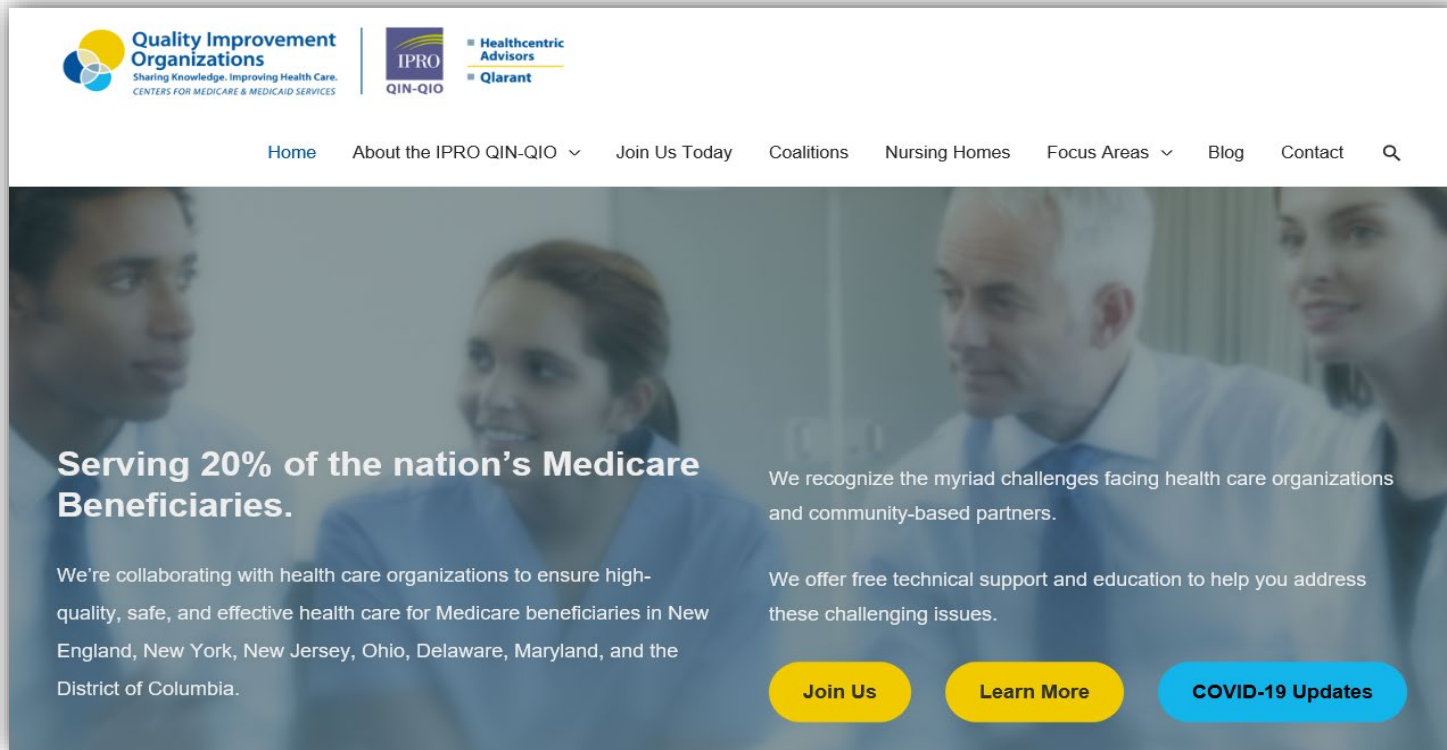
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