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CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

## Notification of Change in Condition Form for Suspected Infection

A tool to help staff provide relevant information to physicians, nurse practitioners, physician assistants, or other health healthcare practitioners about a patient/resident with a suspected infection.

### BEFORE CALLING THE PHYSICIAN, NURSE PRACTITIONER, PHYSICIAN ASSISTANTS, OR OTHER HEALTHCARE PROFESSIONAL:

Examine the patient/resident and complete this form.

- Check vital signs; watch for the early warning signs of infection or sepsis.
- Review the patient's/resident's record: recent hospitalizations, lab values, medications, and progress notes.
- Note any allergies.
- Be aware of the patient's/resident's advance care wishes.
- Be aware of contents of facility E-box and IV fluids.

### Provide the following information

#### SITUATION

- My name is \_\_\_\_\_
- I'm the/a \_\_\_\_\_ (your role),  
at \_\_\_\_\_ (facility name)
- I need to speak with you about patient/resident,  
Mr./ Mrs./ Ms. / Mx. (select one)
- Patient/resident birthdate \_\_\_\_\_
- Medical record number: \_\_\_\_\_

#### SEPSIS EARLY WARNING SIGNS

*If available, report these findings*

Temperature  $\geq 38.3$  C (101 F) or  $\leq 36$  C (96.8 F)  
Heart rate  $\geq 90$  bpm  
Respiratory rate  $\geq 20$  bpm

White blood cell count (WBC) -  $\geq 12,000$  per microliter or  $\leq 4,000$  per microliter or equal to  $> 10\%$  immature bands

Altered mental status  
SpO<sub>2</sub>  $\leq 90\%$   
Decreased urine output from recently drawn labs (*within 24 hours*)  
Creatinine  $> 2$  mg/dl  
Bilirubin  $> 2$  mg/dl  
Platelet count  $\leq 100,000$   $\mu$ L  
Lactate  $\geq 2$  mmol/L  
Coagulopathy INR  $\geq 1.5$  or a PTT  $> 60$  secs

#### THE RESIDENT IS NOW SHOWING THE FOLLOWING CHANGES FROM BASELINE.

- The patient/resident was admitted on \_\_\_\_\_ (date) with the diagnosis of \_\_\_\_\_ (original condition).
- The patient/resident is now showing these signs of possible infection

(describe the signs and potential source of infection):

Sign of possible infection	Potential source
1.	
2.	
3.	

## THE RESIDENT IS NOW SHOWING THE FOLLOWING CHANGES FROM BASELINE.

- This started on \_\_\_\_\_ (date).
- The patient/resident is allergic to \_\_\_\_\_
- The patient's/resident's advance care directive specifies the following:

## OBSERVATIONS

**Does the patient/resident meet any criteria for 100, 100, 100? If yes, inform the medical provider.**

- Pulse 100 or greater \_\_\_\_\_ , \_\_\_\_\_
- Temperature 100 F or greater \_\_\_\_\_ , \_\_\_\_\_
- Systolic Blood Pressure (SBP) 100 or lower \_\_\_\_\_ ; \_\_\_\_\_

— or —

## **Current vital signs**

BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_ Temp \_\_\_\_\_ SpO2 \_\_\_\_\_ (on room air or supplemental O2)

- The patient/resident has voided \_\_\_\_\_ (#) times in the last 8 hours.
- Mental status is (*changed OR unchanged*) from baseline:
- Other physical assessment findings that may be related to possible infection or sepsis  
(*e.g., lung sounds, wound*)
- IV Line, Foley Catheter

## MEDICAL PROVIDER RECOMMENDATION

The medical provider should confirm, clarify, and request additional information; and then work with the nurse to take appropriate action with this patient/resident.

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