

Assisted Living Protocol Development

WHEN TO CALL 911

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Why

In order to improve patient care, reduce unwarranted ambulance expenses, and to streamline the process, the Pocatello Fire Department, in conjunction with numerous Pocatello assisted living facilities has developed a series of Guidelines, decision making trees and protocols.

The intention is to empower the assisted living facility staff by providing tools and training and protocols to analyze an event and to make a decision whether to call 911 or not.

Discovery

Fall

Definition: to descend freely by the force of gravity, to leave an erect position suddenly and involuntarily.

From Standing

Forward/Backward

Did patient lose consciousness?

Are there any marks on the residents head, fluid from ears/nose, pupils equal, complain of neck pain?

Is there any new extremity pain, swelling, deformity, discoloration, vomiting, slurred speech (if normally understood), seizures, chest pain, shortness of breath, right or left sided weakness, facial drooping?

Are there any wounds? Bruises, skin tears, rug burns, or red marks?

If NO, then Obtain VS, Notify Admin/RN/MD/HH or Hospice. BP under 100/60 or HR over 110 Report to RN.

If YES, Contact Admin/RN for Guidance/Clearance.

From Sitting/Bed

Forward onto face or upper torso

Did patient lose consciousness?

Are there any marks on the residents head, fluid from ears/nose, pupils equal, complain of neck pain?

Is there any new extremity pain, swelling, deformity, discoloration, vomiting, slurred speech (if normally understood), seizures, chest pain, shortness of breath, right or left sided weakness, facial drooping?

A quick and easy rule is that if your heart is not racing from panic, the patient probably doesn't need an emergency ambulance. Call the RN and get advice.

Are there any wounds? Bruises, skin tears, rug burns, or red marks?

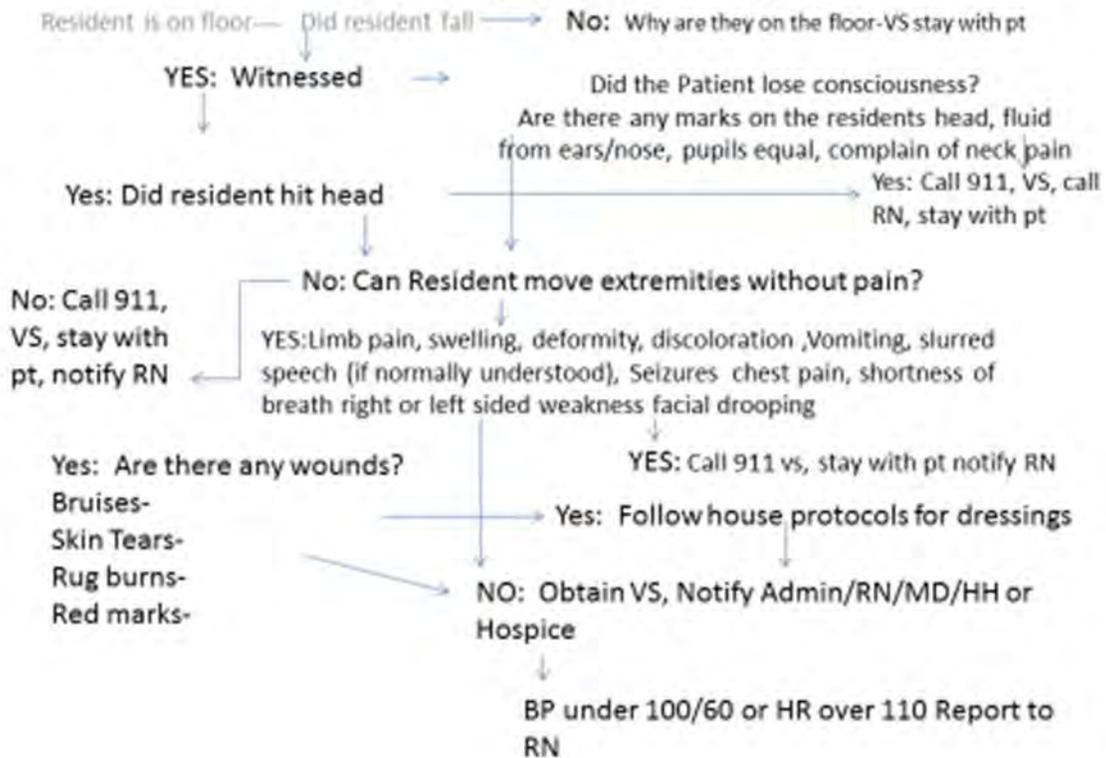
If NO, then Obtain VS, Notify Admin/RN/MD/HH or Hospice. BP under 100/60 or HR over 110 Report to RN.

If YES, Contact Admin/RN for Guidance/Clearance.

Slid from Chair/Bed to floor

This is not a fall, confirm lack of injuries, assist patient back to chair and document appropriately

Fall Decision Tree



Illness

Definition: an unhealthy condition of the body

Obtain VS, Notify Admin/RN/MD/HH or Hospice.

Collect urine for testing.

Altered Mental Status (AMS)

Definition: A change in awareness of a person's surroundings and/or impaired mental functioning

Obtain VS, Notify Admin/RN/MD/HH or Hospice.

Collect urine for testing. (UTI's are most common cause of AMS)

Respiratory Distress/Arrest

Definition: Severe difficulty in achieving adequate oxygenation in spite of significant efforts to breathe. It is usually associated with increased breathing rate and the use of accessory muscles in the chest wall

Place patient on oxygen and call 911. **DO NOT LEAVE PATIENT UNATTENDED!**
Monitor and prepare for cardiac arrest...

Obtain VS, Notify Admin/RN/MD/HH or Hospice.

Cardiac Arrest

Definition: An unexpected loss of heart function, breathing and consciousness.

Initiate CPR protocols

Is patient a DNR? Confirm POST Form instructions

If DNR, respect patients/Families intent. Stop CPR and allow peaceful death. Prepare to comfort family and/or staff.

Call 911

Notify Admin/RN/MD/HH or Hospice.

Determine Medical Need

It is important to note that every patient in an assisted living facility is directly under the care of a physician. Each facility also has a registered nurse who is responsible for the patients as well. While this does not prevent anyone from calling 911, it does provide an obligation for the RN to obtain guidance and orders from the physician.

Every patient, or medical power of attorney, has the Right to seek medical attention from someone other than their primary care physician (PCP), but it is highly encouraged to utilize the PCP. This reduces the confusion of lost discharge papers, and improves continuity of care.

Does event require immediate emergency intervention by a higher level of care?

Could patient be monitored for next several hours and then evaluated by RN?

Consider talking to the Family/Power of Attorney

Notification

The City of Pocatello is starting a new program for emergency medical dispatching.

The new system, called ProQA, asks a series of questions to quickly and accurately determine the best response for the emergency.

With each call to 911, our goal is to create a quick and proper response for the emergency medical need, also, to reduce the risk to the public and emergency vehicles responding to the scene.

- The information needed when a call is placed to 911 is:
 - What the address of the emergency is.
 - The phone number of the caller, in case of disconnection.
 - Exactly what happened in a short or condensed manner.
 - Is the caller near the patient.
 - The number of patients.
 - The age of the patient if it is known or approximation.
 - If the patient is awake or not.
 - If the patient is breathing or not.

After these few questions are answered, and based on the nature of the emergency, 911 can dispatch the proper response and personnel to the address of the emergency. Additional questions will be asked based on the nature of emergency, and instructions on what to do until EMS arrives will be given, if needed.

With this new program our emergency dispatch system will be streamlined, consistent, and able to deliver appropriate instructions to the caller, if needed, until EMS arrives.

- What is the address of the emergency?
- What is the phone number you are calling from?
- Okay, tell me exactly what happened.
- (Not obvious) Are you with the patient now?
- (Not obvious) How many people are hurt?
- (Choking) Is the patient breathing or coughing at all?
- Do not slap the patient on the back.
- How old is the patient?
- Is the patient awake?
- Is the patient breathing?

Dispatch/Key questions based upon chief complaint.

What to do before the ambulance arrives.

Continue to monitor patient. Provide necessary interventions

Obtain vital signs (if able)

Pulse

Respirations

SPO2

Blood Pressure

Blood glucose

| | Need | Why |
|----|--|---|
| 1 | Face Sheet | Name/Birthday |
| 2 | Staff (Someone Who Knows Why We Are Being Called)/Location | Directions To Pt And Issue (Sometimes Not Why We Were Dispatched) |
| 3 | Idaho Physicians Order for Scope of Treatment (POST)/DNR | Patient And Family Wishes |
| 4 | Medication Administration Record (MAR's | Hx Of Uti's? Antibiotics? |
| 5 | Hospice Status And For What Reason | Has Hospice Been Notified? |
| 6 | Recent History And Physical | Changes Due To Age |
| 7 | Current Diagnosis | Aids In Our Evaluation Of The Pt |
| 8 | Changes From Their "Normal" Mental Status | Progression Of Their Diagnosis? |
| 9 | Vital Signs | Current Status/Initiate Baseline VS's |
| 10 | Pertinent Paperwork For The Hospital | Easier To Give To Them Rather Than Fax Later |
| 11 | Power Of Attorney/Poa | Have They Been Contacted/ Their Decision Of Tx Or No Tx |
| | | |

Appendix A

Rules

Core 520 - 011.08 – definition of inadequate care – When a facility fails to provide the services required to meet the terms of the NSA, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency interventions, coordination of outside services, a safe living environment or engages in violation of residents rights or takes residents who have been admitted in violation of provisions of section 39-33-7, Idaho Code

Core 525 - 011.24 – definition of neglect – Failure to provide food, clothing, shelter or medical care necessary to sustain the life and health of a resident.

Nursing rules: 300 – Nursing services must be performed in accordance with IDAPA 23.01.01, Rules of the Idaho Board of Nursing. The facility must have on staff or under contract the nursing personnel listed in subsection 300.01 and 300.02 of these rules to provide nursing service requirements.

300.01 – A licensed professional nurse (RN) must visit the facility at least once every ninety (90) days or when there is a change in the resident’s condition....

300.02 – The facility must assure that a licensed nurse is available to address changes in the residents’ health or mental status and...

305 – The licensed professional nurse must assess and document, including date and signature, for each resident as described in subsections 305.01 through 305.08 of these rules.

305.03 – Conduct a nursing assessment of the health status of each resident by identifying symptoms of illness or changes in mental or physical health status.

711.08.e – There must be documentation of the “notification of the licensed professional nurse of a change in the resident’s physical or mental condition; and...

Frequently Asked Questions

Received from Simpson, Jamie L. - Licensing & Certification, 10/23/2015

| | |
|--|--|
| <p>Is a person who needs a two-person assist with transfers appropriate for admission to a RALF?</p> | <p>They can be, but the facility would have to have at least 2 staff on around the clock to provide the assistance. (12/8/08)</p> |
| <p>If a hospice resident has blackout episodes that are a part of their disease process does 911 have to be called?</p> | <p>Not if the facility has written parameters from the physician describing when 911 should not be called. (4/2/07)</p> |
| <p>Families have sometimes become angry when 911 was called. What should we do about this?</p> | <p>The facility should disclose to families during the admission process what level of nursing the facility has in the building and that when there is not a nurse in the building, then 911 will be called, as facility staff cannot assess residents. Ultimately, the facility is responsible for ensuring the residents are provided the necessary medical care. (7/15/09)</p> |
| <p>When a resident falls we were recently told that the nurse first had to assess them before they were helped up from the floor. Is it possible for it to be a phone assessment by the nurse or do they need to come in? Our nurse has instructed the staff to ask the resident to do various ROM tasks to determine if an unobvious fracture is present. She would be happy to do this over the phone but was unaware that she needed to come in for every fall.</p> | <p>Unlicensed Caregivers can be trained to take vitals and direct the resident in ROM tasks. The nurse would need to provide face to face training for staff and document the delegation. When called, the nurse could determine, based on the resident and the information reported by staff, if 911 needed to be called. If 911 was not called, the nurse should come in and do an assessment to ensure the resident is ok.(6/11/07)</p> |
| <p>Are assisted living facilities required to have a nurse on call 24-7?</p> | <p>IDAPA 16.03.22.300.02. Licensed Nurse. The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider. (7/19/06)</p> |

References

There are no sources in the current document.