

# Nursing Home Guidelines for Care Tutorial

The full name of this template is **Guidelines for Care of Nursing Home Patients**. It consists of 28 sets of guides for treatment of specific problems which are common in many clinical settings particularly in long-term residential care.

## How to find the Nursing Home Guidelines for Care Template

AAA Home

**SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.C.**

Patient: Dottie Test Sex: F Age: 89 DOB: 09/28/1920  
Home Phone: (321)777-5364 Work Phone: (321)298-2762  
Patient's Code Status:

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)  
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | **[Nursing Home](#)** | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)  
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#)

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#)  
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#)

**Disease Management**  
[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#)  
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy: Wal-Mart - Lumberton  
Phone: (409)755-2568  
Fax: (409)755-2412

[Rx Sheet - Active](#)  
[Rx Sheet - New](#)  
[Rx Sheet - Complete](#)  
[Home Health](#)

**Pending Referrals**

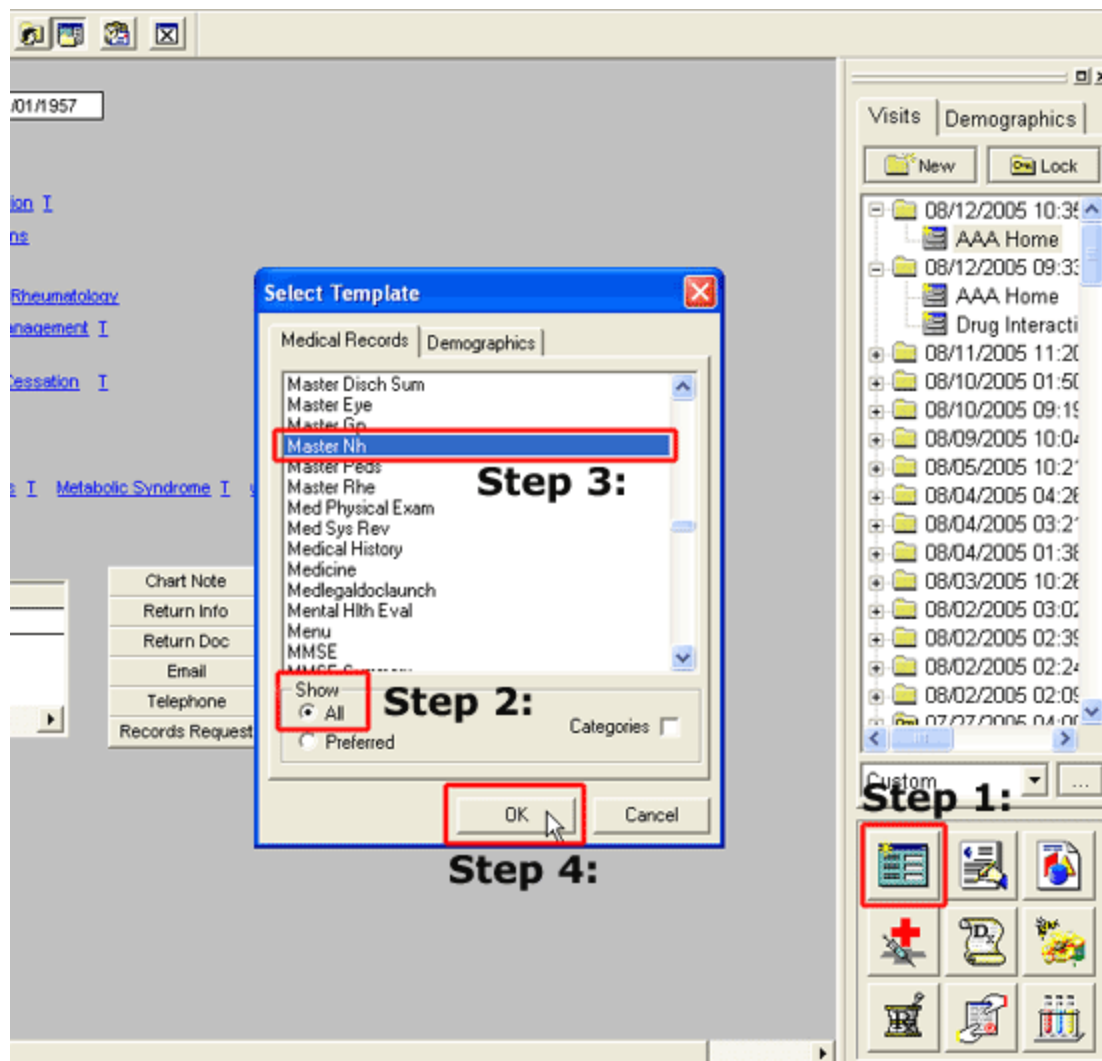
Status	Priority	Referral	Referring Provider
Completed	Routine	Medical Nutrition Therapy	Abochamah
Completed	Immediate	Echocardiogram	Holly

**Archived Referrals - Do not use for new referrals** [Referral History](#)

Status	Priority	Referral	Referring Provider
--------	----------	----------	--------------------

**Chart Note**  
[Return Info](#)  
[Return Doc](#)  
[Email](#)  
[Telephone](#)  
[Records Request](#)  
[Transfer of Care Doc](#)

Master Tool Bar Icon



- When the Template button is clicked you will be presented with the preference list.
- If the **Nursing Home Master** template is listed as one of your preferences, select it.
- If it is not one of your preferences, select the All radio button and scroll down until you find it in the list. Then you may select the template by either double-clicking on the name or single click on the name (so that it is highlighted in blue) and then click the OK button.

**NOTE:** For more on how to set up your preferences, [Click Here](#)

From the **Nursing Home Master** template, click the **Guidelines for Care** button located in the right hand navigation menu.

☐ Nursing Home Patient **Nursing Home Master**

**Medication List Updated** / /

Nursing Home:  Patient:  Test:

Current Unit:  Age:  years Last Visit:

Room #:  Sex:  Last H&P:

**Source of Information** BP:  /  Last Flu Shot:

**Complaints** Temp:  F Last Tetanus:

Pulse:  /min Last Pneumovax:

Resp:  Last Rectal Exam:

Weight:  lbs Last TB Skin test:

Height:  in Last Chest Xray:

BMI:  VRE status:

Body Fat:  % MRSA status:

BMR:  cal/day Hepatitis status:

Protein Req:  grams/day

**Chronic Conditions**

DM II Renal Manifestat Control	
Hyperten Malig Essential	HPI 1,2
CHF Diastolic Acute	
Thyroid Toxic Other Spec Origi	HPI 3,4
Renal Stage II Chron Disease	
Metab Cardiometabolic Risk Syr	HPI 5,6
COPD	
Angina Pectoris Stable	HPI 7,8
OA Local Primary Foot Ankle	
	HPI 9,10

**DNR Status**

☐ Visit Today

☐ History and Physical Today

☐ Consent Form Signed

**Comments**

**Home**

- Nursing ☒
- Histories
- Health
- Questionnaires
- HPI Chief
- System Review
- Physical Exam ☒
- Radiology
- Procedures
- Assessment
- Plan
- Guidelines for Care ☒
- Hydration
- Nutrition
- Skin Lesions ☒
- Mini Mental Status ☒
- Fall Risk ☒
- Depression ☒
- Lab Results
- Call to Family ☒
- Call/Nursing Home ☒
- Email ☐
- Chartnote
- Admission Orders

Essentially, the template operates as follows:

- When a patient exhibits the signs and symptoms of a condition whose treatment is covered by one of the guidelines, the guideline set related to that condition is checked.
- This launches a pop-up with suggested guidelines for the treatment of that condition.

**Guidelines**

**SETMA Guidelines Recommended**

<input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="checkbox"/> Hypoglycemia Guidelines
<input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> I.V. Guidelines
<input checked="" type="checkbox"/> <b>Bed-Ridden Patient Guidelines</b>	<input type="checkbox"/> Insulin (Sliding Scale) Guidelines
<input type="checkbox"/> Chest Pain Guidelines	<input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
<input type="checkbox"/> Congestion Guidelines	
<input type="checkbox"/> Constipation, Chronic Guidelines	
<input type="checkbox"/> Coumadin Guidelines	
<input type="checkbox"/> Culture Report Guidelines	
<input type="checkbox"/> Diarrhea Guidelines	
<input type="checkbox"/> Fall Guidelines	
<input type="checkbox"/> Family Concerns Guidelines	
<input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	
<input type="checkbox"/> Hemorrhoids Guidelines	
<input type="checkbox"/> Hypertension Guidelines	

**Hospital Transfer**  
☐ Transfer to hospital

**Education/Instructions**

**Other**

**Activity Level**

**Guides Bedridden**

**Guidelines for Bed-Ridden Patients**

<input type="checkbox"/> Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
<input type="checkbox"/> High risk patients with skin ulcers are to have Unavoidable Skin Ulcer form completed monthly
<input type="checkbox"/> Wound Management Team to evaluate
<input type="checkbox"/> Evaluate for Foley catheter
<input type="checkbox"/> Follow Loss of Appetite guidelines
<input type="checkbox"/> Turn patient q2 hours

- The elements of those guidelines which are relevant to the particular patient being treated are checked.

**Guides Bedridden** [X]

### Guidelines for Bed-Ridden Patients

- ☒ Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
- ☐ High risk patients with skin ulcers are to have Unavoidable Skin Ulcer form completed monthly
- ☒ Wound Management Team to evaluate
- ☐ Evaluate for foley catheter
- ☒ Follow Loss of Appetite guidelines
- ☒ Turn patient q2 hours

OK Cancel

- Then the document button in beside that check box in front of that guideline is depressed.

## Guidelines

Return

Email

Admission Orders

**SETMA Guidelines Recommended**

<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Altered Mental Status, Lethargy Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Hypoglycemia Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Appetite, Loss of Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> I.V. Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input checked="" type="checkbox"/> <input type="checkbox"/> Bed-Ridden Patient Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Insulin (Sliding Scale) Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Chest Pain Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Congestion Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Panic Lab Value Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Constipation, Chronic Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Physical Therapy Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Coumadin Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Potassium Guidelines <span style="border: 1px solid black; padding: 0 2px;">Help</span></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Culture Report Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> PRN Medications Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Diarrhea Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Respiratory Difficulty Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Fall Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Seizures Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Family Concerns Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Sinus Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Skin Tear Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Hemorrhoids Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Temp &gt; 100.4 Guidelines</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div><input type="checkbox"/> <input type="checkbox"/> Hypertension Guidelines</div> <div><input type="checkbox"/> <input type="checkbox"/> Urine Output Decrease Guidelines</div> </div>	<p><b>Activity Level</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Diet</b></p> <div style="border: 1px solid black; padding: 2px;">1800 Cal ADA</div> <p><b>Supplements</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Dose</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>BMI <div style="border: 1px solid black; padding: 0 10px;">.00</div></p> <p>BMR <div style="border: 1px solid black; width: 50px;"></div> cal/day</p> <p>Protein Req <div style="border: 1px solid black; width: 50px;"></div> grams/day</p>
--	---

**Hospital Transfer**

☐ Transfer to hospital

Reason for transfer

**Education/Instructions**

**Other**

- The suggested guidelines which were selected will print on a separate note which can then be put on the Nursing Home chart as an order.



SETMA I - 2929 Calder, Suite 100  
SETMA II - 3570 College, Suite 200  
Beaumont, Texas 77702  
(409) 833-9797  
www.setma.com

## Bed-Ridden Guidelines

**Patient:** Dottie Test  
**DOB:** 09/28/1920  
**Sex:** F  
**Facility:**

Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes.  
Wound management team to evaluate.  
Turn patient q2 hours.

☒

- Also, those guidelines will appear on the Nursing-Home-Chart-note document which is generated after the completion of the patient evaluation.



☐ Nursing Home Patient **Nursing Home Master**

**Medication List Updated** / /

Nursing Home: The Meadows Patient: Dottie Test

Current Unit: Room #:

**Source of Information**

**Complaints**

**Chronic Conditions**

DM II Renal Manifestat Control  
Hyperten Malign Essential HPI 1,2  
CHF Diastolic Acute  
Thyroid Toxic Other Spec Orig HPI 3,4  
Renal Stage II Chron Disease  
Metab Cardiometabolic Risk Syr HPI 5,6  
COPD  
Angina Pectoris Stable HPI 7,8  
OA Local Primary Foot Ankle  
HPI 9,10

Age 89 years Last Visit 12/08/2009  
Sex F Last H&P 12/08/2009  
BP 130 / 80 Last Flu Shot 10/14/2009  
Temp F Last Tetanus 04/01/2009  
Pulse 80.00 /min Last Pneumovax 04/01/2009  
Resp Last Rectal Exam 02/25/2009  
Weight .00 lbs. Last TB Skin test / /  
Height 64.00 in. Last Chest Xray 05/17/2007  
BMI 0.00 VRE status  
Body Fat 45 % MRSA status  
BMR cal/day Hepatitis status  
Protein Req grams/day

**DNR Status**

☐ Visit Today  
☐ History and Physical Today

☐ Consent Form Signed

**Comments**

**Home**

Nursing ☒  
Histories  
Health  
Questionnaires  
HPI Chief  
System Review  
Physical Exam ☒  
Radiology  
Procedures  
Assessment  
  
Guidelines for Care ☒  
Hydration  
Nutrition  
Skin Lesions ☒  
Mini Mental Status ☒  
Fall Risk ☒  
Depression ☒  
Lab Results  
Call to Family ☒  
Call/Nursing Home ☒  
**Email** ☐  
**Chartnote**  
Admission Orders

The organization of this template is as follows:

- **28 Sets of SETMA Guidelines Recommended**
- Beneath the Guidelines are the following:

### 1. Hospital Transfer

- A box to document Transfer to Hospital
- A space to document which Hospital with a pop-up with the names of local hospitals.
- A box to document the Reason for Transfer with a pick list which pops up for selecting the reasons for transfer to the hospital

### 2. Education/Instructions

- There are six boxes where the education and or instruction where were given can be documented. There is a pick list for selecting the most common educational initiatives and instructions which were given.

### 3. Other



- This is a comment box which allows the documentation of any other information relevant to Guidelines of Care which are not covered by the above.

On the right hand side of the template are the following:

- **Return** – a navigation button which returns to the Nursing Home Master Template
- **E-mail** link which allows the information in a particular guideline to be communicated to a nurse or nursing home.
- **Admission Orders** – a link which allows the completion of a set of hospital orders. For information on how to complete a hospital order, [Click Here](#)
- **Activity Level** -- This allows the documentation of the patient's activity level. There is a pick list which allows that documentation.
- **Supplements** -- This allows for the documentation of the patient's food supplement program. There is a pick list from which to complete this documentation.

**Dose** – this allows the documentation of the volume and/or frequency of the supplement's administration.

- **BMI** – these three elements of the patients vital signs are pulled automatically into this template as they are of paramount importance in the care of patients who may be at nutritional risk.
- **BMR**
- **Protein Requirement**

### Guidelines

**SETMA Guidelines Recommended**

<input type="checkbox"/> <input type="checkbox"/> Altered Mental Status, Lethargy Guidelines	<input type="checkbox"/> <input type="checkbox"/> Hypoglycemia Guidelines
<input type="checkbox"/> <input type="checkbox"/> Appetite, Loss of Guidelines	<input type="checkbox"/> <input type="checkbox"/> I.V. Guidelines
<input type="checkbox"/> <input checked="" type="checkbox"/> Bed-Ridden Patient Guidelines	<input type="checkbox"/> <input type="checkbox"/> Insulin (Sliding Scale) Guidelines
<input type="checkbox"/> <input type="checkbox"/> Chest Pain Guidelines	<input type="checkbox"/> <input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
<input type="checkbox"/> <input type="checkbox"/> Congestion Guidelines	<input type="checkbox"/> <input type="checkbox"/> Panic Lab Value Guidelines
<input type="checkbox"/> <input type="checkbox"/> Constipation, Chronic Guidelines	<input type="checkbox"/> <input type="checkbox"/> Physical Therapy Guidelines
<input type="checkbox"/> <input type="checkbox"/> Coumadin Guidelines	<input type="checkbox"/> <input type="checkbox"/> Potassium Guidelines <input type="button" value="Help"/>
<input type="checkbox"/> <input type="checkbox"/> Culture Report Guidelines	<input type="checkbox"/> <input type="checkbox"/> PRN Medications Guidelines
<input type="checkbox"/> <input type="checkbox"/> Diarrhea Guidelines	<input type="checkbox"/> <input type="checkbox"/> Respiratory Difficulty Guidelines
<input type="checkbox"/> <input type="checkbox"/> Fall Guidelines	<input type="checkbox"/> <input type="checkbox"/> Seizures Guidelines
<input type="checkbox"/> <input type="checkbox"/> Family Concerns Guidelines	<input type="checkbox"/> <input type="checkbox"/> Sinus Guidelines
<input type="checkbox"/> <input type="checkbox"/> G-Tube and J-Tube Cleaning Guidelines	<input type="checkbox"/> <input type="checkbox"/> Skin Tear Guidelines
<input type="checkbox"/> <input type="checkbox"/> Hemorrhoids Guidelines	<input type="checkbox"/> <input type="checkbox"/> Temp > 100.4 Guidelines
<input type="checkbox"/> <input type="checkbox"/> Hypertension Guidelines	<input type="checkbox"/> <input type="checkbox"/> Urine Output Decrease Guidelines

**Hospital Transfer**

☐ Transfer to hospital Reason for transfer

**Education/Instructions**

**Other**

**Activity Level**

**Diet**

**Supplements**

**Dose**

**BMI**

**BMR**  cal/day

**Proten Req**  grams/day

The following is a review of the 28 guidelines which are available for use.

- Altered Mental Status, Lethargy Guidelines

**Mental Protocol**

### Guidelines for Changes in Mental Status/Lethargy

- ☐ Monitor and record intake and output each shift  hours.
- ☐ Monitor closely for Fall Prevention.
- ☐ Perform and record Accucheck every  hours.
- ☐ Oxygen at 2 litres per nasal cannula.
- ☐ Pulse Oximeter
- ☐ Draw drug levels
- ☐ BMP
- ☐ CBC
- ☐ Chest X-Ray
- ☐ FBS
- ☐ Urinalysis
- ☐ Complete Dehydration Risk Screen.
- ☐ Transfer to

OK Cancel

- Appetite, Loss of Guidelines

**etite Protocol**

### Loss Appetite/Malnutrition Guidelines

<ul style="list-style-type: none"> <li><input type="checkbox"/> Prealbumin, repeat in one (1) week.</li> <li><input type="checkbox"/> CMP</li> <li><input type="checkbox"/> Initiate 72 hour calorie count, record each shift.</li> <li><input type="checkbox"/> Consult Therapeutic Dietitian</li> <li><input type="checkbox"/> Perform and record weekly weight measurements.</li> <li><input type="checkbox"/> Perform and record daily weight measurements.</li> <li><input type="checkbox"/> Monitor and record intake and output for <input type="text"/> hours.</li> <li><input type="checkbox"/> Implement Medication Pass program.</li> <li><input type="checkbox"/> Give <input type="text"/> nutritional supplement, Dose <input type="text"/></li> <li><input type="checkbox"/> Supervised Feeding</li> <li><input type="checkbox"/> Feed by Licensed Nurse only.</li> <li><input type="checkbox"/> Spoon feed patient.</li> <li><input type="checkbox"/> High Protein Diet</li> <li><input type="checkbox"/> Zinc 220 mg BID</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Periactin 4 mg one (1) PO TID 30 minutes AC.</li> <li><input type="checkbox"/> Megace 800 mg one (1) PO qA.M.</li> <li><input type="checkbox"/> Modified Barium Swallow</li> <li><input type="checkbox"/> Speech Therapist to evaluate</li> <li><input type="checkbox"/> Complete Hydration Evaluation (Template)</li> <li><input type="checkbox"/> Complete Nutrition Evaluation (Template)</li> <li><input type="checkbox"/> Check for fecal impaction.</li> <li><input type="checkbox"/> Stop therapeutic diet.</li> <li><input type="checkbox"/> Check for infection UTI, URI, Pneumonia, Gastrointestinal</li> <li><input type="checkbox"/> Physical Therapy for strengthening.</li> <li><input type="checkbox"/> Feed sitting in chair is possible</li> <li><input type="checkbox"/> Feed sitting in bed if chair not possible</li> <li><input type="checkbox"/> Give feeding assistance if required - by a nurse not an aid</li> <li><input type="checkbox"/> Have a nurse note what the patient does or does not eat</li> <li><input type="checkbox"/> Vitamin C 500 mg q day</li> <li><input type="checkbox"/> Multi Vitamin q day</li> </ul>
--	--

☐ If more than 50% of meal taken, increase H2O by  cc q24 hours

OK Cancel

- Bed-Ridden Patient Guidelines

**Guides Bedridden**

### Guidelines for Bed-Ridden Patients

- ☐ Initial Unavoidable Skin Ulcer form to be filled out and placed in H and P notes
- ☐ High risk patients with skin ulcers are to have Unavoidable Skin Ulcer form completed monthly
- ☐ Wound Management Team to evaluate
- ☐ Evaluate for foley catheter
- ☐ Follow Loss of Appetite guidelines
- ☐ Turn patient q2 hours

OK Cancel

- Chest Pain Guidelines


**Guides Chestpain**

### Guidelines for Chest Pain

- ☐ NTG gr 1/150 SL PRN for chest pain
- ☐ May repeat q5 minutes x3
- ☐ Apply oxygen at two (2) liters per nasal cannula
- ☐ If persists after 15 minutes, transfer to Memorial Hermann Baptist ER

OK Cancel


- Congestion

**Guides Congestion** 

**Guidelines for Congestion**

- ☐ Humabid LA one (1) tab q12 hours PRN congestion x7 days
- ☐ Get patient up in a chair and encourage deep breathing
- ☐ Monitor and document vital signs for 7 days
- ☐ If febrile, CBC and Chest X-ray

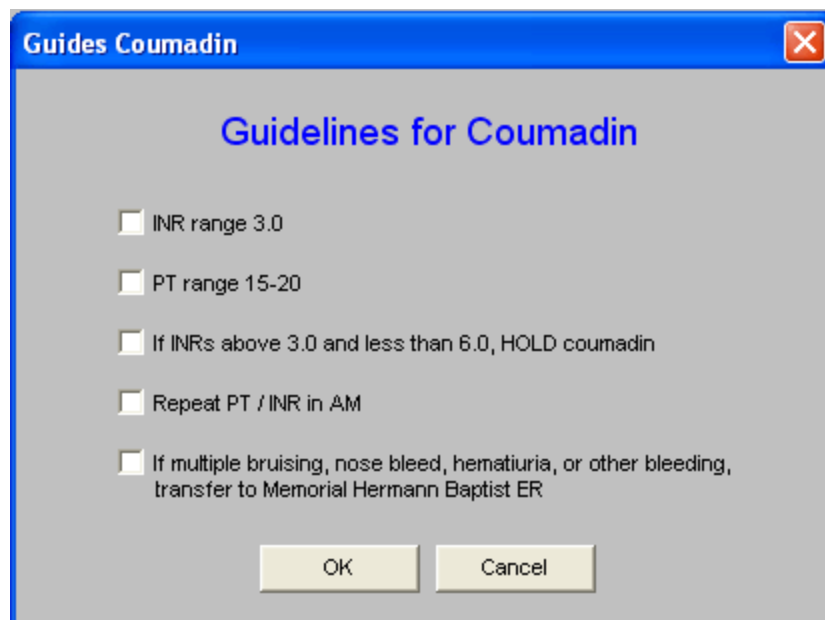
- Constipation, Chronic Guidelines

**Guides Constipat** 

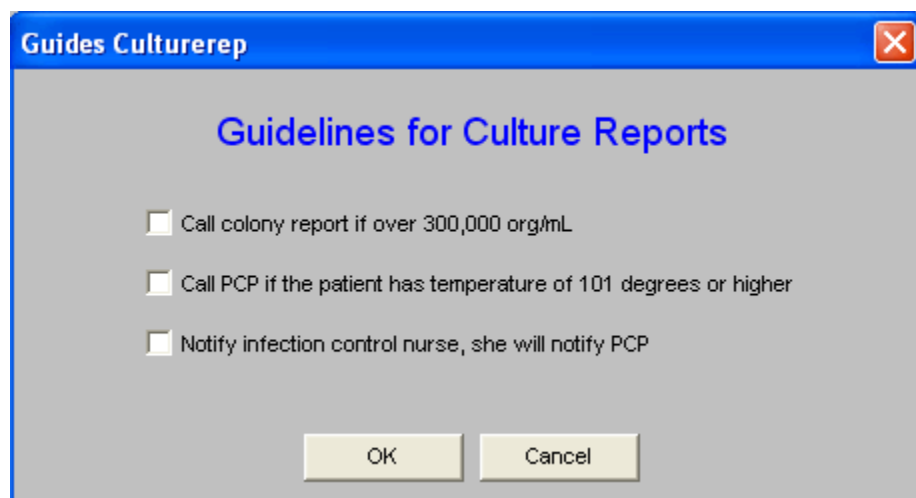
**Guidelines for Chronic Constipation**

- ☐ Milk of Magnesia two (2) tbsp. with two (2) eight (8) ounce glasses of water qMonday
- ☐ Colace two (2) caps qAM
- ☐ Encourage fluids
- ☐ Encourage ambulation if patient able

- Coumadin Guidelines



- Culture Report Guidelines



- Diarrhea Guidelines



**Guides Diarrhea** ✕

### Guidelines for Diarrhea

- ☐ Intake and output x72 hours
- ☐ Note and record number of stools and consistency
- ☐ If stool foul smelling, stool culture and sensitivity, ova and parasites, and stool leucocytes
- ☐ Imodium 1 tbsp. after each loose stool. Do not exceed 3 doses in 24 hours.

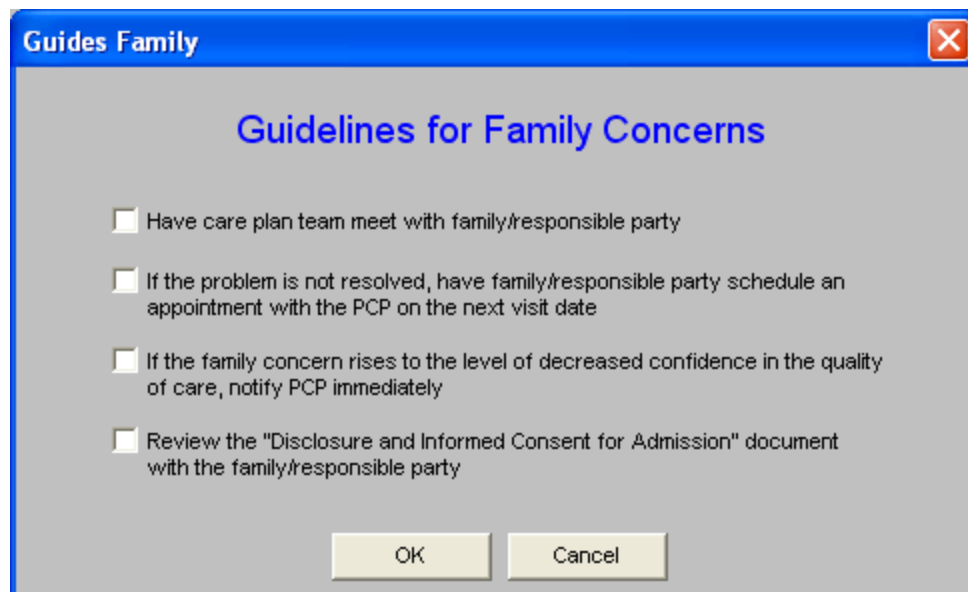
- Fall Guidelines

**Nh Orders Fall** ✕

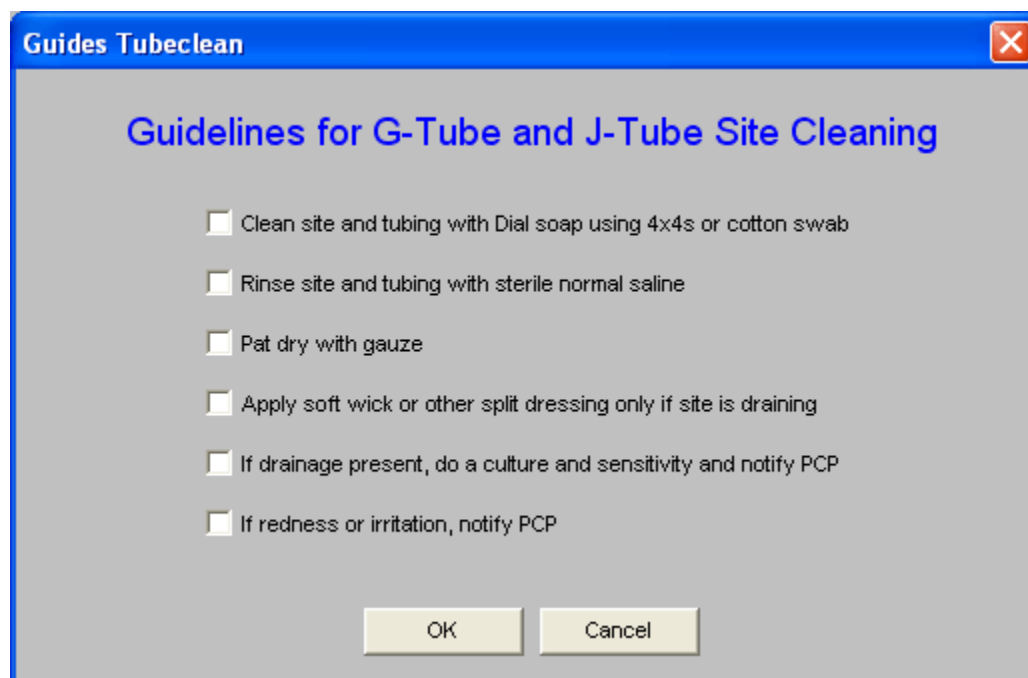
### Guidelines for Fall Precaution

- ☐ Perform and record Neuro vital signs every  hours for 48 hours.
- ☐ Pharmacy Review
- ☐ CBC
- ☐ BMP
- ☐ Urinalysis
- ☐ EKG
- ☐ Consult Physical Therapy
- ☐ Apply Lap Buddy when up in chair.
- ☐ Apply Pelvic Restraint when up in chair.
- ☐ Notify family of application of and rationale for restraint device.
- ☐ Implement Nursing Fall Precaution Protocol PRN.
- ☐ Consult Optometry

- Family Concerns Guidelines



- G-Tube and J-Tube Cleaning Guidelines



- Hemorrhoids Guidelines

**Hemorr Protocol**

### Guidelines for Hemorrhoids

- ☐ Monitor and note amount and color of further bleeding.
- ☐ Monitor and record all bowel movements.
- ☐ Colace two (2) tabs PO/QT qA.M.
- ☐ Anusol 1 supp. per rectum, PRN pain and inflammation.
- ☐ Sitz bath for comfort TID PRN
- ☐ Consult General Surgeon.

OK Cancel

- Hypertension Guidelines

**Hyper Protocol**

### Guidelines for Hypertension

- ☐ Blood Pressure every  hours times  days.
- ☐ Orthostatic BP each shift and keep flow sheet on the patient record.
- ☐ Clonidine 0.1mg. PO/QT PRN, if systolic is equal to or greater than 190 mmHg, or if diastolic is equal to or greater than 105 mmHg. May repeat x2 doses.

Then after third dose, if no improvement...

- ☐ If systolic is not equal to or less than 180 mmHg, or if diastolic is not equal to or less than 100 mmHg, call PCP.
- ☐ Implement Hypertension Nursing Protocol PRN

OK Cancel

- Hypoglycemia Guidelines

Hypoglyc Protocol

### Guidelines for Hypoglycemia

- ☐ FBS
- ☐ Accucheck every  hours.
- ☐ Start IV of  to infuse at  cc/hr.
- ☐ Perform and record Accuchecks AC and HS for  hours.
- ☐ If FBS less than or equal to 70, give 6 ounces of juice, milk, or nondiabetic beverage PO/GT.
- ☐ Repeat Blood Glucose in 45 minutes, call results.
- ☐ Repeat beverage every 30 minutes until BS is greater than or equal to 80.
- ☐ Urinalysis for Micral Strip
- ☐ HBA1C
- ☐ BMP
- ☐ For FSBS less than 50, with decreased level of consciousness, give  cc of D50W to a maximum of 1 amp IVP STAT, then call PCP.
- ☐ If IV access not immediately available, give 1mg Glucagon IM then start IV of D10W at  cc to a max of 50cc/hr. If continued decrease in LOC repeat D50W and call PCP.
- ☐ Transfer to

OK
Cancel

- **I.V. Guidelines** – this launches the Hydration Template. For the use of the template please see the [Hydration Assessment](#) Tutor

## Hydration Assessment

**Setting** ☐ Clinic ☒ Nursing Home ☐ Hospital ☐ Hospital Discharge

**Increased Risk of Dehydration**

☐ Recent Infection

☐ Febrile

Temp

☐ Recent Weight Loss

☐ Impaction

☐ Decreased Appetite

☐ Change in Mental Status

☐ Paralysis

☐ Inability to Feed Self

☐ Diabetes Mellitus

☐ On Diuretics

☐ Hypoalbuminemia

☐ Age over 60

☐ Nursing Home Resident

☐ Nausea

☐ Nausea w/vomiting

☐ Diarrhea

☐ Unable to turn and position

**Physical Evidence of Dehydration**

Skin Turgor

Buccal Mucosa

☐ Urine Output < 30 cc/hr

Orthostatics  /   /   /

Pulse  Lying  Sitting  Standing

☐ Drop greater than 20 mmHg

☐ Drop less than 20 mmHg

**NH Master**

**Print**

**Help Documents**

- Degree of Dehydration
- Electrolytes and Osmolarity
- Ethical Issues about Hydration
- Factors Affecting Creat, BUN
- Fluid Requirements
- Osmolality Norms
- Osmolality Theory
- Renal Physiology and Hydration
- Signs of Dehydration

**Metabolic & Chemical Analysis of Hydration**

Urine Specific Gravity  BUN

Glucose  Creatinine

Sodium  BUN/Creat Ratio

Potassium

Chloride

HCO<sub>3</sub>

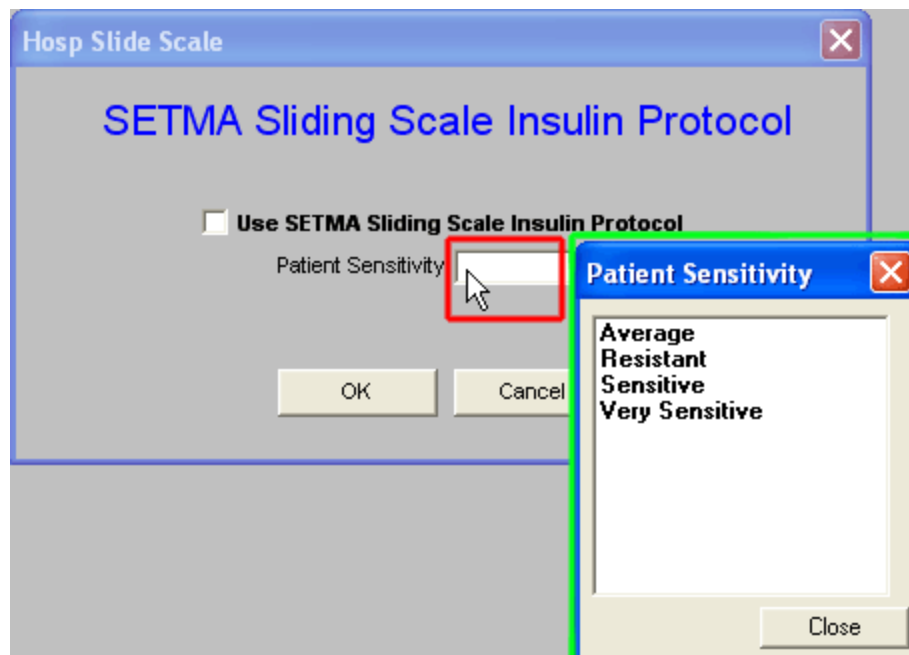
**Calculate**

**Hydration Status**

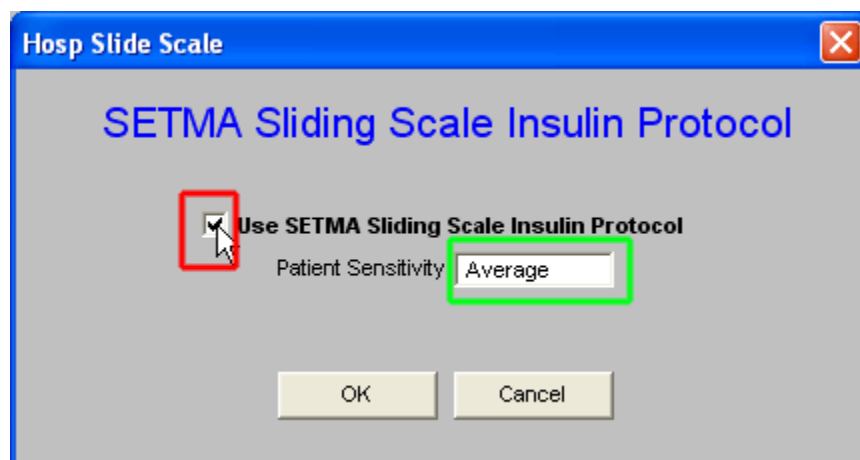
☐ Good ☐ Marginal

☐ Adequate ☐ Dehydrated

- Insulin (Sliding Scan) Guidelines – this launches a pop-up which allows the provider to designate the patient’s sensitivity to insulin.
  1. This is done from the pick list which appears when the box entitled Patient Sensitivity is accessed.

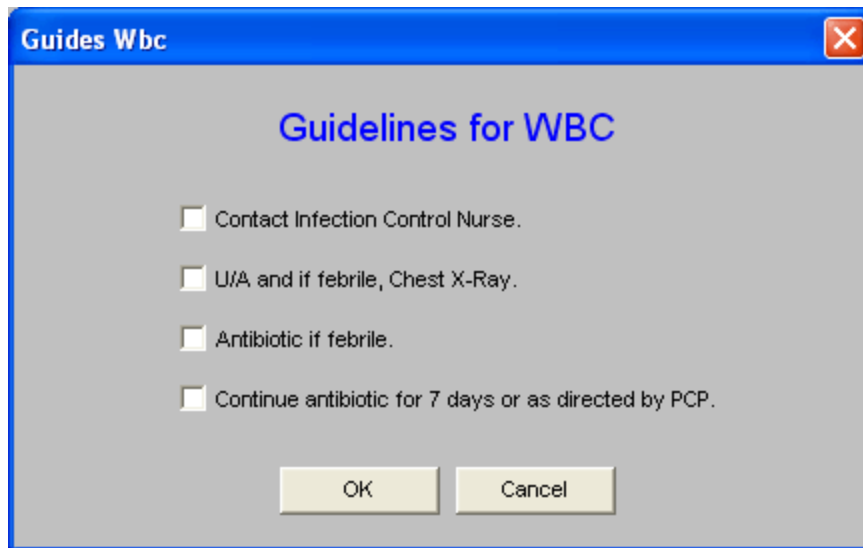


2. It is possible to use the SETMA Sliding Scale Protocol which defaults to an “average” insulin sensitivity.



- Leukocytosis, Elevated WBC Guidelines





- **Panic Lab Value Guidelines** – this guideline presents nine lab and/or procedure scenarios wherein abnormal results are obtain.

Guidelines for responding to these are given.

The provider can check the box beside the test which is abnormal and this will print on the document generated by clicking on the “P.”

Guides Paniclab

## Guidelines for Panic Lab Values

☐ Notify the PCP of Panic Lab Values when they are received.  
 Be sure to have access to the patient's medicine list when you call.

Check below to indicate which of the following guidelines you would like to appear on the note.

Test	Emergency Values	Non-Emergency Values
<input type="checkbox"/> HCT	< 30 *	> 10,000 with change in condition, fever
<input type="checkbox"/> Platelett Count	> 12,000	100,000 - 500,000
<input type="checkbox"/> Sodium	< 80,000 or >600,000	
<input type="checkbox"/> Potassium	< 3.0 or > 6.5	
<input type="checkbox"/> Glucose	< 60 or > 400 in Diabetic < 50 in Anyone	Accucheck consistently above 200
<input type="checkbox"/> BUN	> 55 *	Do not call PCP if patient diagnosed with renal failure
<input type="checkbox"/> Pro Time	(3) times control HOLD Coumadin; Notify PCP STAT	(2) times control HOLD Coumadin, Notify PCP next day
<input type="checkbox"/> Urine Culture	100,000 colony cnt, fever, altered mental status, and burning	
<input type="checkbox"/> X-Ray	Fracture, Pneumonia, GI Obstruction	

(\*) Unless values are consistently at this level and the PCP is aware of it.

OK
Cancel

- Physical Therapy Guidelines

**Guides Pt** [X]

### Guidelines for Physical Therapy

- ☐ Gait training
- ☐ Therapeutic exercise
- ☐ Patient/family education
- ☐ Evaluate for assist device
  - ☐ Wheelchair
  - ☐ Standard walker
  - ☐ Rolling walker
  - ☐ Cane
  - ☐ Crutches
- ☐ Wound care
- ☐ Endurance training
- ☐ Vestibular / balance training
- ☐ Transfer training
- ☐ Posture / body mechanics
- ☐ Pre / post operative PT evaluation

OK Cancel

- Potassium Guidelines

**Potass Protocol** [X]

### Guidelines for Potassium

- ☐ KCL 20mEq 1 tab or elixir PO/GT every two (2) hours times three (3) doses.
- ☐ KCL 20 mEq I.V. piggyback times two (2) doses.
- ☐ Repeat BMP in the A.M.
- ☐ If A.M. K+ is less than 3.5, repeat KCL replacement above.
- ☐ Notify Primary Care Provider if nursing protocol has been initiated and request further orders.
- ☐ Kayexelate 60 Gm. PO/GT or enema times two (2) doses.

OK Cancel

## Help Button


**Note:** There is a Help button beside the Potassium Guideline. When the button is depressed a document entitled, “IV Potassium Administration,” appears which gives details about Potassium replacement.

**Guidelines for Care of Nursing Home Patients**

**Guidelines Recommended**

Altered Mental Status, Lethargy Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hypoglycemia Guidelines
Aspiration, Loss of Guidelines	<input type="checkbox"/>	<input type="checkbox"/> I.V. Guidelines
Bedridden Patient Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Insulin (Sliding Scale) Guidelines
Pain Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Leukocytosis, Elevated WBC Guidelines
Respiratory Distress Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Panic Lab Value Guidelines
Wound, Chronic Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Physical Therapy Guidelines
Medication Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Potassium Guidelines <input type="button" value="Help"/>
Report Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> PRN Medications Guidelines
Seizure Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Respiratory Difficulty Guidelines
Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Seizures Guidelines
Concerns Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sinus Guidelines
Food Intake, Choking Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/> Skin Tear Guidelines

- PRN Medications Guidelines

Guides Prnmeds 

### Guidelines for PRN Medications

- ☐ ES Tylenol 500 mg 1 or 2 PO q3-4 hours PRN pain/temperature
- ☐ ES Tylenol liquid 500 mg / 5 mL. Give 10cc per g-tube q4 hours PRN pain/temperature
- ☐ Robitussin Cough Syrup - Give 1-2 tsp q4-6 hours PRN cough
- ☐ Mylanta - Give 15 cc qid PRN indigestion
- ☐ Per-colace - Give 2 tabs qAM PRN constipation
- ☐ Milk of Magnesia - Give 2 tsp with 2 eight ounce glasses of water qd PRN constipation
- ☐ Phenegran - 25 mg 1 tab q4-6 hours PRN N/V
- ☐ Phenegran 25 mg supp per rectum q4-6 hours PRN N/V
- ☐ Imodium - Give 1 tab after loos BM. No more than 4 tabs a day.

- Respiratory Difficulty Guidelines

**Guides Respdiff**

### Guidelines for Respiratory Difficulty

- ☐ Record vital signs, skin color, diaphoresis, and use of intracostal muscles of the chest wall. Record results of chest auscultation.
- ☐ Obtain pulse oximetry reading
- ☐ Obtain peak flow meter readings x3
- ☐ If peak flow meter readings less than 90%
  - ☐ Administer oxygen at 3 liters per nasal cannula
  - ☐ Stat Maximist m/Ventolin unit dose
  - ☐ Raise head of bed 60%
  - ☐ Stop tube feeding and check for residual, if applicable
- ☐ Repeat pulse oximetry and peak flow meter after 20 minutes
- ☐ If pulse oximetry is above 90 and peak flow meter improves to above 90%, monitor 2hours x3.  
If pulse oximetry is below 80 and peak flow meter remains below 90%, transfer to Memorial Hermann Baptist ER.

OK Cancel

- Seizures Guidelines

**Guides Seizures**

### Guidelines for Seizures

- ☐ Maintain oral airway
- ☐ Administer Ativan 1 mg IV or IM q4-6 hours PRN seizure
- ☐ If persists beyond 5 minutes, transport by ambulance to Memorial Hermann Baptist ER
- ☐ If an unknown seizure problem call PCP immediately
- ☐ If resolved and known seizure problem, check drug levels on all anticonvulsants, such as Dilantin, Phenobarbitol, and Depakote.

OK Cancel

- Sinus Guidelines



**Guides Sinus** ✕

### Guidelines for Sinuses

- ☐ If febrile, CBC and Waters Sinus Film
- ☐ Allegra 180 mg 1 qAM PRN congestion
- ☐ If febrile and not allergic, give Zithromax per Tripack
- ☐ Monitor and document vital signs for 7 days

- Skin Tear Guidelines

**Skintear Protocol** ✕

### Guidelines for Wound Care

- ☐ Granulex spray
- ☐ Low air loss mattress
- ☐ Hydrogel
- ☐ Accuzyme
- ☐ Cleanse with Dial soap and rinse well with water.
- ☐ Consult Therapeutic Dietitian
- ☐ Wound Care to assess and treat.
- ☐ Complete Unavoidable Skin Breakdown Record.
- ☐ Vitamin C 500mg. one (1) PO twice daily (bid).
- ☐ Zinc 220mg. one (1) PO daily for two (2) months
- ☐ Multivitamin one (1) PO daily
- ☐ Segmental Pressure Study
- ☐ CMP
- ☐ Ferritin
- ☐ Transferrin
- ☐ CBC
- ☐ Prealbumin

- Temp > 101 Guidelines

**Nh Orders Temp**

**Guidelines for Temp > 101 F**

- ☐ Re-take temperature in 2 hours, if 101°F or above notify Primary Care Provider.
- ☐ CBC
- ☐ BMP
- ☐ Chest X-Ray
- ☐ Urinalysis
- ☐ Tylenol 500mg. 1 - 2 tabs PO/GT q4h PRN
- ☐ May alternate with Motrin 800mg. 1 tab PO/GT q8h PRN.
- ☐ Perform and record Dehydration Risk (Template)
- ☐ Implement Nursing Protocol PRN

OK Cancel

- Urine Output Decrease Guidelines

**Guides Durine**

**Guidelines for Decreased Urine Output**

- ☐ Obtain vital signs including orthostatic vital signs.
- ☐ If the decreased urine output is associated with lethargy or decreased level of consciousness; notify the PCP the same day.
- ☐ Complete hydration assessment on patient.
- ☐ If no shortness of breath, encourage PO fluids and continue monitoring intake and output.

OK Cancel

Once one or several of the Guidelines have been accessed and documented for a patient, the button beside each of the Guidelines which have been used is depressed which generates a document for that guideline which can then be printed and placed on the patient's chart. See example above.

These guidelines will also print on the patient's chart note.