

EMR Tutorial for Nursing Home Suite of Templates

For many reasons, the long-term residential-care setting presents serious and unique challenges to excellence of care for patients who require such placement. Perhaps the most significant challenges are in the following areas:

- Nutritional Risk
- Fall Risk
- Depression Risk
- Skin Care Risk
- Hydration Risk

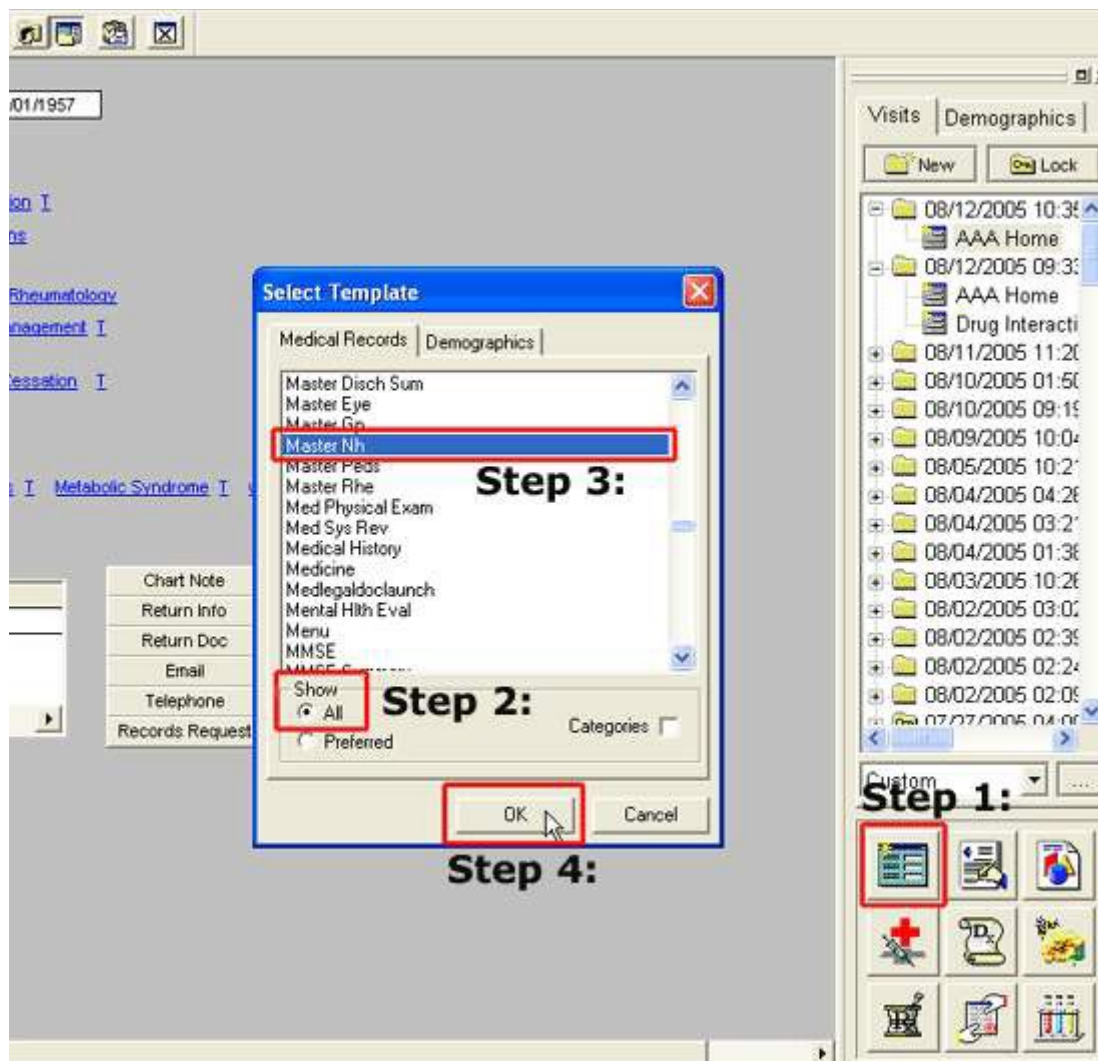
SETMA's commitment to dignified, personal and excellent care for all who require long-term-residential care, whether due to advanced age and infirmity, disability and infirmity, or other reasons, has resulted in the forming of a team of healthcare professionals to coordinate and deliver that care. This team is supported by a reference laboratory, mobile x-ray service and hospital-care team which provide a continuity of care between the outpatient, inpatient, and residential-care settings.

With this commitment SETMA has expanded the use of electronic patient records, and, electronic patient management, into the long-term residential-care setting. The Nursing Home Suite of Templates is the foundation of that expansion.

How to find the Nursing Home Master Template

AAA Home

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](#)

The Nursing Home Suite of Templates consists of:

1. Master Nursing Home Template
2. [Nursing](#)
3. [Histories](#)
4. [Health](#)
5. [Questionnaires](#)
6. [HPI](#)
7. [System Review](#)

8. [Physical Exam](#)
9. [Radiology](#)
10. [Procedures](#)
11. [Assessment](#)
12. [Plan](#)
13. [Guidelines for Care](#)
14. [Hydration](#)
15. [Nutrition](#)
16. [Skin Lesions](#)
17. [Mini Mental Status](#)
18. [Fall Risk](#)
19. [Depression](#)
20. [Lab Results](#)
21. [Call to Family](#)
22. [Call/Nursing Home](#)
23. E-mail
24. Chart note
25. [Admission Orders](#)

☒ Nursing Home Patient

Nursing Home Master

Medication List Updated

//

NQF Nursing Home Measures

Nursing Home
 Current Unit
 Room #

Patient

Age years
 Sex
 BP
 Temp F
 Pulse /min
 Resp
 Weight lbs.
 Height in.
 BMI
 Body Fat %
 BMR cal/day
 Protein Req grams/day

Last Visit
 Last H&P
 Last Flu Shot
 Last Tetanus
 Last Pneumovax
 Last Rectal Exam
 Last TB Skin test
 Last Chest Xray
 VRE status
 MRSA status
 Hepatitis status

Source of Information

Complaints

Chronic Conditions

COPD (chronic obstructive pulm

Allergic rhinitis

AA Urea Cycle Metabolism Distu

DM Impaired Fasting Glucose

OHR Status

☐ Visit Today
☐ History and Physical Today

Consent

☐ Consent Form Signed

Dietary Review

Script Review

Pain Assessment

Updated

Functional Assessment

Updated

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

Templates 2-15, 20 and 25 are discussed and dealt with elsewhere. Links to each of these are provided above to avoid redundancy in this tutorial. Please refer to those links for how to use those templates.

This tutorial will focus upon:

- Master Nursing Home
- Skin Lesions
- Mini Mental Status
- Fall Risk
- Depression
- Call to Family
- Call/Nursing Home

- [illegible]

At the top of the template are the following information and functions:

- 6 of 50

- [illegible]

Patient Alert

- ☐ Patient is deaf
- ☐ Patient is hard of hearing, left ear
- ☐ Patient is hard of hearing, right ear
- ☐ Patient has hearing impairment
- ☐ Patient is legally blind
- ☐ Patient has vision impairment
- ☐ No information to family
- ☐ Spouse estranged
- ☐ Patient requires wheelchair
- ☐ Ambulance transit required
- ☐ No BP on left arm
- ☐ No BP on right arm
- ☐ CPS alert
- ☐ Adult Protective Services alert

- ☐ Substance alert
- ☐ Confidential labs
- ☐ Medical Power of Attorney
- ☐ Advanced Directives
- ☐ Patient speaks no English
- ☐ Literacy alert
- ☐ Patient name alert
- ☐ Nutritional support
- ☐ Patient is mute
- ☐ Patient undergoes dialysis
- ☐ Allergen Injections

Return

//

☐ Research participant

☐ Patient has been fired by

Comments

Do NOT enter HIPAA information here!!

All HIPAA information should be added to the "HIPAA" box at the bottom of the MASTER GP.

Beneath the name of the template is a button entitled **Medication List Updated**. Next to this button is a date field. When this button is depressed, the current date appears in the date field.

One of the most important and complex tasks in long-term residential care is the maintaining of an accurate, up-to-date list of the current medications which the patient is receiving, while at the same time maintaining an accurate history of the patient's medication use. This function allows the healthcare provider to know when the medication list was last updated so as to have some degree of confidence that the medication list is complete and correct.

The second section consists of:

Column 1 – Vital signs

Column 2 – a list of important information which is unique to the long-term care setting as to its need to be on the Master Template:

- Last Visit
- Last H&P
- Last Flu Shot
- Last Tetanus
- Last Pneumovax
- Last Rectal Exam
- Last TB Skin Test
- Last Chest X-ray
- VRE Status
- MRSA Status
- Hepatitis Status

☒ Nursing Home Patient **Nursing Home Master**

Medication List Updated // **NQF Nursing Home Measures**

Nursing Home:
 Current Unit:
 Room #:

Source of information

Complaints

Chronic Conditions

COPD (chronic obstructive pulm
 Allergic rhinitis
 AA Urea Cycle Metabolism Distu
 DM Impaired Fasting Glucose

Patient Robert Test Jr

Age	41	years	Last Visit	//
Sex	M		Last H&P	//
BP	/		Last Flu Shot	11/04/2011
Temp		F	Last Tetanus	03/02/2011
Pulse		/min	Last Pneumovax	03/02/2011
Resp			Last Rectal Exam	//
Weight		lbs.	Last TB Skin test	//
Height	72.00	in.	Last Chest Xray	//
BMI	0.00		VRE status	
Body Fat	22	%	MRSA status	
BMR		cal/day	Hepatitis status	
Protein Req		grams/day		

DNR Status

☐ Visit Today
☐ History and Physical Today

☐ Consent Form Signed Updated 04/30/2011

 Updated 04/30/2011

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

At the bottom of this second section are the following:

- **DNR Status.** – the following options are on the pick list

- **Visit Today** – this allows the provider to document that a visit was completed today. This updates the Last Visit function above.
- **H&P Today** – this allows the provider to document that a history and physical was completed today. This updates the Last H&P function above.
- **Consent** – for details see below
- **Consent Form Signed** – this allows the provider to document whether or not the patient and/or family has signed the **Disclosure and Consent to Admission** document. For an explanation of this document, see below.

☒ Nursing Home Patient **Nursing Home Master**

Medication List Updated **NQF Nursing Home Measures**

Nursing Home Patient

Current Unit

Room #

Source of Information

Complaints

Chronic Conditions

COPD (chronic obstructive pulm
Allergic rhinitis
AA Urea Cycle Metabolism Distu
DM Impaired Fasting Glucose

Age years Last Visit

Sex Last H&P

BP Last Flu Shot

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

DNR Status

☐ Visit Today

☐ History and Physical Today

☐ Consent Form Signed Updated

Updated

Comments

Home

Nursing

Histories

Health

Questionnaires

HPI Chief

System Review

Physical Exam

Radiology

Procedures

Assessment

Plan

Guidelines for Care

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Skin Lesions

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Depression

Lab Results

Call to Family

Call/Nursing Home

Email

Chartnote

Admission Orders

- **Dietary Review** – this template is entitled **Nursing Home Dietary Review**. This allows the provider to review the recommendations of the nursing home dietician and to print a document which can be placed on the patient's chart with the details of that review.

[illegible]

Nursing Home Dietary Review

Patient Sex DOB Age

Today's Date Date of Review

Physician Dietician

Dietician Recommendation(s):

☐ Yes, I agree with the above recommendations.
 ☐ No, I do not agree with the above recommendations.

Plan

These are shared fields from the plan template so that you may enter the appropriate instructions.

- **Script Review** – This template is entitled **Nursing Home Prescription Review**. This allows the provider to review the recommendations of the nursing home pharmacist and to print a document which can be placed on the patient's chart with the details of that review.

[illegible]

Nursing Home Prescription Review

Patient: Sex: DOB: Age:

Today's Date: Date of Review:

Physician: Pharmacist:

Pharmacist Recommendation(s)/Plan

☐ Yes, I agree with the above recommendations.

☐ No, I do not agree with the above recommendations.

Plan

These are shared fields from the plan template so that you may enter the appropriate instructions.

The button discussed above entitled “**Consent**,” launches a template entitled “**Disclosure and Consent to Admission**.”

Disclosure And Consent To Admission

Patient

Chronic Conditions

Chief Complaints

Other conditions or changes that warrant admission to a Long Term Care Facility

Date Last Printed

☒ Copy on File

☐ Copy not on file

☒ Complete

☐ Incomplete

The **Disclosure and Consent to Admission Template** also has the following options for documentation:

- Print Form
- Date Last Printed
- Copy on File
- Copy Not on File
- Complete
- Incomplete

Disclosure And Consent To Admission

Patient

Dottie

Test

Chronic Conditions

DM II Renal Manifestat Control

Hyperten Malign Essential

CHF Diastolic Acute

Thyroid Toxic Other Spec Origi

Renal Stage II Chron Disease

Metab Cardiometabolic Risk Syn

COPD

Angina Pectoris Stable

OA Local Primary Foot Ankle

Chief Complaints

Dietary Review

Other conditions or changes that warrant admission to a Long Term Care Facility

Return

Print Form

Date Last Printed

12/08/2009

☒ Copy on File
 ☐ Copy not on file

☒ Complete
 ☐ Incomplete

Once the nursing home admission history and physical examination is completed, this document should be generated and presented to the family and/or patient for signing. A signed copy should go to the Nursing Home, to the Family and a signed copy should be scanned into the patient's electronic medical record.

The **Disclosure and Consent to Admission** document has the following content. Attached to this text below will be the evaluation of the patient's:

- Hydration status,
- Nutritional status,
- Fall risk assessment,
- Skin evaluation and
- Depression evaluation.

Text of the Form DISCLOSURE AND CONSENT TO ADMISSION To A Long Term Care Facility

This form must be completed after disclosure and consent is obtained by a physician.

It has been determined that (Patient's Name) is no longer able to function without assistance in carrying out the activities of daily living. This deterioration is critical and has been caused by problems associated with aging, as well as the following acute and chronic medical diagnosis (list):

Patient's Diagnoses will be automatically entered here

The patient is currently on the following medications:

Patient's Medication list will be automatically entered here

Most of the medical conditions are irreversible and progressive, and the patient is not expected to survive these underlying medical conditions. In conjunction with pathological changes associated with aging and necessary treatment, the medical conditions may cause the following complications and problems:

Musculo-skeletal neurologic changes including weakness, loss of sensation, loss of motor function and mobility, loss of balance and fractures, paralysis, loss of bowel and bladder function, memory loss, confusion, inability to communicate, blood pressure problems, disorientation, weight loss, inability to swallow, depression, anxiety, hostility, aggressiveness, loss of appetite, dementia, hallucinations, pathological fractures, emboli, joint contractures, joint swelling, joint and muscle pain, degenerative changes, of the spine, head, neck, back and extremity pain, loss of consciousness, coma and death;

Cardiovascular changes including chest, back and extremity pain, skin lesions/wounds/ulcers, weakness, cardiac arrhythmias, congestive heart failure, heart attack, stroke, loss of consciousness, coma, weight loss, fluid and electrolyte imbalance, blood clots, emboli, thrombosis, occlusion of major small vessels (aorta, major arteries to internal organs, brain periphery-extremities), difficulty breathing, aspiration, kidney damage, inability to repair damaged tissue, blood pressure problems and death;

Immunologic & hematologic changes including infections and repeated infections, antibiotic therapy and complications of resistance to antibiotics, loss of immune response, gastrointestinal disturbances, skin lesions/wounds/ulcers, loss of appetite, weight loss, skin reactions, inability to repair damaged tissue, fluid and electrolyte imbalance, connective tissue damage, difficulty breathing, anemia, kidney damage, adrenal gland dysfunction, coma and death;

Gastrointestinal and nutritional changes including inability to absorb nutrients, loss of immune response, infections and repeated infections, protein loss, inability to swallow, aspiration, choking, liver and pancreas dysfunction, weight loss, inability to repair damaged tissue, skin lesions/wounds/ulcers, gastrointestinal pain, fluid and electrolyte imbalance, esophageal-gastrointestinal lesions/ulcers, coma, diarrhea, constipation and fecal impaction, anemia, hemorrhage and death;

Pulmonary changes including pneumonia, infections and repeated infections, drug reaction, choking, hemorrhage, skin lesions/wounds/ulcers, bronchitis, heart problems, arrhythmias, lack

of tissue oxygenation, inability to repair damaged tissue/heal, loss of appetite, weight loss, confusion, disorientation, brain damage, coma, death, and

There are inherent risks to being admitted to a facility that has an aging population:

The above enumerated problems are usually worsened, or may appear for the first time, after a patient moves into a new environment, especially a long term care facility, as that move is associated with the end of life. Withdrawal of familiar people and family also is associated with medical and psychological deterioration. Neither the resident nor responsible persons can expect the facility staff and physicians to replace the attention that only can be provided by family and those who are familiar with this patient. It is essential to the health of the resident that family be involved in his/her care and decisions.

The patient neither will be living in a private home nor cared for by a member of the family who is familiar with the resident. The standard of services in a long term care facility does not include one care provider for every patient. Staff will periodically monitor, observe and provide care and treatment based on physician orders. At times, the patient will be left alone.

When care and services are refused by the patient, they will not be forced upon the patient. Staff and physicians will not over-ride the patients will and choice.

This patient will be living in a community of people who also are aging and have the problems of aging which exposes the patient to communicable disease, unpredictable reactions from other residents and accidents.

The food and recipes are institutional, and it is important for the family to stay involved with nutrition, as loss of appetite commonly results from change and loss of familiar surroundings and people.

RELEASE AND WAIVER OF LIABILITY BY PATIENT

I have been fully informed and I understand that the physicians and medical practitioners who prescribe and provide medical treatment (including, but not limited to, the medical director, psychiatrists, dentists, optometrists, nurse practitioners and physicians assistants) are not employees, agents or representatives of the long term care facility, but are independent practitioners.

I understand that I have a choice of nursing home and long term care facilities to which I/the patient will be admitted.

In consideration for admission into the long term care facility, I hereby release Southeast Texas Medical Associates, L.L.P. ("SETMA") and its staff, for all liability for personal injury or death that results from negligence or gross negligence in following the physicians and medical practitioners orders and instructions, and I also release SETMA and its staff from all liability for negligence and gross negligence that results in personal injury or death. I further release the physicians from liability for personal injury or death by

negligence or gross negligence that results from following the physicians and medical practitioners orders and instructions, and from actions taken by employees of the long term care facility of my choice.

I have been fully informed and I understand that this release of liability is binding on me, my family, estate, heirs and assignees.

I certify that I have been informed of the contents of this document, that I have read it, or it has been read to me, it has been fully explained to me, and I have been given the opportunity to ask questions about the document, including the fact that I am releasing and waiving liability, and I have sufficient information to give this release and waiver of liability.

I understand that if any part of this release and waiver of liability should later be found void, voidable, or ineffective, the finding shall have no effect on the remainder, which shall remain in full force and effect.

Patient Signature

Date

I understand that I have a choice of nursing home and long term care facilities to which I/the patient will be admitted.

I certify that I have been informed of the contents of this document, that I have read it or it has been read by me, it has been fully explained to me, and I have been given opportunity to ask questions about the document, my/the patients condition, long term care, care and treatment, associated risks and hazards involved, and I certify that no warranty or guarantee has been made to me, and I have sufficient information to give this consent to admission.

I hereby consent to admission of (Patient's Name) to Southeast Texas Medical Associates, LLP.

Patient Signature

Date

Master Nursing Home Right-hand Section

25 Navigation Buttons identified above.

apply to the patient should be documented by checking the box next to it. These are in demographic fields, which means that once they are checked, they remain checked in subsequent visits until they are unchecked.

Clinically Unavoidable Skin Lesions

Risk Factors

<input type="checkbox"/> Severe COPD	<input type="checkbox"/> Chr. ES Liver DX.
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chr. ES Heart DX.
<input type="checkbox"/> Severe PVD	<input type="checkbox"/> Immunosuppression
<input type="checkbox"/> Chr. Bowel Inc.	<input type="checkbox"/> Full Body Cast
<input type="checkbox"/> Chr. Urinary Inc.	<input type="checkbox"/> Steroid Therapy
<input type="checkbox"/> Paraplegia	<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> HOB Increase	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Quadraplegia	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Sepsis	<input type="checkbox"/> Bed Bound
<input type="checkbox"/> Terminal Cancer	<input type="checkbox"/> Comatose/Semicomatose due to medical condition
<input type="checkbox"/> Chr. ESRD	
<input type="checkbox"/> Unable to turn and position	

Skin Condition

<input type="checkbox"/> Poor skin turgor
<input type="checkbox"/> Muscle wasting
<input type="checkbox"/> Cachexia
<input type="checkbox"/> Calf tenderness
<input type="checkbox"/> Bilateral edema
<input type="checkbox"/> Reduced urinary output
<input type="checkbox"/> Weight loss (more than 5% in one month)
<input type="checkbox"/> History of healed decubitus: <input type="text" value=" / /"/>
<input type="checkbox"/> Mobility
<input type="checkbox"/> Mental status

Laboratory Results (* may indicate malnutrition/dehydration)

MCV <input type="text" value=" / /"/>	Serum Transferrin <input type="text" value=" / /"/>	*(< 180 mg)
MCH <input type="text" value=" / /"/>	Serum Albumin <input type="text" value=" / /"/>	*(< 3.0 g/d)
Hgb <input type="text" value=" / /"/>	Total Protein <input type="text" value=" / /"/>	*(< 5.1 g/d)

Risk Assessment

Intervention

Skin Care

<input type="checkbox"/> Cleanse with Dial soap and water and rinse well
<input type="checkbox"/> Granules
<input type="checkbox"/> Panifil Ointment
<input type="checkbox"/> Bactoban Ointment
<input type="checkbox"/> TAO
<input type="checkbox"/> Accuzyme
Other <input type="text" value=""/>

Mobility

<input type="checkbox"/> Turn off affected area
<input type="checkbox"/> Do not get up in chair
<input type="checkbox"/> May be up for <input type="text" value=""/> hours daily

Help Documents

Laboratory Results –

There are six laboratory results here which impact the ability of the patient to heal wounds and/or which indicate the presence of chronic malnutrition which would prevent wound healing. There is a button entitled **Check for New Lab** which allows you to import the most recent lab values on this patient. Additional information on the patient's nutritional status can be found on the Nutrition Template. To learn more about the Nutrition template, visit the [Nutrition](#) tutor. To review the tests necessary to evaluate the patient's nutritional status, see the **Lab Charge Posting** template

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

☐ Chr. ES Liver DX.
☐ Chr. ES Heart DX.
☐ Immunosuppression
☐ Full Body Cast
☐ Steroid Therapy
☐ Radiation Therapy
☐ Renal Dialysis
☐ Terminal Illness
☐ Bed Bound
☐ Comatose/Semicomatose due to medical condition

Skin Condition

☐ Poor skin turgor
☐ Muscle wasting
☐ Cachexia
☐ Calf tenderness
☐ Bilateral edema
☐ Reduced urinary output
☐ Weight loss (more than 5% in one month)
☐ History of healed decubitus
☐ Mobility
☐ Mental status

Return

Wound Protocol

Call to Family

Document

Laboratory Results (* may indicate malnutrition/dehydration)

MCV	<input type="text" value=" / /"/>	Serum Transferrin	<input type="text" value=" / /"/>	*(< 180 mg)
MCH	<input type="text" value=" / /"/>	Serum Albumin	<input type="text" value=" / /"/>	*(< 3.0 g/d)
Hgb	<input type="text" value=" / /"/>	Total Protein	<input type="text" value=" / /"/>	*(< 5.1 g/d)

Intervention

Skin Care

☐ Cleanse with Dial soap and water and rinse well
☐ Granules
☐ Panifil Ointment
☐ Bactoban Ointment
☐ TAO
☐ Accuzyme

Mobility

☐ Turn off affected area
☐ Do not get up in chair
☐ May be up for hours daily

Risk Assessment

Help Documents

Intervention ---

This section addresses 6 skin-care options and 3 Mobility options for improving skin care. However, in the presence of the above mentioned Risk Factors and in the presence of clinically unavoidable malnutrition, maintaining the integrity of the skin is not possible.

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

☐ Chr. ES Liver DX.
☐ Chr. ES Heart DX.
☐ Immunosuppression
☐ Full Body Cast
☐ Steroid Therapy
☐ Radiation Therapy
☐ Renal Dialysis
☐ Terminal Illness
☐ Bed Bound
☐ Comatose/Semicomatose due to medical condition

Skin Condition

☐ Poor skin turgor
☐ Muscle wasting
☐ Cachexia
☐ Calf tenderness
☐ Bilateral edema
☐ Reduced urinary output
☐ Weight loss (more than 5% in one month)
☐ History of healed decubitus
☐ Mobility
☐ Mental status

Return

Laboratory Results

(* may indicate malnutrition/dehydration)

MCV <input type="text" value=" / /"/>	Serum Transferrin <input type="text" value=" / /"/>	*(< 180 mg)
MCH <input type="text" value=" / /"/>	Serum Albumin <input type="text" value=" / /"/>	*(< 3.0 g/dl)
Hgb <input type="text" value=" / /"/>	Total Protein <input type="text" value=" / /"/>	*(< 5.1 g/dl)

Risk Assessment

Intervention

Skin Care

☐ Cleanse with Dial soap and water and rinse well
☐ Granules
☐ Panifil Ointment
☐ Bactoban Ointment
☐ TAO
☐ Accuzyme

Mobility

☐ Turn off affected area
☐ Do not get up in chair
☐ May be up for hours daily

Help Documents

At the very bottom of this left-hand section is a button entitled **Care for Dry Skin**. When launched 8 options for caring for dry skin appear. There are boxes which allow the selecting of certain options which will then appear on the chart note.

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

Laboratory Results (* may indicate malnutrition)

MCV

MCH

Hgb

Intervention

Skin Care

☐ Cleanse with Dial soap and water
☐ Granules
☐ Panifi Ointment
☐ Bactoben Ointment
☐ TAO
☐ Accuzyme
Other

Skin Condition

☐ Poor skin barrier

Return

Guides Dry Skin

Skin Care for Dry Skin

☐ Take fewer showers or baths (2 to 3 per week is fine). Keep them short and use warm, not hot, water

☐ Apply lotion over your whole body after you towel off

☐ Always apply lotion immediately after swimming or in a chlorinated pool or sitting spa

☐ Avoid saunas

☐ Apply lotion all over your body at bedtime

☐ Use soaps for designed for dry skin, such as glycering soap with cleansing cream, and rinse well

☐ Consider using a humidifier on cold, dry winter days

☐ Drink more fluids but avoid alcohol, spicy foods, and caffeine

☐ Do not get up in chair

☐ May be up for hours daily

Middle Section of Clinically Unavoidable Skin Lesions Template

Skin Condition – this provides the opportunity to document 10 skin conditions which contribute to Clinically Unavoidable Skin Lesions.

Right-hand section of Clinically Unavoidable Skin Lesions Template

NH Master – this is a navigation button back to NH Master Template

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

☐ Chr. ES Liver DX.
☐ Chr. ES Heart DX.
☐ Immunosuppression
☐ Full Body Cast
☐ Steroid Therapy
☐ Radiation Therapy
☐ Renal Dialysis
☐ Terminal Illness
☐ Bed Bound
☐ Comatose/Semicomatose due to medical condition

Skin Condition

☐ Poor skin turgor
☐ Muscle wasting
☐ Cachexia
☐ Calf tenderness
☐ Bilateral edema
☐ Reduced urinary output
☐ Weight loss (more than 5% in one month)
☐ History of healed decubitus

☐ Mobility
☐ Mental status:

Return

Wound Protocol

Call to Family

Document

Risk Assessment

Waterlow Risk Assessment

Norton Risk Assessment

Braden Risk Assessment

Help Documents

Skin Care in Elderly Patients

Skin Integrity

Skin Care Glossary

Laboratory Results (* may indicate malnutrition/dehydration) Check for New Labs

MCV

MCH

Hgb

Serum Transferrin *(< 180 mg)

Serum Albumin *(< 3.0 g/dl)

Total Protein *(< 5.1 g/dl)

Intervention

Skin Care

☐ Cleanse with Dial soap and water and rinse well
☐ Granules
☐ Panifill Ointment
☐ Bactoban Ointment
☐ TAO
☐ Accuzyme

Care for Dry Skin

Mobility

☐ Turn off affected area
☐ Do not get up in chair
☐ May be up for hours daily

Wound Protocol – this launches the Wound Protocol pop-up which gives treatment guidelines for Stage II wounds and for Stage III/IV Wounds. This is a different guideline than that for the [Skin Tear Guidelines](#)

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

☐ Chr. ES Liver DX.
☐ Chr. ES Heart DX.
☐ Immunosuppression
☐ Full Body Cast
☐ Steroid Therapy
☐ Radiation Therapy
☐ Renal Dialysis
☐ Terminal Illness
☐ Bed Bound
☐ Comatose/Semicomatos
☐ due to medical condition

Skin Condition

☐ Poor skin turgor
☐ Muscle wasting
☐ Cachexia
☐ Calf tenderness

Return

Wound Protocol

Call to Family

Laboratory Results (* may indicate malnutrition/dehyv

MCV		///	Ser
MCH		///	S
Hgb		///	

Intervention

Skin Care

☐ Cleanse with Dial soap and water and rin
☐ Granules
☐ Panifit Ointment
☐ Bactoban Ointment
☐ TAO
☐ Accuzyme
 Other

Care for Dry Skin

Wound Protocol

Wound Guidelines

☐ **Stage II Wound**

Vitamin C 500 mg. 1 po BID
 Zinc Sulfate 220 mg. 1 po QD for 1 month
 Albumin Level
 Transferrin Level
 Multivitamin with minerals 1 po QD
 Prealbumin Level if weight loss occurs

☐ **Stage III / IV Wound**

Vitamin C 500 mg. 1 po BID
 Zinc Sulfate 220 mg. 1 po QD until resolved
 Albumin Level
 Transferrin Level
 Multivitamins with minerals 1 po QD
 Prealbumin Level if weight loss occurs

OK Cancel

May be up for hours daily

Call to Family – this launches the Call to Family Record. For details see below.
Document – this creates a document for the chart from the evaluation of **Clinically Unavoidable Skin Lesions**.

Beneath this are two functions

Risk Assessment

- **Waterlow Risk Assessment** -- this is a standardized risk assessment from 11 categories which indicates whether or not the patient has a clinically unavoidable skin lesion risk.

Waterlow Skin Lesion Prevention/Treatment Policy

Build/Weight for Height

☐ Average
☐ Above Average
☐ Obese
☐ Below Average

Continence

☐ Complete/Catheter
☐ Occasional Incontinence
☐ Catheter/Incontinence Feces
☐ Doubly Incontinent

Skin Type and Visual Risk Areas

☐ Healthy
☐ Tissue Paper, Dry, Edematous, Clammy
☐ Discolored
☐ Broken

Mobility

☐ Fully
☐ Restless/Fidgety
☐ Apathetic
☐ Restricted
☐ Traction
☐ Chair-Bound

Appetite

☐ Average
☐ Poor
☐ NO Tube or Fluids Only
☐ NBM / Anorexia

Sex

☐ Male
☐ Female

Age

☐ 14 - 49
☐ 50 - 64
☐ 65 - 74
☐ 75 - 80
☐ > 81

Tissue Malnutrition

☐ Terminal Cachexia
☐ Cardiac Failure or Peripheral Vascular Disease
☐ Anemia
☐ Smoking

Medication

☐ Anti-Inflammatories, Steroids, or Cytotoxics
☐ None of the Above

Major Surgery/Trauma

☐ Orthopaedic Below Waist, Spinal
☐ OR > 2 Hours

Neurological Deficit

☐ Diabetes, CVA, MS, Paraplegia
☐ None of the Above

Score

Assessment

Previous Results

Encounter Date/Time	Score	Assessment

- Norton Risk Assessment** – this is the Norton Risk Assessment Clinically Unavoidable Skin Lesions which assesses the patient from 5 categories. A score is produced and indicates the patient's risk for clinically unavoidable skin lesions.

Norton Risk Assessment Clinically Unavoidable Skin Lesions

Return

Physical Condition

☐ Good

☐ Fair

☐ Poor

☐ Bad

Mental Condition

☐ Alert

☐ Apathetic

☐ Confused

☐ Stuporose

Activity

☐ Ambulant

☐ Walks with Help

☐ Chair-Bound

☐ Bed-Bound

Mobility

☐ Full

☐ Slightly Limited

☐ Very Limited

☐ Immobile

Incontinence

☐ Not

☐ Occasionally

☐ Usually of Urine

☐ Doubly

Score

A score less than 16 indicates patient at risk.

Previous Results *A score less than 16 indicates patient at risk.*

Encounter Date/Time	Score

- **Braden Risk Assessment** – Braden Scale Clinically Unavoidable Skin Lesions. This is based on 6 categories of evaluation and gives a score which indicates whether or not the patient is susceptible to clinically unavoidable skin lesions.

Braden Scale

Clinically Unavoidable Skin Lesions

Return

Sensory Perception

☐ Completely Limited

☐ Very Limited

☐ Slightly Limited

☐ No Impairment

Mobility

☐ Completely Immobile

☐ Very Limited

☐ Slightly Limited

☐ No Limitation

Skin Moisture

☐ Completely Moist

☐ Very Moist

☐ Occasionally Moist

☐ Rarely Moist

Nutrition

☐ Very Poor

☐ Probably Inadequate

☐ Adequate

☐ Excellent

Activity

☐ Bedfast

☐ Chairfast

☐ Walks Occasionally

☐ Walks Frequently

Friction and Shear Help

☐ Problem

☐ Potential Problem

☐ No Apparent Problem

Score Assessment

Previous Results

Encounter Date: Time	Score	Assessment
12/02/2009 08:29 AM	14	The patient has a high risk for developing clinically unavoidable skin lesions.

Note: On the **Braden Assessment** there is a pop-up entitled **Friction and Shear** which expands on this risk factor.

Braden Scale
Clinically Unavoidable Skin Lesions

[Return](#)

Sensory Perception

☐ Completely Limited

☐ Very Limited

☐ Slightly Limited

☐ No Impairment

Skin Moisture

☐ Completely Moist

☐ Very Moist

☐ Occasionally Moist

☐ Rarely Moist

Activity

☐ Bedfast

☐ Chairfast

☐ Walks Occasionally

☐ Walks Frequently

Mobility

☐ Completely Immobile

☐ Very Limited

☐ Slightly Limited

☐ No Limitation

Nutrition

☐ Very Poor

☐ Probably Inadequate

☐ Adequate

☐ Excellent

Friction and Shear [Help](#)

☐ Problem

☐ Potential Problem

Score Assessment

Previous Results

Encounter Date/Time	Score	Assessment
12/02/2009 08:29 AM	14	The patient has

Friction and Shear

Problem
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.

Potential Problem
Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slide down.

No Apparent Problem
Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.

Help Documents

- **Skin Care in Elderly Patients** – this document gives more detail about skin care in the elderly.
- **Skin Integrity** – this is an excellent discussion with pictures of the integrity or lack of integrity of the skin.
- **Skin Care Glossary** – this defines 16 terms commonly used in evaluating the skin.

Clinically Unavoidable Skin Lesions

Risk Factors

☐ Severe COPD
☐ Diabetes
☐ Severe PVD
☐ Chr. Bowel Inc.
☐ Chr. Urinary Inc.
☐ Paraplegia
☐ HOB Increase
☐ Quadraplegia
☐ Sepsis
☐ Terminal Cancer
☐ Chr. ESRD
☐ Unable to turn and position

☐ Chr. ES Liver DX.
☐ Chr. ES Heart DX.
☐ Immunosuppression
☐ Full Body Cast
☐ Steroid Therapy
☐ Radiation Therapy
☐ Renal Dialysis
☐ Terminal Illness
☐ Bed Bound
☐ Comatose/Semicomatose due to medical condition

Skin Condition

☐ Poor skin turgor
☐ Muscle wasting
☐ Cachexia
☐ Calf tenderness
☐ Bilateral edema
☐ Reduced urinary output
☐ Weight loss (more than 5% in one month)
☐ History of healed decubitus
☐ Mobility
☐ Mental status

Return

Wound Protocol
 Call to Family
 Document

Laboratory Results (* may indicate malnutrition/dehydration)

*(< 180 mg)
*(< 3.0 g/d)
*(< 5.1 g/d)

Intervention

Skin Care

☐ Cleanse with Dial soap and water and rinse well
☐ Granules
☐ Panifi Ointment
☐ Bactoban Ointment
☐ TAO
☐ Accuzyme

Mobility

☐ Turn off affected area
☐ Do not get up in chair
☐ May be up for hours daily

Care for Dry Skin

Risk Assessment

Waterlow Risk Assessment
 Norton Risk Assessment
 Braden Risk Assessment

Help Documents

Skin Care in Elderly Patients
 Skin Integrity
 Skin Care Glossary

Mini Mental Status Exam Template

This is a test which assesses the presence of dementia. The scale allows for the assessment over time to evaluate the patient's changing state of mental capacity. The questionnaire is self explanatory as to its use.

Mini-Mental State Examination (MMSE)

Max Score	Score	<p>Orientation</p> <p>Score 1-5</p> <p>0 1 2 3 4 5</p> <p>Close</p>	<p>late) (day) (month)?</p> <p>se.</p> <p>y) (town or city) (hospital) (floor)?</p> <p>se.</p> <p>"apple, table, penny").</p> <p>se.</p> <p>point for each correct response.</p> <p>backwards.</p> <p>One point for each correct response.</p> <p>Recall</p> <p>Ask for the 3 objects repeated above.</p> <p>One point for each correct response.</p> <p>Language</p> <p>Name a pencil and a watch.</p> <p>Repeat the following: "No ifs, ands, or buts."</p> <p>Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor."</p> <p>One point for each part correctly executed.</p> <p>Read and obey the following: CLOSE YOUR EYES.</p> <p>Write a sentence.</p> <p>Copy the following design.</p>
5	5	5	<p>Trigger Symptoms Indicative of Dementia:</p> <p>Does the person have increased difficulty with any of the activities listed below?</p> <p><input type="checkbox"/> Learning and retaining new information. For example: is more repetitive; has more trouble remembering recent conversations, events, appointments; more frequently misplaces objects.</p> <p><input type="checkbox"/> Handling complex tasks. For example: has more trouble following a complex train of thought, performing tasks that require many steps such as balancing a checkbook or cooking a meal.</p> <p><input type="checkbox"/> Reasoning ability. For example: is unable to respond with reasonable plan to problems at work or home, such as knowing what to do if the bathroom is flooded; shows uncharacteristic disregard for rules of social conduct.</p> <p><input type="checkbox"/> Spatial ability and orientation. For example: has trouble driving, organizing objects around the house, finding his or her way around familiar places.</p> <p><input type="checkbox"/> Language. For example: has increasing difficulty with finding the words to express what he or she wants to say and with following conversations.</p> <p><input type="checkbox"/> Behavior. For example: appears more passive and less responsive; is more irritable than usual; is more suspicious than usual; misinterprets visual or auditory stimuli.</p> <p>In addition to failure to arrive at the right time for appointments, the clinician can look for difficulty discussing current events in an area of interest and changes in behavior or dress.</p> <p>It might also be helpful to follow up on areas of concern by asking the patient or family members relevant questions.</p> <p>*Positive findings in any of these areas generally indicate the need for further assessment for the presence of dementia.</p>
5	5	5	<p>HH Master</p>

Max Total 30

SCORE

KEY QUESTIONS IN THE DEMENTIA HISTORY:

Duration of symptoms? day(s) ☐ week(s) ☐ month(s) ☐ year(s)

☐ Abrupt onset ☐ Gradual onset

☐ Continuous deterioration ☐ Stepwise deterioration

Fall Risk Assessment Template

This is one of the greatest health threats to all elderly patients but particularly to those who are in long-term residential care. Through the review of seven categories, a score is developed which indicates whether the patient is at high risk or low risk of falls.

12/23/2009

Fall Risk Assessment

☐ Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

☐ Alert
☐ Disoriented
☐ Intermittent Confusion

3. Ambulation/Elimination Status

☐ Ambulatory/Continent
☐ Chair Bound (Requires restraints and assist with elimination)
☐ Ambulatory/Incontinent

5. Gait/Balance Instructions

☐ Gait/Balance Normal
☐ Balance problem while standing
☐ Balance Problem while walking
☐ Decreased muscular coordination
☐ Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
☐ Jerking or unstable when making turns
☐ Change in gait pattern when walking through the doorway

7. Medications Instructions

☐ NONE of thee medication taken currently or within last 7 days
☐ Takes 1-2 of these medications currently and/or within last 7 days
☐ Takes 3-4 of these medications currently and/or within last 7 days
☐ Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

☐ No Falls
☐ 1-2 Falls
☐ 3 or more Falls

4. Vision Status (With or without glasses)

☐ Adequate
☐ Poor
☐ Legally Blind

6. Systolic Blood Pressure (Between lying and standing)

☐ No noted drop
☐ Drop LESS THAN 20 mm Hg
☐ Drop MORE THAN 20 mm Hg

8. Predisposing Diseases Instructions

☐ None present
☐ 1-2 present
☐ 3 or more present

Return
Guidelines

Total Score 0 Past Scores
Total score above 10 indicates HIGH

In addition to the seven categories for review with the elements of each, the template has three Instruction pop-ups.

One Instruction pop-up is on the **Gait/Balance Category**

12/23/2009

Fall Risk Assessment

☐ Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

☐ Alert
☐ Disoriented
☐ Intermittent Confusion

3. Ambulation/Elimination Status

☐ Ambulatory/Continent
☐ Chair Bound (Requires restraints and
☐ Ambulatory/Incontinent

5. Gait/Balance Instructions

☐ Gait/Balance Normal
☐ Balance problem while standing
☐ Balance Problem while walking
☐ Decreased muscular coordination
☐ Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
☐ Jerking or unstable when making turns
☐ Change in gait pattern when walking through the doorway

7. Medications Instructions

☐ NONE of thee medication taken currently or within last 7 days
☐ Takes 1-2 of these medications currently and/or within last 7 days
☐ Takes 3-4 of these medications currently and/or within last 7 days
☐ Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

☐ No Falls
☐ 1-2 Falls
☐ 3 or more Falls

4. Vision Status (With or without glasses)

☐ Adequate
☐ Poor
☐ Legally Blind

6. Systolic Blood Pressure (Between lying and standing)

☐ No noted drop
☐ Drop LESS THAN 20 mm Hg
☐ Drop MORE THAN 20 mm Hg

8. Predisposing Diseases Instructions

☐ None present
☐ 1-2 present
☐ 3 or more present

Return
Guidelines

Total Score 0 Past Scores
Total score above 10 indicates HIGH

Fall Gait Instr

To assess the resident's Gait/Balance, have him or her stand on both feet without holding onto anything; walk straight forward, walk through a doorway, and make a turn.

OK
Cancel

Another instruction pop-up is on the **Medications Category**

12/23/2009

Fall Risk Assesment

☐ Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

☐ Alert
☐ Disoriented
☐ Intermittent Confusion

3. Ambulation/Elmination Status

☐ Ambulatory/Continent
☐ Chair Bound (Requires restraints and assist with walking)
☐ Ambulatory/Incontinent

5. Gait/Balance

☐ Gait/Balance Normal
☐ Balance problem while standing
☐ Balance Problem while walking
☐ Decreased muscular coordination
☐ Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
☐ Jerking or unstable when making turns
☐ Change in gait pattern when walking through the doorway

7. Medications

☐ NONE of these medication taken currently or within last 7 days
☐ Takes 1-2 of these medications currently and/or within last 7 days
☐ Takes 3-4 of these medications currently and/or within last 7 days
☐ Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

☐ No Falls
☐ 1-2 Falls
☐ 3 or more Falls

4. Vision Status (With or without glasses)

☐ Vision Normal
☐ Vision Impaired (without glasses)
☐ Vision Impaired (with glasses)

[Return](#)

[Guidelines](#)

Fall Meds Instr

Respond based on the following types of medications:

☐ Anesthetics
☐ Antihistamines
☐ Antihypertensives
☐ Antiseizure
☐ Bendodiazepines
☐ Cathartics
☐ Diuretics
☐ Hypoglycemics
☐ Narcotics
☐ Psychotropics
☐ Sedatives/ Hypnotics

The last instruction button is on **Predisposing Disease Category**

12/23/2009

Fall Risk Assesment

☐ Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

☐ Alert
☐ Disoriented
☐ Intermittent Confusion

3. Ambulation/Elmination S

☐ Ambulatory/Continer
☐ Chair Bound (Req
☐ Ambulatory/Incontin

5. Gait/Balance

☐ Gait/Balance Normal
☐ Balance problem wh
☐ Balance Problem whi
☐ Decreased muscular coordination
☐ Requires usage of assistive devices (i.e. cane, w/c, walker, furniture)
☐ Jerking or unstable when making turns
☐ Change in gait pattern when walking through the doorway

7. Medications

☐ NONE of these medication taken currently or within last 7 days
☐ Takes 1-2 of these medications currently and/or within last 7 days
☐ Takes 3-4 of these medicatons currently and/or within last 7 days
☐ Change in medication or dosage in last five days

2. History of Falls (In past 3 months)

☐ No Falls
☐ 1-2 Falls
☐ 3 or more present

4. Vision Status (With or without glasses)

☐ Vision Normal
☐ Vision Impaired (without glasses)
☐ Vision Impaired (with glasses)

8. Predisposing Diseases

☐ None present
☐ 1-2 present
☐ 3 or more present

[Return](#)

[Guidelines](#)

Fall Predis Instr

Respond below based on the following predisposing conditions:
Hypotension, Vertigo, CVA, Parkinson's disease, Loss of limb(s),
Seizures, Arthritis, Osteoporosis, Fractures:

Total Score 0 [Past Scores](#)

Total score above 10 indicates HIGH

Under the navigation button for NH Master at the right hand side of the template is a link to the **Guidelines for Fall Prevention**.

Fall Risk Assessment 12/23/2009

☐ Check this box if you are unable to complete this assessment to due medical or other reasons.

1. Level of Consciousness/Mental Status

☐ Alert

☐ Disoriented

☐ Intermittent Confusion

3. Ambulation/Elimination Status

☐ Ambulatory/Continent

☐ Catheter

☐ Incontinent

5. Gait/Balance

☐ G

☐ B

☐ D

☐ R

☐ J

☐ C

7. Medications

☐ N

☐ T

☐ T

☐ C

2. History of Falls (In past 3 months)

☐ No Falls

☐ 1-2 Falls

☐ 3 or more Falls

4. Vision Status (With or without glasses)

☐ Adequate

Return

Guidelines

N Orders Fall

Guidelines for Fall Precaution

Inpatient/Nursing Home	Outpatient
<p><input type="checkbox"/> Perform and record Neuro vital signs every <input type="text"/> hours for 48 hours.</p> <p><input type="checkbox"/> Pharmacy Review</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> BMP</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> Consult Physical Therapy</p> <p><input type="checkbox"/> Apply Lap Buddy when up in chair.</p> <p><input type="checkbox"/> Apply Pelvic Restraint when up in chair.</p> <p><input type="checkbox"/> Notify family of application of and rationale for restraint device.</p> <p><input type="checkbox"/> Implement Nursing Fall Precaution Protocol PRN.</p> <p><input type="checkbox"/> Consult Optometry</p>	<p><input type="checkbox"/> Patient cautioned about increased risk of falls.</p> <p><input type="checkbox"/> Patient cautioned to gain their balance and stability before beginning to walk after standing up.</p> <p><input type="checkbox"/> Prescribed cane use.</p> <p><input type="checkbox"/> Prescribed four pronged cane use.</p> <p><input type="checkbox"/> Prescribed four legged walker.</p> <p><input type="checkbox"/> Recommend walking only with assistance.</p> <p><input type="checkbox"/> Prescribed wheelchair use.</p> <p><input type="checkbox"/> Referral to PT for evaluation for physical therapy.</p> <p><input type="checkbox"/> Referral to PT for evaluation for motorized wheelchair.</p> <p><input type="checkbox"/> Home Health evaluation for safety.</p> <p><input type="checkbox"/> Recommend commode and bathtub device for mobility.</p>

Depression Template

Depression is a serious and often life-threatening problem in the elderly and particularly in the elderly in long-term residential care facilities. In addition, the complexity of medication treatment of the elderly is greater because they are often on multiple drugs which have serious interactions. While this template is mostly educational, it is key to the successful treatment of residents of long-term care facilities

Depression

Signs and Symptoms of Depression

- ☐ Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.
- ☐ Depressed mood throughout the day
- ☐ Fatigue
- ☐ Significant change in weight, + / - 5%
- ☐ Insomnia or excessive sleep
- ☐ Loss of sense of self-value
- ☐ Loss of concentration
- ☐ Suicidal thoughts

NH Master

Other Factors That Can Cause Depressive Symptoms

Medication (beta blockers or corticosteroids)
Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)
Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)
Connective Tissue Disease (lupus, polymyalgia rheumatica)

Common Painful Symptoms Reported by Depressed Patients

Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.

Depression Risk Questionnaire

Depression and Hypertension

Depression Information

Types of Depression
Mental Health in Elderly
Depression in Elderly
Treatment Ideas and Cautions
Symptoms of Depression
Cognitive Treatment
Lifestyle and Depression

Depression and Medications

Depression Relief w/Meds
Meds Aggravating Depression
Serotonin-Reuptake Inhibitors
Designer Antidepressants
Tricyclic Antidepressants
MAOIs
Herbal Remedies
Augmentation Strategies
Review All Medications

Drug Information and the Elderly

Drugs Not Suitable for NH Use
Drugs w/High Risks in Elderly
Drugs w/Low Risks in Elderly
Antidepressants and Rec Dosing
Anxiolytic and Sedative Drugs
Common Antipsychotic Drugs

Signs and Symptoms of Depression

Depression

Signs and Symptoms of Depression

- ☐ Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.
- ☐ Depressed mood throughout the day
- ☐ Fatigue
- ☐ Significant change in weight, + / - 5%
- ☐ Insomnia or excessive sleep
- ☐ Loss of sense of self-value
- ☐ Loss of concentration
- ☐ Suicidal thoughts

NH Master

Other Factors That Can Cause Depressive Symptoms

Medication (beta blockers or corticosteroids)
Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)
Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)
Connective Tissue Disease (lupus, polymyalgia rheumatica)

Common Painful Symptoms Reported by Depressed Patients

Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.

Depression Risk Questionnaire

Depression and Hypertension

Depression Information

Types of Depression
Mental Health in Elderly
Depression in Elderly
Treatment Ideas and Cautions
Symptoms of Depression
Cognitive Treatment
Lifestyle and Depression

Depression and Medications

Depression Relief w/Meds
Meds Aggravating Depression
Serotonin-Reuptake Inhibitors
Designer Antidepressants
Tricyclic Antidepressants
MAOIs
Herbal Remedies
Augmentation Strategies
Review All Medications

Drug Information and the Elderly

Drugs Not Suitable for NH Use
Drugs w/High Risks in Elderly
Drugs w/Low Risks in Elderly
Antidepressants and Rec Dosing
Anxiolytic and Sedative Drugs
Common Antipsychotic Drugs

Other Conditions That Can Cause Depressive Symptoms

Depression

Signs and Symptoms of Depression

- ☐ Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.
- ☐ Depressed mood throughout the day
- ☐ Fatigue
- ☐ Significant change in weight, + / - 5%
- ☐ Insomnia or excessive sleep
- ☐ Loss of sense of self-value
- ☐ Loss of concentration
- ☐ Suicidal thoughts

NH Master

Other Factors That Can Cause Depressive Symptoms

Medication (beta blockers or corticosteroids)
Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)
Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)
Connective Tissue Disease (lupus, polymyalgia rheumatica)

Common Painful Symptoms Reported by Depressed Patients

Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.

Depression Risk Questionnaire

Depression and Hypertension

Depression Information

Types of Depression
Mental Health in Elderly
Depression in Elderly
Treatment Ideas and Cautions
Symptoms of Depression
Cognitive Treatment
Lifestyle and Depression

Depression and Medications

Depression Relief w/Meds
Meds Aggravating Depression
Serotonin-Reuptake Inhibitors
Designer Antidepressants
Tricyclic Antidepressants
MAOIs
Herbal Remedies
Augmentation Strategies
Review All Medications

Drug Information and the Elderly

Drugs Not Suitable for NH Use
Drugs w/ High Risks in Elderly
Drugs w/ Low Risks in Elderly
Antidepressants and Rec Dosing
Anxiolytic and Sedative Drugs
Common Antipsychotic Drugs

Common Painful Symptoms Reported by Depressed Patients

Depression

Signs and Symptoms of Depression

- ☐ Anhedonia - absence of pleasure from the performance of acts that would ordinarily be pleasurable.
- ☐ Depressed mood throughout the day
- ☐ Fatigue
- ☐ Significant change in weight, + / - 5%
- ☐ Insomnia or excessive sleep
- ☐ Loss of sense of self-value
- ☐ Loss of concentration
- ☐ Suicidal thoughts

NH Master

Other Factors That Can Cause Depressive Symptoms

Medication (beta blockers or corticosteroids)
Endocrinopathies (hypothyroidism, Cushing's syndrome, B12 Deficiency)
Neurological Disorders (Parkinson's disease, post-stroke, dementia, seizure disorder)
Connective Tissue Disease (lupus, polymyalgia rheumatica)

Common Painful Symptoms Reported by Depressed Patients

Headaches, recurrent diffuse musculoskeletal pain, backache, and recurrent abdominal pain.

Depression Risk Questionnaire

Depression and Hypertension

Depression Information

Types of Depression
Mental Health in Elderly
Depression in Elderly
Treatment Ideas and Cautions
Symptoms of Depression
Cognitive Treatment
Lifestyle and Depression

Depression and Medications

Depression Relief w/Meds
Meds Aggravating Depression
Serotonin-Reuptake Inhibitors
Designer Antidepressants
Tricyclic Antidepressants
MAOIs
Herbal Remedies
Augmentation Strategies
Review All Medications

Drug Information and the Elderly

Drugs Not Suitable for NH Use
Drugs w/High Risks in Elderly
Drugs w/Low Risks in Elderly
Antidepressants and Rec Dosing
Anxiolytic and Sedative Drugs
Common Antipsychotic Drugs

Depression Risk Questionnaire

Geriatric Depression Scale

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you basically satisfied with your life?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you dropped many of your activities or interests?
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you feel that your life is empty?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you often get bored?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you hopeful about the future?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you bothered by thoughts you cannot get out of your head?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you in good spirits most of the time?
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you afraid that something bad is going to happen to you?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you feel happy most of the time?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you often feel helpless?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you often get restless and fidgety?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you prefer to stay at home, rather than going out and doing new things?
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you frequently worry about the future?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel that you have more problems with memory than most?
<input type="checkbox"/>	<input type="checkbox"/>	15. Do you think that it is wonderful to be alive now?
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you often feel downhearted and blue?
<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel pretty worthless the way you are now?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you worry about the past?
<input type="checkbox"/>	<input type="checkbox"/>	19. Do you find life very exciting?
<input type="checkbox"/>	<input type="checkbox"/>	20. Is it hard for you to get started on new projects?
<input type="checkbox"/>	<input type="checkbox"/>	21. Do you feel full of energy?
<input type="checkbox"/>	<input type="checkbox"/>	22. Do you feel that your situation is hopeless?
<input type="checkbox"/>	<input type="checkbox"/>	23. Do you think that most people are better off than you are?
<input type="checkbox"/>	<input type="checkbox"/>	24. Do you frequently get upset over little things?
<input type="checkbox"/>	<input type="checkbox"/>	25. Do you frequently feel like crying?
<input type="checkbox"/>	<input type="checkbox"/>	26. Do you have trouble concentrating?
<input type="checkbox"/>	<input type="checkbox"/>	27. Do you enjoy getting up in the morning?
<input type="checkbox"/>	<input type="checkbox"/>	28. Do you prefer to avoid social gatherings?
<input type="checkbox"/>	<input type="checkbox"/>	29. Is it easy for you to make decisions?
<input type="checkbox"/>	<input type="checkbox"/>	30. Is your mind as clear as it used to be?

Depression and Hypertension

This is link to the Hypertension and Depression Template in the Hypertension Suite of Templates. For information on how to use this function see the [Hypertension and Depression](#) tutor.

Hypertension and Depression

Depression As A Risk Factor For Hypertension

[Dual Risk of Depression and HPT](#)

[Mechanisms of Depression Causing HPT](#)

High depression scores are an independent predictor of hypertension:

- * In white adults aged 45 to 64, with a relative risk of hypertension of 1.80.
- * In African-American adults aged 25 to 64, with a relative risk of hypertension of 2.99.

Vigilance about the coexistence of depression and hypertension is particularly important in groups at high risk of depression:

- * Elderly persons
- * Women
- * Separated or divorced persons
- * Those with a family history of depression.

Antihypertensive Drugs Can Worsen Depression

A link between antihypertensive medications and depression has been suspected for more than four decades.

[Antihypertensive Medications Causing Depression](#)

[Interactions Between Antihypertensives and Antidepressants](#)

Lifestyle aspects which may worsen depression and hypertension are...

- ☒ Smoking
- ☐ Alcohol
- ☐ Inactivity
- ☐ Poor Diet

Return

At the bottom of the template there are three columns of education documents:

Column 1 –

Depression Information

- Types of Depression
- Mental Health in Elderly
- Depression in Elderly
- Treatment ideas and Cautions
- Symptoms of Depression
- Cognitive Treatment
- Lifestyle and Depression

Column 2 –

- Depression Relief w Meds
- Meds Aggregating Depression
- Serotonin-Reuptake Inhibitors
- Designer Antidepressants
- Tricyclic Antidepressants
- MAOIs
- Herbal Remedies
- Augmentation Strategies

This template allows for the documentation of a contact with the family. The template contains the ability to document:

- Call Made By
- Telephone Number Called
- Spoke With
- Relation to Patient

Issues Discussed – 17 issues are listed with four boxes for free text entry of other issues which were addressed with the family.

Call to Family Record

Date

NH Master

Call Made By

Telephone Number Called

Spoke With

Relation to Patient

Issues Discussed

<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Clinically Unavoidable Skin Lesions
<input type="checkbox"/> PEG Tube	<input type="checkbox"/> Change of Condition
<input type="checkbox"/> Nutritional Problems	<input type="checkbox"/> Safety Issues (Fall, Wandering, etc.)
<input type="checkbox"/> Code Status	<input type="checkbox"/> Medication Changes
<input type="checkbox"/> Transfer to Hospital	<input type="checkbox"/> Patient Conduct
<input type="checkbox"/> Comfort Measures	<input type="checkbox"/> Patient Injury
<input type="checkbox"/> Labs or X-Ray	Other
<input type="checkbox"/> Non-compliance with Medications	<input type="text"/>
<input type="checkbox"/> Non-compliance with Treatment	<input type="text"/>
<input type="checkbox"/> Non-compliance with Diet	<input type="text"/>
<input type="checkbox"/> Hospice <input type="text"/>	<input type="text"/>

Comments

Call/Nursing Home Template

This template allows the provider to document a contact with the Nursing home or Hospital about the patient's care. The content is self-explanatory.

Nursing Home/Hospital Call Record

Primary Provider <input type="text"/>		Date of Call <input type="text"/>	Time of Call <input type="text"/>	
Urgency of Situation		<input type="radio"/> Emergent <input type="radio"/> Urgent <input type="radio"/> Deferable		
Patient Name <input type="text"/> <input type="text"/>		Date of Birth <input type="text"/>	Gender <input type="text"/>	
Facility <input type="text"/>		Caller's Name <input type="text"/>	Phone <input type="text"/>	Ext. <input type="text"/>
Regarding <input type="text"/>		<input type="text"/>		

Current Medications

Encounter Date/Time	brand_name	dose	route_desc	sig_codes	date_last_refilled	date_stopped

Vitals Signs
 B.P. / P R Temp °F

Symptoms

Physical Assessment

Background Data

Instructions, Orders, Follow-up

Responding Provider

E-mail Link – this enables the provider to communicate via e-mail with others about this care.

Chart note – this creates the chart note

Admission Orders –For an explanation of how to use the Admission Orders for the creation of Hospital Admission Orders, [Click Here](#).

SETMA Admission Orders

Patient	Test	Dottie	DOB	09/28/1920	Sex	F	Age	89 Years
---------	------	--------	-----	------------	-----	---	-----	----------

Admitting Physician

Facility

Bed Type

Condition

Code Status

Admitting Diagnosis

Consults

for

Disease Specific

Default

Routine Orders	Diagnostic Orders
Nursing Orders	qAM Labs
Respiratory	Medications
Critical Care	Ventilator

Hyperkalemia
Sliding Scale

NH Master

Print Admit Orders

Report Admission to CBO

☒ Old Charts to the Floor
☒ Notify admitting physician of room number at 0630 hours