

FYI – Update – February 2008



Special Care Needed

This is the time of year that we are plagued with a variety of illness/virus that creates unique challenges to both our residents and staff. Over the past few years, we have experienced outbreaks of flu, upper respiratory viruses, pneumonia, GI viruses, etc. The potential risk is real and requires a proactive approach to both minimize, contain, and manage the illnesses during the acute phase and to minimize potential of consequences such as pressure ulcers or other skin breakdown, falls, urinary tract infections and dehydration.

Proactive Suggestions:

- Educate staff and visitors to “stay home” when sick and on good handwashing
- Provide adequate supply and accessible containers of hand sanitizers throughout the building including main entrance
- In addition to normal handwashing, establish routine of washing resident’s hands before meals.
- Establish protocols for scheduled hydration for all residents unless on fluid restriction and document offering plus resident’s acceptance.
- Educate staff, residents, and families on importance of flu and pneumonia immunizations – remember to offer immunizations to new admissions.

So, you begin to see some symptoms

- Immediately begin assessment and monitoring of vital signs; treat symptoms per physician order.
- Restrict resident activity to room unless unable to do so until symptoms resolve.
- Begin infection control tracking – monitor location, staff assignment, etc.
- If “outbreak” develops notify the epidemiology department of the local health department and follow their recommendations; notify the Office of Licensure and Certification and tell them what you have done to contain and ensure them that you are following local health department recommendations. Know your organization’s definition of “outbreak”.
- If outbreak develops, immediately begin to limit group activities and communal dining.
- Limit transferring staff from unit to another unit.
- Keep attending physicians informed of resident condition; keep Medical Director informed of overall status of residents and staff.

If residents become ill take a proactive approach to minimize related areas of adverse outcome or decline.

- Initiate “alert charting” every shift until symptoms resolve. Document assessment of the condition, presence/absence of symptoms, and notification/response to physician.
- Consider adding additional measures to minimize falls since these symptoms often exacerbate fall risks.
- Consider offering fluids more often unless restricted; document offering and resident acceptance/refusal.
- Offer “comfort foods” where appropriate [soups, crackers, jello, etc.] if unable to tolerate regular diet; document offering and resident acceptance/refusal
- Consider increasing toileting program or frequency of brief changes; apply thicker coating of barrier cream to prevent skin excoriation.
- Review/revise care plan to address current symptoms/diagnosis and to reflect increased efforts to minimize related decline in areas such as weight loss, pressure ulcer/skin integrity, falls, etc.

