IMPACT

UnityPoint Clinic

A publication for Cedar Valley Nursing Homes | December 2018

Calling the IMPACT Service Requirements:

Prior to call being placed: all calls must start with name of nurse & associated facility, patient's full name/DOB, patient need with *CURRENT VITAL SIGNS*, have MARS available, & SBAR completed.
(Assessment must be completed via a LPN/RN—not a reported incident/finding from CNA).

For patient concerns/needs **after the hours of 1630** Monday –Sunday, please utilize our prompt system:

Utilization of Prompt 1: Is for all scheduling calls.

-Any scheduling needs for care conferences, discharge visits, admission visits, notification of changes in LOC from SNF, ICF, and hospice LOC.

Utilization of Prompt 4: Is for all calls that are urgent in nature or need a callback quickly. Examples include but are not limited to the following:

-Potential Need to Send Pt out to ER or Urgent Care Setting

-Deteriorating condition &/ Any VS Instability and Pt is Not on Hospice

-Coumadin Orders (for therapeutic and non-therapeutic results)

-Falls/Incidents that Result in Trauma/Injury

-Pain Control Interventions/-Labs that require **treatment**

Utilization of Prompt 2: Is for all calls, when you have a patient need that a provider has to be aware but can wait until the next *BUSINESS* day, with a return phone call:

-Routine Labs

-Non-Immediate Med Requests

-Dietary Changes and Nutritional Supplements

Utilization of Prompt 3: Is for all calls that are notification only in nature. You want the provider to be aware of a pt detail/situation, but do **NOT require a callback** from the IMPACT Team.

-Falls without injury (VS should be left, ROM, neuros, integ, & anticoagulation use)

-Uncomplicated skin injuries

KUDOS CORNER

Shout out to **Patty Schmidt, RN** with **Northcrest Specialty Care**!! Patty Schmidt has worked with Care Initiatives since 2009. She works within the skilled wing a majority of her shifts on days. She knows her patient well, has thorough assessments, and can paint the clinical picture well when she has concerns regarding her patients. Thank you for all your hard work and service to our SNF patients! They are lucky to have you!

DID YOU KNOW?

Patients with G/J Tubes are at High Risk for Pulmonary Aspiration:

Other pts at risk include post-surgical pts, pts who are less alert due to medication changes or illness, & or pts that have ingested large amounts of alcohol/drugs.

Pulmonary aspiration is the entry of material (such as pharyngeal secretions, food or drink, or stomach contents) from the oropharynx or gastrointestinal tract into the larynx (voice box) and lower respiratory tract (the portions of the respiratory system from the trachea—i.e., windpipe—to the lungs). A person may either inhale the material, or it may be delivered into the tracheobronchial tree during positive pressure ventilation.

Aspiration symptoms include coughing, difficulty breathing, rhonchish or course lungs sounds, decreased oxygen saturations, lethargy, and in some cases choking. In tube fed individuals, they may present with lethargy and may have tan tube feeding coming from their oral cavity in severe cases.

Treatments include making sure the airway is open, is the patient able to maintain breathing on their own? Always turn off the feeding, if you suspect aspiration! Close VS monitoring may be needed, with CBC/BMP work up, chest x-ray, & ATBx administration. In profound cases --mechanical ventilation may be needed.

Evidence shows that one of the **principal precautionary measures for aspiration** is placing at-risk patients at least 45 **degree angle**.

ALWAYS Keep the HOB **elevated** for patients who are receiving tube feedings and or completed a bolus of tube feedings. Their life depends on it!

BODY SYSTEM CORNER

Skin Failure and Management of Chronic Diseases:

Did you know that our skin can go into failure, similarly to our heart, kidneys, or liver? One of the most important functions is it is the body's first defense against infectious & organisms. It is our protector. However, in the elderly population, many times residents have co-morbidities, meaning other complex underlying disease processes. When these disease processes exacerbate (flare up) and the body cannot maintain homeostasis (equilibrium), blood is automatically shunted to the vital organs: including but not limited to the brain, heart, lungs, and kidneys. This mean the skin is not able to be perfused (or have adequate blood & oxygenation sent to it). During these flare ups residents are incredibly at risk for developing pressure ulcers and other skin disorders due to the fact the skin tissue is not receiving vital nutrients to maintain cellular viability. Skin assessments are huge in the geriatric population as our skin also thins as we age!

MED CENTRAL:Insulin Actions 101

TYPE	BRAND NAME(S)	ONSET Time until reaches bloodstream	PEAK Time when most effective	DURATION How long works
Rapid-acting	Humalog Novolog Apidra	10 to 30 minutes	30 minutes to 3 hours	3 to 5 hours
Short-acting	Regular (R)	10 to 30 minutes	2 to 5 hours	Up to 12 hours
Intermediate-acting	NPG (N)	1.5 to 4 hours	4 to 12 hours	Up to 24 hours
Long-acting	Lantus Levemir	0.8 to 4 hours	Minimal peak	Up to 24 hours

-Give rapid acting and sliding scale insulins no > than 15 minutes prior to meal intake. RAPIDLY drops blood glucose levels.

-Holding long acting insulins at the same time will NOT affect the current BG, but will likely cause the blood sugars for the next 24 hours to be elevated.

-Always follow pre-procedure orders for insulin & diabetic medications. If you have none, call IMPACT service! Remember many procedures require patients to be NPO pre-procedure due to anesthetic use and risk for aspiration! (See left for more information). If pts aren't eating or drinking, their sugars will be lower and continued insulin administration will make them drop lower.

Remember glucose is the brain's only source of FUEL!

IMPACT Service

1825 Logan Avenue | Waterloo, IA 50703 | (319) 235-5151