


Spring 2018 Issue



*“When you are a nurse
you know that every day
you will touch a life...
and a life will
touch yours.”*

The spring KEPRO's Health Care Quality Unit (HCQU) Nursing Edition newsletter provides ongoing information on how nurses can work side by side to educate caregivers in providing quality care to people with intellectual and developmental disabilities (I/DD). This spring newsletter will discuss specific information that is often overlooked on medical consult forms and will also provide a person-centered form to use for hospital admissions.

Medical Consult Forms–What’s Missing?

In most agencies, caregivers fill out the consult forms for medical appointments. They understand that all diagnoses, allergies, medications, and personal information is necessary, and they are “filling in the blanks” on the consult form. However, caregivers may need some assistance to provide a comprehensive notation and additional information to ensure the physician is well informed to increase the effectiveness of the appointment. Some tips for caregivers are as follows:

- Caregivers can be encouraged to document specific symptoms. Thoughtful detailed notes allow the physician to fully understand the “picture” of what caregivers are observing. Instead of writing “cold symptoms” provide the symptoms such as fever, sneezing or hacking cough. There may be instances that a letter from the nurse is beneficial to help the physician understand the specific circumstances of the medical concern. If time allows, the nurse can also accompany the person to the appointment to discuss complex or complicated matters. If the nurse can’t go to the appointment, consider writing a letter to the doctor, detailing the specific areas of concern.
- Document the effectiveness of treatments or medications. An example is Tylenol that is given PRN for possible pain before bedtime and is effective, allowing the person to sleep throughout the night. Could Tylenol become a standing order to ensure it is administered every evening?
- The diagnosis of pica should be communicated at each appointment to guarantee all healthcare providers are aware that Band-Aids, small dressings, and other small items are not used or in close proximity of the individual, especially if left alone.
- Medications not administered by caregivers should be documented at each appointment. For example, Invega Sustenna injections given in the doctor’s office may not be documented on the medication administration record. However, consult forms should include this medication, as a new medication may be ordered that may cause an interaction.

The HCQU has developed a Health Information Form for providers to document information that physicians and specialists may need pertaining to their specialty. Healthcare specialists require specific information regarding the health of a person that caregivers may not include on a consult form. For instance, it is helpful for a gastroenterologist to know the person’s diet, bowel habits, weight gain or loss, or changes in appetite. This handout helps caregivers provide a complete picture of the person instead of just documenting “the person has been losing weight.” The form can be used in addition to the agency consult form, or can simply be reviewed before filling out the agency consult form as a prompt for other additional information the specialist may need. This handout can be emailed by calling the HCQU office at 724-864-0715.



“Get to Know Me” Form

For When a Person is Hospitalized

The HCQU also can email a form called Get to Know Me: For Hospitalizations to use when a person is hospitalized that provides specific information about the person, which is not included on a hospital admission form. These can be presented to the hospital to help the nurses and doctors give person-centered care and also keep the person safe from incidents that may occur from not having this information at hand.

The short but comprehensive Get to Know Me: For Hospitalizations form allows agencies to provide information to hospitals on:

- How the person communicates and takes medications
- Assistance needed for personal hygiene, toileting, meals and meal choices, mobility
- Consistency of foods and fluids
- Special positioning for meals and adaptive utensils (can they be brought to the hospital?)
- Highlights pica diagnosis
- Incontinency
- Seizure characteristics
- Sensitivities: bright lights, loud noises, touch, environmental temperature



Consider This Scenario

Benjamin was admitted to the hospital with a diagnosis of pneumonia. At the group home everyone called him Benji. At the hospital he was not listening or following the directions from the nurses who were calling him Benjamin. He was labeled non-compliant. He is on a mechanical soft diet, however, his first meal at dinner consisted of ½ of a fried chicken breast, broccoli, and rice. He was found blue and choking during rounds, was given the Heimlich maneuver, and was rescued before he passed out. After this incident, the nurses decided he needed to be fed to maintain safety, but this approach took his independence from him, as he was quite capable of feeding himself if given food that was properly chopped and prepared.

Benji takes his medications crushed in pudding, however, every nurse tried to administer his meds whole with a glass of water. When he did not take his medication, the nurses reported to each other that he was non-compliant again. At night Benji would say “red, red, red.” Nurses had no idea what this meant, but blamed it on his intellectual disability. A few nights later a caregiver visiting at that time, told the nurse that red, red, red, meant he was asking for his PRN liquid Tylenol. This was often administered in the evening to relieve arthritis symptoms, enabling him to get a restful sleep.

"Get to Know Me" Form (Continued)

For When a Person is Hospitalized

Imagine how different Benji's hospital stay would have been if the hospital staff knew more about him! The Get to Know Me form is a great way to share information about the person.

Advocating for people with I/DD is so important, especially when caregivers may not know specifics about the person providing care, such as in a healthcare facility setting. Agencies and their caregivers know the person best. They can help the person successfully complete necessary medical procedures that improve their quality of life. But more importantly, they can promote safety and a positive experience when in the supervision of others. If you are interested in either of these forms, please call the HCQU office at 724-864-0715 to have them emailed to you.



Nurses play an important role in assisting caregivers to understand and maintain the person's health, safety and welfare. We hope this e-newsletter provides useful information to help you and your agency deliver quality care to people with I/DD. If you have any questions related to physical and/or behavioral health care for individuals with I/DD, please contact the KEPRO HCQU at 1-888-321-5861.

Sincerely,

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