

IN-HOME QUALITY IMPROVEMENT

BEST PRACTICE: EMERGENCY CARE PLANNING

NURSE TRACK



Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home care nurse/clinician can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.

Nurse Track

This best practice intervention package is designed to introduce all nurses to emergency care planning to assist in reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Nurse Track of this Best Practice Intervention Package, *Emergency Care Planning*, the learner will be able to:

1. Define what emergency care planning is and how it can be used effectively by an In-Home Provider Agency.
2. Define what a patient emergency plan is and how to use the plan with patients.
3. Describe how emergency care planning may reduce avoidable acute care hospitalizations.
4. Describe two nursing actions or applications that support emergency care planning.

Complete the following activities:

- Read the emergency care planning description and review the sample of “**My Emergency Plan.**”
- Read the Nurse’s Guide to Practical Application.
- Explore the supporting resources on pages 9 to 12.
- Complete the Nursing Post Test.

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.

EMERGENCY CARE PLANNING

There are many different interventions that In-Home Provider Agency's may use as they strive to achieve the national goal of reducing avoidable acute care hospitalizations. Some of the interventions may stand alone, but the majority of them are more effective if used with other interventions. Emergency care planning is one of the interventions that complement the use of a hospitalization risk assessment. A hospitalization risk assessment provides the foundation for recognizing which patients are at risk and identifies specific risk factors. Knowing the patient's risk factors will assist the nurse in developing a more specific patient emergency plan.

In this package we will be talking about two similar but different terms, **Emergency Care Planning** and **Patient Emergency Plan**.

Emergency Care Planning

Definition: The established agency process that includes all activities, tools and policies/procedures used to assist nurses/clinicians with educating patients on what actions to take if a medical problem or change in condition occurs. **Emergency Care Planning** assists the patient in determining who, what, where, when, why and how to respond to changes in health status. Agencies can then utilize patient-centered interventions to try to keep the patient at home or recommend the most appropriate care setting for the patient.

Patient Emergency Plan

Definition: A **patient's emergency plan** is a written plan that helps a patient to identify emergent health problems and to determine whom to call to obtain care for the problem, either your agency or the physician or EMS. The **Patient Emergency Plan** is a significant part of **Emergency Care Planning**.

Components of emergency care planning can include:

- Patient emergency plan
- Magnets or stickers for the phone with the In-Home Agency name and number
- Posters or flyers for the patient to serve as reminders of whom to call first before seeking emergent care, except in case of true emergencies
- Posters or flyers in your offices as reminders to staff about emergency care planning
- Documentation reminders (paper based or electronic) to educate on the patient emergency plan and to document the education
- Processes for handling patient calls during regular hours
- Processes, procedures and guidelines to support emergency care planning

EMERGENCY CARE PLANNING CONTINUED

Education on the patient emergency plan is crucial to the success of this intervention. The education should be started by the nurse/clinician, but should not stop there. Think about all the paperwork and instructions nurses/clinicians are required to give or ask patients on initial visits. It is overwhelming to the nurses/clinicians, let alone the patient and caregivers. Therefore, teaching on the initial visit will not be very fruitful. Start with the basics such as agency hours and phone number and physician phone number. On subsequent visits, continue to educate and build upon the groundwork you laid during the initial visit-working simple to complex!

Who is responsible for this education? The Nurse. Initially, the focus is on the basics, verifying that the patient can use the phone effectively, teaching the patient how to contact the agency, identifying risk areas specific to this patient and teaching the patient how to recognize signs and symptoms that indicate an emergency. Throughout the course of care, the nurse and the In-Home aide as assigned reinforce the emergency plan and update the plan when appropriate. The more the patient learns to monitor signs and symptoms and respond to emerging problems, the more the patient assumes responsibility for his or her own health.





The purpose of emergency care planning is more than just giving the patient a tool, documenting that it was completed and tucking it away in the patient folder. It can reduce the physical and psychological stress for the patient with frequent exacerbations of his/her medical conditions and reduces time away from home, if they use the tool timely. Emergency care planning is an intervention that can help reduce avoidable acute care hospitalizations, keeping patients at home, where they want to be.

Provide the patient and caregivers with the appropriate tools!






(Agency Name & Agency Number)

Patient Name _____





MY EMERGENCY PLAN

WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 <p>I hurt</p>	<ul style="list-style-type: none"> • <u>New</u> pain OR pain is <u>worse</u> than usual • Unusual bad headache • Ears are ringing • My blood pressure is above: _____/_____ • Unusual low back pain • Chest pain or tightness of chest RELIEVED by rest or medication 	<ul style="list-style-type: none"> • Severe or prolonged pain • Pain/discomfort in neck, jaw, back, one or both arms, or stomach • Chest discomfort with sweating/nausea • Sudden severe unusual headache • Sudden chest pain or pressure & medications don't help (i.g. Nitroglycerin as ordered by physician), OR • Chest pain went away
 <p>I have trouble breathing</p>	<ul style="list-style-type: none"> • Cough is worse • Harder to breathe when I lie flat • Chest tightness RELIEVED by rest or medication • My inhalers don't work • Changed color, thickness, odor or sputum (spit) 	<ul style="list-style-type: none"> • I can't breathe • My skin is gray OR fingers/lips are blue • Fainting • Frothy sputum (spit)
 <p>I have fever or chills</p>	<ul style="list-style-type: none"> • Fever is above _____F • Chills/can't get warm 	<ul style="list-style-type: none"> • Fever is above _____F with chills, confusion or difficulty concentrating
 <p>Trouble moving or fell</p>	<ul style="list-style-type: none"> • Dizziness or trouble with balance • Fell and hurt myself • Fell but didn't hurt myself 	<ul style="list-style-type: none"> • Fell and have severe pain



This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 I see blood	<ul style="list-style-type: none"> • Bloody, cloudy, or change in urine color or foul odor • Gums, nose, mouth or surgical site bleeding • Unusual bruising 	<ul style="list-style-type: none"> • Bleeding that won't stop • Bleeding with confusion, weakness, dizziness and fainting • Throwing up bright red blood or it looks like coffee ground
 Trouble Thinking	<ul style="list-style-type: none"> • Confused • Restless, agitated • Can't concentrate 	<ul style="list-style-type: none"> • Sudden difficulty speaking
 My weight or appetite changed	<ul style="list-style-type: none"> • I don't have an appetite • Lost ____ lbs. in ____ days • Gained ____ lbs. in 1 day OR ____ lbs. in ____ days • Feet/ankles/legs are swollen 	
 I don't feel right	<ul style="list-style-type: none"> • Weaker than usual • Dizzy, lightheaded, shaky • Very tired • Heart fluttering, skipping or racing • Blurred vision 	<ul style="list-style-type: none"> • Sudden numbness or weakness of the face, arm or leg • Sudden difficulty speaking/slurred words • Suddenly can't keep my balance
 I feel sick to my stomach	<ul style="list-style-type: none"> • Throwing up • New coughing at night 	<ul style="list-style-type: none"> • Can't stop throwing up • Throwing up blood

This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 Bowel troubles	<ul style="list-style-type: none"> • Diarrhea • Black/dark OR bloody bowel movement • No bowel movement in ____ days • No colostomy/ileostomy output in ____ hours/days 	
 Trouble urinating	<ul style="list-style-type: none"> • Leaking catheter • No urine from catheter in ____ hours • Have not passed water in ____ hours • Urine is cloudy • Burning feeling while urinating • Belly feels swollen or bloated 	
 I am anxious or depressed	<ul style="list-style-type: none"> • Always feeling anxious • Loss of appetite • Unable to concentrate • Trouble sleeping • Loss of hope • Constant sadness 	<ul style="list-style-type: none"> • I have a plan of hurting myself or someone else
 My wound changed	<ul style="list-style-type: none"> • Change in drainage amount, color or odor • Increase in pain at wound site • Increase in redness/warmth at wound site • New skin problem • Fever is above ____ F 	<ul style="list-style-type: none"> • Fever is above ____ F with chills, confusion or difficulty concentrating • Bleeding that won't stop

This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

WHAT TO DO?	CALL MY PHYSICIAN WHEN:		CALL 911 WHEN:
 I have diabetes and I'm...	<ul style="list-style-type: none"> • Thirsty or hungry more than usual • Urinating a lot • Vision is blurred • I'm feeling weak • My skin is dry and itchy • Repeated blood sugars great than _____mg/dl 	<p>Take: 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy,</p> <hr/> <p>Wait: 15 minutes & re-check blood sugar IF your blood sugar is still low and symptoms do not go away: Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass mild WAIT: 15 minutes & re-check blood sugar</p>	<ul style="list-style-type: none"> • Fruity breath • Nausea/throwing up • Difficulty breathing • Blood sugar greater than _____mg/dl <hr/> <ul style="list-style-type: none"> • Low blood sugar not responding to treatment • Unable to treat low blood sugar at home • Unconsciousness • Seizures
 Other problems	<ul style="list-style-type: none"> • Feeding tube clogged • Problems with my IV/site 		

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This chart was prepared by Quality Insights of Pennsylvania in conjunction with Carol Siebert, MS, OTR/L, FAOTA, American Occupational Therapy Association and Karen Vance, OTR/L, BKD Healthcare Group and American Occupational Therapy Association. Based on MyEmergency Plan created by Delmarva in conjunction with OASIS Answers, Inc.

My Emergency Plan References

Adapted from the *Home Telehealth Reference 2006/2007* teletriage decision support tools available at www.medqic.org.

I hurt

1. National Guideline Clearinghouse. 2004. Improving medication management for older adult clients. <http://www.guideline.gov>.
2. Institute for Clinical Systems Improvement (ICSI). 2004. Assessment and management of chronic pain. <http://www.icis.org>.
3. American Geriatric Society. 2005. Aging in the Know - Pain Management. <http://www.healthinaging.org>.
4. National Guideline Clearinghouse. 2005. Pain Management Guidelines. <http://www.guideline.gov>.
5. American Pain Society. 2006. Pain Guidelines and Online Resource Centers. <http://www.ampainsoc.org>.

I have trouble breathing

1. American Academy of Family Physicians. 1996. Shortness of Breath Algorithm. <http://www.familydoctor.org>.
2. The American Geriatric Society Foundation for Health in Aging. 2004. Eldercare at Home – Breathing Problems. <http://www.healthinaging.org>.
3. Registered Nurses Association of Ontario Asthma Guideline. <http://www.RNAO.org>.
4. National Heart, Lung, and Blood Institute/World Health Organization (2004) Global strategy for the diagnosis, management, and prevention of chronic obstructive lung disease: Executive summary. Available at www.goldcopd.org.

I have fever or chills

1. The American Geriatric Society Foundation for Health in Aging. 2004. Eldercare at Home – Fever. <http://www.healthinaging.org>.

Trouble moving or fell

1. Guideline for the prevention of falls in older persons. 2001. Journal of American Geriatrics Society, 49:664-672.
2. Falls among older adults. 2005. National Center for Injury Prevention and Control. <http://www.cdc.gov/ncipc/factsheets/falls.htm>.
3. National Collaborating Centre for Nursing and Supportive Care. 2004. Clinical practice guideline for the assessment and prevention of falls in older people. London: National Institute for Clinical Excellence (NICE). <http://www.guideline.gov>.
4. Health Care Association of New Jersey. 2005. Fall management guidelines. <http://www.guideline.gov>.
5. American Academy of Family Physicians. 2000. What causes falls in the elderly? <http://www.aafp.org/afp20000401/2173ph.html>.

I see blood

1. National Guideline Clearinghouse. 2005. Thrombocytopenia. <http://www.guideline.gov>.
2. National Guideline Clearinghouse. 2004. Hematuria.. <http://www.guideline.gov>.
3. American Academy of Family Physicians. 1996. Urination Problems. <http://www.familydoctor.org>.
4. American Academy of Family Physicians. 2006. Nosebleeds: What to Do When Your Nose Bleeds. <http://www.familydoctor.org>.
5. American Academy of Family Physicians. 2006. Elimination Problems. <http://www.familydoctor.org>.

Trouble thinking

1. Delirium in the elderly. 2005. EBM Guidelines. <http://www.ebmguidelines.com>.
2. Dementia: What Are the Common Signs? <http://www.familydoctor.org>.
3. Youngerman-Cole, S. 2005. Confusion, Memory Loss, and Altered Alertness. <http://www.healthwise.com>.

My weight or appetite changed

1. American Academy of Family Physicians. 1996. Shortness of Breath Algorithm. <http://www.familydoctor.org>.
2. The American Geriatric Society Foundation for Health in Aging. 2004. Eldercare at Home – Breathing Problems. <http://www.healthinaging.org>.
3. Hunt SA, Baker DW, Chin MH, et al (2001) *ACC/AHA guidelines for the evaluation and management of chronic heart failure in the adult: A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines* (Committee to revise the 1995 guidelines for the management of heart failure). *American Journal of Cardiology*. Available online: http://www.acc.org/clinical/guidelines/failure/hf_index.htm.
4. Mueller TM, Vuckovic KM, Know D & Williams RE (2002) Telemanagement of heart failure: A diuretic treatment algorithm for advanced practice nurses. *Heart & Lung* 31(5), 340-347.

I don't feel right

1. American Diabetes Association. 2006. All About Diabetes – Hypoglycemia. <http://www.diabetes.org>
2. American Academy of Family Physicians. 2006. Benign Paroxysmal Positional Vertigo. <http://www.familydoctor.org>.
3. The Merck Manual. 1999. New York: Pocket Books.

I feel sick to my stomach

1. American Academy of Family Physicians. Nausea and Vomiting. 1996. <http://www.familydoctor.org>.
2. Quigley, E., Hasler, E., Parkman, H. 2001. Management of nausea and vomiting, AGA Technical Review. *Gastroenterology* 120: 263-286.

Bowel troubles

1. Rehabilitation Nursing Foundation. 2002. Practice Guidelines for the Management of Constipation in Adults. http://www.rehabnurse.org/profresources/02m_topicdex.html.
2. Practice guidelines for the management of constipation in adults. 2002. <http://www.guideline.gov>.
3. American Academy of Family Physicians. 2006. Constipation: Keeping Your Bowels Moving Smoothly. <http://www.familydoctor.org>.

Trouble urinating

1. National Kidney and Urologic Diseases Information Clearinghouse. 2004. Your Urinary System and How It Works. <http://kidney.niddk.nih.gov>.
2. American Academy of Family Physicians. 1996. Urination Problems. <http://www.familydoctor.org>.
3. WOCN Clinical Practice Committee. Clinical Fact Sheet. Indwelling Catheters. <http://www.wocn.org>.
4. The American Geriatrics Society. 2004. Improve Your Urinary Incontinence – Catheters and Catheter Care. <http://www.americangeriatrics.org>.

I am anxious or depressed

1. National Guideline Clearinghouse. 2005. Stress related conditions and other mental disorders. <http://www.guidelines.gov>.
2. American Academy of Family Physicians. 2005. Anxiety and Panic: Gaining Control Over How You're Feeling. <http://www.familydoctor.org>.
3. National Guideline Clearinghouse. 2003. Depression in older adults. <http://www.guidelines.gov>.
4. National Guideline Clearinghouse. 2005. Detection of depression in the cognitively intact older adult. <http://www.guidelines.gov>.

My wound changed

1. American Academy of Family Physicians. 2005. Pressure Ulcers. <http://www.familydoctor.org>.
2. National Guideline Clearinghouse. 2003. Guideline for prevention and management of pressure ulcers. <http://www.guidelines.gov>.
3. Odom-Forren, J. 2006. Preventing Surgical Site Infections. <http://www.nursingcenter.com>.

I have diabetes and I'm...

1. American Diabetes Association. 2006. All About Diabetes – Hyperglycemia. <http://www.diabetes.org>.
2. American Diabetes Association. 2006. Standards of Medical Care in Diabetes. <http://www.care.diabetesjournals.org>.
3. American Diabetes Association. 2006. All About Diabetes – Hypoglycemia. <http://www.diabetes.org>.
4. American Diabetes Association. 2006. Standards of Medical Care in Diabetes. <http://www.care.diabetesjournals.org>.
5. Bodenheimer, T, MacGregor, K & Sharif, C (2005) Helping patients manage their chronic conditions. Available online: <http://www.chcf.org>.

6. Frable, PJ, Wallace, DC & Ellison, KJ (2004) Using clinical guidelines in home care for patients with diabetes. *Home Healthcare Nurse* 22 (7), 462-462-468.
7. Kleinbeck, C & Williams, AS (2004) Disabilities, diabetes, and devices. *Home Healthcare Nurse* 22 (7), 469-475.
<http://www.americanheart.org/presenter.jhtml?identifier=3053#Stroke>

EMERGENCY CARE PLANNING

Nurse's Guide to Practical Application

Purpose: To assist the nurse with establishing and reinforcing emergency care planning with the patient and his or her family and/or caregiver.

- Determine if patient has a phone.
- Establish an emergency plan at initial visit. Reinforce and document instructions.
- Include the patient and family in completing the patient emergency plan, especially the “Other” section of the plan.
- Customize the patient emergency plan for the patient with specific physician directed parameters, obtained throughout care.
- During visits ask the patient to locate “**My Emergency Plan.**”
- Evaluate patient’s physical and cognitive ability to:
 - Access the phone
 - Successfully place a call to physician and/or to 911
 - Effectively communicate with the other party on the phone line
 - Consider programming the physician phone number into patient’s phone, if possible, with the patient, family or caregiver permission
- Educate patient/family/caregiver that a patient emergency plan:
 - Is the Patient’s Plan that outlines what to do in the event of new or exacerbated symptoms
 - Helps the patient identify changes in health status which should not be ignored
 - Assists the patient and/or family or caregiver with deciding when to call the physician and when to call 911

EMERGENCY CARE PLANNING

Nurse's Guide to Practical Application Continued

- Emphasize that the emergency plan is a tool to help the patient remain at home and avoid the emergency department or hospital unless this level of care is necessary.
- Utilize emergency care planning as the first step to promote patient self care management.
- Stress that early identification of changes in condition may prevent a hospitalization.
- Incorporate a review of the patient emergency plan into nursing visits before you leave as a closing activity or as a part of your patient education.
- Reinforce specific patient emergency plan areas after any new diagnosis or medication or treatment change and after any emergent care events.
- Describe specific situations and ask the patient to identify what the appropriate course of action would be. Example: "What would you do if you noticed blood in your urine?"
- Remember that effective emergency care planning will help patients feel more confident in their ability to identify changes in their condition and to seek the most appropriate level of care.
- Establish interventions the agency can implement to attempt to manage the patient at home. Examples of interventions that an agency may offer include the following: Medication Management, Telemonitoring, Fall Prevention, Patient self-management, Disease-case management.

Nurse Name: _____

Date: _____

NURSING POST TEST

Emergency Care Planning

Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. This is a written patient-centered plan that defines what the patient is to do in case of an emergency. The plan includes a range of signs and symptoms to report to the Physician versus when it is more appropriate to call 911.
 - A. Emergency Care Planning
 - B. Patient Emergency Plan

2. Emergency Care Planning includes all of the following, **except**:
 - A. Patient emergency plan
 - B. Magnets and Phone stickers
 - C. Hospitalization Risk Assessment
 - D. On-call policies and procedures

3. A patient emergency plan should **ideally** be reviewed at:
 - A. Start of care and resumption of care only
 - B. Recertification only
 - C. Discharge only
 - D. Every visit

4. Emergency care planning is an intervention that should be completed by all disciplines (interdisciplinary)
 - A. True
 - B. False

5. When creating the patient's emergency plan, the following people should be involved:
 - A. Nurse
 - B. Patient
 - C. Family/caregiver
 - D. Physician
 - E. All of the above