



*Case Study: No Hospital Transfer*

*Angela Jiminez is an 84 year old resident who came to live at the LTC facility three years ago. She has significant dementia, but the staff has gotten to know her behavior patterns.*

*One evening, the CNAs notice that Angela is leaning to the side in her chair. She doesn't get up and dance and clap with the music activity the way she usually does. The CNA completes an Early Warning Tool and brings it to the nurse.*

*On the ten o'clock med pass, the nurse notices that Angela is much less responsive than usual; the nurse is afraid to attempt to give her usual medications. She gets an SBAR Tool, begins to review the chart, and assesses the resident, including taking her vital signs. Angela's BP is 90/60, whereas it is normally about 140/80. Her HR is 92; RR 24, oxygen saturation 93% on room air. Her skin turgor is poor, and she feels slightly warm. Her temp is only 99, but her usual temperature is 97. The nurse decides to review the Care Paths for possible dehydration and fever, then she contacts the NP.*

*The NP asks the nurse about advance directives. The resident has a DNR/DNI order in place, but no advance directives regarding hospitalizations. The nurse gives the NP the contact information for the health care proxy, which has been invoked. The nurse reviews with the NP that stat labs can be drawn, an IV nurse can be called to place an IV within a few hours, and the emergency kit contains both p.o. and I.V. antibiotics.*

*The NP contacts the resident's family and explains that the resident can be treated in the nursing home, since the lab results will come back within 4-8 hours; the nursing home can maintain an IV for IV fluids until the lab results are back. IV antibiotics and oxygen, if needed, can be administered. The family elects not to transfer the resident to the emergency room, expressing a preference for the plan of care in the nursing home.*

*The labs are drawn, the IV nurse places a peripheral line, and the nurse determines that a CNA will sit with the resident for a while, since the resident may become agitated and try to remove the IV line. IVF at 80 cc/hr are initiated, as well as IV ceftriaxone 1 gm every 24 hours.*

*The labs come back remarkable for an elevated BUN (50) but no other major abnormal findings. After 24 hours, the resident looks much better, and is back to close to baseline. After 48 hours, the resident's urine culture comes back "no growth," so the antibiotics are stopped. The IV fluids are also d/c'd, and oral rehydration is continued.*