

| Condition | Assessment | Interventions | Follow-Up/Evaluation |
|---------------------|--|---|---|
| Feeding Tube | Risk Level: Urgent | Immediate Intervention | |
| | <ul style="list-style-type: none"> <input type="checkbox"/> Reports feeding tube leaking out <input type="checkbox"/> Reports feeding tube out <input type="checkbox"/> Pump is alarming Reports symptoms of potential feeding intolerance: <ul style="list-style-type: none"> <input type="checkbox"/> Bloating <input type="checkbox"/> Cramping <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal distention <input type="checkbox"/> Diarrhea | <ul style="list-style-type: none"> <input type="checkbox"/> Make home visit <input type="checkbox"/> Contact MD | <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Home Health Staff notified |
| | Risk Level: Potentially Urgent | Interventions Required | |
| | <ul style="list-style-type: none"> <input type="checkbox"/> Reports yellow/brown discharge from stoma <input type="checkbox"/> Reports tender discoloration or rash adjacent to stoma <input type="checkbox"/> Reports constipation/diarrhea | <ul style="list-style-type: none"> <input type="checkbox"/> Coordinate care with primary nurse | <ul style="list-style-type: none"> <input type="checkbox"/> Schedule on-site visit for next day <input type="checkbox"/> Follow-up phone call |

Decision support tools are “guides” only & may not apply to all clients & all clinical situations. Thus, they are not intended to override clinician’s judgment. Material adapted from HHQIOSC document 8SOW-PA-HHQ06.152.