

THE SAI GROUP: CARE PATHWAY - Lower Resp. Infection

Referral with diagnosis or high-risk of respiratory infection

Initial evaluation within 48 hours of referral or home return whichever is earlier

Begin Telehealth (+ Medication Monitoring if applicable) within 48 hours post evaluation with following checks

- Temperature– at least daily
- Heart rate– at least daily
- BP– at least daily
- Weight– at least daily
- Pulse-oxymetry– at least daily
- Blood glucose level (if diabetic)- as ordered

Continue telehealth if risks present or for at least 1 episode if asymptomatic/ stable (unless discharged from home health before end of episode).

OT/ PT Care (to include but not limited to):

- Exercise/ activity tolerance
- Mobility
- Deep/ pursed lip breathing exercises
- ADL & AE trg. as needed
- Pt. education/ FMP design & trg. as needed

SLP Care

- Swallow eval & safe swallow techniques
- Dietary consistency modifications
- Pt. education/ FMP design & trg. as needed

- **Nursing re-visit** no later than 48 hours post evaluation
- Frequency of nursing and home health aide based on clinical/ functional needs stated on initial evaluation/ physician orders
- Refer to OT and/or PT, and SLP (if no admission orders)

Nursing care (includes but not limited to):

- Review of drugs
- Watch for drug interactions/ side-effects
- Patient education
- Medication administration/ management as needed
- Administration of annual influenza vaccination
- Administration of PPSV (if no history or last dose more than 5 years ago before the age of 65; if previously vaccinated after age 65– none needed) *
- Telehealth monitoring
- Check for s/s for resp. infection and temp., BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
- Supervision of aide as needed

All staff to check for s/s with each visit

Does patient complain of any of the following signs & symptoms:

- Labored breathing / shortness of breath
- New or worsened cough
- New or increased sputum production
- New or increased findings on lung exam (rales, wheezes)

Yes

No

Do any of the following signs exist? (TELEHEALTH OR IN-PERSON)

- Temp > 102°F (> 38.9°C)?
- Apical HR > 100 or < 50 bpm?
- Respiratory rate > 30/min?
- BP < 90 systolic?
- Oxygen saturation < 90%?
- Finger stick glucose < 70 or >400?
- Unable to eat or drink?

Yes

Notify physician immediately/ consider hospital discharge

Nurse to contact Physician to consider

- Oral, IV or Sub Q Hydration as indicated
- Oxygen supplementation as indicated
- Nebulizer treatments and/or cough suppressants as needed
- Antibiotic therapy (Check Allergies) Oral (7-14 days):
 - Levofloxacin 250-500 mg daily
 - Amoxicillin/Clavulanate 850 mg bid
 - Cefuroxime axetil 500 mg bid IM (2-3 days, then re-eval.):

Nurse to contact physician for possible orders for lab testing

- Portable chest X-ray
- Blood work
 - Complete Blood Count
 - Basic Metabolic Panel

Nurse to forward lab results to physician as soon as available and re-assess

- Results of chest X-ray suggestive of pneumonia or infiltrate?
- Critical values in blood count or metabolic panel?
- Worsening clinical condition?

No

Yes

Notify Physician Immediately/ consider discharge to hospital

Discontinue services when goals achieved/ potential maximized/ no further skilled needs with physician approval, or as directed by physician