

THE SAI GROUP: CARE PATHWAY - Mental Status Change

Referral with diagnosis or high-risk of mental status change

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

Use Medication Monitoring within 48 hours post evaluation if any of the following criteria met:

- Confused/ forgetful & lives alone
- Confused/ forgetful & family members unable/ unwilling to help with medication administration
- History of medication mismanagement/ non-compliance

- **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 / PT/ SLP if applicable (if no admission orders)

Continue medication monitoring until risks present. Use other telehealth features and care pathways if applicable.

- 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/ medication monitoring
 - Check mental status, BP/ postural BP, HR, respiratory rate, oxygen saturation, weight, blood glucose level (if diabetic) with **each visit**
 - Supervision of aide as needed

- OT/ PT / SLP Care (to include but not limited to):**
- Cognitive trg./ compensatory strategies
 - Mobility
 - ADL & AE trg. as needed
 - Pt./ caregiver education/ FMP design & trg. as needed

All staff to check for s/s with each visit

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

- New or increased confusion / disorientation
- Decreased level of consciousness
- New or worsened physical and/ or verbal agitation
- New or worsened delusions or hallucinations
- New or worsened severe depressed mood

NURSING ASSESS (any present):

- Temp > 102°F (> 38.9°C)?
- Apical HR > 130 or < 50 bpm?
- Resp. rate > 30 or < 10/min?
- BP < 90 or >210 systolic?
- Oxygen saturation < 90%?
- Finger stick glucose < 70 or >400?
- Not eating or drinking?
- Danger to self/ others?
- Suicidal ideations?
- Other critical s/s?

Yes

Notify Physician Immediately/ Consider hospital discharge

Yes

No

No

Nurse to reconcile meds, contact physician for possible orders for lab testing

- Blood work
 - Complete Blood Count
 - Basic Metabolic Panel
- Other test if indicated based on s/s:
 - Portable chest X-ray
 - Urinalysis
 - EKG (Telehealth)

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 lab values?
- EKG abnormalities?

No

Nurse to discuss plan with physician and notify physician if any criteria for hospital transfer is met

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