**Case 7- Resolution of Non-Urinary, Non-specific Geriatric Symptoms after 24-48 Hr.**

**Situation:** She has been on 24-48 hrs. observation for generalized discomfort and mild confusion. She has returned to baseline with pain is improved with scheduled acetaminophen.

**Resident evaluation:** She had no new significant complaints or signs or symptoms of focal infection. She has continued on her regular medication including new gabapentin.

**Appearance:** She had no new complaints or signs or symptoms of localized infection or other illness. She was observed and treated according to standing orders. She has resumed normal activity and intake.

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**Vitals**

- **Temperature:** 97.2 (oral)
- **Pulse:** 68 regular **Resp:** 20
- **BP:** 120/62
- **O2 Sat:** 97%
- **Finger stick Blood Sugar:**

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**Background**

- **Diagnoses:** multiple spine VB compression fractures, OA, osteoporosis, h/o mastectomy
- **Recent antibiotics:** none
- **Allergies:** Doxycycline
- **Anticoagulants,** Dig, oral hypoglycemic: none
- **Code Status:** Full Code
Case Study 7 – Answer Keys
When to Test Urine – Nursing Tool
Case Study 7 – Nursing Tool Answer Key

Wisconsin Healthcare-Associated Infections in LTC Coalition

1. Resident Change in Condition
   - Complete Nursing Assessment (Box A)

2. Localizing Urinary S/S (Box B)
   - Warning Signs Present (Box D)
     - Yes: Consult Provider See Script 1
     - No: Consult Provider See Script 2

3. Non-localizing S/S – Nonspecific Geriatric S/S (Box C)
   - Warning Signs Present (Box D)
     - Yes: Consult Provider See Script 3
     - No:
       - Worse: Consult Provider See Script 5
       - Improved: No Urine Testing Necessary See Script 7

4. Consult Provider See Script 4
   - Observe / Monitor 24-48 hours

5. No Change: Monitor per Medical Director Protocol

Boxes:

Box A
Nursing Assessment Complete Nursing Assessment
See Nursing Assessment on reverse side of this tool

Box B
Localizing Urinary S/S
- Acute dysuria
- New or worsening frequency
- New or worsening urgency
- New or worsening incontinence
- Gross hematuria
- Suprapubic pain
- Costalvertebral angle pain
- New scrotal / prostate pain
- Urethral purulence

Box C
Non-localizing / Non-Specific Geriatric S/S
- Behavior Changes
- Functional Decline
- Mental Status Change
- Falls
- Restlessness
- Fatigue
- "Not Being Her-Himself"

Box
Warning Signs
- Fever
- Clear-cut Delirium
  - Altered LOC
  - Disorganized Thinking
  - Psychomotor Retardation
- Rigors (shaking chills)
- Hemodynamic Instability
  - Hypotension
  - Tachycardia
This message is to inform you of outcome following 24 hr. skilled nurse observation for increased pain and mild confusion beginning 10/21/14 at 4:00PM.

**Chief Complaint:** Symptoms resolved. Resident condition returns to baseline.  
**Situation:** She has been on 24-48 hrs. of skilled nursing observation for the complaint of generalized discomfort and mild confusion. She has returned to baseline alertness, intake and activity and says her pain is improved with scheduled acetaminophen within limits of her current orders. She had no new significant complaints or signs or symptoms of focal infection. She has continued on her regular medication regimen including new gabapentin order from a week ago.  
**Vitals:** Temperature 97.2 (oral), Pulse 68 and regular, Respirations 20, B/P 120/62. O2 Sat on room air is 97%.

**Background:**
- **Diagnoses:** Compression fracture vertebral body-multiple, osteoarthritis, osteoporosis, GERD, HTN Hx/o mastectomy  
- **Recent antibiotics:** None  
- **Allergies:** Doxycycline  
- **Anticoagulants, Hypoglycemics, Digoxin:** None  
- **Code Status:** Full Code  

**Appearance:** She had no new significant complaints or signs or symptoms of localized infection or other illness. She was observed and treated according to standing orders. She has resumed normal activity and intake.

**Review/Notify:** We have provided skilled observation for 48 hrs. According to our understanding of best practices and our facility protocols, the information is insufficient to indicate an active urinary tract infection. The resident does NOT need an immediate prescription for an antibiotic. We request that her baseline care plan be resumed.