Section Title	Guidance / Links

1. Diagnoses and Conditions: *(Use additional sheets if necessary)*

Medical Diagnosis	Code	Description	Category

- **Historical / Inactive Diagnoses or Conditions**

Guidance: none
Links: none

2. Allergies: *(Use additional sheets if necessary)*	Guidance: Complete a MERP for those conditions with likely potential to exacerbate into a life-threatening situation. Link: DDSD Policy – Medical Emergency Response Plan (to be posted on DDSD website)

3. Medications • **Begin Date-Medication Name-Scheduled/PRN-Purpose-End Date**	Guidance: Some medications may require the development of a healthcare plan or MERP. Link: none
3a. Nurse/IDT comments • **Medication Delivery Supports:**	Guidance: none Link: DDSD Policy/Procedure – Medication Assessment and Delivery (posted on DDSD website)
3b. Monitoring Effectiveness of Medications Directions: The nurse will document the person's response to their medication regime including the use of PRN medications and any new or changed medications.	Guidance: none Link: none
3c. Refusal of Medications, Treatments or Monitoring (select one) O Never or rarely refuses O Occasional refusal that does not impact health O Frequent refusal or occasional refusal that has impact on health	Guidance: Review the Continuum of Care guidelines regarding refusal or medications. Patterns of refusal may be a strong indicator of choice or concerns and may warrant closer examination by the team Link: http://www.unmcoc.org/gGuidelines/refusal.htm

4. Labs/Radiology

- **Any abnormal lab work or radiology exams in the past year?**
  - o No
  - o Yes – Provide a synopsis of any abnormal lab or radiology findings and activities taken to follow up or address these issues.

5. Utilization of Medical Services

- **Scheduled visit to PCP in the past year**
  - o 1-4 times
  - o 5 or more times
- **Urgent care or Emergency room visit in the past year**
  - o 0-2 times
  - o 3-4 times
  - o 5 or more times
- **Hospitalizations in the past year**
  - o 0-1 times
  - o 2-3 times
  - o 4 or more times
- **Required Heimlich maneuver or abdominal thrusts to clear airway**
  - o times = low
  - o time= moderate
  - o or more =high
- **Diagnosis or condition change that requires frequent medical follow up, treatment or monitoring (i.e. cancer, acute illness)?**
  - o No
  - o Yes – Describe:

Guidance: Utilization of healthcare services can be an indication of complex health issues. Review all plans and revise as needed. Contact PCP for appointment or consider seeking advice from the DDSD regional nurse or Continuum of Care. Assure that training is up to date. For Heimlich or abdominal thrusts; choking is a common event but individuals who have more than on e choking event should have health and behavioral issues reviewed by the IDT to assure that plans are in place to meet behavioral or physical needs.

HCP and MERP are required.
Link:
http://hsc.unm.edu/som/coc

6. Vital Signs

- **Were vital signs taken at the time of this assessment?**
  - O No
  - O Yes – enter data below

Temperature [ ] Pulse [ ]

Respirations [ ] Blood Pressure [ ]

- **Pulse Oximeter readings ordered?**
  - O N/A
  - O No
  - O Yes – enter data below

Date and time: [ ]

Most recent reading:
- O O2 < 90%
- O O2 > or = 90%

Guidance: Routine orders for vital signs are often ordered for monitoring specific conditions or medications. Typically these strategies are blended with health care plans for the specific condition as needed.

Guidance: None

7. Height and Weight

- **Height** [ ] *feet, inches*
- **Weight** [ ] *pounds*

Guidance: none
Link: none

7a. Has there been *unplanned* weight gain (> 5 lbs)?

- O No
- O Unknown
- O Yes

Guidance: Recheck weight to verify actual weight gain or weight error. If weight gain was rapid, assess for edema, rales, and shortness of breath. Consider all possible causes of weight gain. Collaborate with registered dietician. Contact PCP or appropriate specialist after completing hands on assessment. Healthcare plan or MERP may need to be developed based on cause of weight gain.
Link: none

7b. Has there been *unplanned* weight loss?

- O No
- O Unknown
- O Yes (select all that apply)
  - O Unplanned loss of less than 5% of total body weight in a 3-month period
  - O Unplanned loss of up to 10% (or higher) of total body weight in a 6-month period

Guidance: Recheck weight to verify actual loss versus error in weights. Assess for cause of weight loss; ability to eat; quality and quantity of food prepared; consistent delivery of tube feedings if tube in place; elimination; acute or chronic illness; overall functional decline; medications and other possible causes of acute unplanned weight loss. Contact PCP or appropriate specialist after completing hands on assessment. Collaborate with registered dietician. Healthcare plan will be developed for unplanned weight loss in an individual who is under ideal body weight or has a BMI < 13.5.
Link: none

7c. BMI

Value:	**Description:**

Guidance: BMI is based on a ratio of height and weight calculation provided in standardized tables. There can be variations in normal range based on ethnic heritage. See Link. People who are overweight or obese have a greater chance of developing high blood pressure, high blood cholesterol or other lipid disorders, type 2 diabetes, heart disease, stroke, and certain cancers, and even a small weight loss (just 10 percent of current weight) will help to lower risk of developing those diseases. Adults with large waistlines are at high risk for metabolic syndrome. If there is a very high or very low BMI, consult with RD and develop HC plan. Notify PCP if new finding or change in status.
Link:
http://www.nhlbisupport.com/bmi/

8. Nutrition • **Does the individual receive a special diet?** O No (skip to sub-section 8a) O Yes • **Diet Order** O Regular O NPO O Diabetic - # of calories O High Calorie - # of calories O Low Salt O Low Fat O Ketogenic O Gluten Free O Other – • **Diet Texture** O Regular O Chopped O Mechanical Soft O Pureed O Other – • **Fluid Consistency** O Regular/thin liquids O Nectar thickened O Honey thickened O Pudding thickened O Other –	Guidance: Diet orders are typically obtained from the PCP. Good nutrition is a key to attaining and maintaining good health. See link below for ADA guidance. Specialized diets will be developed and trained by the Registered or Licensed Dietician on the team. Texture and liquid modifications are frequently developed by the SLP. If there is no SLP or mealtime specialist on the team, a referral may be made to the SAFE clinic for assessment and planning advice. A PCP order for texture and thickening may be obtained by the nurse after discussion with the RD and PCP. Healthcare plans may need to be developed in collaboration with the SLP or RD. Refer to the 2010 aspiration risk management policy and procedure for additional information for those identified at aspiration risk. 2010 aspiration risk management policy and procedure (Note-currently in revision, to be posted on DDSD website) Link: http://hsc.unm.edu/som/coc/clinics/ketogenic.shtml Link: http://www.eatright.org
8a. Does individual require fluid restriction? O No O Yes	Guidance: The healthcare plan and MERP must address the maximum allowable amount of fluid per 24 hours and the plan to provide that fluid including reference to any behavioral plans. The MERP should address signs and symptoms of fluid overload or dehydration and provide guidance for emergency services. Link: None
8b. Is intake and output monitoring ordered by a physician? O No O Yes	Guidance: Healthcare plan should address rationale for I and O and desired limits if any identified by Dr. Include what points to report I and O issues to nurse and PCP. Consider if there continues to be an ongoing need for this monitoring and address with PCP as appropriate. Link: None

9. Tube Feeding/Enteral Nutrition • **Does individual receive tube feeding or enteral nutrition?** O No (skip to section 10) O Yes • **Tube type** (select one)**:** O NG O G tube O G/J tube O J tube • **Tube details:** O PEG O Mic-Key O Button / low profile O Balloon tip (foley) O Other: • **Original tube placement date:** • **Tube last replaced (if known):**	Guidance: With any enteral feeding, a tube feeding protocol, healthcare plan and MERP are required. If a tube is placed but not used routinely a healthcare plan is required to provide guidance on tube use and site care. Refer to 2010 Aspiration Risk Management Policy and Procedure. Refer to Continuum of Care website and DDSD website for additional guidance. Link: http://www.nutritioncare.org/Library.aspx ; www.wocn.org;
9a. Tube site information at time of assessment O Site clean and dry O Healthy pink stoma O Reddened skin around stoma O Macerated skin around stoma O Retracted stoma O Retracted tube or button O Leaking formula O Purulent drainage O Erosion at site O Fistula at site • **Describe additional condition of tube and site, as well as any ongoing concerns:**	Guidance: If tube site is leaking formula; has fistula, erosion or drainage or if tube or button is retracted, contact PCP. Consider consultation with WOCN. Create healthcare plan to address additional skin issues. MERP needed to address risk for tube complications, sepsis or gastric complications. Link: www.wocn.org http://www.nutritioncare.org/Library.aspx

9b. Risk for tube displacement: O Never or rarely touches O Often touches or pulls O Pulls out tube	Guidance: Discuss interventions to minimize risk of pulling at tube with the PCP and the team. New tube sites that do not have an established tract present a very high risk of tissue trauma and peritonitis. Clothing adaptations such as overalls, additional layers or abdominal binders may be considered. The regional nurse or Continuum or Care may be contacted for advice. MERP should be developed to address what must be done in case tube is removed.
10. Aspiration Risk • **Aspiration Risk as determined by Screening Tool:** O Low O Moderate O High	Guidance: The aspiration risk screening tool is the initial step for further assessment and planning. Refer to the 2010 Aspiration Risk Management Policy and Procedure for detailed instructions. Comprehensive aspiration risk management plan and MERP are required if moderate or high risk. If tube feedings have been recommended or are being considered, refer to the Continuum or Care website or the DDSD website for additional information on questions for the physician or resources for decision making. 2010 Aspiration Policy and Procedure; Aspiration Risk Screening Tool and Nursing Collaborative Aspiration Risk Assessment Tool. LINK will be provided later Link : http://www.health.state.nm.us/ddsd/Rules/QI/Policy_ARM.htm#sec3
11. Oral Dental • **Level of assistance with oral care/hygiene** O Independent O With some assistance O Extensive assistance, total dependence	Guidance: There is a direct correlation between oral health and cardiovascular disease and risk for developing pneumonia. Bone recession and bleeding gums may be side effects of medication. Consider oral pain as a possible trigger for behavioral symptoms. An oral care plan is required for individuals with excessive plaque, multiple cavities, obvious decay, loose or broken teeth,

11a. Status of oral care / hygiene: based on dental report or observation: O Good oral hygiene O Bad breath O Excessive plaque O Multiple cavities O Obvious decay O Broken teeth O Inflamed gums O Bleeding gums O Periodontal disease O Loose teeth O Edentulous (no teeth)	bleeding gums, or periodontal disease. Nurses should develop an oral care plan based on individual need in other cases and may collaborate with OT for equipment or sensory issues and SLP/PT for aspiration issues. Plans may be developed to support habilitation, learning and self care as needed for those assistance or cueing. 2010 aspiration policy and procedure – to be posted on DDSD website
12. Neurological Signs and Symptoms *(this section includes Seizure section from older version)* **Devices / Implants** • **Is cerebral shunt in place?** O No O Yes – Date inserted: • **Is baclofen pump in place?** O No O Yes – Date inserted: • **Is vagal nerve stimulator (VNS) in place?** O No O Yes o Date inserted: o Model or type:	Guidance: Healthcare plan and MERP must address signs and symptoms of shunt infection and malfunction. Observe for and promptly report any sign of increased intracranial pressure. Guidance: MERP and training must address signs and symptoms of pump infection or malfunction. Link: http://www.medicinenet.com/baclofen_pump_therapy/article.htm Guidance: Needs healthcare plan and MERP for seizure management and VNS use. Link : http://www.unmcoc.org/reading/vagus.htm
12a. Are signs and symptoms of recent neurological changes present? O No O Yes	Guidance: Review data, conduct on site assessment and contact PCP or Neurologist to discuss apparent change of condition. Signs and symptoms can include: decline in responsiveness, cognitive functioning, ability to function, strength and/or mobility; presence of headaches, nausea, vomiting, elevated blood pressure, seizures, and/or neuropathy. Develop healthcare plan and MERP as needed.

12b. Seizures • **Is there a seizure disorder?** o No (skip to sub-section 12c) o Yes o Unknown • **Types of seizures *usually* seen:** o None o Febrile o Focal o Partial o Mixed o Generalized • **Frequency of seizures:** o History of seizures but no recent reports of seizure activity o No seizures in the past year o Several times per year o Several times per month o At least weekly o Multiple times per week o Daily or multiple times per day o Multiple times per hour • **Any change in the frequency of seizures over the last several months?** o No o Yes o Increased o Decreased • **Status epilepticus in last 12 months?** o No o Yes – Describe, include cause/trigger if know:	Guidance: Review all seizure tracking records. Contact the PCP or neurologist to discuss current condition if seizures have increased or type of seizure has changed or if overall level functioning is altered. Consider if there are multiple antiepileptic (AED) medications used or if there has been a recent change in antiepileptic medication in the last 90 days which may impact type or frequency of seizures. Healthcare plan and MERP required for seizure management. Guidance for status epilepticus: Needs healthcare plan and MERP for seizure management including guidance on status epilepticus. Contact the PCP or neurologist to discuss current condition if frequency of episodes of status have increased or altered or level functioning is altered. Consider if there has been a recent change in antiepileptic medication in the last 90 days. Status epilepticus is not an indication of the severity of the seizure disorder but it is important to determine what may have caused the status epilepticus (i.e. medication noncompliance, metabolic disorders, TBI, bowel impaction, infections, CNS insults, etc). The etiology of SE is the primary determination of outcome (with the highest rate in the elderly or due to CNS insults). The healthcare plan and MERP should include strategies/interventions that will address the cause/triggers and develop measures to decrease reoccurrence. Link : http://hsc.unm.edu/som/coc/resources/articles/Behavior_Seizures.pdf
12c. Other Neurological • **Diagnosis of Alzheimer's disease or other dementias?** o No o Yes	Guidance: Some persons with I/DD develop symptoms of Alzheimer's Disease or other related dementias at a relatively young age. This includes increased difficulty with routine tasks and loss of cognitive and social skills. Healthcare plan and MERP may need to be developed to address the array of issues that may be present. Training for the team and direct staff

• **Other neurological disorders requiring planning?** o No o Yes – Describe:	is critical and must anticipate person's progressive decline over time. Local chapters of the Alzheimer Association offer support groups for persons with dementia and those who care for them. Link: www.alz.org Guidance: These disorders may be a primary cause of I/DD. Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.
13. Cardiac/Circulatory • **Is there a known cardiac or circulatory condition (i.e. hypertension, heart valve disease, or conditions associated with specific syndromes)?** o No (skip to section 14) o Yes o Cardiac condition is stable on current treatment plan (medication, diet, activity level, and/or other interventions) o Cardiac condition is not stable or has resulted in limitations at work, home or leisure	Guidance: Review status carefully including but not limited to current routine tests; lab values such as blood level of medications; electrolytes; liver and kidney panels. Contact practitioner managing services (PCP or cardiologist) if unstable or if VS or condition has changed. Develop healthcare plans and MERP that address cardiac condition identifying any needed monitoring, follow up or precautions. Link: http://www.nads.org/pages_new/facts.html
13a. Is a pacemaker in place? o No o Yes • **Is an implantable cardioverter defibrillator (ICD) in place?** o No o Yes	Guidance: Develop healthcare plan and MERP if indicated to address required routine monitoring and follow up care for pacemakers. Link: http://www.nhlbi.nih.gov/health/dci/Diseases/pace/pace_keypoints.html Guidance: Develop healthcare plans and MERP that address the needed routine monitoring and follow up care for Implantable Cardioverter Defibrillator (ICD) and includes the recommended limitations on exposure to electrical devices at home or in the community. Link: http://www.nhlbi.nih.gov/health/dci/Diseases/icd/icd_lifestyle.html

13b. Other cardiac disorders requiring planning?	
O No O Yes - Describe:	Guidance: Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.

14. Endocrine **14.01 Has the individual been diagnosed with diabetes?** O No (skip to sub-section 14a) O Yes o Type 1 o Type 2 **14.02 Can individual independently complete all or part of their own blood glucose monitoring?** O No O Yes O N/A **14.03 Can individual complete self-administration of insulin?** O No O Yes O N/A **14.04 A1c Levels** O A1c levels not available O A1c < 7 O A1c = 7 or higher	Guidance: Develop healthcare plan that addresses diabetic management, routine monitoring and precautions. Develop MERP for type 1. Link: http://www.diabetes.org/ Guidance: Develop healthcare plan and MERP that addresses diabetic management including insulin administration, blood glucose monitoring and other needed precautions. Consider consultation with diabetic educator to support the individuals increasing independence and self management. Guidance: Review MAR, staff notes and blood glucose readings for trends. Review staff notes on meals served and dietary intake Contact PCP if A1c 7 or higher or other evidence that DM not well managed or unstable. Review diet and plans with person and staff. Consider diabetic education classes for individual and direct support staff. Consider offering supports for increasing independence. If not obtained in > 2 years contact and discuss with practitioner managing diabetes. Link: *http://care.diabetesjournals.org/content/33/Supplement_1*

14a. Other endocrine disorders requiring planning? O No O Yes – Describe:	Guidance: Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety. Link: http://www.endocrineweb.com/indexpg.html

15. Renal • **Kidney disorders requiring planning?** O No (skip to section 16) O Yes – Describe:	Guidance: Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety. Link http://www.kidney.org/index.cfm
15a. Dialysis: any type (select only one option) O No O Yes O Peritoneal O Hemodialysis	Guidance: Confer with dialysis center for support and training as needed. Create healthcare plan and MERP that addresses management and monitoring needed. Link: http://www.kidney.org/index.cfm

16. Gastrointestinal **16.01 Is there a known gastrointestinal condition?** O No O Yes **16.02 Receives medication for reflux or GERD?** O No O Yes **16.03 Complains of or demonstrates signs/symptoms of reflux?** (*Choose all that apply)* O None Complains of: O Heartburn O Indigestion O Abdominal pain O Vomiting Demonstrates: (observed or reported) O Biting hand O Arching back O Touching stomach O Food/formula in mouth O Vomiting O Coughing while lying down	Guidance: Review status carefully including but not limited to current symptoms; weight; routine tests; lab values such as blood level of medications; electrolytes; liver and other metabolic panels. Contact practitioner managing services (PCP or GI) if unstable or if weight, labs or condition has changed. Develop healthcare plans and MERP that address GI condition; needed monitoring, follow up and precautions Guidance: If receives Reglan may be at risk for EPS. Discuss with PCP and monitor per their instructions. Link: http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/index.htm Guidance: Develop healthcare plan to address management of GERD. If severe GERD is related to aspiration risk, incorporate this information into the comprehensive aspiration risk management plan (CARMP). Contact PCP if it appears that reflux is not controlled by current medication. Link: http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/index.htm
16a. Has Celiac disease or gluten sensitivity O No O Yes	Guidance: Training about eating and cooking for a gluten-free diet is critical. Not following this diet can result in severe gastric symptoms, extreme fatigue, malnutrition, eating ice, anemia, and weight loss. Collaborate with the registered dietician for dietary planning; healthcare plan is needed. Many persons with I/DD are at high risk of celiac disease. Definitive diagnosis is made by biopsy via endoscopy. Link: http://www.celiac.com
16b. Constipation Management *(Choose all that apply)* O No issues with constipation O Receives routine medications or treatments for constipation O Regularly utilizes PRN medications or treatments (i.e. enema, suppository) for constipations O Has had impaction or bowel obstruction in the last year	Guidance: Healthcare plan needed for constipation management; MERP needed for those with frequent/routine use of PRN medications or treatments AND history of impaction or bowel obstruction. Assess pattern of utilization of laxatives and link to behavior symptoms. Discomfort from constipation may trigger behaviors. Diarrhea may be an indicator of impaction or bowel obstruction. Link: http://www.medscape.com/gastroenterologyhttp://www.health.state.nm.us/ddsd/documents/BOAlert.pdf; http://www.health.state.nm.us/ddsd/documents/bulk%20laxative%20alert.pdf

17. Bowel and Bladder • **Bowel Function** o Continent o Sometimes incontinent o Always incontinent • **Bladder Function** o Continent o Sometimes incontinent o Always incontinent	Guidance: Develop healthcare plan to address risk for skin breakdown if sometimes or always incontinent of either bowel or bladder. Persons incontinent of bladder and bowel are at higher risk for UTI. Consider reviewing rehab nursing articles for information regarding bladder or bowel retraining. Sudden onset of bladder or bowel incontinence may be an indicator for infection or other disease or illness. Sudden bowel incontinence with diarrhea may be an indicator of bowel obstruction. Link: http://www.nlm.nih.gov/medlineplus/ency/article/003142.htm http://www.nlm.nih.gov/medlineplus/ency/article/003135.htm
17a. Colostomy / Ileostomy o No o Yes o Colostomy/ileostomy stable/no issues with management o New colostomy/ileostomy (in the past year) o Individual exhibits challenging behavior that impacts colostomy/ileostomy care	Guidance: Develop healthcare plan for colostomy/ileostomy management. A MERP may be needed based on client condition or behavior as it relates to ostomy care. Train staff in routine ostomy care and monitor site for changes in skin integrity. Added healthcare plans may be needed to address condition that prompted ostomy. Link: http://www.wocn.org
17b. Other bowel and bladder concerns *Choose all that apply:* o None o Reported or observed bleeding in urine o Reported or observed rectal bleeding o Urinary catheter o Suprapubic/nephrostomy/Indiana pouch o Urinary retention or BPH o Other:	Guidance: Cancer is the most common cause of urinary or rectal bleeding. Any bleeding from rectum or urethra must be assessed by PCP, gastroenterologist or urologist. Contact regional office or Continuum of Care project if access to specialist services is a problem. If indwelling urinary catheter, suprapubic; nephrostomy or Indiana pouch is present, healthcare plan is required. Note high risk of UTI and sepsis with indwelling catheter. Include specific care needs and signs of complications. If Indiana Pouch is used must have MERP that addresses need to catheterize the pouch to avoid rupture of the false bladder. If intermittent catheterization for retention is needed, MERP must be developed to address complications of retention and when to call 911. Link: http://www.medscape.com/urology http://www.medscape.com/gastroenterology http://www.cancer.org/

18. Reproductive Health • **Is the individual sexually active?** O No O Yes O Unknown • **Interested in information about birth control?** O No O Yes • **Interested in attending sexuality classes?** O No O Yes	Guidance: Provide information about safe sex and birth control. Individuals may attend the Sexuality classes offered by Office of Behavioral Services (OBS). Contact the Regional Office in your area to obtain information about classes.
Women Only (*Choose all that apply)* O No reproductive health concerns O Menopausal O Reported or observed abnormal vaginal bleeding or discharge O Reported or observed abnormal breast lesions, lumps or discharge • **Date of last Pap smear if ordered by a physician or description of other monitoring in place:** • **Date of last Mammogram if ordered by a physician or description of other monitoring in place:**	Guidance: If peri-menopausal or menopausal consider discussion with physician if symptoms of menopause are apparent or impacting life or triggering behavioral symptoms. Any abnormal vaginal bleeding or discharge must be assessed promptly to assure that pelvic cancers are not present (cervical, uterine, ovarian, bladder). Any noted abnormality in breast tissue including lumps dimpled skin or discharge must be promptly assessed. Pap smears are indicated for women who have been sexually active. Some women with I/DD have never been sexually active and are therefore at no risk for cervical cancer (caused by the human papillomavirus). The PCP or gynecologist may advise to obtain or refrain from a Pap smear. The PCP or gynecologist will likely order mammograms as needed. Discuss alternative options with the PCP or gynecologist, such as ultra sound, if there is difficulty obtaining a mammogram (due to equipment availability, wheelchair access, and/or difficulty tolerating procedure). Link: www.cancer.org
Men Only • **Date of last PSA if ordered by a physician or description of other monitoring in place:** • **PSA ordered more than once per year?** O No O Yes	Guidance: Current guidelines for PSA testing are in flux. The American Urological Society has recently recommended baseline PSA testing starting at age 40, whereas the American Cancer Society no longer recommends routine screening for all men. If the consumer is age 40 or older, please discuss with his PCP and/or urologist if the consumer should have PSA testing and if so, how often. In the past, most doctors considered a PSA level below 4.0 ng/dL as normal. Links: http://www.medicalnewstoday.com/articles/147753.php and http://www.cancer.gov/cancertopics/factsheet/Detection/PSA

19. Behavior Symptoms and Management • **Has there been a recent change in behavior symptoms that may be caused by a medical condition?** O No O Yes – Describe:	Guidance: Contact PCP or other needed specialist to review recent changes and possible medical causes. If individual has known history of behavior changes indicating a medical condition (i.e. historically aggressive behavior increased when individual had a UTI), consider developing healthcare plan to guide staff observations and actions.
19a. Number of psychoactive medications or other classes of medications that are intended to influence **Behavior symptoms?** o None o 1-2 medications o 3-4 medications o 5 or more medications	Guidance: The use of 4 or more psychoactive medications or 3 or more in any one class (antidepressant, minor tranquilizer, major tranquilizer) should trigger a review of these medications with the psychiatrist, prescribing physician or with Continuum of Care Project. Polypharmacy or the use of multiple medications may be warranted but may also lead to complex interactions and negative outcomes.
19b. Newly reported or observed signs of extra pyramidal symptoms (EPS) involuntary movement disorders? O No O Yes	Guidance: EPS include involuntary movement disorders such as tardive dyskinesia, akinesia, akathesia, and pseudo-parkinsonism. DDSD requires that the prescribing physician identify whether or not monitoring is needed and, who is responsible to complete the monitoring, the tool needed and the frequency. An order should be obtained to identify these elements. Marked increase in any EPS should be promptly reported to the prescribing physician. Note that an increase in EPS may be seen when doses are adjusted downward since some medications may mask the presence of EPS. Links: http://nmhealth.org/ddsd/ClinicalSvcsBur/CSBFormsBrochures/documents/TD_MedAlert070207.pdf
19c. History of neuroleptic malignant syndrome? O No O Yes	Guidance: Research which psychoactive medication triggered this syndrome. Note on record that this medication **may not be used again**. Create a healthcare plan and MERP addressing signs and symptoms of NMS and train staff to observe and take immediate action. Link: http://www.ninds.nih.gov/disorders/neuroleptic_syndrome/neuroleptic_syndrome.htm

20. Infection Control

20.01 Colonized with multidrug-resistant organism?

- O No
- O Yes

20.02 Infected with multidrug-resistant organism?

- O No
- O Yes

20.03 Known chronic viral infection such as hepatitis or other bloodborne pathogens?

- O No
- O Yes

20.04 Other infectious process or disease requiring planning?

- O No
- O Yes – Describe:

Guidance: Develop healthcare plan and MERP for signs and symptoms of worsening condition and on standard precautions or specific precautions as needed.

Link: www.apic.org
Guidance: Consider healthcare plan and MERP to monitor for signs of worsening conditions; train staff about standard precautions.

Link: http://www.cdc.gov/hepatitis/index.htm
Guidance: Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.

21. Respiratory

- **Known respiratory condition/diagnosis**
  - o No (skip to section 22)
  - o Yes
- **Indicate all that apply**
  - o None below apply
  - o Cupping/Clapping/Postural Drainage
  - o Oxygen use via cannula or mask
  - o Oxygen use via trach
  - o Oral and/or pharyngeal suctioning
  - o Tracheal suctioning
  - o Tracheostomy
  - o Ventilator
- **If on oxygen, indicate number of liters:**
- **Nebulizer treatments**
  - o No
  - o Yes – Frequency
    - o PRN
    - o at least weekly
    - o daily or more often
- **Has CPAP/BiPAP devices ordered** (drop down)
  - o No device ordered
  - o uses regularly
  - o refuses to use

Guidance: Develop healthcare plan and MERP for respiratory condition/diagnosis to include individual signs and symptoms, treatment or intervention, as well as guidance for signs of infection, illness and acute respiratory distress.

Other respiratory issues requiring planning?

- o No
- o Yes – Describe:

Guidance: Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety

22. Communication / Vision / Hearing • **Able to make needs known?** O Yes verbal O Yes w/out device O Yes w/ device O No • **Known visual impairment** *(Choose all that apply)* O None O Uses glasses or contacts O Refuses glasses or contacts O Complete visual impairment or cortical blindness O Other: • **Known hearing impairment** *(Choose all that apply)* O None O Uses aide(s) O Refuses aide(s) O Uses ASL, gestures or devices O Other:	Guidance: Healthcare plans may not be specifically needed for communication, but the need for communication is imperative for many clinical conditions. Work with therapists or house staff to assure that critical elements for communication about health issues (such as pain) are included on communication devices or are noted in communication dictionary. If communication devices or idiosyncratic communication such as gestures/symbols are used, be sure to include this use as needed in the healthcare plan. (ex- Pain may be indicated by a tangible symbol of a red pill) Guidance: Plans for safety or other issues related to visual impairment may need to be developed. Collaborate with the team including therapists to identify and address these issues in needed. Visual impairment may be caused by or a complicating factor for other health issues. Guidance: Plans for issues related to hearing impairment may need to be developed but are often done so by therapists on the team. Collaborate as needed with the team to identify issues that may need to be addressed.

23. Musculoskeletal

- **Musculoskeletal disorders requiring planning?**
  - O No
  - O Yes – Describe:

- **Fracture in the last year?**
  - O No
  - O Yes – Status:

Guidance: Depending on type of disorder consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety. Contact Continuum of Care project for CP and Special Needs Clinic information. If there is a current diagnosis of arthritis, osteoporosis or degenerative joint disease WITH decline in functional ability in last 6 months, consider contacting the PCP or specialist to review treatment plan. Kyphosis, scoliosis, contractures and other fixed deformities can impair breathing and oxygenation. Monitor O2 saturations and monitor for respiratory infections and skin breakdown. Consult with PT for positioning advice to maximize oxygenation and minimize risk for skin breakdown. Consider presence of pain with chronic musculoskeletal issues.

24. Falls

- **Number of fall(s) in the last year?**
  - O None (skip to section 25)
  - O 1-2 falls
  - O 3 or more falls

- **Did any fall result in injury that required medical treatment?**
  - O No
  - O Yes

Guidance: A fall is considered any change in position that results in the person being on the floor or ground unintentionally. Develop healthcare plan and MERP to address appropriate supports for fall prevention plan; work with PT for strengthening and gait supports; collaborate with RD for nutritional review; contact PCP regarding calcium and Vitamin D supplements if appropriate.

Guidance: Internal and external factors may influence fall risk. Issues such as medications and blood pressure are internal factors; footwear, slippery floors, and uneven surfaces are external factors. Persons often fall if in a hurry going to the bathroom due to stress incontinence. Note that the use of full bedrails presents a fall and entrapment hazard. A healthcare plan for fall prevention will be developed. MERP will be developed for care needs after a fall. Collaborate as needed with PT and OT. Contact regional nurse or Continuum of Care project for more supports.
Link:
http://consultgerirn.org/topics/falls/want_to_know_more

25. Pain	
• **Currently experiencing pain** o No (skip to section 26) o Nonverbal and may be experiencing pain (skip to next question) o Yes o Controlled w/ medication or treatment o Partial or poor control w/ medication or treatment o Not controlled w/ medication or treatment • **Nonverbal and may be experiencing pain: Observed or reported expressions of pain** o does not appear to be in distress; relaxed, not crying o occasionally grimaces; whimpers; restless or tense; able to calm or reassure o frequent grimace or frowns; obvious physical distress; may be rigid or jerking; crying, moaning, unable to comfort, hitting self or others, or unique actions known to be that persons way of communicating pain or distress	Guidance: This question seeks to determine if the individual has been in pain in the timeframe before the assessment and if their pain is controlled by medications which can include over-the-counter (OTC) or narcotic prescriptions. If the individual is verbal or uses AT, you may also ask individual if they are in pain at present, and, use a standard pain scale to determine **severity** of pain. This may be a 1-10 scale or faces scale. This is advised at the time of administration of the pain medication to use a pain scale to determine the effectiveness of the medications. For nonverbal individuals use known indicators of physical distress. These may be very specific to the individual and include biting, grimacing, etc. These physical signs of pain may also be used at the time of administration to document the effectiveness of the medication. For all individuals, contact PCP for pain management and develop healthcare plan for managing acute or chronic pain related to a causative condition. Review the use of pain medication by assessing patterns of use and effectiveness of over-the-counter and prescription medications. Consider pain as a possible source of behavioral symptoms and as a possible indicator of undiagnosed physical problems. Review other methods of pain control that can be used with medications including massage, ice, meditation, etc. Link: http://www.aspmn.org/ Resources available at the American Society for Pain Management Nursing

26. Activities of Daily Living	
• **Level of assistance with grooming/dressing:** o Independent or minimal assistance o Moderate assistance and/or requires adaptive equipment o Totally dependent • **Level of assistance with hygiene/bathing:** o Independent or minimal assistance o Moderate assistance and/or requires adaptive equipment o Totally dependent • **Level of assistance with transfer/mobility:** o Independent or minimal assistance o Moderate assistance and/or requires adaptive equipment o Totally dependent • **Individual is non-ambulatory and prefers to spend majority of time on the floor** o No o Yes	Guidance: Plans to address ADLs may be addressed in therapy plans and strategies. Collaborate and provide training as needed. Guidance: Individuals who are non-ambulatory and prefer spending time on the floor rather than upright are at a higher risk for aspiration and may not be able to cooperate with positioning requirements if a feeding tube is recommended.

27. Skin and Wound

- O Answer in above section for transfer/mobility was independent or minimal assistance and there is no known history of pressure ulcers
- O Answer in above section for transfer/mobility was independent or minimal assistance and there is a known history of pressure ulcers
- O Answer in above section for transfer/mobility was moderate assistance/requires adaptive equipment or totally dependent

Guidance: None

- O Underweight by standard
- O Incontinent of bowel, bladder or both
- O Shearing forces in bed or chair
- O Contractures
- O Fixed deformity (kyphosis/scoliosis)
- O Neuropathy
- O History of pressure ulcers (now healed)
- O Altered consciousness

Guidance: Risk for skin breakdown is based on compromised nutrition, impaired mobility, incontinence, sensory impairment, cognitive impairment and overall level of health. Standard tools used to determine the risk for skin breakdown may be found online and may be used in addition to this health assessment tool. If at risk for skin breakdown, create a healthcare plan that identifies strategies to reduce known risk factors such as pressure reducing devices, nutritional interventions, skin protection, and re-positioning approaches. Healed pressure ulcers are at extremely high risk of repeated breakdown. Collaborate with PT and consider seating clinic referral for consult or pressure mapping.

- http://www.wocn.org
- http://www.npuap.org

- **Open skin areas?**
  - O None
  - O Pressure ulcers
  - O Vascular ulcers
  - O Other open skin areas (surgical sites/cuts/lacerations/erosions)

Guidance: For **open skin areas** contact PCP, notify of wound and obtain treatment orders. Create healthcare plan that identifies pressure reducing devices, nutritional, treatments and positioning approaches. Collaborate with registered dietician and PT as needed. Note in narrative if pressure ulcer was present on admission to your agency or if it was acquired in your agency after admission. Open skin areas should be measured and documented weekly. Contact regional nurse or Continuum of Care for consultation as needed. Home Health agency or wound clinics may be required for complex wounds. Collaboration of care plans with these entities is critical. Refer to NPUAP guidelines for documentation of wounds

- http://www.wocn.org
- http://www.npuap.org

Description:

- **Treatments for open skin areas**
  - O N/A
  - O Routine treatments ordered (aseptic)
  - O Sterile treatments ordered
  - O Complex treatments ordered (wound vac, etc)

Guidance: monitor progress of wound healing weekly. Contact PCP for wounds that do not heal.

- **Other comments on skin: (include description of routine or PRN topical treatments and preventive skin care here)**

Guidance: None

28. Health Practices

- **Is individual receptive to developing goals and plans related to maintaining health?**
  - O No
  - O Yes

Guidance: Support the individual as needed in their goal for improving or maintaining health. This may be in the form of teaching strategies; learning to take own medications; manage medical care or improve diet and nutrition. Consider prompting the individual to learn more about benefits under their insurance that might support wellness initiatives (avoiding street drugs, smoking cessation or exercise classes) Communicate this interest to the service coordinator and/or IDT to incorporate into the ISP.

- **Has difficulty tolerating routine adult healthcare screening**
  - O No
  - O Yes - Describe:

Guidance: If unable to tolerate routine adult health screening due to physical or behavioral stressors, consider contacting the PCP to arrange for alternatives such as guiac screens instead of colonoscopy; ultrasounds instead of pap smear or mammogram; etc. If a woman has no history of sexual activity a pap smear is not warranted. Discuss needed adaptations to routine health care screenings with the PCP.

- **Requires pre-sedation / medical stabilization for medical visits or appointments**
  - O No
  - O Yes

Guidance: DDSD will abide by the orders written by the individual's health care practitioner. Any pre-sedation medications ordered by health care professionals must be delivered according to the DDSD Medication Assessment and Delivery Policy and Procedure.
Link: http://nmhealth.org/ddsd/Rules/QI/documents/Policy_MedStabiliztnPresedtn8012008.pdf

- **Have health issues prevented desired level of participation in work or community inclusion activities?**
  - O No
  - O Yes

Guidance: If specialty services or basic medical care has been difficult to access, complete a RORI form requesting intervention from the Regional Office. Assure that health needs have been addressed with the PCP and the team. Consider if healthcare plans or teaching strategies are needed to support the individual in adjusting to decline in health.
Link: http://www.health.state.nm.us/DDSD/rules/TA/documents/RORIrevised8-25-08v2.doc

- **Receiving hospice services or palliative care?**
  - O No
  - O Yes

Guidance: Nurse must review and update all healthcare plans and MERPs to reflect change of condition when receiving hospice services or transferring to palliative care model. Plans should reflect integration of hospice orders. Collaborate with Hospice agency to assure appropriate plan development and staff training. Identify if any additional supports that may be needed for the individual, their family or the team.

29. Other Comments

