

# IN-HOME QUALITY IMPROVEMENT

## BEST PRACTICE: EMERGENCY CARE PLANNING

### IN-HOME AIDE TRACK



Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home Aide can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.

# IN-HOME AIDE TRACK

This best practice package is designed to introduce the In-Home aide to emergency care planning to assist in reducing avoidable acute care hospitalizations.

## Objectives

After completing the activities in the In-Home Aide track of this Best Practice Intervention Package, *Emergency Care Planning*, the learner will be able to:

1. Identify three basic components of emergency care planning.
2. Define what a patient emergency plan is and how to use the plan with patients.
3. Describe how In-Home aides can assist with emergency care planning.
4. Describe two In-Home aide actions or applications to support emergency care planning.

Complete the following activities:

- Read the emergency care planning description and review the sample of “**My Emergency Plan.**”
- Read the Emergency Care Planning-Home Health Aide’s Guide to Practical Application.
- Complete the In-Home Aide post test and give to your supervisor/manager.

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency’s needs and setting.

# Emergency Care Planning

## In-Home Aide Track

There are numerous interventions that can be used to assist in reducing avoidable acute care hospitalizations. In the first Best Practice Intervention package we learned about using a hospitalization risk assessment to help recognize which patients are at risk and how to identify specific risk factors. The next intervention is emergency care planning.

Emergency care planning is the agency process for **all** activities, tools and policies/procedures to assist nurses with educating patients on whom to call if a medical problem or change in condition occurs.

Components of emergency care planning can include the following:

- **A patient emergency plan**
  - Written plan with signs and symptoms or medical conditions and the directions on who should be called such as the physician versus 911.
  - Personalized for each patient
  - Kept in the patient's home where it is easy to locate
  - Reviewed often with patient
- Magnets and or phone stickers with the physician name and phone number
- Posters or flyers to remind the patient and caregiver to call the physician first before going to the emergency department, unless it is a true emergency
- Posters or flyers in the agency's office as reminders to staff about emergency care planning
- Documentation reminders to review the patient emergency plan with patient and caregiver and to document the education
- On-call process (if have one)—After business hours, weekends and holidays
- Agency policies and processes to support emergency care planning

Reviewing and educating on the patient emergency plan is important to the success of this intervention. The education should be started by the initial nurse visit but should not stop there. The more members of the care team who participate in reinforcing emergency care planning the better.

Every discipline should review the patient emergency plan with the patient and caregiver on each and every visit throughout care. This should help most of the patients and caregivers learn how to use the tool. In-Home aides are skilled at talking to patients at their own level and can help in reinforcing the importance of the plan. The more the patient emergency plan is reviewed the greater the chance of keeping the patient at home and out of the hospital.





Look at the sample “**My Emergency Plan**” provided on next page.








(Agency Name & Agency Number)

Patient Name \_\_\_\_\_





### MY EMERGENCY PLAN

WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 I hurt	<ul style="list-style-type: none"> <li>• <u>New</u> pain OR pain is <u>worse</u> than usual</li> <li>• Unusual bad headache</li> <li>• Ears are ringing</li> <li>• My blood pressure is above: ____ / ____</li> <li>• Unusual low back pain</li> <li>• Chest pain or tightness of chest RELIEVED by rest or medication</li> </ul>	<ul style="list-style-type: none"> <li>• Severe or prolonged pain</li> <li>• Pain/discomfort in neck, jaw, back, one or both arms, or stomach</li> <li>• Chest discomfort with sweating/nausea</li> <li>• Sudden severe unusual headache</li> <li>• Sudden chest pain or pressure &amp; medications don't help (i.g. Nitroglycerin as ordered by physician), OR</li> <li>• Chest pain went away</li> </ul>
 I have trouble breathing	<ul style="list-style-type: none"> <li>• Cough is worse</li> <li>• Harder to breathe when I lie flat</li> <li>• Chest tightness RELIEVED by rest or medication</li> <li>• My inhalers don't work</li> <li>• Changed color, thickness, odor or sputum (spit)</li> </ul>	<ul style="list-style-type: none"> <li>• I can't breathe</li> <li>• My skin is gray OR fingers/lips are blue</li> <li>• Fainting</li> <li>• Frothy sputum (spit)</li> </ul>
 I have fever or chills	<ul style="list-style-type: none"> <li>• Fever is above _____ F</li> <li>• Chills/can't get warm</li> </ul>	<ul style="list-style-type: none"> <li>• Fever is above _____ F with chills, confusion or difficulty concentrating</li> </ul>
 Trouble moving or fell	<ul style="list-style-type: none"> <li>• Dizziness or trouble with balance</li> <li>• Fell and hurt myself</li> <li>• Fell but didn't hurt myself</li> </ul>	<ul style="list-style-type: none"> <li>• Fell and have severe pain</li> </ul>



This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 I see blood	<ul style="list-style-type: none"> <li>• Bloody, cloudy, or change in urine color or foul odor</li> <li>• Gums, nose, mouth or surgical site bleeding</li> <li>• Unusual bruising</li> </ul>	<ul style="list-style-type: none"> <li>• Bleeding that won't stop</li> <li>• Bleeding with confusion, weakness, dizziness and fainting</li> <li>• Throwing up bright red blood or it looks like coffee ground</li> </ul>
 Trouble Thinking	<ul style="list-style-type: none"> <li>• Confused</li> <li>• Restless, agitated</li> <li>• Can't concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden difficulty speaking</li> </ul>
 My weight or appetite changed	<ul style="list-style-type: none"> <li>• I don't have an appetite</li> <li>• Lost ____ lbs. in ____ days</li> <li>• Gained ____ lbs. in 1 day OR ____ lbs. in ____ days</li> <li>• Feet/ankles/legs are swollen</li> </ul>	
 I don't feel right	<ul style="list-style-type: none"> <li>• Weaker than usual</li> <li>• Dizzy, lightheaded, shaky</li> <li>• Very tired</li> <li>• Heart fluttering, skipping or racing</li> <li>• Blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden numbness or weakness of the face, arm or leg</li> <li>• Sudden difficulty speaking/slurred words</li> <li>• Suddenly can't keep my balance</li> </ul>
 I feel sick to my stomach	<ul style="list-style-type: none"> <li>• Throwing up</li> <li>• New coughing at night</li> </ul>	<ul style="list-style-type: none"> <li>• Can't stop throwing up</li> <li>• Throwing up blood</li> </ul>

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WHAT TO DO?	CALL MY PHYSICIAN WHEN:	CALL 911 WHEN:
 Bowel troubles	<ul style="list-style-type: none"> <li>• Diarrhea</li> <li>• Black/dark OR bloody bowel movement</li> <li>• No bowel movement in ____ days</li> <li>• No colostomy/ileostomy output in ____ hours/days</li> </ul>	
 Trouble urinating	<ul style="list-style-type: none"> <li>• Leaking catheter</li> <li>• No urine from catheter in ____ hours</li> <li>• Have not passed water in ____ hours</li> <li>• Urine is cloudy</li> <li>• Burning feeling while urinating</li> <li>• Belly feels swollen or bloated</li> </ul>	
 I am anxious or depressed	<ul style="list-style-type: none"> <li>• Always feeling anxious</li> <li>• Loss of appetite</li> <li>• Unable to concentrate</li> <li>• Trouble sleeping</li> <li>• Loss of hope</li> <li>• Constant sadness</li> </ul>	<ul style="list-style-type: none"> <li>• I have a plan of hurting myself or someone else</li> </ul>
 My wound changed	<ul style="list-style-type: none"> <li>• Change in drainage amount, color or odor</li> <li>• Increase in pain at wound site</li> <li>• Increase in redness/warmth at wound site</li> <li>• New skin problem</li> <li>• Fever is above ____ F</li> </ul>	<ul style="list-style-type: none"> <li>• Fever is above ____ F with chills, confusion or difficulty concentrating</li> <li>• Bleeding that won't stop</li> </ul>

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WHAT TO DO?	CALL MY PHYSICIAN WHEN:		CALL 911 WHEN:
 I have diabetes and I'm...	<ul style="list-style-type: none"> <li>• Thirsty or hungry more than usual</li> <li>• Urinating a lot</li> <li>• Vision is blurred</li> <li>• I'm feeling weak</li> <li>• My skin is dry and itchy</li> <li>• Repeated blood sugars great than _____ mg/dl</li> </ul>	<p><b>Take:</b> 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR</p> <hr/> <p><b>Wait:</b> 15 minutes &amp; re-check blood sugar  <b>IF</b> your blood sugar is still low and symptoms do not go away: Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass mild  <b>WAIT:</b> 15 minutes &amp; re-check blood sugar</p>	<ul style="list-style-type: none"> <li>• Fruity breath</li> <li>• Nausea/throwing up</li> <li>• Difficulty breathing</li> <li>• Blood sugar greater than _____ mg/dl</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Low blood sugar not responding to treatment</li> <li>• Unable to treat low blood sugar at home</li> <li>• Unconsciousness</li> <li>• Seizures</li> </ul>
 Other problems	<ul style="list-style-type: none"> <li>• Feeding tube clogged</li> <li>• Problems with my IV/site</li> </ul>		

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This chart was prepared by Quality Insights of Pennsylvania in conjunction with Carol Siebert, MS, OTR/L, FAOTA, American Occupational Therapy Association and Karen Vance, OTR/L, BKD Healthcare Group and American Occupational Therapy Association. Based on MyEmergency Plan created by Delmarva in conjunction with OASIS Answers, Inc.



# **Emergency Care Planning**

## **In-Home Aide's Guide to Practical Application**

Purpose: For the In-Home aide to:

1. Become more involved with reinforcing the patient's emergency plan.
  2. Learn actions that In-Home aides can take to assist in reducing avoidable hospitalizations.
- Successful emergency care planning occurs when it is interdisciplinary and if the emergency plan is reviewed on every visit by every discipline.
    - Ask your patient and caregiver to locate the emergency plan/tool during each visit.
    - Talk with your patients and caregivers about the importance of their patient emergency plan.
    - Explain to your patients and caregivers that the tool can help the patient remain at home and avoid the emergency department of hospital when appropriate.
    - Stress that the earlier the patient and caregiver identify changes in condition, the better chance of preventing a hospitalization.
    - Discuss any additional resources such as: Emergency Information Sheets, phone stickers, to remind patient and caregiver to call the physician first except in the case of a life-threatening emergency.
    - Document if patient and caregiver could locate the patient emergency plan.
  - Assist your care team in reducing avoidable hospitalizations by:
    - Assess your patient for safety issues with walking (not using their cane or walker), with transfers (difficulty getting in and out of the shower), and with balance (not steady on their feet, almost falling).
    - Refer to the patient emergency plan when patient is having any problems.
    - This is a good opportunity to show and review with the patient how to first look at the plan to help decide who to call with problems.
    - Actively participate in conferences; patients and caregivers often tell the aide more important personal information that they might not share with the nurse.

In-Home Aide Name: \_\_\_\_\_  
Date: \_\_\_\_\_

## IN-HOME AIDE POST TEST

### Emergency Care Planning

**Directions:** Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. Components of emergency care planning include:
  - A. Patient Emergency Plan
  - B. Magnets and phone stickers
  - C. Posters or flyers to remind staff
  - D. Agency policies and procedures
  - E. All of the above
  
2. Written plan with signs and symptoms or medical conditions and directions on who should be called such as the physician versus 911:
  - A. Hospitalization Risk Assessment
  - B. Patient Emergency Plan
  
3. A patient emergency plan should ideally be reviewed on every visit.
  - A. True
  - B. False
  
4. Emergency care planning is an intervention or action that ideally should be completed by all disciplines (staff).
  - A. True
  - B. False
  
5. In-Home aides could (if agency policies and procedures allowed) assist with emergency care planning by all of the following **except:**
  - A. Remind patient and caregiver where the emergency plan is located
  - B. Point out the agency phone number on phone sticker, magnet or patient's emergency plan to the patient and caregiver
  - C. Enter signs and symptoms on the patient emergency plan that the patient should report
  - D. Notify the nurse if patient did not know where their patient emergency plan is located.