Part 3 **Subsequent Visit (Field RN)**

Subsequent Visit Narrative:

Increasing disabling dyspnea when shifting in bed or speaking short phrases. 6 doses of PRN morphine oral concentrate administered in past 24 hours with little effect. Oxygen rate continues at 3L via nasal canula. Oxygen saturation continues to drop between 83%-86% with recovery to baseline more than 6 minutes. Family is overwhelmed. RN calls Dr. Lynn McPherson, PharmD for suggestions to manage the dyspnea.

Current med list:

Morphine con 100mg/5ml (20mg/ml) oral concentrate	0.25ml (5mg) via PEG every 3 hours PRN	Pain or shortness of breath
Tube Feeding – Nutren 1.5 CAL	250ml 3 times a day. Flush with 15cc water before and after feeding and med administration.	For nutrition / hydration
Memantine (Namenda) oral solution 2mg/1ml	5ml (10mg) twice daily via PEG	For dementia
Furosemide oral solution 10mg/1ml	2ml (20mg) daily via PEG	Diuretic for edema
Bisacodyl 10mg suppositories	1 suppository rectally once daily as needed	For constipation
Oxygen	3L/min per nasal cannula, continuous	For dyspnea
Lisinopril (Qbrelis) 1mg/ml liquid	5ml (5mg) via PEG once daily	ACE Inhibitor for CHF
Levofloxacin (Levaquin) oral solution 250mg/10ml	20 ml (500mg) daily x 14 days via PEG	Antibiotic for pneumonia
Advil 200mg tablets	2 tablets every 6 hours as needed per PEG	For pain

IDG Discussion

Dr. Lynn first suggests scheduling the morphine every 4 hours, but this means the family will not get any rest. Her next suggestion is to start Kadian, a long-acting morphine. Dr. Lynn explains this is a capsule full of sustained release beads that can be opened and put through the feeding tube. The family is concerned about giving so much morphine.

Additional Plan of Care discussion information:

1. Consider discontinuing Namenda as patient declines.

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2. Consider inhaler or nebs if wheezing present.
3. If all that fails, may need to consider GIP with Palliative sedation.

The RN called the patient's Attending Physician and obtained the following New Orders and changes then called Sarah and discussed the changes. Sarah agrees to the following:

4. Add Kadian, 30mg, every 12 hours. Open capsule (sustained release beads) and administer via feeding tube. Continue morphine concentrate prn dyspnea.
5. Regarding Lasix, if they aren't holding tube feed, little will get absorbed.
    a. Hold tube feed for an hour, give 40 mg Lasix, then restart tube feed an hour later.

Visit Notes:

Mileage/Drive Time		Actual						Total miles 15 – 5 commuter miles = 10 miles, 30 minutes		
Demographics		Review						No changes		
Vital Sign and Measures Parameters		Pain: upper limit 2 Temperature: Upper 100 temporal Pulse oximetry: lower limit 88%								
Temp	**Pulse**	**Respirations**	**BP**	**MUAC**	**Pain**	**PPS**	**O2 Sat**	**NYHA Class**	**Height**	**Weight**
97.6 oral	122 apical	26	134/70 left, sitting	21.1 cm left	4	30%	83%	Class IV	5'10"	125#

Physical Assessment (Information obtained with assistance of caregiver)	**COVID-19 Screening**	Patient/Family/Caregiver: Negative exposure/symptoms
	Patient Identifier	Family/Caregiver verified identity, visual recognition
	Environmental	Patient lives at home with daughter Sarah ATC. Oxygen in use. Cylinders stored in stand. Smoke detectors functional. No open flames or smoking materials present. No, no-smoking sign posted on door. Evacuation plan in place. Sarah instructor how to troubleshoot oxygen concentrator and how to transfer to Oxygen cylinders as needed. Firearms in home, uses for sport. They are locked away, unloaded. Ammunition stored with firearms. Daughter states that the firearms do not pose a threat to safety.
	Pain	Verbal description of moderate, intermittent, daily but not constant, sharp pain in chest when coughing, talking, or with movement relieved with rest, medication, and oxygen. Patient and caregiver describe pain that impacts ability to enjoy

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		activities, appetite, and sleep. Pain rating 4 (0-10 scale). SIT score, Patient reported pain goal 3.
	Head/Neck/EENT	Mild hearing loss and tinnitus started during his Navy years.
	Integumentary	Pale. 1-Stage 2 pressure ulcer/injury identified.
	Cardiovascular	Palpitations occasionally. JVD present. Edema 3+ to LE, just above ankles. Abnormal heart sounds. Other (specify): S3 and gallop rhythm present.
	Respiratory	Dyspnea at rest. Increased dyspnea upon exertion relieved with fan, morphine, music, rest, and oxygen. Shortness of breath is severe today. Patient's goal is to eliminate any shortness of breath. Dyspnea score 8, goal 0.
	Genitourinary	Incontinence during coughing and nighttime. Wears adult briefs at night. No complaints of foul smell, pain, hematuria or burning with urination.
	Gastrointestinal	LBM yesterday. Soft to liquid stools every other daily. No c/o mild (3) nausea. No vomiting. PEG tube patient. Residual of grassy-green, brownish fluid of 100cc. Am feeding held. Requesting Dietitian Consult. Surrounding PEG tube skin is pink and moist.
	Endocrine/ Immunologic/ Hematopoietic	No problems identified.
	Falls	No reported falls within the past 6 months. Requires extensive assistance with all ADL and IADLs. Polypharmacy: yes. Mild confusion.
	Functional	Reduced range of motion to LLE d/t previous hip fracture. Fatigues with any activity (breathing, talking). Transfer bed to chair – max assistance of 1. Fatigue score 7. Dependent for all ADLs: bathing, dressing, grooming, toileting, tube feeding. No recent fall.
	Comprehensive Depression/ Suicide Risk Assessment	States has little interest or pleasure in doing things. States feeling down / sad a couple days a week. Denies thoughts of hurting himself.
	Neurologic	Disoriented. Confused, disoriented to place, time with frequent forgetfulness. Drowsiness does not significantly affect the patient.
	Social Support	Patient resides at home with daughter, Sarah. Sarah expresses increase difficulty sleeping and states "feeling overwhelmed", "sometimes I feel Dad is drowning". Sarah also mentions she is worried about living arrangements and the ability to provide the care needed. Chaplain visits for family cohesion and prayer. No funeral arrangements made.
	Equipment/Supplies	Equipment is in working order and teaching provided to Sarah regarding proper use and troubleshooting. Bedside commode.

Part 3 **Subsequent Visit (Field RN)**

		Hospital bed. Oxygen concentrator, cylinders. Wheelchair. IV pole. feeding pump.
	Medication Reconciliation	Medication, regimen, interactions, and side effects reviewed with pharmacy, attending physician, attending physician, patient and caregiver.
	Death	N/A
	Care Coordination	Medical Director. Attending Physician. Caregiver (Sarah)
Diagnoses	**Diagnoses**	Heart Failure, unspecified: 150.9, exacerbation (today)
Pathways: Review via Order History tab in patient medical record.	Hospice Skilled Nurse Eval Performed	Hospice skilled nurse eval performed. Additional visits to be performed.
	Pain/Altered Comfort	Need for assessment of effectiveness of pain control Goal: pain will be managed at a level acceptable to the patient AEB pain score of less than 2/10 in the next 2 days.
	Altered Cardiopulmonary Status	Need for assessment of effectiveness of cardiopulmonary measures Goals: Patient will demonstrate symptoms AEB respiratory rate of 24 or less per minute in the next 2 days
	Altered Skin	Need for teaching related to preservation of skin integrity. Goal: Caregiver will demonstrate measures to prevent/ manage skin breakdown AEB ability to change patient position in bed in the next 14 days. Need for wound care: Stage 2 wound on left heel. cleanse with normal saline, apply Venelex, cover with gauze, and change every day and prn
	Need for Diagnostic	Need for O2 saturation Goal: O2 levels will be monitored as appropriate and saturation of less than 88% will be reported to the physician.
	Need for other Disciplines	MSW, CH, HA, VOL, Music Therapist

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Aide Care Plan	Add Care Plan	Maintain Isolation Precautions – Universal precautions Fall Precautions: Details-assist with transfers and use gait belt Clean multi-use patient items after each use Mental Status: Details-Alert & Oriented to self; Notify CD/TD of any changes Living Arrangements: Details-with daughter Sarah Code Status: Details-DNR Oxygen safety Precautions: Details-May remove O2 for bathing activity
	Vital Signs	Pt and family members screened for COVID-19
	Add ADL Services	Bed Bath: Frequency- every Monday and Thursday; Details- supplies are in the bathroom; Notify CD/TD of any changes Shower seated: Frequency- every Tuesday and Friday; Details- use shower chair Shampoo/Style Deodorant Shaving: Frequency- every Monday Perineal Care: Frequency-throughout shift (IPC) Oral Care: Frequency- throughout shift (IPC) Dressing Postmortem Care: Frequency- After patient is pronounced dead
	IADL Services	Empty Trash: Frequency-throughout shift (IPC) Change Linens: Details- Put soiled linens in the hamper. Clean linens are in the hall closet
	Intake/Output	Date of last BM

Part 3 **Subsequent Visit (Field RN)**

Plan of Care Update Order:

Discussed with patient, caregiver, IDG and Attending Physician:

Problem: Tube Feeding

- Request Dietitian Consult
- Altered Nutrition /Hydration
    - Need for Skilled Teaching Related to Feeding Tube
    - Hospice nurse for instruction and reinforcement regarding administration of PEG tube feeding to include safety measures, care of equipment, and preparation for feedings per Tube Feeding Order.
    - Assess insertion site for drainage and s/s of infection.
    - Caregiver to check placement prior to administration.
    - Caregiver to check residual prior to every can of Nutren. Continue flush as prescribed.
- Need for other disciplines:
    - Music Therapist evaluation
    - Visit Orders for Hospice Aide change 2x a week to 4x a week.

HA Plan of Care Update: Clean nails on Tuesdays

Medication Order Changes

New Order	Kadian 30mg capsule	30mg every 12 hours. Instructions: open capsule via peg and administer via feeding tube.	Pain or shortness of breath
Change Order	Furosemide oral solution 10ma/1ml	2ml (20mg) daily via PEG. Instructions: Hold tube feed for an hour, give 40 mg Lasix, then restart tube feed an hour later.	Diuretic for edema