

Protocol for
Complex Care - CHF and COPD
AND
Palliative – Oncology, End Stage Renal, ALS, Parkinson’s, MS, Dementia

SOC RN will perform the following:

- Orthostatic Blood pressure,
- Apical Pulse
- Respiratory rate
- Temperature
- Oxygen saturation- at rest and after activity
- How long O2 sat takes to recover
- Height & weight
- Abdominal girth, bilateral lower extremities (calf, ankle, instep)
- Medication reconciliation
- Pain Assessment
- Depression Assessment - ? PHQ tool
- Refer patient to TELEHEALTH
- Request goals of care RN visit week 3 unless URGENT need- GOC RN would do next full SN visit
- Request Behavioral Health RN if patient scores X
- Request social worker for issues- and if COPD patient exhibiting anxiety
- Request PT eval, initial visit guidance 2-4 visits
- Request OT eval, initial visit guidance 3-4 visits – energy conservation
- Request dietician consult on CHF patients

Follow up visits – ALL DISCIPLINES

- Orthostatic Blood pressure,
- Apical Pulse
- Respiratory rate
- Temperature
- Oxygen saturation- at rest and after activity
- How long O2 sat takes to recover
- Height & weight
- Abdominal girth, bilateral lower extremities (calf, ankle, instep)
- Medication reconciliation
- Pain Assessment

IMPORTANT - Patient Pacing of Visits – disciplines need to coordinate visits so visits do not occur on same day and are paced out through the episode. This is critical to monitor patient status, prevent rehospitalization, prevent patient visit fatigue/cancelling of visits