CPAC STANDING ORDERS for SKILLED NURSING FACILITIES
Clinical Practice Alliance Committee of MAGIC Revised June, 2019

Participating Providers: Allina SeniorCare Transitions, Bluestone Physician Services, Consultative Health and Medicine, Fairview Geriatric Services, Genevive, HCMC Senior Care, HealthEast Care System, HealthPartners Community Senior Care, Integrated Care by Medica, Optage House Calls, Park Nicollet Community Senior Care, Twin Cities Physicians and University of Minnesota

The following standing orders are applicable for patients of medical teams in skilled nursing facilities. **When facility staff initiate any standing orders, results are to be communicated to the provider (NP/PA/MD/DO) the next business day.**

After business hours and all day on weekends and holidays, contact the on-call staff with:

1. **critical** patient care issues that need to be addressed prior to the next provider visit
2. clarification of admission orders that represent **critical** concerns

For all other matters, contact the primary care team on the next business day.

Admission to Facility

- Obtain vital signs (TPR, BP and O_2 saturation) daily for seven days, then weekly for four weeks, then monthly thereafter unless directed otherwise
- Obtain weekly weights for four weeks, then monthly thereafter unless directed otherwise
- May see audiologist, dentist, podiatrist, optometrist, psychology prn
- Administer facility-specific cognitive screening tests
- Administer two-step Mantoux unless history of TB or positive PPD
- If history of positive PPD and/or Mantoux is contraindicated, obtain (per facility protocol) one of the following tests. Notify provider only if there are abnormal results.
    - Past or current chest X-ray (CXR) for "active TB negative" status. The CXR needs to have been done within three months of the patient's admission date. Obtain a copy of the CXR report to document the patient's status. If no such report available, obtain a CXR within 72 hours of admission.
    - QuantiFERON-TB Gold (QFT-G) blood test

Immunizations

- Per CDC guidelines, administer influenza vaccine annually in autumn and/or to patients who have not already received it unless contraindicated
- If influenza outbreak is confirmed, consult CDC guidelines for treatment/chemoprophylaxis protocol and notify medical director
- Per CDC guidelines, administer pneumococcal vaccinations (PPSV23 or PCV13) to patients who have not already received it unless contraindicated
- Per CDC guidelines, substitute a 1-time dose of Tdap for Td booster, then boost with Td every 10 years

Anticoagulation

- For all patients on warfarin (e.g., Coumadin, Jantoven), draw an INR the day after admission unless the admission orders specify otherwise
- Call INR results to provider or institute the facility Coumadin management service (CAMP) if available during business hours
- If an antibiotic is started, check INR within 3 days if the patient is on warfarin

Diet

- When specific diet orders are not present, the nurse or dietitian may initiate a diet that conforms to the facility's dietary options and best meets the patient's needs
- The nurse or dietician may change diet to an equivalent facility diet
- If patient has a feeding tube, administer tap water 150 mL tid and 30 mL before and after intermittent feedings and medication administration via feeding tube unless directed otherwise
- For occluded G-tubes, may use a G-tube declogger device or proceed with facility protocol
- Calorie/protein supplements per dietician/nursing as needed
- Regular diet prn for special occasions per nurse/dietician discretion; maintain ordered texture or thickened liquids
- Unless contraindicated, 1 alcoholic beverage (12 oz. beer, 5 oz. wine or 1 oz. liquor in mixed drink) prn for social events at nurse's discretion

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Comfort

- Acetaminophen 650 mg PO q 4 hours prn for pain/fever (acetaminophen not to exceed 3 grams per 24 hours)
  - **Note:** call provider for any new fever episode > 101.3 ˚ or for temperature > 2˚ above patient's baseline
- Cepacol or therapeutic equivalent (regular or sugar free) 1 lozenge dissolved in mouth q 2 hours prn for sore throat; contraindicated in dysphagia
- Apply ice/cold pack for 20 min qid prn to injuries with inflammation
- Preparation H or Anusol ointment (or therapeutic equivalent) per package instructions qid prn after bowel movement for hemorrhoid pain
- Lidocaine 1% 1.8 mL as a diluent with IM Rocephin prn for local anesthesia
- Artificial tear formulation 2 drops qid prn to affected eye(s)
- Anti-dandruff shampoo qd prn for dry scalp

Medications

- Medications may be crushed or given in liquid form unless contraindicated or otherwise specified
- For prn medications in which dosing quantity (e.g., # of tablets, dosing interval) is not singular or specific:
  - Always use shortest interval of time ordered
  - Administer 1 dose for severity rated 1-5/10; 2 doses for severity rated 6-10/10
- If condition warrants, patient may go on a therapeutic leave of absence prn with scheduled medications in non-child proof containers per healthcare coverage with resident/responsible party signing release of responsibility
- Initiate self-administration of medication (SAM) evaluation after patient demonstrates ability to safely self-administer specific medication
- May adjust medication administration times for special events/patient request
- Discontinue prn orders for antipsychotic medications after 14 days and call provider with an update
- Unless a longer duration is specified, discontinue prn orders for antidepressants, anxiolytics and hypnotics after 14 days and call provider with an update

Respiratory

- Guaifenesin (plain) 400 mg PO q 4 hours prn (expectorant)
- Albuterol 2.5 mg/3mL NEB x one dose prn for dyspnea or wheezing; update provider with nursing assessment
- Initiate and titrate supplemental O_2 at 2 L/min via nasal cannula prn for dyspnea, hypoxia (O_2 saturation < 88%) or acute angina; update provider with nursing assessment
- May wean supplemental O_2 per nursing judgment to maintain O_2 saturation > 88%; monitor O_2 saturations tid x 3 days after O_2 is discontinued, including one O_2 saturation during night-time sleep
- In patients with a tracheostomy, initiate trach care per facility protocol, suction prn and use a trach dome when O_2 is indicated

Cardiovascular

- Nitroglycerin 0.4 mg SL prn for chest pain or other signs/symptoms of acute angina; may repeat q 5 minutes x 2
- If chest pain/acute angina is not relieved after two doses of nitroglycerin, unless contrary to advance directives - call 911; notify provider immediately

Diabetic Management

- Initiate qid blood glucose (BG) monitoring upon admission x 3 days for ALL diabetic patients unless the orders specify otherwise
- Notify provider if two BG results are < 70 or > 400 in a 24 hour period and/or change in condition; if no condition change, notify provider on the next business day
- Unless specified otherwise, no sliding scale insulin coverage at HS

Hyperglycemia (BG > 200)

Use the following when short-acting sliding scale insulin is ordered but dose is not specified:

Insulin sliding scale tid <15 minutes before meals		
Blood glucose	> 450	12 units subcutaneously (sc)
Blood glucose	400 - 450	10 units sc
Blood glucose	350 - 399	8 units sc
Blood glucose	300 - 349	6 units sc
Blood glucose	250 - 299	4 units sc
Blood glucose	200 - 249	2 units sc
Blood glucose	< 200	0 units

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Hypoglycemia (BG < 70)

- If patient is symptomatic, conscious and able to swallow or has a feeding tube:
  - Administer 6 oz. fruit juice, milk, regular pop or other high carbohydrate beverage (e.g., Ensure, Boost) orally or via feeding tube
  - Repeat BG after 15 minutes; if < 70, repeat above intervention
  - If after 2 attempts to treat and BG is still < 70, notify provider
- If patient is unresponsive or unable to swallow and does not have a feeding tube:
  - Administer Glucagon 1 mg IM
  - Repeat BG after 10 minutes; if < 70 and patient still unresponsive, repeat Glucagon
  - After giving second Glucagon dose, if patient is still unresponsive, unless contrary to advance directives - call 911 and notify provider immediately
  - If BG remains < 70 but patient is conscious, initiate interventions for the conscious patient
- Once patient is stable, recheck BG after 60 minutes
- Communicate occurrence of any hypoglycemic event to provider the next business day

Bowel and Bladder Management

Bowel: Diarrhea (Perform steps sequentially)

- Perform rectal check to determine if impaction is present
  - If impacted, follow guidelines for constipation
  - If not impacted, hold all cathartic-related (constipation) meds and observe for 24 hours
- If diarrhea resolves, resume cathartic-related (constipation) meds
- If diarrhea continues:
  - Notify provider of the change in condition to determine if sending a stool specimen for C. difficile toxin A and B is indicated
  - If testing for C. difficile toxin is ordered, collect only diarrheal (unformed) stool
  - Encourage fluids as able

Bowel: Constipation (Perform steps sequentially)

- Perform rectal check to determine if impaction is present
- Encourage 2,000 ml daily fluid intake unless contraindicated
- Senna 2 tablets PO bid prn
- Bisacodyl suppository 10 mg PR bid prn
- Reattempt Senna or Bisacodyl if no results after 24 hours

Bladder

- If there are orders to remove a Foley catheter, use the following protocol after removing the catheter:
  - Assess voiding q 6 hours with bladder scan or history x 24 hours
  - Straight catheterize prn for post void residual > 250 mL on bladder scan, no voiding in 6 hours, full bladder on palpation or if the patient is uncomfortable
  - May use lidocaine jelly 2% catheter lubricant prn for local anesthesia with straight cath
  - Continue straight cath q 6 hours until patient voiding spontaneously; notify provider next business day
- Care of indwelling catheter
  - Do not irrigate
  - Change catheter prn for leaking or decreased urinary output using a similar-sized catheter
  - Change catheter and tubing prior to obtaining sample for UA/UC
  - May attach leg bag when patient is out of bed; reattach to straight drainage when in bed

Skin and Wound Management

- Institute facility wound management process if available
- If facility wound management process not available:
  - Moisturizing cream (facility stock) bid prn for dry skin
  - Moisture barrier ointment (facility stock) bid as indicated to keep irritants or moisture from skin surface
  - Treat minor skin tears by cleansing with water and non-cytotoxic wound cleanser; approximate edges and apply steri-strips or transparent dressing
  - Treat abrasions by cleansing daily with water and non-cytotoxic wound cleanser; cover with non-adherent dressing; may secure with Kerlix
  - Stage II or III wounds <u>with drainage</u>: cleanse with water, apply foam composite dressing (facility stock); change q 3 days and prn; notify provider next business day

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- Stage II or III wounds <u>without drainage</u>: cleanse with water**,** apply hydrogel (facility stock) and cover with non-adherent dressing; change daily and prn; notify provider next business day
- May initiate pressure reduction mattress and/or occupational therapy wheelchair positioning eval and treat as clinically indicated for patients with, or at high risk for, skin breakdown (e.g., mobility impairment, prolonged bed rest or fragile skin)
- Multivitamin with minerals one tablet PO daily for Stage II, III and IV wounds
- Discontinue dressings and other treatments when wound resolved

<u>Indigestion</u>

- Calcium carbonate 500 mg 1 tab PO (chewable) qid prn <u>or</u>
- Liquid antacid (facility stock) 30 mL PO qid prn
- **<u>Note:</u>** do not use magnesium-based products in patients with renal failure

<u>Sleep</u>

- Institute a 3-day sleep record if the patient is complaining of difficulty sleeping

<u>Cerumen</u>

- Debrox or mineral oil 3 drops to affected ear at bedtime x 3 days
- Gently irrigate affected ear canal with tepid water on the 4th day
- Repeat x 1 if indicated and update provider

<u>IV Line Management</u>

- Initiate routine IV line and site care per facility protocol
- May replace peripheral line per facility protocol or prn for site infiltration or phlebitis
- May discontinue peripheral IV line if no indication for use
- Do not remove PICC or central lines without an order from provider

<u>Falls</u>

- For falls with no injury, notify provider during business hours of fall, next business day if fall occurs after hours; contacting on-call provider after business hours is unnecessary

<u>Advance Directives</u>

- Review POLST and advance directives before calling 911
- Release body to mortuary at time of an expected death; contraindicated if meets coroner notification
- Notify provider during business hours of death; next business day if death occurs after-hours

<u>Other</u>

- For needle stick or body fluid exposure, facility has permission to draw Hepatitis Panel and HIV blood tests

<u>Additional Facility-Specific Orders</u>

Patient Name:

______________________________ **Provider Signature**   ______________ **Date**

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