

Staff Education Tool: Heart Failure: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

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| <ul style="list-style-type: none"> • To check for current signs or symptoms of worsening HF • To answer any questions you may have about HF | <ul style="list-style-type: none"> • To promote early action for worsening HF • To help you to overcome problems with self-care management |
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ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? ___Better ___Same ___Worse	What is your weight today? _____ • How does that compare to previous weights?	What is your level of shortness of breath (0-10 scale) When does shortness of breath occur – with activity or at rest?
Are you feeling more tired than usual?	Are there any changes in your cough? ___New cough ___How often ___When ___Mucous production	Are there any changes in your leg, ankle, abdomen swelling?
Have you had any episodes of chest pain? • When did pain occur – with activity or at rest? • Actions taken	Have you had any episodes of dizziness or lightheadedness? • When did this occur- with activity, with standing, or other position changes?	Medication use • Are all prescriptions currently filled?
Any problems with taking medications? • Any evidence of side effects?	Describe current level of activity and exercise	Are there any other problems that you can tell me about?

REINFORCE AND PROVIDE PATIENT EDUCATION BASED UPON ABOVE ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS:

When to call the home care agency/when to call the physician • Review Patient HF Action Plan	Medication teaching • Purpose of medications • Side effects • Scheduling doses • Missed doses and actions to take	Dietary implications • Low sodium diet • Avoid alcohol • Other as prescribed:
Activity and exercise • Self-monitoring for fatigue and shortness of breath • Symptoms indicating need to stop and rest	Physician follow-up • Has appointment	Other interventions taken as a result of assessment: • Telephone call to physician regarding: _____ • Initiate actions ○ (use HF Decision Support Tool)

Staff Education Tool: COPD: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

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| <ul style="list-style-type: none"> To check for current signs or symptoms of worsening COPD To answer any questions you may have about COPD | <ul style="list-style-type: none"> To promote early action for worsening COPD To help you to overcome problems with self-care management |
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ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	What is your level of shortness of breath (0-10 scale) When does shortness of breath occur – with activity or at rest?	Are you feeling more tired than usual?
Are there any changes in your cough? __New cough __How often __When __Mucous production	Are there any changes in your leg, ankle, abdomen swelling?	Have you had any episodes of chest pain? • When did pain occur – with activity or at rest? • Actions taken
Do you have any feelings of restlessness, or confusion?	Have you had any episodes of dizziness or lightheadedness? • When did this occur? - with activity - with standing or other position changes?	Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?
Are you using Oxygen as prescribed?	Describe current level of activity and exercise	Are there any other problems that you can tell me about?

REINFORCE AND PROVIDE PATIENT EDUCATION BASED UPON ABOVE ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS:

When to call the home care agency/when to call the physician • Review Patient COPD Action Plan	Medication teaching • Purpose of medications • Side effects • Scheduling doses • Missed doses and actions to take	Dietary implications
Activity and exercise • Self-monitoring for fatigue and shortness of breath • Symptoms indicating need to stop and rest	Physician follow-up • Has appointment	Other interventions taken as a result of assessment: • Telephone call to physician regarding: <hr style="width: 80%; margin: 5px auto;"/> • Initiate actions (use COPD Decision Support Tool)

Staff Education Tool: Diabetes: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

• To check for current signs or symptoms related to your diabetes and other conditions	• To promote early action for changes in condition
• To answer any questions you may have about diabetes	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	Review patient "Personal Plan" from Patient Self-Care Workbook (if identified and completed): Review patient identified goal(s) and progress towards goal(s)	What have your blood glucose levels been? • Before meals • At bedtime • Other times
What types of problems (if any) have you been having in managing your diabetes?	Any hypoglycemic reactions since last phone call/home visit?	Describe current level of activity and exercise
Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?	Have you checked your feet today? • Any changes, new sores? • Have you washed, dried, and put lotion on your feet? • Are you wearing the right (well-fitting) footwear at all times?	If patient/caregiver performing wound care: • Have you done your wound care? • Any problems or changes in the condition of your wound (such as changes in drainage, pain, swelling)?

- Are there any other problems that you can tell me about?
- Changes in vision?
 - Increased fatigue?
 - Episodes of chest pain? (When did pain occur? With activity? Or at rest?)
 - Other?

Staff Education Tool: Cancer: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:

• To check for current signs or symptoms related to your condition	• To promote early action for changes in condition
• To answer any questions you may have about your symptoms or treatment	• To help you to overcome problems with self-care management

ASSESSMENT OF CURRENT CONDITION- Questions to ask:

How have you felt since the last telephone call/home visit? __Better __Same __Worse	Review patient "Personal Plan" from Patient Self-Care Workbook (if identified and completed): Review patient identified goal(s) and progress towards goal(s)	What types of problems (if any) have you been having in managing your cancer / chemotherapy / symptoms ?
How would you describe your appetite? • Can you tell me what you have eaten in the last 24 hours? • How many glasses of liquids have you drank in the last 24 hours? • Can you tell me what you think is keeping you from eating? ○ Nausea and vomiting? ▪ Have you been taking your medications and have they worked to control nausea and vomiting? ○ Any soreness, burning in the mouth; difficulty swallowing? ○ Other?	Are you having any pain? Location? What is your current pain level using (0-10) scale? • Review patient's current pain goal • Are there times when your pain is worse or better? • Are you taking your pain medication on schedule? • Have you used breakthrough pain pills? (alternatively, intravenous/subcutaneous infusion bolus doses) ○ How often? ○ How many times in the last 24 hours? ○ What is your pain level after you take the breakthrough pain pills?	Describe current level of activity • Changes in level? • Increased fatigue? What is your current temperature? • Has it been any higher? • Any chills? Are you having any shortness of breath? • When does it occur? • How would you rate your shortness of breath using a 0-10 scale?
Medication use • Are all prescriptions currently filled? • Any problems with taking medications? • Any evidence of side effects?	When was your last bowel movement? • Any changes in consistency or color, straining?	Are there any other problems that you can tell me about?

Medication Management: Phone Monitoring Assessment Guide

REVIEW PURPOSE OF TELEPHONE CALL WITH PATIENT:		
• To review medication regime	• To assess for side effects/interaction	
ASSESSMENT OF CURRENT STATUS- Questions to ask:		
What medicines have you taken today?	What medicines will you take before your evening meal?	What medicines will you take at bedtime?
Do you ever forget to take your medications? If yes, what?	Can you tell me how many refills you have left for that prescription?	Are you taking any new medicines since the nurse/therapist last saw you?
Which doctor gave you that prescription?	What pharmacy filled that prescription? Does that pharmacy fill all of your prescriptions?	Are you taking any different non-prescription products (OTC and herbal) since the nurse/therapist last saw you? If yes, what and why?
Do you ever take anything for pain? If yes, what?	Are you experiencing any symptoms that you think might be related to your medicines?	Are you having any problems paying for your medications?
PROVIDE PATIENT EDUCATION BASED UPON ASSESSMENT AND ANY PATIENT QUESTIONS/CONCERNS		
When to refill medications	Purpose of medications	Potential side effects to watch for
	Scheduling of medications	Other interventions taken as a result of assessment: <ul style="list-style-type: none"> • Telephone call to physician regarding: _____ • Update to nurse making next visit

This is a sample of a narrative documentation for a phone monitoring encounter. A blank template is located on www.homehealthquality.org. The COPD: Phone Monitoring Assessment Guide was used to direct this assessment.

Phone Monitoring Patient Encounter Form (Narrative)

Reason for Phone Monitoring: High-risk for hospitalization with several exacerbations of COPD in past 6-9 months

Patient Name: <u>Mrs. T.</u>	MR #: <u>XXXXXXXXXX</u>	Phone Monitoring Frequency: <u>2 x wk</u>
Patient Phone: <u>XXXXXXXXXX</u>		Next Call Scheduled for: <u>6/18/07 @ 1 p.m.</u>
MD: <u>Dr. Jones</u>	Phone: <u>XXXXXXXXXX</u>	Onsite Visit Schedule:
Phone Encounter Date: <u>6/16/07</u>	Time: <u>1:00 p.m.</u>	<u>SN 2 x wk x 2 wk; 1 x wk x 2 wk; HH Aide 2 x wk x 1 wk</u>
SOC Date: <u>6/12/07</u>	ROC Date: <u>__/__/__</u>	Next Onsite Visit Scheduled for: <u>6/19/07</u>

Phone Assessment Findings: (Determine changes as applicable since last contact):

Patient states she feels "about the same" as last call on 6/13/07. Patient reports a breathlessness score of 7 on a 1-10 scale of breathlessness with 10 being the worst. Feels "tired" per usual. Reports non-productive cough at night that has begun since our last phone contact, worse when first goes to bed; notes she is still able to sleep approximately six hours per night; rescue inhaler brings relief—only has needed at night since last phone contact; began using two pillows at night two nights ago. Swelling of legs/ankles reported to be "same." Denies anxiousness or dizziness. Reported that control medication prescription expired and she has not taken the medication since last call. "I am going to wait until my doctor appointment in July (3 weeks) to get refill." Continues to use O₂ at 2 l/m at night as ordered; reports needing O₂ for approximately 10 minutes after doing dishes last evening (O₂ is ordered on prn basis also).

Education/Instructions Provided: (Include patient/caregiver response)

Reviewed current medication with emphasis on the use of her maintenance and rescue inhalers. Explained the importance of not stopping maintenance inhaler—stated she understood better why this was important. I offered to call her physician for a new prescription to be called to her pharmacy and she agreed. States she will immediately resume using it as ordered once she receives the refill. Also reviewed oxygen parameters as ordered by physician and safety aspects. Patient very cooperative during call and reports appreciating phone contacts. These calls help me "stay on track with things".

Actions Taken Based Upon Call Encounter Findings:

Contacted primary nurse to observe patient using inhaler at next visit. Notified patient's daughter of the need to pick up inhaler at pharmacy. Informed daughter of findings from call and the importance of patient using inhaler as ordered. She agreed to assist with monitoring patient's use.

Follow-up Needed:

Ensure phone encounters and onsite visits continue as scheduled, patient symptoms are not completely controlled at this time and patient still needs coaching with self-management of her illness.

Staff Signature/Credentials: Nancy Nurse, RN

The following is a sample of a phone monitoring patient encounter checklist form that could be used for disease-specific phone monitoring. The template is located on www.homehealthquality.org

CHF Phone Monitoring Checklist

Patient Name: _____

Medical Record Number: _____ Date: __/__/____ Time: _____

Spoke with: _____

Phone Monitoring Call Schedule: _____ Next call: _____

Onsite Visit Schedule: _____ Next visit: _____

Weight: _____ Increase or decrease from last assessment: ___lbs.

Swelling of feet/ankles (subjective): Yes/No

Blood Pressure: _____ Shortness of breath (subjective): Yes/No

Pulse (full minute): _____

Respirations/minute: _____

Diet/Sodium intake (past 24 hours): _____

Patient complaints:

Medication Regime Reviewed with Patient/Caregiver: _____

Instruction:

S/S of Exacerbation of CHF (specify) _____

Emergency Plan (specify) _____

Medication (specify) _____

Activity (specify) _____

Diet (specify) _____

Other (specify) _____

Additional notes (if needed): _____

Staff Signature/Credentials: _____