

Rased on

Active Monitoring Verbal Communication Guide:

current condition. I would suggest observation and active monitoring

	Active monitoring is not the same as not treating, we are still caring for
•	This is what we will be doing. We will monitor vital signs, closely measure fluid intake,
	assess for any pain, reexamine lungs/abdomen/skin, and look for other possible causes for
	condition. This can determine a better course for treatment, if one is needed at all. If
	it looks like antibiotics will help we will start them right away.

- We used to use antibiotics all the time for this exact situation, but research has shown us
 that we were more likely to harm people than help them. There are risks to consider when
 prescribing antibiotics, especially if they may not be necessary or helpful such as diarrhea,
 C. diff, or fungal infections
- At this time the risks of treatment can be high, and the benefits of treatment are uncertain.
 It may be better to get more information before we treat with antibiotics.
- Research indicates that active monitoring has not led to increased admissions to the hospital.



Active Monitoring: What to Document/Order:

Obtain vital signs (BP, Pulse, Resp. Rate, Temp., Pulse Ox.) every hours for days
Record fluid intake each shift for days
Notify physician if fluid intake is less than cc daily
Offer resident ounces of water/juice every hours
Notify physician, NP, or PA if condition worsens, or if no improvement inhours
Obtain the following bloodwork:
Consult pharmacist to review medication regimen.
Contact the physician, NP, PA with an update on the resident's condition on

Nace et al. (2014) JAMDA 15: 133-139

AHRQ (2016). Toolkit To Educate and Engage Residents and Family

Members. http://www.ahrq.gov/nhguide/toolkits/educate-and-engage/index.html

Pettersson et al. (2011). J. Antimicrob. Chemother. 66: 2659-2666