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| **Original Date:** 1/8/2015  **Reviewed/Revised:** 6/7/2023 | **Title:**  Change in Resident Condition/Physician Notification | **Approved By:** |

**POLICY**

It is the policy of this facility to monitor and promptly assess/investigate any changes in residents’ condition and notify his/her physician/NP/PA of changes in order to obtain orders for appropriate treatment and monitoring. The resident and/or the resident’s health care representative will also be informed of any changes in the resident’s condition and the management/treatment plan.

**REGULATION**

**§483.10(g)(14) Notification of Changes.**

1. **A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there is—**
2. **An accident involving the resident which results in injury and has the potential for requiring physician intervention;**
3. **A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);**
4. **A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or**
5. **A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).**
6. **When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.**
7. **The facility must also promptly notify the resident and the resident representative, if any, when there is—**

**(A) A change in room or roommate assignment as specified in §483.10(e)(6); or**

**(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.**

1. **The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).**

**GUIDANCE**

Even when a resident is mentally competent, his or her designated resident representative or family, *as appropriate*, should be notified of significant changes in the residents’ health status because the resident may not be able to notify them personally, especially in the case of sudden illness or accident.

If the resident is not capable of making decisions, facility staff must contact the designated resident representative, consistent with his or her authority, to make any required decisions, but the resident must still be told what is happening to him or her.

**PROCEDURE**

1. All staff, from all departments, are responsible for reporting any change in a resident’s condition to a unit nurse or RN Supervisor.
2. When there is **any** change in a resident’s condition, the resident, including those returning from acute care facilities, will be assessed by a licensed nurse. Assessment will include a full set of vital signs as well as information relevant/pertinent to the change in condition (e.g., symptoms reported by the resident, location and intensity of pain, unusual behaviors, etc.).
3. An RN must be present to assess/evaluate any of the following situations:
   * Injuries of unknown origin
   * Ineffective pain management
   * Medication errors, including overdose
   * Need for hospital transfers, including emergency transfers
   * Significant change in vital signs
   * Circulatory changes, including the absence of pulses
   * Changes in respiratory status, including congestion or dyspnea
   * Nausea and vomiting
   * Chest Pain
   * Identification of new or worsening pressure ulcers/wounds
   * Incident /Accidents
   * Altered mental status
   * Critical lab values
   * Abnormal x-ray/diagnostic test results
4. In situations where the resident is experiencing a medical emergency (e.g., unstable vital signs, acute respiratory distress, aggressive behaviors affecting peers or staff, etc.), a “Code \_\_\_\_\_\_\_” will be called to get more hands-on assistance. The RN Supervisor must respond to all “Codes”.
5. The nurse will notify the primary physician, resident, and/or resident representative(s) *promptly* of any of the following *acute changes*:
   * Any incident/accident involving the resident, including those which results in injury and has the potential for requiring physician intervention.
   * A significant change in the resident’s physical, mental, or psychosocial status, that is, a deterioration in the health, mental or psychosocial status in either life-threatening conditions or clinical complication.
   * A need to alter treatment significantly (a need to discontinue or change an existing form of treatment) due to adverse consequences, or to commence a new form of treatment.
   * A decision to transfer or discharge the resident from the facility.
6. The licensed nurse will notify the resident’s primary physician, the resident, and/or the resident representative(s) for *non-immediate changes* of condition on the shift the change occurs.
7. When transfer to an acute care setting is warranted, the RN Supervisor will make the determination if the resident requires 911 transfer or standard ambulance transfer.
   * The RN Supervisor can transfer a resident to the hospital, pending physician contact, should he/she deem the resident to be in need of immediate transfer.
8. The license nurse will document the notification and record any new orders in the resident’s medical record as well as on the 24-hr report.
9. The licensed nurse will update the resident’s care plan and CNA accountability record, as applicable, and transcribe and implement the provider’s order(s).
10. A licensed nurse and/or a physician will educate the resident and/or representative about the proposed plan to treat, manage or monitor the resident’s change in condition, including the risks and benefits of the proposed treatment change and provide an opportunity for the resident or resident representative to make an informed choice of the treatment or alternative that they prefer.
11. The licensed nurse will communicate the changes, including during shift change, to the rest of the care team and inform the RN Supervisor.
12. The social worker will notify the resident, and/or resident representative(s) of a change in the resident’s room or roommate assignment.

**Reference**

CMS (Rev 2/3/2023). State Operations Manual (SOM), Appendix PP- Revised Regulations and Tags, F580: Notify of Changes (Injury, Decline, Room, etc.), pp. 55-56.