

Case Study

This ACE (Acute Care for the Elderly) Card™ on optimal care transitions for elderly adults was developed by Dr. Michael Malone and Dr. Soryal Soryal at Aurora Health Care in Milwaukee, WI. These geriatric care reminder cards will be published in *MPM* as resources to help clinicians manage common conditions that plague elderly patients.

The complete series of cards can be ordered from Dr. Malone at Michael.Malone.md@auro-ra.org.

The geriatrician on call was called for one of his partner's patient. An 84-year old woman who lives in a nursing home has become confused. The patient has a history of hypertension, dementia, and osteoporosis. Over the prior 24 hours, the nursing home staff has noted that the patient has become lethargic and refuses to eat. The patient's current medications include aspirin, hydrochlorothiazide, donepezil, risperidone, and calcium with vitamin D. The nurse reports normal vital signs, except for a low-grade fever. The geriatrician reviews the ACE card on "Optimal Transition of a Nursing Facility Resident to the Emergency Department," before making his/her final decision regarding the patient management. *MPM*

Michael Malone, MD, is the Medical Director of Senior Services at Aurora Health Care in Milwaukee, WI. Soryal Soryal, MD, is an Assistant Professor of Medicine at the University of Wisconsin School of Medicine and Public Health.

ACE Cards™

Optimal Transition of a Nursing Facility Resident to the Emergency Department

Acute Care for Elders (ACE) Program
Aurora Health Care/
UW School of Medicine & Public Health



It may be difficult for the physician to assess the need for the transfer:

- A. Cross-coverage physician who is unfamiliar with the patient often must make the decision to transfer.
- B. Nursing competencies in nursing facilities are variable.
 - ∞ The decision-making is reliant on data provided by the nurse.
 - ∞ It is difficult to perform a careful assessment in the nursing facility.
 - ∞ Nurses may not know the patient's baseline status.
 - ∞ It may be difficult to carefully monitor the course of illness.
 - ∞ The database may be complex.
 - ∞ The goals of care may not be well defined.
- C. The family may say, "Send the patient to the emergency department", in response to call indicating the change in status.
- D. Reasons for the transfer may not be well documented.
- E. There may be little time to gather adequate information to send to the hospital.

Look for "Red Flags" when assessing the nursing facility resident.

- ∞ Recent falls, recent medication changes and recent infections.
- ∞ Functional changes/changes in mental status.
- ∞ Subtleties of an acute illness.
- ∞ An exacerbation of a chronic illness.
- ∞ Targeted physical examination toward what prompted the transfer.
- ∞ Concerns and expectations of the family.



ACE Cards™

Optimal Transition of a Nursing Facility Resident to the Emergency Department



Determine whether treatment in the nursing home is feasible considering:

1. Ease/complexity of the medication.
2. Level of aggressiveness desired by patient/family/physician.
3. Ability of nursing staff to provide the medication and the care.
4. Ability of the physician to monitor the care.

The following information should be sent to the Emergency Department by the nursing home:

- Patient demographic (name, DOB, SS #)
- Physician name and contact number.
- Name of NH and phone number.
- Name of contact RN.
- Most recent vital signs.
- Most recent labs and radiology study.
- Problem list.
- Current medications and doses.
- Allergies
- Reason for transfer.
- Baseline mental status and physical function.
- Code status.
- DPOA and closest family phone number.
- Insurance information.
- Patient diet.
- Record of immunizations.

Michael Malone, MD & Soryal Soryal, MD – Revised 05/2007 ©

