

Weakness (general)

Causes

- Common: infection, dehydration, metabolic disorders, anemia, neurologic diseases, stroke, medications/overdose
- Less common: adrenal insufficiency, heart disease, lung disease, autoimmune diseases



Vital Signs

Temperature: _____

Heart Rate: _____

Blood Pressure lying: _____

Respiratory Rate: _____

Oxygen Saturation: _____

Blood Pressure standing: _____



Evaluate Symptoms and Signs

- ☐ Acute mental status change
- ☐ Not eating or drinking as much as usual
- ☐ Fainting, dizziness or lightheadedness when standing up
- ☐ Acute decline in ADL abilities
- ☐ Thirst, signs of dehydration
- ☐ Respiratory: New cough, abnormal lung sounds, Accessory muscle breathing, pursed lip breathing, Respiratory distress, diminished respirations.
- ☐ Cardiovascular: Chest pain, new irregular pulse, cyanosis, mottling, edema
- ☐ GI: Nausea, vomiting, diarrhea, abdominal distention or tenderness, rebound tenderness, bowel sounds
- ☐ GU: New or worsened incontinence, pain with urination, blood in urine, urinary retention / bladder scan
- ☐ Neurologic changes: consciousness/alertness, orientation, weakness, gait changes (unsteadiness, loss of coordination or balance)
- ☐ Skin: sweats (diaphoresis), cold/clammy/pale skin; any new skin condition, i.e., bruising (including potential head trauma), rash, infection/cellulitis
- ☐ Fingertick glucose (patients with diabetes)



Presence of other, significant symptoms or signs of illness (such as fever, shortness of breath, chest pain, mental status change)



Refer to appropriate Situation-Specific Evaluation for the identified symptoms and signs.



Abrupt onset of general weakness with fever, change in LOC, or other acute symptoms



Notify the medical staff & Designated Representative immediately



New onset of general weakness without any other symptoms



Notify medical staff on the next business day



Gradually progressive general weakness



Notify medical staff at the next regular rounds



Continued on Next Page

Weakness (general) Continued

SBAR Report

Situation: "Generalized weakness associated with:" (*acute symptoms*)

Background:

Report...

- ☐ Reason the patient is in the nursing home (rehab for ____, long term care for ____).
- ☐ When the weakness started, how severe it is, getting worse or staying the same, any treatments that have been used.
- ☐ Abnormal vital signs or changes with lying and standing
- ☐ MOLST / Advance Directives
- ☐ Recent illness, antibiotics, medication changes, surgery, falls
- ☐ General observation of patient condition
- ☐ Diuretic use & recent dose changes
- ☐ Diet restrictions, fluid restriction, thickened liquids
- ☐ Blood glucose, if elevated
- ☐ Abnormal findings on lung, cardiovascular, abdomen, genitourinary, neurologic or skin observations.
- ☐ Signs or symptoms of constipation, infection, dehydration, head trauma
- ☐ Tube feeding rate, water flush orders, residual measurements, recent changes
- ☐ Availability of IV or clysis hydration (i.e., PICC line)

Have Available...

- ☐ Chart / logged in to Electronic Medical Record
- ☐ MAR
- ☐ Recent medical problems & order changes
- ☐ Consult reports
- ☐ Major diagnoses
- ☐ Allergies
- ☐ Recent lab results & previous results if abnormal
- ☐ Intake record
- ☐ Bowel record
- ☐ List of emergency medications available in the facility

Assessment: I am concerned about: _____

Recommendations/Requests:

- ☐ Labs: CBC with manual diff, Lactic Acid, ☐ EKG
- ☐ CMP/Chem14, Magnesium, Phosphorus, ☐ Other:
- ☐ CK, Drug levels
- ☐ INR if patient is on warfarin
- ☐ Chest X-ray with lateral view if possible
- ☐ Physical therapy evaluation

Clarify expectations for care, interventions, and illness course/prognosis. Repeat any telephone orders back to the provider to ensure that they are correct and complete



Management

- ☐ Monitor vital signs every 8 hrs for 2-3 days
- ☐ Offer fluids frequently
- ☐ Oral, IV, or subcutaneous fluids if needed for hydration
- ☐ Place on Intake & Output monitoring
- ☐ Monitor meal acceptance
- ☐ Place on 24-hour report for 2-3 days
- ☐ Obtain lab results (*if ordered*), and notify medical as needed of significantly abnormal values in lab tests (refer to appropriate Situation)
- ☐ Update care plan regarding fall risk, pressure ulcer prevention, assistance needed with ADLs, supervision for safety, restorative needs
- ☐ Review status and plan of care with designated representative
- ☐ Update advance directives if appropriate