Guidance for eCHAT for users in New Mexico

Section No.	Section Name	Guidance
	Comprehensive Health Assessment	Always complete the MAAT and ARST before the eCHAT. The MAAT is completed annually, upon transfer to a new agency and with significant condition change or medication change or that may impact the delivery of the medication. The ARST should be completed for all levels of risk annually, for change of condition or hospital discharge if this event has prompted a change in aspiration status (low to moderate or high). When select "Hospital Discharge" or "Pneumonia" Complete MAAT first if medication changes.
1	Other Medical Information	The nurse should review the diagnosis and assure the list is current and accurate. Please use the diagnosis list to guide your responses to the eCHAT.
2	Allergy	Dietary, medication and seasonal allergies may or may not require a HCP or MERP. Complete a MERP for those conditions with likely potential to exacerbate into a life-threatening situation. For anaphylaxis, indicate allergen in comment section.
2.b	Anaphylactic reaction	Allergens that trigger an anaphylactic reaction require a HCP and MERP. Indicate allergen and frequency of occurrences in comment section.
3	Medication	Some medications may require the development of a healthcare plan or MERP.
3.a	Medication Delivery Supports	Agency licensed nurses or certified medication aides may administer medication via injection. Some states allow certified medication aides to deliver only specific medications such as insulin via pen. Please follow your individual state regulations. Please indicate if the individual self administers their injections, or receives injectable medication from biological (blood, adoption or marriage) family member. Biological family members typically assume all responsibility they administer. For insulin pumps, choose the individual who typically loads the pump. Medication pumps that are loaded by community practitioner or any long acting injectables given by community practitioners should be marked as the physician, PCP or clinic tab. Guidance: The nurse must enter information about the type of supports the individual needs with medication delivery and any pertinent information from the nurse or IDT regarding delivery of medications. Individuals are encouraged to take their own medications (self administer) if at all possible and teams should support individuals to learn these skills. Some individuals may need a combination of supports depending on the type of medications ordered.
3.b	Monitoring Effectiveness of Medications	The risk of medication side effects or drug/drug interactions exists for anyone who takes routine medications. The nurse must document the individual's overall response to their medication regimen. Discuss overall changes in medications since the last assessment (if any) and the utilization and response to PRN medications. Consider the possible effects of medication on the person's overall functional ability. Persons who receive multiple medications or several medications in the same category may be at risk for side effects of this polypharmacy. Consider consultation with the physician or consulting pharmacist.
3.c	Refusal of Medications, Treatments or Monitoring	Review the Continuum of Care guidelines regarding refusal or medications. Patterns of refusal may be a strong indicator of choice or concerns and may warrant closer examination by the team. Directions: The nurse must document the individual's response to their medication regimen. This includes including the use of PRN medications and any new or changed medications.
4	Labs/Radiology	A Healthcare plan or MERP may be appropriate based on the individual's condition and nursing judgment rather than lab work alone. This would likely be incorporated with other condition-specific plans (i.e. use of blood thinners to prevent or reduce clotting).
4.a	Lab tests or radiology exams routinely to	Lab visits or monitoring to manage or maintain health status may include blood work, radiology or other medical testing. HCP and MERP are up to the nurse's clinical judgment. Do not mark

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	manage, monitor or maintain health status	yes for routine finger sticks for blood glucose since this is assessed in section 14
5	Utilization of Medical Services	Utilization of healthcare services can be an indication of complex health issues. These visits may be for medical or psychiatric support. Based on the individual's circumstances, contact PCP for appointment or consider seeking advice from the DDSD regional nurse or Continuum of Care. Review all plans and revise as needed. Assure that training is up to date. If specialists are needed but are not available, complete a Regional Office Request for Intervention (RORI) form for assistance in obtaining Specialty Services.
5.a	Urgent care or Emergency room visit	Frequent hospitalizations may be an indicator of unstable condition. Consider HCPs/MERPs based on overall condition, diagnoses and nursing judgment. IDT may need to meet to address the individual's needs and to seek added resources or consultation.
5.b	Number of medical and Psychiatric hospitalizations in the past year	Choking is a common event but individuals who have more than one choking event should have health and behavioral issues reviewed by the IDT to assure that plans are in place to meet behavioral or physical needs. The nurse should contact the PCP for assessment of dysphagia, behavioral symptoms or other medical conditions. Choking can result in total airway obstruction and death. Individuals with Risky Eating Behaviors need to have this noted on their Aspiration Risk Screening tool.
5.f	Required Heimlich maneuver or abdominal thrusts to clear airway	Choking is a common event but individuals who have more than one choking event should have health and behavioral issues reviewed by the IDT to assure that plans are in place to meet behavioral or physical needs. The nurse should contact the PCP for assessment of dysphagia, behavioral symptoms or other medical conditions. Choking can result in total airway obstruction and death. Individuals with Risky Eating Behaviors need to have this noted on their Aspiration Risk Screening tool.
5.g	Existing diagnosis, a new diagnosis or a condition change that requires frequent medical follow up, treatment or monitoring	If persons with existing chronic diagnoses or significant changes in health status require acute treatment or frequent clinical visits with PCP or specialists or follow-up or interventions, the team should consider whether additional services or changes in services are required to meet the person's more complex needs. Health care plans, MERPs and the ISP should be revised as needed.
6	Vital Signs	Vital signs are often ordered for monitoring specific conditions or medications. Typically, this approach is blended with health care plans for the specific condition as needed.When assessing vital signs, the nurse must consider the individual's normal pattern in relation to standard values/range. Persons with DD may have issues with temperature control, cardiac or respiratory irregularities. These unique ranges must be considered as part of the nursing assessment.
6.a	Pulse Oximeter readings	Pulse Oxymeter provides a quick measurement of the amount of hemoglobin in the body that is filled with oxygen molecules. A range of 96% to 100% is generally considered normal. Anything below 90% could quickly lead to life-threatening complications. Other factors may impact this reading so the person's overall condition and other signs of respiratory function or distress must be considered. If pulse ox readings are consistently below 90%, the nurse should consider developing plans and MERPs to address respiratory function in collaboration with respiratory specialists.
7	Height and Weight	Persons with DD may be underweight or overweight for a variety of reasons. Identifying persons who need nutritional support can improve overall health and decrease multiple risk factors. Use the most current accurate weight and the current height. Height is usually taken from the most recent Registered Dietitian assessment. Height may be measured vertically, or fingertip measurement.
7.a	Unplanned weight gain	Recheck weight to verify actual weight gain or weight error. If weight gain was rapid, assess for edema, rales, and shortness of breath. Consider all possible causes of weight gain. Collaborate with registered dietician. Contact PCP or appropriate specialist after completing hands on assessment. Healthcare plan or MERP may need to be developed based on cause

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		of weight gain.
7.b	Unplanned weight loss	Recheck weight to verify actual loss versus error in weights. Assess for cause of weight loss; ability to eat; quality and quantity of food prepared; consistent delivery of tube feedings if tube in place; elimination; acute or chronic illness; overall functional decline; medications and other possible causes of acute unplanned weight loss. Contact PCP or appropriate specialist after completing hands on assessment. Collaborate with registered dietician. Healthcare plan will be developed for unplanned weight loss or has a BMI < 18.5
7.c	BMI	BMI is based on a ratio of height and weight calculation provided in standardized tables. There can be variations in normal range based on ethnic heritage. Many persons with I/DD have a low or borderline BMI due to their height/weight ratio. For persons with a low BMI, the nurse should consider if anorexia or bulimia may be a factor or if other physical conditions exist. People who are overweight or obese have a greater chance of developing high blood pressure, high blood cholesterol or other lipid disorders, diabetes, heart disease, stroke, and certain cancers, and even a small weight loss (just 10 percent of current weight) will help to lower risk of developing those diseases. Adults with large waistlines are at high risk for metabolic syndrome. If there is a very high or very low BMI, consult with RD and develop HC plan. Notify PCP if new finding or change in status.
8	Nutrition	The nurse is recommended to review the most recent RD/LD (nutritionist) assessment. The nurse is encouraged to consult with and collaborate with the RD as needed. Diet and orders for lab work are typically obtained from the PCP. Good nutrition is a key to attaining and maintaining good health. See link below for ADA guidance. Specialized diets will be developed and trained by the Registered or Licensed Dietician on the team. Texture and liquid modifications are frequently developed by the SLP. If there is no SLP or mealtime specialist on the team, a referral may be made to the SAFE clinic for assessment and planning advice. A PCP order for texture and thickening may be obtained by the nurse after discussion with the SLP, RD and PCP. Healthcare plans may need to be developed in collaboration with the SLP or RD. Refer to the 2010 Aspiration Risk Management Policy and Procedure for additional information for those identified at aspiration risk.
8.a	Fluid Restriction	Fluid restrictions are strict limits on the intake of fluids ordered by the PCP for management of renal, cardiac or other disorders. The nurse must collaborate closely with the RD since there must be an organized plan in place to assure fluid limitations are understood for amounts allowed at mealtimes and non mealtimes. The healthcare plan must address the maximum allowable amount of fluid per 24 hours and the plan to provide that fluid including reference to any ordered medications, labs, behavioral plans etc. The MERP must address signs and symptoms of fluid overload or dehydration and provide guidance for emergency services.
8.b	Supports to assure adequate hydration or minimize risk of dehydration	Individuals with IDD may be at risk for dehydration due to cognitive functional or physical limitations. Individuals with known risk or past history of episodes of dehydration, electrolyte imbalance, constipation or UTI may benefit from healthcare plan addressing risk for dehydration.
8.c	Intake and output monitoring ordered by a PCP/Specialist	Intake and output measurement may be ordered by the PCP. The Healthcare plan should address rationale for I and O measurements and include when to report I and O issues to nurse or PCP. The nurse should consider if there continues to be an ongoing need for this monitoring and address with PCP as appropriate.
9	Tube Feeding/ Eternal Nutrition	Note details about the enteral feeding tube. The location of the tube and the type of tube impact the orders for feeding (bolus vs continuous) and the frequency or need for changing the tube. With any enteral feeding, a Comprehensive Aspiration Risk Management Plan (CARMP) and MERP are required. The tube feedings sections of the CARMP must be completed and replace any previously developed separate tube feeding protocols or tube feeding care plans. Refer to the current DDSD Aspiration Risk Management Policy and Procedure. For new tube placements, an interim tube feeding plan should be in place until the CARMP is developed. NG tubes may be used for decompression of the gut at home. Although this is typically an

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		inpatient procedure, it may be seen in home care and is likely short term for end of life comfort to alleviate pain and vomiting. Refer to the following resources including the Continuum of Care website and DDSD website for additional guidance. A Wound Ostomy Continence Nurse (WOCN) is an expert in wound and ostomy care. ASPEN is the American Society for Parenteral/ Enteral Nutrition.
	Tube Details	Enter details about the tube in the available space. Provide tube detail, gauge, size and additional description.
9.a	Tube Site Information	If tube site is leaking formula; has fistula, erosion or drainage or if tube or button is retracted, contact PCP or GI specialist. Consider consultation with a wound ostomy nurse(WOCN). The tube feeding section of the CARMP is used to address additional stoma/skin issues. The MERP should address response for pertinent potential tube complications including dislodgement or removal, infection vomiting or other complications. Many stomas produce drainage at the site that is not a sign of infection. If cultured, the results will likely show colonization with bacteria. Purulent drainage is indicative of infection and will be accompanied by other signs of infection such as redness, heat, swelling, pain or elevated temperature.
9.b	Risk for Tube Replacement	Discuss interventions to minimize risk of pulling at tube with the PCP and the team. New tube sites that do not have an established tract present a very high risk of tissue trauma and peritonitis. Clothing adaptations such as overalls, additional layers or abdominal binders may be considered. Some strategies may require review by the Human Rights Committee. The regional nurse or Continuum or Care may be contacted for advice. If appropriate, the MERP should include what must be done in case tube is removed, dislodged or difficult to reinsert (if ordered)
10	Aspiration Risk	The aspiration risk screening tool is the initial step for further assessment and planning. Refer to the current Aspiration Risk Management Policy and Procedure for detailed instructions. All Individuals must be re-screened annually, after hospitalization and for significant change of condition. Individuals who score at moderate or high risk must have a Collaborative Assessment. Nurses document their findings on the Nursing Collaborative Aspiration Risk Assessment Tool and contribute to the development and training of the CARMP. All forms are available on the DDSD website and a variety of resources are available on the DDSD and Continuum of Care websites. Include discussion of current status related to aspiration risk and aspiration events. Indicate any changes in determined level of aspiration risk. For annual eCHATs, please evaluate the individual's response to the CARMP over the last year including: if condition has improved, worsened or stayed the same; number of aspiration pneumonia related illnesses or admissions; other changes related to Aspiration Risk Management.
11	Oral Dental	There is a direct correlation between oral health and overall health including cardiovascular disease and risk for developing pneumonia. Bone recession and bleeding gums may be side effects of medication. Consider oral pain as a possible trigger for behavioral symptoms. An oral care plan is required for individuals with poor oral hygiene, excessive plaque, multiple cavities, obvious decay, loose or broken teeth, bleeding gums, or periodontal disease. Nurses may develop an oral care plan based on the individual's needs and at any time may collaborate with the dentist or hygienist; OT for equipment or sensory issues; SLP for saliva management and PT/OT for positioning issues. The nurse may also consider that oral care/oral hygiene plans may be developed to support habilitation, learning and self care as needed for those who require assistance or cueing. Collaborative planning for oral care/hygiene is included within the CARMP for those at aspiration risk.
12	Neurological Signs and Symptoms	The Healthcare plan and MERP must address signs and symptoms of infection or malfunction with any shunt, pump or implanted device. DSP must be trained to observe for and promptly report any evidence of increased intracranial pressure; increase in spasticity; decline in function; increase or change in seizure activity or any other evidence of problem, infection or malfunction of the device.

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	Baclofen Pump	MERP and training must address signs and symptoms of pump infection or malfunction.
	Vagal nerve stimulator (VNS)	Healthcare plan and MERP for seizure management and VNS use are required.
	Other devices or Implants	Other implanted devices such as a deep brain stimulator should be noted here. Consider special instructions or teaching for direct staff in a healthcare plan or MERP.
12.a	signs and symptoms of recent neurological changes	Review data, conduct on site assessment and contact PCP or Neurologist to discuss apparent change of condition. Signs and symptoms can include: decline in responsiveness, cognitive functioning, ability to function, strength and/or mobility; presence of headaches, nausea, vomiting, elevated blood pressure, seizures, worsening spasticity and/or neuropathy. Develop or revise healthcare plan and MERP as needed.
12.b	Seizure Disorder	Review all seizure tracking records. Contact the PCP or neurologist to discuss current condition if seizures have increased or type of seizure has changed or if overall level functioning is altered. Consider if there are multiple antiepileptic (AED) medications used or if there has been a recent change in antiepileptic medication in the last 90 days which may impact type or frequency of seizures. Healthcare plan and MERP required for seizure management.
	Status epilepticus	Needs healthcare plan and MERP for seizure management including guidance on status epilepticus. Contact the PCP or neurologist to discuss current condition if frequency of episodes of status have increased or altered or level functioning is altered. Consider if there has been a recent change in antiepileptic medication in the last 90 days. Status epilepticus is not an indication of the severity of the seizure disorder but it is important to determine what may have caused the status epilepticus (i.e. medication noncompliance, metabolic disorders, TBI, bowel impaction, infections, CNS insults, etc). The etiology of SE is the primary determination of outcome (with the highest rate in the elderly or due to CNS insults). The healthcare plan and MERP should include strategies/interventions that will address the cause/triggers and develop measures to decrease reoccurrence.
	Comments on Status epilepticus	Discuss status of seizures since the last assessment. Note any changes in frequency or type of seizure activity, medication changes and the person's response to new or changed medications or other pertinent information.
12.c	Paralysis	Individuals with IDD may present with varying degrees of paralysis which may be static or may increase over time as degenerative neurological conditions progress. Consider the development of HCP in conjunction with mobility and other heatlh related needs.
12.d	Diagnosis of autonomic dysreflexia	Discuss trigger or type of stimulation that usually causes the autonomic response. This usually results in an increase in blood pressure. Autonomic dysreflexia is a life threatening condition. Healthcare plan and MERP should reflect symptoms observed most often and PRN treatment options.
12.e	Diagnosis of Alzheimer's Disease or other dementias	Some persons with I/DD develop symptoms of Alzheimer's Disease or other related dementias at a relatively young age. This includes increased difficulty with routine tasks and loss of cognitive and social skills. Healthcare plan and MERP may need to be developed to address the array of issues that may be present. Training for the team and direct staff is critical and must anticipate person's progressive decline over time. Local chapters of the Alzheimer Association offer support groups for persons with dementia and those who care for them.
12.f	Other neurological disorders or events	Neurological disorders or events may be acute, chronic, unstable or degenerative/progressive. Depending on the type of disorder or event consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety in case of emergency. Examples of other disorders or events may include Cerebral Palsy, tumors, head injury or stroke.
13	Cardiac/ Circulatory/ Blood Disorders	Review status carefully including but not limited to current routine tests; lab values such as blood level of medications; electrolytes; liver and kidney panels. Contact practitioner managing services (PCP or cardiologist) if unstable or if VS or condition has changed. Healthcare plans

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		and MERPs developed to address cardiac conditions should identify any needed monitoring, follow up, precautions or response to emergency situations.
13.a	Pacemaker	Develop healthcare plan and MERP if indicated to address required routine monitoring and follow up care for pacemakers.
13.b	Implantable cardioverter defibrillator (ICD)	Develop healthcare plans and MERP that address the needed routine monitoring and follow up care for Implantable Cardioverter Defibrillator (ICD) and includes the recommended limitations on exposure to electrical devices at home or in the community.
13.c	Other cardiac disorders	Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.
13.d	Blood/hematological disorders	Depending on the type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.
14	Diabetes	Develop healthcare plan and MERPs that address diabetic management, routine monitoring and precautions.
14.a	Self blood glucose monitoring	Develop healthcare plan and MERP that addresses diabetic management including insulin administration, blood glucose monitoring and other needed precautions. Consider consultation with diabetic educator to support the individuals increasing independence and self management.
14.c	Hypoglycemia	Develop healthcare plan and MERP that address management of hypoglycemia. Each individual will display different hypoglycemia symptoms. Persons with hypoglycemic unawareness experience hypoglycemia at night and are often difficult to awaken. The healthcare plan and MERP should reflect the most frequently displayed symptoms and the specialist's instructions.
14.d	A1c Levels	Review MAR, staff notes and blood glucose readings for trends. Review staff notes on meals served and dietary intake Contact PCP if A1c = 6 or higher or other evidence that DM not well managed or unstable. Collaborate with the RD and consider a review of diet and plans with person and staff. Consider diabetic education classes for individual and direct support staff. Consider offering supports for increasing independence.
14.e	Diabetes Comments	Address overall status of diabetes. Comment on efforts needed to support the individual to manage the disease; any complications or issues with monitoring or delivery/administration of medication.
14.f	Other endocrine disorders	Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety. Address status of other endocrine issues here.
15.	Renal	Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.
15.a	Dialysis	Confer with dialysis center for support and training as needed. Create healthcare plan and MERP that addresses management and monitoring needed. Address status of other renal issues here.
16	Gastrointestinal condition	Persons with I/DD may be at increased risk of gastrointestinal conditions due to their I/DD diagnosis, medications or behavioral symptoms such as pica. Review status carefully including but not limited to current GI symptoms; weight; routine tests; lab values such as blood level of medications; electrolytes; liver and other metabolic panels. Contact practitioner managing services (PCP or GI) if overall GI condition has changed. Diarrhea places individuals at risk of dehydration and potential complications from electrolyte imbalance such as cardiac irregularities or confusion. Chronic Diarrhea must be reported to the PCP and assessed. It may be caused by medications, infections or other gastrointestinal conditions. Consider developing healthcare plans and MERP that address GI other conditions including needed monitoring, follow up and precautions.
16.a	Medication for reflux or GERD	GERD is prevalent and can be severe in persons with I/DD. Chronic GERD is related to risks of bleeding, Barrett's esophagus, esophageal stricture and cancer. Not every person with I/DD

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		can verbalize their discomfort from GERD. Nurses and staff must be aware of actions or behaviors that may be an indication of pain caused by uncontrolled reflux. The nurse is encouraged to obtain information from the direct support staff (DSP) regarding the individual. There are multiple medications available to control the symptoms of GERD and gastric ulcers. Note that if the individual receives Reglan, they may be at risk for Tardive Dyskinesia a form of Extrapyramidal Symptoms (EPS). Discuss this possible risk with PCP and monitor per their instructions. The link below provides a list of medications that may cause TD/ EPS and lists DDSD guidance regarding actions to be taken.
16.b	Complains of or demonstrates signs/symptoms of reflux	Develop healthcare plan to address management of GERD. Contact PCP if it appears that reflux is not controlled by current medication. Uncontrolled GERD is related to aspiration risk. The CARMP may refer to the GERD health care plan.
16.c	Celiac disease or gluten sensitivity	Celiac disease is an autoimmune disorder triggered by gluten that damages the lining of the small intestine, causing a decrease in the ability of the villi to absorb nutrients. Training about eating and cooking for a gluten-free diet is critical. Not following this diet can result in severe gastric symptoms such as abdominal pain; gassy, pale stool; extreme fatigue; malnutrition; electrolyte imbalance; anemia (sometimes evidenced by extreme pallor or eating ice) and weight loss. Collaborate with the registered dietician for dietary planning; a healthcare plan is needed for diagnosed Celiac Disease. Many persons with I/DD are at high risk of celiac disease. Definitive diagnosis is made by biopsy via endoscopy. Some individuals may have a gluten sensitivity, which is not an autoimmune disorder, but may require planning and support.
16.d	Constipation Management	Persons with I/DD commonly have issues with constipation. If unnoticed or inadequately treated, constipation can lead to impaction, bowel obstruction, bowel perforation or death. A Healthcare plan is needed for constipation management. A MERP needed for those with frequent/routine use of PRN medications or treatments for constipation or history of impaction, volvulus or bowel obstruction. Assess pattern of utilization of laxatives and link to behavior symptoms. Discomfort from constipation may trigger behaviors. Diarrhea may be an indicator of impaction or bowel obstruction since liquid stool may be the only substance able to pass around an impaction or blockage.
16.e	Diagnosis of PICA (history or active)?	PICA means the ingestion of inedible items. Historical or active PICA places individuals at risk for multiple health issues such as airway obstruction; chronic GI issues or obstruction. Some may have little or no apparent health issues; others may have severe or fatal results. Pica may be triggered by behavioral or nutritional issues. Consult with other disciplines as needed.
17.	Bowel and Bladder	Develop healthcare plan to address risk for skin breakdown if sometimes or always incontinent of either bowel or bladder. Persons incontinent of bladder and bowel are at higher risk for UTI. Consider reviewing rehab nursing articles for information regarding bladder or bowel retraining. Sudden onset of bladder or bowel incontinence may be an indicator for infection or other disease or illness. Sudden bowel incontinence or continuous leaking of diarrhea may be an indicator of bowel obstruction.
17.a	Colostomy/Ileostomy	Develop healthcare plan for colostomy/ileostomy management. A MERP may be needed based on client condition or behavior as it relates to ostomy care. Train staff in routine ostomy care and monitor site for changes in skin integrity. Added healthcare plans may be needed to address condition that prompted ostomy. Consider collaboration with Behavior Support Consultant to address emotional issues related to ostomy or challenging behaviors that may impact care. Comment on status of Ostomy and note any issues or concerns.
17.b	Other bowel and bladder concerns	Cancer is the most common cause of urinary or rectal bleeding. Any bleeding from rectum or urethra must be assessed by PCP, gastroenterologist or urologist. Contact regional office or Continuum of Care project if access to specialist services is a problem. If indwelling urinary catheter, suprapubic; nephrostomy or Indiana pouch is present, healthcare plan is required. Note high risk of UTI and sepsis with indwelling catheter. Include specific care needs and

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		signs of complications. If Indiana Pouch is used must have MERP that addresses need to catheterize the pouch to avoid rupture of the false bladder. If intermittent catheterization for retention is needed, BPH may require maintenance monitoring or active treatment. MERP must be developed to address complications of retention and when to call 911.
18.	Reproductive Health	Provide information about safe sex and birth control as needed. Individuals may attend the Sexuality classes offered by Office of Behavioral Services (OBS). Contact the Regional Office in your area to obtain information about classes.
	Women Only	If peri-menopausal or menopausal consider discussion with physician if symptoms of menopause are apparent or impacting life or triggering behavioral symptoms. Any pelvic pain, abnormal vaginal bleeding or discharge must be assessed promptly to assure that pelvic conditions such as infections or cancers are not present (cervical, uterine, ovarian, bladder). Any noted abnormality in breast tissue including lumps dimpled skin or discharge must be promptly assessed. Pap smears are indicated for women who have been sexually active. Some women with I/DD have never been sexually active and are therefore at no risk for cervical cancer (caused by the human papillomavirus). The PCP or gynecologist may advise to obtain or refrain from a Pap smear. The PCP or gynecologist will likely order mammograms as needed. Discuss alternative options with the PCP or gynecologist, such as ultra sound, if there is difficulty obtaining a mammogram (due to equipment availability, wheelchair access, and/or difficulty tolerating procedure).
	Men Only	Current guidelines for PSA testing are in flux. The American Urological Society has recently recommended baseline PSA testing starting at age 40, whereas the American Cancer Society no longer recommends routine screening for all men. If the consumer is age 40 or older, please discuss with his PCP and/or urologist if the consumer should have PSA testing and if so, how often. In the past, most doctors considered a PSA level below 4.0 ng/dL as normal.
18.a	Cancer history requiring follow up care	If there is a known history of cancer for either sex, please note details about this information in the section below. Consider care planning as needed to reflect the individual's needs for ongoing monitoring for recurrence in order to maintain health.
18.b	Comments	Add pertinent information regarding other reproductive health issues such as history of cancer and any routine monitoring.
19.	Recent change in behavior symptoms that may be caused by a medical condition	Contact PCP or other needed specialist to review recent changes and possible medical causes. If individual has known history of behavior changes indicating a medical condition (i.e. historically aggressive behavior increased when individual had a UTI), consider developing healthcare plan to guide staff observations and actions.
19.a	Psychoactive or other classes of medications that are intended to influence Behavior symptoms	The use of 4 or more psychoactive medications or 3 or more in any one class (antidepressant, minor tranquilizer, major tranquilizer) should trigger a review of these medications with the psychiatrist, prescribing physician or with Continuum of Care Project. Polypharmacy or the use of multiple medications may be warranted but may also lead to complex interactions and negative outcomes.
19.b	Newly reported or observed sign of extra pyramidal symptoms (ESP) involuntary movement disorders	EPS include involuntary movement disorders such as tardive dyskinesia, akinesia, akathesia, and pseudo-parkinsonism. DDSD requires that the prescribing physician identify whether or not monitoring is needed and, who is responsible to complete the monitoring, the tool needed and the frequency. An order should be obtained to identify these elements. Marked increase in any EPS should be promptly reported to the prescribing physician. Note that an increase in EPS may be seen when doses are adjusted downward since some medications may mask the presence of EPS.
19.c	History of neuroleptic malignant syndrome	Research which psychoactive medication triggered this syndrome. Note on record that this medication may not be used again. Create a healthcare plan and MERP addressing signs and symptoms of NMS and train staff to observe and take immediate action.
19.d	History of neuroleptic malignant syndrome	The nurse collaborates with the BSC and other team members as needed. The nurse is to be contacted prior to utilization of any PRN medication.
20.	Colonized with	Persons with cancer, organ and bone marrow transplant recipients, taking immunosuppressive

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	multidrug-resistant organism	medication, HIV infection, or those who are pregnant may have an increased risk for infection. Use of good hand washing technique and use of standard precautions should be reflected in healthcare planning.
20.a	Infected with multidrug-resistant organism	The use of good hand washing technique is important to avoid transmission of germs. Depending on the source of contamination, respiratory secretions, skin, urine or feces, standard precautions for use in the home setting should be utilized. This will protect the individual and others.
20.b	Chronic viral infection such as hepatitis or other blood borne pathogens	Consider healthcare plan and MERP; monitor for signs of worsening conditions; train staff about standard or transmission based precautions.
20.c	Other infectious process or disease	Depending on type of disorder, consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety.
21.	Respiratory condition/ diagnosis	Individuals with I/DD may have acute or chronic respiratory conditions that require routine or intermittent treatments. Based on the intensity of the treatment or complexity of need, the nurse will develop health care plans and MERPs that guide the staff to support health and safety. Respiratory function may decline over time due to multiple causes such as physical changes caused by aging and fixed deformities such as kyphosis and scoliosis; syndromes that may have progressive deterioration such as CP or chronic obstructive or pulmonary disease from irritation, inflammation or infections from chronic bronchitis, aspiration or frequent pneumonia.
	Oxygen or Nebulizer treatment	Respiratory function may decline over time due to multiple causes such as physical changes caused by aging and fixed deformities such as kyphosis and scoliosis; syndromes that may have progressive deterioration such as CP or chronic obstructive or pulmonary disease from irritation, inflammation or infections from chronic bronchitis, aspiration or frequent pneumonia. Refusal of oxygen or respiratory treatments should be noted in section 3.c Refusal of Medications, Treatments or Monitoring.
	Other respiratory issues	Depending on the respiratory issues or disorder, consider developing healthcare plans or MERP to assure understanding by direct support staff and to support health and safety. This may include guidance for minor conditions such as seasonal allergies or for more complex issues such as asthma, acute respiratory distress, chronic lung disease, cystic fibrosis or other pulmonary infections, illnesses or conditions.
22.	Communication/ Vision/ Hearing	Healthcare plans may not be specifically needed for communication, but the need for communication is imperative for many clinical conditions. Work with therapists or house staff to assure that critical elements for communication about health issues (such as pain) are included on communication devices or are noted in communication dictionary. If communication devices or idiosyncratic communication such as gestures/symbols are used, be sure to include this use as needed in the healthcare plan. (ex- Pain may be indicated by a tangible symbol of a red pill).
22.a	Known Visual impairment	Plans for safety or other issues related to visual impairment may need to be developed. Collaborate with the team including therapists to identify and address these issues in needed. Visual impairment may be caused by or a complicating factor for other health issues.
22.b	Known Hearing Impairment	Plans for issues related to hearing impairment may need to be developed but are often done so by therapists on the team. Collaborate as needed with the team to identify issues that may need to be addressed.
23.	Musculoskeletal or neuromuscular disorders	Depending on type of disorder consider developing healthcare plan and possible MERP to assure understanding by direct support staff and to support health and safety. Contact Continuum of Care project for CP and Special Needs Clinic information. If there is a current diagnosis of arthritis, osteoporosis or degenerative joint disease WITH decline in functional ability in last 6 months, consider contacting the PCP or specialist to review treatment plan. Kyphosis, scoliosis, contractures and other fixed deformities can impair breathing and

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		oxygenation. Monitor O2 saturations and monitor for respiratory infections and skin breakdown. Consult with PT for positioning advice to maximize oxygenation and minimize risk for skin breakdown. Consider presence of pain with chronic musculoskeletal issues.
24.	Falls	A fall is considered any change in position that results in the person being on the floor or ground unintentionally.
	Any fall result in injury that required medical treatment in urgent care	Internal and external factors may influence fall risk. Issues such as neurological disorders, cognitive decline, dehydration, illness, medications and blood pressure are internal factors. Footwear, slippery floors, and uneven surfaces are external factors. Persons often fall if in a hurry going to the bathroom due to stress incontinence. Note that the use of full bedrails may present a fall or entrapment hazard. For frequent falls, a healthcare plan for fall prevention/risk management and a MERP will be developed. The MERP should provide guidance about the risk of injury from falls and to guide staff regarding the immediate actions to take in case of injury or emergency. Collaborate as needed with PT, OT and RD. Contact PCP regarding assessment and workup as needed. Contact regional nurse or Continuum of Care project for more supports.
25.	Currently experiencing pain	This question seeks to determine if the individual has been in pain in the timeframe before the assessment and if their pain is controlled by medications which can include over-the-counter (OTC) or narcotic prescriptions.If the individual is verbal or uses AT or augmentive communication devices, you may also ask individual if they are in pain at present, and, use a standard pain scale to determine severity of pain. This may be a 1-10 scale or faces scale. It is advised at the time of administration/delivery of the pain medication to use a pain scale to determine the effectiveness of the medications.For nonverbal individuals use known indicators of physical distress. These may be very specific to the individual and include biting, grimacing, etc. These physical signs of pain may also be used at the time of administration to document the effectiveness of the medication. For all individuals, contact PCP for pain management and develop healthcare plan for managing acute or chronic pain related to a causative condition. Review the use of pain medication by assessing patterns of use and effectiveness of over-the-counter and prescription medications. Consider pain as a possible source of behavioral symptoms and as a possible indicator of undiagnosed physical problems. Review other methods of pain control that can be used with medications including massage, ice, meditation etc. For acute pain of unknown origin, contact the PCP or use urgent or emergency services in order to not overlook a serious illness or injury. A MERP should be considered for those persons whose pain is intolerable, or who may have severe behavioral events triggered by their pain or for those considered to be at risk for accidental or intentional overdosing on pain medications or at likely risk for mixing pain meds with other OTC, prescription, street drugs or alcohol. Resources available at the American Society for Pain Management Nursing
25.c	Comments related to pain	Discuss cause of pain (if known), current treatment regimen and response to pain management plan.
26.	Level of assistance with grooming/dressing	Nursing may also develop ADL plans but may also work with therapists to address ADL issues. Collaborate and provide training as needed.
	Level of assistance with transfer/mobility	Persons who are totally dependent for transfer mobility and who are bedbound should have bedbound selected.
	Non-ambulatory and prefers to spend majority of time on the floor	Individuals who are non-ambulatory and prefer spending time on the floor (rather than upright) require intensive transfers, may be at higher risk for aspiration due to positioning issues and may not be able to cooperate with positioning requirements if a feeding tube is recommended.
	Skin and Wound	Risk for skin breakdown is based on compromised nutrition, impaired mobility, incontinence, sensory impairment, cognitive impairment and overall level of health. Standard tools used to determine the risk for skin breakdown may be found online and may be used in addition to this health assessment tool. If at risk for skin breakdown, create a healthcare plan that identifies strategies to reduce known risk factors such as pressure reducing devices, nutritional

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		interventions, skin protection, and re-positioning approaches. Healed pressure ulcers are at extremely high risk of repeated breakdown. Collaborate with PT and consider seating clinic referral for consult or pressure mapping.
	Open Skin Area	For open skin areas contact PCP, notify of wound and obtain treatment orders. Create healthcare plan that identifies pressure reducing devices, nutritional, treatments and positioning approaches. Collaborate with registered dietician and PT as needed. Note in narrative if pressure ulcer was present on admission to your agency or if it was acquired in your agency after admission. Open skin areas should be measured and documented weekly. Contact regional nurse or Continuum of Care for consultation as needed. Home Health agency or wound clinics may be required for complex wounds. Collaboration of care plans with these entities is critical. Refer to NPUAP guidelines for documentation of wounds.
	Treatment for Open Skin Areas	Monitor progress of wound healing weekly. Contact PCP for wounds that do not heal.
27.a	Skin Integrity	Consider preventive skin care needs or increased skin care sensitivity due to sun, behaviors or incontinence.
28.	Receptive to participating in the development of goals and plans related to maintaining their health	Support the individual as needed in their goal for improving or maintaining health. This may be in the form of teaching strategies; learning to take own medications; manage medical care or improve diet and nutrition. Consider prompting the individual to learn more about benefits under their insurance that might support wellness initiatives (avoiding street drugs, smoking cessation or exercise classes) Communicate this interest to the service coordinator and/or IDT to incorporate into the ISP.
28.a	Tobacco/nicotine products	Individuals who use tobacco products may or may not be interested in stopping tobacco use. Develop healthcare plans for those individuals who request assistance. Oral ingestion of e cig drops may be hazardous. Develop MERP if unsafe smoking is known to exist.
28.b	Uses street drugs/prescription drug abuse	Collaborate with Behavior Support Consultant as needed for healthcare plans and MERP.
28.c	Using alcohol with a diagnosis of alcoholism	Collaborate with Behavior Support Consultant as needed for healthcare plans and MERP.
28.d	Difficulty tolerating routine adult healthcare screening	If unable to tolerate routine adult health screening due to physical or behavioral stressors, consider contacting the PCP to arrange for alternatives such as guiac screens instead of colonoscopy; ultrasounds instead of pap smear or mammogram; etc. If a woman has no history of sexual activity a pap smear is not warranted. Discuss needed adaptations to routine health care screenings with the PCP.
28.e	Pre-sedation/medical stabilization for medical visits or appointments	DDSD will abide by the orders written by the individual's health care practitioner. Any pre-sedation medications ordered by health care professionals must be delivered according to the DDSD Medication Assessment and Delivery Policy and Procedure.
28.f	Health issues preventing desired level of participation in work or community inclusion activities	If specialty services or basic medical care has been difficult to access, complete a RORI form requesting intervention from the Regional Office. Assure that health needs have been addressed with the PCP and the team. Consider if healthcare plans or teaching strategies are needed to support the individual in adjusting to decline in health.
28.g	Accessing home health care for management of an acute or resolving medical condition	Home care services allow for individuals to make a transition or remain in a more familiar setting. If home health care services are being utilized, collaboration with the agency nurse should occur to assure that the individual's unique needs are considered and that the supports needed to achieve maximum outcomes are in place. Healthcare plan and MERP are needed to address issues that DSP and agency nurses are responsible for implementing. Contact the regional office nurse for supports regarding appropriate collaboration with Home Health Agencies.
28.h	Receiving hospice services or palliative	Nurse must review and update all healthcare plans and MERPs to reflect change of condition when receiving hospice services or transferring to palliative care model. Plans should reflect

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care	integration of hospice orders and provide direction to DDW staff regarding the care that is to be provided and when to contact the DDW agency nurse or the Hospice nurse. Collaborate with Hospice agency to assure appropriate plan development and staff training. Identify if any additional supports that may be needed for the individual, their family or the team.

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