**ABOUT THIS DOCUMENT**

This document was created in collaboration with several nurse leaders. The document is meant to help guide unlicensed personnel (ULPs) in assisted living (AL) settings understand when calling the on-call RN is required.

The document is meant to be a starting point for review and revision.

Each AL is different. Depending upon the individual Clinical Nurse Supervisor, organizational policies, procedures or practice standards, the team may decide to add more items to this list or may choose to remove items from this list.

As a caution, when/if removing something double check to make sure what is removed is not a requirement.

If there are additions or comments on this resource, please reach out to [Kari Everson](http://keverson@leadingagemn.org), Vice President of Clinical Services for LeadingAge Minnesota.

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Sincerely,

Kari Everson

Vice President of Clinical Services

LeadingAge Minnesota

**When to Call the On-Call Nurse**

This list is meant as a guide and is not all-inclusive. It is meant to provide guidance on types of issues when the nurse should be called. Anything on this list requires a call to the on-call nurse, however, there may be other things you need to call about. ***WHEN A NURSE IS ON SITE, PLEASE REPORT TO THEM FIRST.***

**\*\*\* If YOU ARE UNSURE – CALL\*\*\***

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| **Before calling the RN On-Call, please have the following readily available:**   * **Your name and facility that you are calling from.** * **Resident Name** * **Vital Signs (if applicable/incident)** |

| **Condition** | **Notify On-Call Nurse** |
| --- | --- |
| **Abuse, Neglect, Exploitation : Maltreatment** | * Any indication there may be maltreatment of a resident. |
| **Bleeding** | * Bleeding – even if easily stopped and resident is on Coumadin * Bleeding of unknown origin * Bleeding that is uncontrollable |
| **Blood Pressure** | * Blood pressure – top number >120 or less than 100 - \*unless otherwise indicated in service plan/MAR/TAR * Bottom number <50 or >100 - \*unless otherwise indicated in service plan/MAR/TAR |
| **Blood Sugar** | * Blood Sugar <70 or <400 -   \* \*unless otherwise listed on MAR/TAR |
| **Burn** | * Any burn |
| **Change in consciousness** | * Any time a resident has a change of alertness, becomes unresponsive, or seems extremely lethargic/groggy |
| **Choking** | * Any resident choking incident whether the resident is able to clear their own obstruction or not   \*IF CHOKING AND UNABLE TO BREATH CALL 911 |
| **Elopement** | * Resident wanders off the memory care unit * Resident wanders outside of the building |
| **Eyes** | * Vision changes – begins suddenly * Double vision * Eye redness, irritation, itching, redness * Eye injury * Sudden eye pain |
| **Emergencies – Resident** | * Resident death * All 911 calls * Resident sent or returned from ER/Hospital |
| **Emergency / Disaster Plan** | * Call the Director if you’ve had to start an emergency process, e.g. Fire, Severe weather, power failure – if you don’t know how to call the director – call the on-call nurse |
| **Falls/Incidents** | * Any Fall or incident (severe bruising, laceration, skin tear, burn, elopement)   \*Fall with serious injury, resident unresponsive call 911 |
| **Family concerns** | * Family demands to speak to MD/NP/PA * Family demands to speak to Administrator or CNS * Family seems upset, is yelling or otherwise inappropriate |
| **Fever** | * Fever 100.0F or higher |
| **Gait** | * Change in balance * Change in ability to walk * Joint pain |
| **Headache** | * Sudden, severe headache * Headache after recent fall * Headache that does not resolve during your shift |
| **Heart rate / pulse** | * Irregular heartbeat – if you can tell * Pulse <60 or >100 - \*unless otherwise indicated in service plan/MAR/TAR * Weak pulse – if you can tell |
| **Medications / Treatments** | * Out of a medication * Medication error / treatment error (wrong med, wrong resident, wrong dose, wrong time). * If you suspect a resident is taking medications other than prescribed * Side effects from meds: Nausea, vomiting, rash, lethargy, sedation, sees halos, unusual mouth movements, lip smacking – that is not usual for the resident, tongue movements/thrusting that is not usual for the resident. * Discrepancy in controlled substance counts * Within one hour of receiving a new order |
| **Oxygen Saturations** | * < 90% - \*unless otherwise indicated in service plan/MAR/TAR |
| **Pain** | * Sudden, severe pain * Pain that does not go away during your shift * Severe itching * Pain is affected resident’s usual function/ADLs/Eating, etc.   **In clients with dementia this could include increased restlessness, grimacing, tears, increase agitation and difficulty with mobility.** |
| **Poisoning / ingestion of chemicals** | * Call Nurse – * Poison Control 1-800-222-1222 |
| **PRN Meds** | * Call if resident requires an as needed medication |
| **Rash** | * New rash |
| **Respirations** | * <8 or >20 - \*unless otherwise indicated in service plan/MAR/TAR |
| **Respiratory** | * Difficulty breathing / shortness of breath * Persistent coughing |
| **Seizure** | * If seizure, wait until the end of the seizure, make sure the resident is breathing and safe, then call the nurse |
| **Skin** | * Breaks in the skin * Redness * Changes in sensation (numbness, tingling) * Skin – especially heels – if it feels mushy * Abrasions, lacerations * Open areas that are new |
| **Swallowing difficulty** | * Coughing or difficult swallowing medication, food, fluids. * Call if nose becomes runny when eating or drinking. |
| **Sweating** | * Extreme sweating, clammy, pale * Sweating with fever <100.0F * Sweating with any pain or pressure in chest, shoulder, or neck |
| **Swelling** | * New swelling * New swelling with redness * Abrupt onset of swelling in the lower leg |
| **Urinary Tract** | * Burning/pain when urinating * Low back pain * Increased frequency – voiding * Voiding small amounts at a time * Cloudy or discolored urine * Odor/strong smelling urine * Catheter leakage * Catheter is not draining |
| **Vomiting/Emesis** | * Bloody vomit * Vomiting with a black or dark tinge or looks like coffee grounds * More than 2 episodes on your shift |
| **Vital Signs (VS)** | * Blood pressure – top number >120 or less than 100 - \*unless otherwise indicated in service plan/MAR/TAR * Blood pressure - bottom number <50 or >100 - \*unless otherwise indicated in service plan/MAR/TAR * Pulse <60 or >100 - \*unless otherwise indicated in service plan/MAR/TAR * Respirations <8 or >20 - \*unless otherwise indicated in service plan/MAR/TAR * Oxygen Sats < 90% - \*unless otherwise indicated in service plan/MAR/TAR |
| **Other** | * Changes in speech * Facial drooping * Weakness on one side – upper or lower body * A change from the resident’s “usual” |