

LATEX ALLERGY

1. Allergy to natural rubber latex (NRL) OR ever reacted to NRL products at home or during dental/medical procedures? YES NO
Diagnosed? _____
Describe reactions _____
2. Spina bifida or frequent exposure to NRL catheters? YES NO
3. Exposed to NRL through work (>3 latex gloves per week) or through medical treatment (>5 invasive surgeries/births)? YES NO
AND Environmental allergies, asthma and/or hives, facial, lip or tongue swelling to banana, kiwi, avocado or chestnuts?

If "NO" to #1, #2 and #3: No Latex precautions required.

If "YES" to #1, #2 or #3: Inform physician of assessment, place on latex precautions (M.D. order/unit standard), and give educational brochure.

Print custom document #3057

INSTITUTE LATEX ALLERGY PRECAUTIONS?

YES NO

NUTRITION

Check all that apply:

- Unplanned weight loss of >10 lbs. in past 3 months
- Nausea/vomiting/diarrhea for >72 hours prior to admission
- Difficulties chewing or swallowing or altered diet
- Skin breakdown/pressure ulcer/poor wound healing
- Surgical patient (> 80 years)
- Nutritional concern/educational needs related to pregnancy or lactation
- Antepartal patient > 1 week and/or on bedrest

If any of the above apply, please complete the process for "Nutrition Consult."

NUTRITION CONSULT?

YES NO

INTEGUMENTARY

(See Assessment Sheet)

Braden Score _____

Current skin or elimination problems requiring ET intervention, or Braden score < 11

ET NURSE CONSULT? YES NO

DIABETES

- Does the patient have diabetes? YES NO
If "Yes," begin Diabetes Pathway
- Current Pregnancy and Diabetes Clinic patient? YES NO
If "Yes," notify P&D Clinic at 8456 of admission

CONSULT UNITED DIABETES CENTER FOR:

- New diagnosis of DM
- Diabetes out of control (BG >400 or <60 mg/dl on admission)
- Diabetic Ketoacidosis (DKA) or Hyperosmolar Hyperglycemic Nonketotic Coma (HHNK)
- Initiation of Insulin
- Home BG monitoring is NOT done as prescribed
- Insulin pump
- New physical/cognitive limitations which alter patients ability to check BG or administer insulin
- MD order for UDC consult
- Special needs: e.g. blind deaf physical limitations, etc.

UNITED DIABETES CENTER CONSULT?

YES NO

TOBACCO INTERVENTION

Respiratory Care notified (message screen) or message left on tobacco hotline 651-268-2009

YES NO

HEALTH CARE DIRECTIVE

Screen Every Patient 18 or Older

- Health Care Directive (HCD) Booklet given Refused
- Does patient have Health Care Directive?
 Yes No Declined Unable to respond due to mental/physical condition
- Current HCD placed on chart Yes No
- Consult to Social Work it:
 Current copy not available
 Patient/Family asked to bring in copy of current HCD
 Patient requests more information on HCD
 Patient requests to formulate/update/revise HCD
 Patient unable to respond d/t physical/mental condition

SOCIAL WORK CONSULT?

YES NO

VULNERABLE ADULT

- Do you ever feel afraid for your safety or the safety of others due to the actions of:
someone in your home? YES NO
someone outside your home? YES NO

Do you ever worry that your emotional well-being is at risk due to your own actions or the actions of others? YES NO

Are you in a relationship in which you have been physically hurt or threatened by your partner? YES NO

Direct Patient Care Staff:
Are there any signs or symptoms that the patient is being abused, neglected, or exploited financially or otherwise? YES NO

If the answer to any of these questions is "YES," please complete a maltreatment report form and contact a social worker.

SOCIAL WORK CONSULT? YES NO

DOMESTIC

We at United Hospital are concerned with the effects violence has on the health of many of our patients, so we routinely ask everyone the following confidential questions.

ABUSE ASSESSMENT SCREEN

- Have you ever been hit, kicked, pushed, or otherwise hurt or mistreated by someone important to you? YES NO
- Is someone important to you yelling at you, threatening you, or otherwise trying to control your life? YES NO
- If yes to either question, call consult.

ST. PAUL DOMESTIC ABUSE ADVOCATE NOTIFIED?

651-645-2824 YES NO

PSYCHOSOCIAL/SPIRITUAL SUPPORT

- Are there home/placement/discharge concerns identified? YES NO
- Is the patient's condition suddenly worsened, or have they recently had a difficult or frightening diagnosis? YES NO
- Does the patient and/or family appear to be distressed? (Lonely, sad, anxious, angry, confused, uncooperative, rude or defensive?) YES NO
- What spiritual or cultural practices/beliefs would you like supported while hospitalized?

Other issues identified? _____

None Identified

PASTORAL CARE CONSULT? YES NO

SOCIAL WORK CONSULT? YES NO

INTERPRETER

Complete only if English is not Primary

Primary language _____
If unable to understand English, follow interpreter services process

INTERPRETER SERVICES NOTIFIED?

YES NO

INFECTION CONTROL

Airborne, droplet, contact precautions necessary? YES NO

If "Yes," print custom document

RN SIGNATURE

X _____

DATE _____ TIME _____

Routine order set #300