

SENTRY MEDICAL LEGAL UPDATES

SEPTEMBER 2009

QUARTERLY NEWSLETTER

Call of duty: Detecting Geriatric Pneumonia



Pneumonia is the most dangerous and deadly of all healthcare facility acquired infections¹. Yet, in the geriatric population in nursing homes, it often goes undetected and untreated until it is too late to intervene. Caused by micro organisms such as bacteria, viruses, or fungal agents, **pneumonia** affects all age groups and often follows influenza.

Major risk factors for this infectious disease of the lung, common in nearly all nursing home residents, include advanced age, prolonged immobility, impaired immune sys-

tem, inadequate nutrition or hydration, and chronic diseases. Compounding the combination of increased patient risk factors and institutional cross contamination, nursing home patients lack the mechanical defense mechanisms to fight invading organisms.

Armed with this knowledge, nursing home staff should be alert to the signs of developing pneumonia and perform vigorous facility wide surveillance². These signs may be subtle and escape notice. Apart from the obvious cough and chest pain which may go undetected, more subtle signs include increased heart and respiratory rate, increase in confusion and weakness, and skin color changes from pale to bluish tinged (cyanosis). As the illness progresses, low grade fever, shortness of breath, headache, muscle pains, poor

appetite, nausea, vomiting, and dehydration may occur.

With high staff turnover and limited follow up on changes in geriatric patient's deterioration, a thorough chest assessment may not be done or findings reported to physicians in a timely manner. Confirmation requires chest x-ray and blood work which some nurses and physicians hesitate to do for nursing home patients. Antibiotics, oxygen therapy, nutritional, fluid, and electrolyte support, and respiratory therapy may not be ordered until the disease has progressed too far.

Prevention and detection of healthcare facility acquired pneumonia must remain a priority. Following proper hand washing, gloving, and patient assessment protocols, and timely physician notification and interventions will reduce pneumonia outbreaks, cross contamination, and mortality from this often preventable infection.

RESOURCES FOR THIS ARTICLE:

- ◆ 1. Black, Joyce M. and Hawks, Jane Hokanson,. Medical-Surgical Nursing, Clinical Management for Positive Outcomes, 7th edition. St. Louis: Elsevier Inc. 2005: p. 1839
- ◆ 2. Centers for Disease Control Guidelines
- ◆ For information on important resources on this topic contact:
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What's so funny?

Germs!

Q: What do you call a germ who wants to have a good time?

A: A fungi!!

Doctor: Well, your cough sounds a lot better today!

Patient: It ought to ... I've been practicing all night.

Researchers have developed a medication when taken under doctors orders that is guaranteed not to make your cold any worse.

Virus is a Latin word for "your guess is as good as mine".



"Old people have fewer diseases than the young, but their diseases never leave them."
Hippocrates

Common medical abbreviations

- AFB:** Test for acid fast bacillus, an organism such as tuberculosis
- 02 sat:** oxygen saturation of the blood
- abx:** antibiotics
- Sx:** suction

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Safeguard your case: Geriatric Pneumonia



Geriatric *Pneumonia* acquired in the hospital or long term care facilities can go undetected or unreported for days. The certified legal nurse consultant (CLNC) is uniquely prepared to analyze medical records and interview witnesses regarding deviations from or adherence to standards of care in regards to this diagnosis. The standard of care for a baseline physical nursing assessment of each patient is at minimum at the beginning of each shift.

During the first hour of each shift, there is a huge demand on individual nurses to get report from the prior shift, set up a plan

for treatments, diagnostic studies, medications, nutrition and hydration, activities, hygiene, elimination, and interventions anticipated, and delegate activities to ancillary staff. After this flurry of activity and assessing multiple patients, the nurse is required to document those findings and evaluate the reports of the completed tasks assigned to nursing aides.

It is no wonder that taking time to fully recognize and evaluate the significance of early or intermediate signs of pneumonia in the elderly takes a back seat to the pressing demands on a nurse's time and attention. Yet this evaluation of findings is a core responsibility established in the Nurse Practice Act in each state. Kozier and Erb's Fundamentals of Nursing text relates that "a nurse might not notice certain signs

either because they are unexpected or because they do not conform to preconceptions about a client's illness"¹. However, in reality, hospitalized patients and those in nursing homes are known to have a high incidence of facility acquired pneumonia². Therefore, an expectation of finding such signs is high in this patient population and should never escape notice.

An experienced CLNC will analyze the importance of assessment data. Armed with information gleaned from numerous graphic, narrative, and physician records the CLNC will prepare reports and chronologies of events that clearly demonstrate the merits of your case. These services will prove invaluable in safeguarding your time and resources and strengthening your case.

Call today for information about how Sentry Medical Legal Services will equip you for victory.

RESOURCES FOR THIS ARTICLE:

- ◆ 1. Berman, Snyder, Kozier, Erb, FUNDAMENTALS of Nursing Concepts, Process, and Practice, 8th edition. Upper Saddle River, NJ: Pearson Prentice Hall 2008: p. 183
- ◆ 2. "Pneumonia in healthcare settings" CDC 2004
- ◆ For information on important resources on this topic contact:
- ◆ Margo Craig RN, CLNC (256)426-8371.

Top Eight: Geriatric Pneumonia

Easily observed signs of geriatric pneumonia:
(even without a stethoscope)

1. Increased alteration in mental status
2. Dehydration
3. Sweats, but often no fever
4. Chest pain
5. Cough with or without sputum
6. Shortness of breath
7. Headache
8. Fatigue

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