Weisman Children's Rehabilitation Hospital (WCRH)
Administrative Manual

Subject: Response to Changes in Patient's Medical Condition No: AM 6.50

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Purpose: To provide healthcare staff, patients and family members with the ability to request extra assistance when patients exhibit a change in condition.

Policy: WCRH has established a process that enables healthcare staff members, patients and/or families to directly request additional assistance from a specially trained individual(s) when they have a concern about the patient's condition.

Procedure:

1. Additional assistance may be requested by any member of the hospital staff or by the patient or family member based on a change in patient status. These changes may include, but not be limited to the following:

   Change in patients:
   - Heart Rate
   - Respiratory Rate
   - Oxygen Saturation
   - Level of Consciousness or neurologic issues.
   - Increased pain level
   - Concern about the patient for any other reason

2. Who to alert:
   - Non-nurse – alert Nurse on duty
   - Nurse/NA; 1:1, etc. – alert charge nurse
   - Charge Nurse – alert Respiratory Therapy if respiratory issue.
   - Call/ alert Physician/Physician-on-Call
   - If Physician/Physician-on-Call response does not, in your opinion, meet the patient's needs; activate emergency response and call 911.

3. SBAR method of communication shall be utilized for all calls. For example:
   S – Situation Patient's respiratory rate has increased from __ to __.
   B – Background Patient has a trach and a history of respiratory arrest
   A – Assessment Patient has shallow breathing; vital signs are:_____
   R – Recommendation I think we should draw cultures and get a CXR.

4. All communication/assessments shall be documented in the patient's medical record.
5. The following criteria below serve as changes in patient's condition that require Physician Notification

Pediatric Physiologic Criteria – Guidelines

Pediatric Vital Signs

Age	Heart Rate (beats/minute)	Blood Pressure (mmHg)	Respiratory Rate (breaths/minute)
0-3 months *	100-150	65-85/45-55	35-60
3-6 months	90-120	70-90/50-65	30-45
6-12 months	80-120	80-100/55-65	25-40
1-3 years of age	70-110	90-105/55-70	20-30
3-6 years of age	65-110	95-110/60-75	20-25
6-12 years of age	60-95	100-120/60-75	14-22
12 ≥ years of age	60-85	110-135/65-85	12-18

Airway

a. Respiratory distress/ threatened airway

b. Increased work of breathing

c. Acute/ sustained change in RR

d. Acute change in O2 Saturation or < 94% or baseline as ordered by MD/NP

Circulation

a. Mottling, decreased pulses, cool extremities

b. change in color: pallor, grey/ashen or bluish color around lips or nail beds

Urine Output

a. Acute loss of urine output to < 0.5cc/kg/hr X 2 hours

Neurology

a. Any change in level of consciousness

b. New or repeated or prolonged seizures > 5 minutes

c. Any change in cognitive status

Pain

a. Change in pain/ sensation

b. Any increase in pain/ numbness

Family concerned about change in patient's status

_____

Administrator