

FACT SHEET

# **Recognizing Change in Status**

BQIS Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life.

### **Intended Outcomes**

Individuals will understand what a change in status is, the importance of recognizing change in status to promote health and safety, and how to identify change in status for the persons with intellectual/developmental disabilities.

### **Definitions**

**Change in Status:** Anything that is different about the person's ability or function, daily routine, behavior, way of communicating, appearance, general manner or mood, and physical health.

#### **Facts**

Importance of recognizing change in status:

- People we support rely upon us to identify changes and to respond to those changes appropriately.
- Early identification of changes can save a person's life.
- Even subtle changes may be a clue that something is wrong.

# **Recommended Actions and Prevention Strategies**

- 1. Identify changes in status by:
  - Knowing the person and what is normal for them.
  - Keeping baseline data (data indicating what is normal for the person).
  - Maintaining monthly records of weight, temperature, pulse, respirations, and blood pressure.
  - Using observation and communication skills to recognize changes.
  - Asking questions and listening.



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### 2. Discussing concerns with other staff:

- Maintaining records, read notes, tracking sheets, logs, charts, medication records, and other records
- Changes in normal eating, drinking, sleeping, urination, defecation (bowel movements), or behavior can indicate serious health issues and should be reported immediately per the agency's protocol.
- 3. Have clear directions so staff know what to do and when
  - Person-specific and condition-specific protocols
  - What to do
  - When to do
  - How to do
  - Where to do
  - How to document/record
  - Who to report what to when
- 4. Have system to monitor data:
  - Frequency depends on seriousness of issues; could be three (3) times a day, daily, every three (3) days, weekly, biweekly, monthly, etc.
  - Clear expected outcomes for each individual
  - Specific staff assigned to monitor/review data
  - Directions on actions at identified times or if certain situations exist
  - Analyze individual and collective data periodically but at least quarterly for trends that may indicate a problem or change
  - Documentation of progress on outcomes

See list below of signs and symptoms indicating a change in status.



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## **Learning Assessment**

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

- 1. Which of the following change in status would you be least concerned about?
  - A. Decreased appetite
  - B. The person asks to get a new hair cut
  - C. Decreased interaction with those around the person
  - D. Increased intensity in self-abusive behavior
- 2. True or False: Keeping data such as amount of food eaten can help identify a change in status that could indicate a health issue.
- 3. What is the most important reason for being alert to change in status?
  - A. Early identification of a change can save a person's life
  - B. Staff turn-over will be less
  - C. Major change in status can be difficult to manage
- 5. A system to monitor for change in status should contain:
  - A. Identification of person responsible
  - B. Frequency of Monitoring
  - C. The use of the same tracking system for each issue
  - D. A and B



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## **Related Resources**

Responding to Change in Status Fact Sheet

# **Learning Assessment Answers**

- 1. B
- 2. True
- 3. A
- 4. D



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### SIGNS AND SYMPTOMS INDICATING A CHANGE IN STATUS

Change in normal eating, drinking, sleeping, urination, defecation or behavior can indicate serious health issues and must be reported immediately per the agency's protocols. List is not intended to be all inclusive. Individuals may exhibit other signs and symptoms not listed here. This handout includes general medical information and is not intended to replace the medical advice of your physician or health care provider. Any questions pertaining to a person's medical condition should be directed to their physician or health care provider.

## **Eating**

- Sudden change in appetite- eating more or less
- Refusal of certain or favorite foods
- · Weight change
- Behavior change
- Changes in food preferences
- Trouble eating by self
- Change in ability to chew food
- Change in pace of eating
- Has had recent dental work or conditions affecting eating ability or food texture
- Choking or gagging during eating
- Coughs while eating
- Drools while eating
- Indicates pain in chest while eating
- Indicates heartburn during or following eating
- Vomits during or after eating
- Experiences unusual belching during or after eating

## **Drinking**

- Sudden change in amount of fluid intake more or less
- Confusion
- Fever
- Dry mouth, lips
- · Less frequent, concentrated, strong odor urine
- Difficulty swallowing
- Choking or gagging
- · Coughs while or following drinking
- Drools while drinking
- Indicates pain in chest while drinking
- Indicates heartburn during or following drinking
- Vomits during or after drinking
- Experiences unusual belching during or after drinking



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## Sleep

- · Can't fall asleep
- Can't stay asleep
- Trouble awakening
- Sleeps more or less than what is normal for the person
- Gets up at different time
- Snores loudly
- Sleeps off and on during normal waking hours
- Long periods between breaths during sleep

## **Daily routine**

- Refusal to participate in activities that typically enjoys
- Changes in grooming habits
- Change in toileting habits
- Loss or change in ability of activities of daily living
- · Weight gain
- Stiff and achy
- Change in routines such as sleeping or eating
- Change in mental clarity/confusion

## **Behavior**

- Self-injurious behavior
- New aggressive behavior
- More or less active than what is normal for the person

### General manner or mood

- Decrease in talking
- Less friendly
- Suddenly becomes quiet and sullen
- Withdraws to self
- Overly talkative or friendly

## Communication

- Speech garbled or unclear
- Stops talking or talks less



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## **Appearance**

- Change in color or appearance such as blue, gray, red, yellow, or pale skin color; clammy feel of skin (cool, moist)
- Change in weight up or down
- Loss of interest
- Less attention to personal appearance
- · Less care for clothing
- Skin irritation
- Skin build-up

# **Indication of pain**

- Moaning
- Crying
- Change in facial expression
- Change in behavior
- Red face
- Blotchy skin
- Sweaty skin
- · Breathing hard
- Holding breath
- Fast heart rate
- Suddenly weakened
- Not using body part
- Moving slower
- Stretching body
- Seeking comfort
- · Decreased eating
- · Change in weight especially a decrease
- Self-injurious behavior



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# Physical health Skin

- Redness that does not return to natural color within minutes
- · Cut or other open area
- Swelling
- Rash
- Dry skin or lips
- · Blotchy skin color
- · Warmth to an area
- Bruising

### Nose/sinus

- Runny discharge (clear, cloudy, or colored)
- Rubbing nose
- Indication of headache
- Frequent nosebleeds

#### Mouth and throat

- · Refusing to eat
- Redness
- White patches at back of throat
- Hoarse voice
- Fever
- Skin rash

## Mouth and throat continued

- Toothache
- · Facial or gum swelling
- Gum bleeding
- · Person complains of pain when swallowing
- · Change in weight especially a decrease
- Sores in mouth or tongue
- Changes in breath foul or fruity smell
- Swelling of cheeks or under chin
- Loose or broken teeth

## **Eyes**

- Redness
- Yellow or green drainage
- · Swelling of eyelid
- Excessive tearing
- Person complains of burning, itching, or pain
- Moving closer to objects to see, squinting
- Trouble navigating through environment
- Rubbing eyes



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#### **Ears**

- · Pulling at ear
- Ringing in ears
- Redness
- Fever
- Diminished hearing
- Drainage from ear canal
- Person complains of dizziness or pain
- Speaking louder
- Change in responsiveness to verbal interaction
- Self-injurious behavior (SIB) to head or ears

#### Muscles and bones

- Loss of ability to move a leg or arm
- Stiffness
- · Limited range of motion
- Individual reports pain in arms, legs, back
- Unsteady gait
- Red or swollen joints
- Limping or other change in gait
- Bruising or other discoloration

## **Difficulty swallowing**

- · Coughing, choking, or gagging
- Wet gargly voice or wheezing
- · Refusing intake of food/fluid
- Fatigue when eating
- · Facial grimacing when eating, drinking
- · Watery eyes when eating, drinking
- Fever
- Drooling
- Indication of heartburn or chest pain
- Vomiting
- Unusual belching
- · Loss of weight

### **Abdomen**

- Constant or frequent abdominal pain
- Bloating
- Vomiting
- Fever



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# **Breathing/lungs**

- Chest pain or tightness
- Cough
- Phlegm (mucous)
- Shortness of breath
- Wheezing
- Fever
- Chills
- Nasal congestion
- Person complains of pain in nose or teeth
- Change in normal respiratory rate
- Drowsiness
- Bluish-colored nail beds or lips

### **Heart and blood vessels**

- Numb or cold hands or feet
- Swelling of ankles
- Chest pain or tightness
- Shortness of breath
- Change in normal heart rate or blood pressure
- Bluish-colored nail beds or lips
- Increase in weight
- Increase in abdominal girth (measurement)

### **Bowel**

- Bloating
- Vomiting
- Loose stools
- Diarrhea
- Constipation
- Blood in vomit or stools
- Fever
- · Different colored stools
- Excessive staining
- Hard stools
- Very large stools
- Weight loss
- Spending more time in bathroom



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## Bladder/urinary tract

- Difficult, painful, and/or burning with urination
- Changes in urine color (clear to cloudy; light to dark yellow)
- Decrease volume of urine
- Increase volume of urine
- Infrequent urination
- Increase in frequency of urination
- Fruity or foul odor in urine
- Nausea
- Pain on one or both sides of the mid-back
- Chills
- Fever
- Drowsiness/sleeping more than normal
- Confusion
- Swelling
- Weight gain

## **Neurological**

- Change in frequency, intensity, or duration of seizures
- · Occurrence of first seizure
- Occurrence of seizure following period of time of no seizures
- Loss of ability to move a leg or arm
- Individual reports pain in arms, legs, back
- Unsteady gait
- Drooping of side of face
- Tingling in feet or hands
- Unusually cold feet or hands
- Slurred speech or change in ability to verbalize
- Indication of head ache
- · Change in behavior



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## Men's health

- Discharge from penis
- Pain
- Itching
- Redness
- Burning
- Groin rash
- Difficulty starting and maintaining stream

## Women's health

- Vaginal discharge
- Itching
- Unusual odor
- Burning
- Changes in menses (frequency, length, flow)
- Lump or thickening of breast tissue
- Groin rash



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