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| Therapy and Nursing Partnership Agreement for Improved Coordination of Care | **Last Revision:** | June 2016 |
| **Last Reviewed:** | June 2016 |
| **Applies to the following THA Group of Companies:**  | * Island Health Care
* RightHealth®
 |
| **Included in the following THA Manuals:** | Clinical Policies & ProceduresMiscellaneous |

### POLICY

This policy establishes disease specific practice and documentation guidelines for the THA therapists with the goal of reducing cost of care/hospital re-admissions and to improve coordination of care.

### PROCEDURE

1. **Assessment**
2. This policy pertains to the following THA therapists: PT, PTA, OT, COTA and ST.
3. For all therapy patients, the following vital signs need to be assessed each visit: BP, HR, O2 sat., temperature and pain.
4. Each therapy visit the therapist will also perform a chronic conditions and disease specific assessment of the patient as the standard best practice (see categories below and attached Quick Reference Guide).

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| **Cardio – Vascular**Cyanosis (see *e*); lower extremity edema (see *g*); weight; pedal pulses (see *d);* lung sounds. |
|  **Pulmonary** Respiratory rate; work of breathing; cyanosis (see *e*); lung sounds. |
| **Diabetes**Check daily blood sugars for first two weeks of care; then per MD instructions; appetite/intake changes; check feet for redness/breakdown.  |
| **Post- Operative Diagnosis**Bowel regularity; wound site/surrounding tissue; pulses distal to the incision site (see *d*); Homan’s sign test (see *f).* |
| **Decreased Activity Level**Bowel regularity; appetite/intake changes; inspect skin for redness/breakdown, Homan’s sign test (see *f).* |

1. When evaluating the peripheral arterial pulses, when applicable, the pulses should be examined bilaterally and graded as to quality of the impulse on a scale from 0 to 4 with 2 being normal, 0 absent; 1 weak, 2 normal, 3 increased and 4 bounding (White, Duncan, & Baumle, 2013).
2. When assessing a patient’s skin, use natural light or a halogen light rather than fluorescent light, which may alter the skin’s true color and give the illusion of a bluish tint – note also that with dark-skinned patients cyanosis may present as gray or pale (not bluish) skin.
3. A positive Homan’s sign (calf pain at dorsiflexion of the foot) is thought to be associated with the presence of thrombosis. However, Homan’s sign has a limited predictive value for the presence or absence of deep vein thrombosis – It is estimated to have a [sensitivity](https://en.wikipedia.org/wiki/Sensitivity_and_specificity) of 60-88% and a [specificity](https://en.wikipedia.org/wiki/Sensitivity_and_specificity) of 30-72% (Joshua, Celermayer, & Stockler, 2005; 35(3)) and for this reason our policy is to notify physician always when DVT is suspected – even if Homan’s sign is negative.
4. Pitting edema is graded on a scale of one to four. Many different edema grading systems are available. The recommended grading system below is based on the dent depth and rebound time (Hogan, 2007):

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|  **Grade Definition** |
| 1+ There is barely detectable 2 mm depression. Immediate rebound.  |
|  2+ There is a 4 mm deep pit. A few seconds to rebound. |
| 3+ There is a 6 mm deep pit. 10-12 seconds to rebound. |
|  4+ There is a 8 mm deep pit (very deep) > 20 seconds to rebound. |

1. **Documentation with Crescendo**
2. Vital signs are to be documented at “*Vital Signs Screen*” and pain at “*Re-evaluate Screen.”*
3. Lung sounds and edema are to be documented at “*Cardio-Pulmonary*” screen.
4. Findings about bowel/bladder function are to be documented at “*GU/GI*” screen.
5. Findings about appetite, intake and nutrition are to be documented at “*Swallowing/Diet*” screen.
6. **How to communicate the findings?**
7. **Urgent medical concerns** – Therapist will consult the DPCC and assigned nurse case manager to determine if we can address the medical concern internally at the appropriate level or if MD needs to be contacted. The therapist who is reporting the findings is responsible for contacting the MD, documenting the communication with the MD to the clinical record and notifying appropriate team members (DPCC, supervising therapist, nurse case manager).
8. **Non-urgent medical concerns** – Therapist will contact the nurse case manager who is assigned for this patient to report non-urgent medical concerns. Therapist will use his/her judgment as to notifying the DPCC also.

# Bibliography

(2007). In M. Hogan, *Medical-Surgical Nursing 2nd ed.* Salt Lake City: Prentice Hall.

Joshua, A., Celermayer, D., & Stockler, M. (2005; 35(3)). Beauty is in the eye of the examiner: reaching agreement about physical signs and their value. *Internal Medicine Journal* , 178-187.

White, L., Duncan, G., & Baumle, W. (2013). In *Medical-Surgical Nursing: An Integrated Approach 3rd ed.* Clifton Park: Delmar.