CARE PATH
Symptoms of Acute Mental Status Change

New Mental Status Change Noted
- New symptoms or signs of increased confusion (e.g., disorientation, change in speech)
- Decreased level of consciousness (sleepy/lethargic)
- Inability to perform usual activities (due to mental status change)
- New or worsened physical and/or verbal agitation
- New or worsened delusions or hallucinations
- Unresponsiveness
- New or worsened memory loss

Take Vital Signs
- Temperature
- BP, pulse, apical HR (if pulse irregular)
- Respirations
- Oxygen saturation
- Finger stick glucose (diabetics)

Vital Sign Criteria (any met?)
- Temp > 100.5°F
- Apical heart rate > 100 or < 50
- Respiratory rate > 28/min or < 10/min
- BP < 90 or > 200 systolic
- Oxygen saturation < 90%
- Finger stick glucose < 70 or > 300
- Resident unable to eat or drink

Evaluate Symptoms and Signs for Immediate Notification*
- Not eating or drinking
- Acute decline in ADL abilities
- Nausea, vomiting, diarrhea
- Abdominal distension or tenderness
- Edema
- New or worsened incontinence, pain with urination, blood in urine
- New skin condition (e.g., rash, redness suggesting cellulitis, signs of infection around existing wound or pressure ulcer/injury)
- Unrelieved pain
- New irregular pulse
- Signs and symptoms suggest possible sepsis**

Consider Contacting MD/NP/PA for orders (for further evaluation and management)
- Portable chest X-ray
- Urinalysis and C+S (if indicated)
- Blood work (Complete Blood Count, Basic Metabolic Panel)
- EKG

Evaluate Results
- WBC > 14,000 or neutrophils > 90%
- Infiltrate or pneumonia on chest X-ray
- Urine results suggest infection and symptoms or signs present
- EKG results show new changes suggestive of MI or arrhythmia

Tests Ordered

Manage in Facility
- Monitor vital signs, fluid intake/urine output every 4-8 hrs
- Oral, IV or subcutaneous fluids if needed for hydration
- Check results of urinalysis and culture (if ordered)
- Non-pharmacological interventions for delirium
- Pain management
- Update advance care plan and directives if appropriate

Monitor Response
- Vital signs criteria met
- Worsening condition and/or immediate notification criteria met

* Refer also to other INTERACT Care Paths as indicated by symptoms and signs
** If sepsis is being considered, refer to INTERACT Guidance on Possible Sepsis and INTERACT Guidance on Infections