

Example only

PEL/VIP RE-HOSPITALIZATION RISK TOOL

Patient: John Doe

Room No: 136

Scored By: [X] PEL [ ] Facility

**1. High Risk Factor Analysis (please check all that apply)**

<input checked="" type="checkbox"/> CHF	<input checked="" type="checkbox"/> COPD <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema	<input checked="" type="checkbox"/> Pneumonia <input type="checkbox"/> Presence of a Trach Tube <input type="checkbox"/> History of Aspiration <input type="checkbox"/> More than 1 hospital visit within last 6 months for PNE <input type="checkbox"/> Recent Ventilator Support (within 24hrs)
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(If any above boxes are checked-STOP- PT High Risk - If nothing checked, continue to section 2)

2. Scoring System

	PNE	CHF
Immobility, Obesity, Orthopnea, Must be supine (Absent Activity Tolerance, Lack of Physical Activity)/Inability to stand w/o dizziness/light headedness	+1	+1
Somnolence/Use of sedating meds/Neurologic Impairment/Depression/Swallowing Difficulties	+1	+1
Hx of poor nutritional status/Immunosuppression/Systemic Steroid Use/Poor Oral Hygiene	+1	+1
Chronic Renal Failure/ Renal Insufficiency	+1	
Recent Thoracic/Abdominal Surgery	+1	
Current smoker/Occupational Exposures	+1	
Presence of Indwelling Catheter/ Presence of Pressure ulcer	+1	
Anemia of Chronic Illness		+1
Peripheral edma present		+1
Sleep Apnea (OSA)/ NIPPV use within last year/HX of Intubations for Respiratory Distress		+1
Cardiac Abnormalities - Hx CABG and/or MI /Cardiac Resynchronization Therapy/Heart Arrhythmias/Congenital Heart Defect/Heart Murmurs/Valvular Disease/Presence of ICD device		+1
Diabetes/Hypertension		+1
Thyroid Disease		+1
<b>*3 or more points STOP - PT High Risk</b>		
<b>*1 or more points STOP - PT Low Risk-Continue to Section 3</b>		
<b>*0 points = No Risk Continue to Section 3</b>		
<b>TOTAL:</b>		

3. Complete #3 "Scoring Based On Vitals/Labs" if Patient is Low Risk or No Risk

<input type="checkbox"/> Abnormal Breath Sounds	<input type="checkbox"/> Elevated WBC >= 10,000
<input type="checkbox"/> Elevated Respiratory Rate >=30	<input type="checkbox"/> Elevated Pulse >=110
<input type="checkbox"/> Elevated Temperature >=100.4	<input type="checkbox"/> Recent abnormal CXR

2 or more checked-High Risk (PNE & CHF) 1 Check-Low Risk (PNE & CHF) No checks -PT No Risk

<b>PATIENT RISK LEVEL:</b> Check all that apply	<input checked="" type="checkbox"/> CHF	<input checked="" type="checkbox"/> COPD	<input checked="" type="checkbox"/> Pneumonia
	<input checked="" type="checkbox"/> High Risk	<input checked="" type="checkbox"/> High Risk	<input checked="" type="checkbox"/> High Risk
	<input type="checkbox"/> Low Risk	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk
	<input type="checkbox"/> No Risk		<input type="checkbox"/> No Risk

Signature: D. Allen, RRT

Date: 02/07/18

Print Name: D. Allen, RRT

\*NOTE: Please notify MD immediately if patient exhibits the following: unrelieved or new onset of SOB at rest, unrelieved or new onset of chest pain, chest tightness present at rest, altered mental status, or frothy sputum.

example only

### PEL/VIP RE-HOSPITALIZATION RISK TOOL

Patient: John Doe

Room No: 136

Scored By:  PEL  Facility

**1. High Risk Factor Analysis** (please check all that apply)

CHF  COPD  Pneumonia  
 Bronchitis  Presence of a Trach Tube  
 Emphysema  History of Aspiration  
 More than 1 hospital visit within last 6 months for PNE  
 Recent Ventilator Support (within 24hrs)

nothing checked go to section 2

(If any above boxes are checked-STOP- PT High Risk - If nothing checked, continue to section 2)

### 2. Scoring System

PNE CHF

(If PT meets one Symptom/Diagnos in box below circle scores in PNE and CHF and move to next box within section 2)

Immobility, Obesity, Orthopnea, Must be supine (Absent Activity Tolerance, Lack of Physical Activity)/Inability to stand w/o dizziness/light headedness	+1	+1
Somnolence/Use of sedating meds/Neurologic Impairment/Depression/Swallowing Difficulties	+1	+1
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<b>TOTAL:</b>	0	0

### 3. Complete #3 "Scoring Based On Vitals/Labs" if Patient is Low Risk or No Risk

Abnormal Breath Sounds crackles RLL  Elevated WBC  $\geq 10,000$   
 Elevated Respiratory Rate  $\geq 30$   Elevated Pulse  $\geq 110$   
 Elevated Temperature  $\geq 100.4$   Recent abnormal CXR atelectasis @ base

2 or more checked-High Risk (PNE & CHF) 1 Check-Low Risk (PNE & CHF) No checks -PT No Risk

PATIENT RISK LEVEL: Check all that apply	<input checked="" type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input checked="" type="checkbox"/> Pneumonia
	<input checked="" type="checkbox"/> High Risk	<input type="checkbox"/> High Risk	<input checked="" type="checkbox"/> High Risk
	<input type="checkbox"/> Low Risk	<input type="checkbox"/> No Risk	<input type="checkbox"/> Low Risk
	<input type="checkbox"/> No Risk		<input type="checkbox"/> No Risk

Signature: D. Allen, RAT

Date: 02/07/18

Print Name: D. Allen, RAT

\*NOTE: Please notify MD immediately if patient exhibits the following: unrelieved or new onset of SOB at rest, unrelieved or new onset of chest pain, chest tightness present at rest, altered mental status, or frothy sputum.

Example only

**PEL/VIP RE-HOSPITALIZATION RISK TOOL**

Patient: John Doe Room No: 136  
 Scored By:  PEL  Facility

**1. High Risk Factor Analysis (please check all that apply)**

<input type="checkbox"/> CHF	<input type="checkbox"/> COPD <input type="checkbox"/> Bronchitis <input type="checkbox"/> Emphysema	<input type="checkbox"/> Pneumonia <input type="checkbox"/> Presence of a Trach Tube <input type="checkbox"/> History of Aspiration <input type="checkbox"/> More than 1 hospital visit within last 6 months for PNE <input type="checkbox"/> Recent Ventilator Support (within 24hrs)
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<b>*1 or more points STOP - PT Low Risk-Continue to Section 3</b>		
<b>*0 points = No Risk Continue to Section 3</b>		
<b>TOTAL:</b>	<b>3</b>	<b>3</b>

**3. Complete #3 "Scoring Based On Vitals/Labs" if Patient is Low Risk or No Risk**

<input type="checkbox"/> Abnormal Breath Sounds	<input type="checkbox"/> Elevated WBC >= 10,000
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<input type="checkbox"/> Elevated Temperature >=100.4	<input type="checkbox"/> Recent abnormal CXR

2 or more checked-High Risk (PNE & CHF) 1 Check-Low Risk (PNE & CHF) No checks -PT No Risk

<b>PATIENT RISK LEVEL:</b> Check all that apply	<input checked="" type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input checked="" type="checkbox"/> Pneumonia
	<input type="checkbox"/> High Risk	<input type="checkbox"/> High Risk	<input type="checkbox"/> High Risk
	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Low Risk	<input type="checkbox"/> Low Risk
	<input type="checkbox"/> No Risk	<input type="checkbox"/> No Risk	<input type="checkbox"/> No Risk

Signature: D. Allen, RRT Date: 02/07/18

Print Name: D. Allen, RRT

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Example Only

# PEL/VIP Re-Hospitalization Intervention Program: Progress Note

Resident: John Doe

Room: 136

Date: 02/07/18

Minutes: 30

- Congestive Heart Failure Program
- Pneumonia Program
- COPD

Vitals: Spo2 96 on 4L, HR 72, RR 16, BP 102/70, Temp 97.6

Breath Sounds: Clear

Cough:  Strong  Fair  Weak  Harsh  Productive  Non Productive

Sputum:  Clear  White  Yellow  Green  Bloody  Thick  Thin  Frothy

Hydration:  Adequate  Inadequate  Tube Feeds  Fluid Restriction \_\_\_\_\_ ml.

Oral Care:  Adequate  Inadequate

Special Considerations:  Aspiration Precautions  Head of Bed Elevated 30-45 degrees  other: \_\_\_\_\_

Education:  Hand washing  Oral care/hygiene  Hydration  Fluid/Sodium Restrictions

Deep Breathing/Incentive Spirometry  Effective Cough/Splinting/Airway Clearance

Signs and Symptoms of Pneumonia  Signs and Symptoms of CHF

Signs/Symptoms of COPD Exacerbation  Importance of Reporting of Symptoms

COPD-Disease Education  Respiratory Medications

Energy Conservation  Nutrition

Breathing Exercises (PLB)  Other PAP use 16/12 @ 4L O2

### CHF Program Only:

Peripheral Edema:  None  +1  +2  +3  +4  Left Leg/Ankle  Right Leg/Ankle

Weight: Most Recent: 235 lbs. Date: 2/7/18 Previous: 230 lbs. Date: 2/3/18

Admit Weight: 229 lbs. Date: 2/1/18

Notes/Observations:	<u>Up in chair, 4L O2 in use; awake, alert, complain of increased swelling to BLE; denies shortness of breath. IS x 10 at 1000ml IR, acapella x 10, good effort. States he has not been using Bipap at night because mask too small and cutting bridge of nose, mask changed to medium full face comfort gel blue (respironics). weight gain discussed with nurse practitioner on duty.</u>
Interventions/Recommendations:	<u>① obtain daily weights ② Assist with donning of PAP mask each night and encourage use ③ wear daytime O2 to keep SpO2 &gt; 90%.</u>

Signature: D. Allen, RRT

Example Only

Room #: #1 Name: John Doe DOB: 09-09-09

example only

### Therapy Indication Algorithm



- Wheezing/ Bronchospasm
- Documented Pulmonary disease
- FEV1 <65% predicted
- Acute Pulmonary Infection



- Post Op Abdominal or thoracic surgery
- Pneumonia Dx
- Immobility
- Presence or Prevention of Atelectasis



- Ineffective Cough
- Retained Secretions
- Artificial Airway

### Severity Index

	0	1	2	3	4	Points
LOC	Alert Oriented Cooperative	Alert but Uncooperative	Disoriented and Uncooperative	Lethargic, Ch. Neuro	Obtunded	2
Ambulatory	Ambulatory W/O Assist	Ambulatory With Assist	Non-Ambulatory	Total Bed Rest	Paraplegia Quadriplegia	2
Pulmonary History	No Pulmonary Hx Non-Smoker	Non-smoker >1 yr W/ Smoking Hx	Current Smoker	Hx of Pulm Disease or Pneumonia	Acute exacerbation Of Pulm Disease Or Pneumonia	4
RR	RR 12-18	RR 18-24 W/ Increased DOE	RR 24-28 W/ Increased DOE	RR 24-28 W/ Accessory Muscle use	RR > 28 W/ Accessory Muscle use	1
Breath Sounds	Clear	Diminished Bilaterally	Wheezes, Atelectasis or Infiltrate in one lobe	Rhonchi that Clears with Cough	Rhonchi And/or Wheeze Throughout Lung Fields	3
Cough Effort	None	Strong, Non-Productive	Productive Cough	Weak Non-Productive or Productive	Unable to Effectively Cough	2
CXR	No CXR Or Negative CXR	Improving CXR	Worsening CXR	Infiltrates, Atelectasis, or Pleural Effusion	Infiltrates, Atelectasis in more than one lobe or Bilat Pl. Effusion	4
SPO2	>90% on Room Air	Pt requires 1-2 L NC to Keep Spo2 >90%	Pt Requires 3-4 L to Keep Spo2 >90%	Pt Requires 4-6 L to Keep Spo2 >90%	Pt Requires >6 L or Hx of Ch Respiratory Failure	2

Score	Frequency
1-6	Q12 or BID
6-10	Q6 or TID
10-15	Q4 WA or QID
15-20	Q4
20 or >	Q2-4

<b>Total Score</b>	20
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Recommendation:

Q4 wla albuterol 2.5mg/NaCl, Q2 prn wheeze/SOB.



EXAMPLE ONLY

Respiratory Assessment

PEL/VIP 800-779-4231

PAYOR:  Managed Care  MED  MC  INS  PVT  OTHER
PROGRAM:  PNE High/Low  CHF High/Low  COPD High/Low  FACILITY REQUEST
FORM:  INITIAL RESPIRATORY ASSESSMENT

Date: 3/8/18 TimeStart: 1000 Time End: 1100 Admit/readmit date: 3/6/18 Date of Birth: 09/29/53

Resident Name: John Doe Primary Respiratory Diagnosis:
Room: 168 Sex:  M  F
Current Respiratory Orders Reviewed  Y  N Recommendations  Y  N

Pulse: 88  Strong  Weak SKIN/COLOR:  Normal  Pale  Cyanotic  Digital Clubbing  Blanching  Edema:
Spo2%: 97 2L LNC BREATH SOUNDS:  Clear  Diminished  Absent  Wheezes  Crackles  Rhonchi  Rales  Bilateral
 Rest  Exer  R  Lower  Middle  Upper -  L  Lower  Upper

RR: 16-18 QUALITY OF RESP:  Easy  Deep  Shallow  Labored Rhythm:  Reg  Irregular Symmetry:  Even  Uneven

BP: 120/70 Primary Care Physician: Radadupa

HYDRATION:  Adequate  Inadequate
SECRETIONS/COUGH:  None  Weak  Strong  Dry  Nonproductive Sputum frequency  Increase  Decrease
 Small  Mod  Large  White  Yellow  Green  Grey  Brown  Thick  Thin  Frothy  Odor

TEMP: 97.6 ORTHOPNEA:  Y  N ASSESSMENT:

WBC: 8.7 DYSPNEA:  Words  Phrases  Sentences PERIPHERAL EDEMA:  N/A + 1  Left Leg  Right Leg  Belly

HGB: 12.0 SPECIAL CONSIDERATIONS:  Aspiration Precautions  Head of Bed Elevated 30-45  Other:

RBC: 5.0

\*Education:
 Hand washing  Oral care/hygiene  Hydration  Smoking Cessation  Importance of Reporting of Symptoms
 Fluid/Sodium Restrictions  Nutrition
 Deep Breathing/Incentive Spirometry
 Effective Cough/Splinting/Airway Clearance
 Signs and Symptoms of Pneumonia
 Signs and Symptoms of CHF
 Signs/Symptoms of COPD Exacerbation
 COPD-Disease Education  Breathing Exercises (PLB)
 Respiratory Medications  Energy Conservation
 Other

Table with columns: Respiratory Meds/Modalities/Procedures, FRQ, Started, Compliant. Includes entries for albuterol 2.5mg/3ml QID, O2 2Lpm, PAP Therapy re-educated 3-8-18, Incentive Spirometry re-educated 3-8-18, Oral Care 1500ml IC, Hand Washing, Patient Weights, Diuretics lasix 20mg Q day.

TRACH/STOMA:  Dry  Moist  Reddened
Size: \_\_\_\_\_ Model/Man: \_\_\_\_\_
 Tracheostomy  Speaking Valve  Capping
Style:  Cuffed  Uncuffed  Long
Inner Cannula:  Disp  Std  Perm  Fen  None
EMERGENCY SUPPLIES:  n/a  Man Resuscitator 
Extra Trach Tube  Down Size Trach
(Only Fill in Box if Trach/Stoma Present)

Recommendations/Interventions/Education

Notes: 64 y/o pmH CHF, DM, HTN, admitted to hospital c shortness of breath, CHF. CXR 3/1/18 consistent c CHF cardiomegaly. Ejection fraction 50% (3/2/18). NO pfts, no ABG's reported.
Recommendations: 1) albuterol 2.5mg/3ml NaCl QID, 2) wean O2 to keep SpO2 > 90%, 3) Daily weights, 4) Use IS and acapella at bedside @ 1-2 wla x 10-15, 5) oral care @ shift, 6) hydration pm, 7) handwashing pm.
J. Smith RRT

\* Recommendations Reviewed with Nurse or Dietitian SIGNATURE OF PT