Active Monitoring Verbal Communication Guide:

- Based on ______ current condition, I would suggest observation and active monitoring. Active monitoring is not the same as not treating, we are still caring for ______.

- This is what we will be doing. We will monitor vital signs, closely measure fluid intake, assess for any pain, reexamine lungs/abdomen/skin, and look for other possible causes for _____ condition. This can determine a better course for treatment, if one is needed at all. If it looks like antibiotics will help ____, we will start them right away.

- We used to use antibiotics all the time for this exact situation, but research has shown us that we were more likely to harm people than help them. There are risks to consider when prescribing antibiotics, especially if they may not be necessary or helpful such as diarrhea, C. diff, or fungal infections.

- At this time the risks of treatment can be high, and the benefits of treatment are uncertain. It may be better to get more information before we treat with antibiotics.

- Research indicates that active monitoring has not led to increased admissions to the hospital.
Active Monitoring: What to Document/Order:

- Obtain vital signs (BP, Pulse, Resp. Rate, Temp., Pulse Ox.) every ___ hours for ___ days
- Record fluid intake each shift for _______ days
- Notify physician if fluid intake is less than _________ cc daily
- Offer resident _______ ounces of water/juice every _______ hours
- Notify physician, NP, or PA if condition worsens, or if no improvement in _______ hours
- Obtain the following bloodwork: _________________________________
- Consult pharmacist to review medication regimen.
- Contact the physician, NP, PA with an update on the resident’s condition on _____

Nace et al. (2014) JAMDA 15: 133-139