

PCC UDA Triggers



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# **Admission/Readmission of a Resident**

To be completed upon resident admission or readmission

* 6 LN: Admission/Readmission Evaluation Part 1 due immediately
	+ LN: Behavior Monitoring- - V 4 If Behavior or Psychiatric History Selected
	+ RN: Wound Assessment (Initial) will be due immediately for wounds 11-15
	+ LN: Catheter Evaluation due immediately if the resident is admitted with a catheter
	+ RN: Bladder Program Determination due by day 5 after admission/readmission, ONLY if resident is incontinent of Urine
	+ LN: Wound Assessment (Weekly) will trigger every 7 days if the wound is present
* 6 LN: Admission/Readmission Evaluation Part 2 due within 48 hours of admission
	+ Team: IDT Meetings and Evaluations Restraint Evaluation if any potential restraints are selected.
* 7 LN: Comprehensive Care Path due in 24 hours from admission, daily x 100 days (Should be manually deactivated on day 8 if not needed)
* LN: Weekly Skin/Braden Scale for Predicting Pressure Sore Risk Admission / Weekly x 3 weeks
* LN: Weekly Skin Monitoring starts on Week 4, weekly schedule (recommended to schedule on Bath/Shower Day/Shift and should match schedule on weekly skin check order
* LN: GG Self-Care & Mobility Daily x 3 days (Including what is built into the admission)
* UM: Pain Interview due by day 5
* Team IDT: Baseline Care Plan
* Physician H&P: Due within 72 hours of admission
* SS: Social Services Assessment and documentation due day 3
* REC: Recreation Assessment and documentation (Admission)due day 3
* REC: MDS - Ethnicity/Race Interview (Readmission)due day 3
* Dietary: Comprehensive Nutrition Assessment due day 3
* MDS/IDT GG Summary due on day 4

# **New Orders:**

Complete the 2LN: New order UDA for new orders. The following responses with trigger the listed UDA’s

* Initial Antimicrobial (Antibiotics/Antifungals/Antiviral/etc.)
	+ LN: Focused Clinical Evaluation: Infections due q shift until Antibiotics Completed is checked on the UDA
	+ LN: McGeer’s Criteria
* New or change in pain medication:
	+ LN: Pain evaluation due immediately and then 2 weeks later
* New or change in restraint order:
	+ Team: IDT Meetings and Evaluations (Restraint Evaluation)
* New or change in Psychoactive medication:
	+ High Risk Alert to Admin tab
	+ LN: Psychoactive Medication Change note Q shift x 7 days
* NEW or Change in Coumadin (warfarin) Order
	+ LN: Focused Clinical Evaluation: Anticoagulation Monitoring due daily x 7 then weekly
* Other anticoagulant
	+ LN: Focused Clinical Evaluation: Anticoagulation Monitoring due daily x 7 then weekly
* Was this change the result of a Gradual Dose Reduction? If yes then,
	+ IDT Meetings and Evaluations - V 4 Must complete team meeting related to GDR

# **Initial Event Documentation:**

* **1. Fall:**
	+ LN: Physical function monitoring q shift x 3 days
* **2. New Skin Tear/Laceration/Abrasion (non-pressure)**
	+ LN: Weekly Wound Evaluation, due in 7 days
	+ RN: Wound Assessment (Initial) due immediately
* **3. New Bruise/Discoloration**
	+ Nothing Additional
* **4. Choking/Aspiration**
	+ IDT to Rehabilitation Referral Form
* **5. New Wound (pressure)**
	+ RN: Wound Assessment (Initial) due immediately
	+ LN: Braden Scale weekly times 3 weeks. (Initial Braden within 1LN)
	+ LN: Weekly Wound Evaluation due in 7 days
* **6. Burn**
	+ RN: Wound Assessment (Initial) due immediately
	+ LN: Weekly Wound Evaluation due in 7 days
* **7. Smoking injury**
	+ Nothing Additional
* **8. Resident to resident verbal altercation**
	+ LN: Behavior monitoring Q shift x 3 days
* **9. Resident to resident physical altercation**
	+ LN: Behavior monitoring Q shift x 3 days
* **10. Behavior- New or Worsening**
	+ LN: Behavior monitoring q shift x 3 days
* **11. Elopement – Attempted but unsuccessful**
	+ LN: Behavior Monitoring Q shift x 3 days
	+ Warning to place wander guard
* **12. Elopement – Actual**
	+ LN: Behavior monitoring Q shift x 3 day
	+ Warning to place wander guard
* **13. Attempted suicide**
	+ LN: Behavior monitoring q shift x3 days
* **14. Other**
	+ No triggers (must verify with facility leadership additional documentation required)
* **If NOT completed by RN the RN Narrative Assessment UDA is due immediately**
* **Section F Skin Condition if you mark that a skin impairment is noted**
	+ RN: Wound Assessment (Initial) due immediately

# **MDS-UDA :**

* **Comprehensive:**
	+ UM: Quarterly Evaluation
	+ Dietary: Comprehensive Nutrition Assessment
	+ Dietary: Mini Nutritional Assessment (MNA)
	+ SS: Social Services Assessment and Documentation
	+ REC: Recreation Assessment and Documentation
	+ Substance Abuse Evaluation (If applicable to your facility)
	+ LN: Comprehensive Care path Daily x 7 days
	+ LN: GG Self-Care & Mobility Evaluation OBRA daily x 3 days
* **Non-comprehensive (Quarterly)**
	+ UM: Quarterly Evaluation
	+ Dietary: Nutritional Quarterly/IPA Assessment
	+ SS: Social Services Assessment and Documentation
	+ REC: Recreation Assessment and Documentation
	+ Substance Abuse Evaluation (If applicable to your facility)
	+ LN: GG Self-Care & Mobility Evaluation OBRA daily x 3 days
* **IPA**
	+ Dietary: Nutritional Quarterly/IPA Assessment
	+ LN: GG Self-Care & Mobility IPA Daily x 3 days
	+ REC: MDS - Ethnicity/Race Interview
* **5day**
	+ UM: Pain Interview
	+ SS: Social Service Assessment and Documentation (Reminder – SS does an assessment that includes the BIMs/PHQ9 that automatically triggers to be due 3 days after admission)
	+ Dietary: Nutritional Quarterly/IPA Assessment
	+ REC: MDS - Ethnicity/Race Interview
	+ LN: GG Self-Care & Mobility Daily x 3 days Please Note that:
* **PPS/Planned Discharge (MDS UDA does not trigger anything, the following are processes related to PPS/ Planned Discharge)**
	+ UM Pain Interview (Built into Discharge Summary therefore does not trigger)
	+ RD: (Done Discharge Summary)
	+ LN: GG Self-Care & Mobility Daily x 3 days (Manually Triggered by MDS)