Recommended Monitoring During Benefit Period

For **ANY** patient receiving treatment for the **6 Conditions** under the OPTIMISTIC CMS Benefit:

- Vitals Every shift: temperature, blood pressure, heart rate, respiratory rate, O2 saturation
- Daily discussion of patient’s progress during nursing rounds
- Daily nursing assessment documented
- Pharmacy monitoring of any new medications ordered for significant interactions

**SPECIAL** considerations for any patient prescribed an **antibiotic**:

- Antibiotic stewardship is key: avoid excessive antibiotic use and limit dose, duration, and antibiotic choice to match condition and pathogen
- Set a stop date
- Facility nurse should inform primary provider when culture and sensitivity come back for consideration of antibiotic change
- Monitor INR closely if on warfarin
- Pharmacy to monitor dosing and medication blood levels when appropriate
Recommended Monitoring During Benefit Period

Best Practices for each condition:

1. Pneumonia
   - Daily CBC with differential until the WBC trends down
   - O2 saturation (indicate whether room air or on oxygen)
   - See special considerations for any patient on an antibiotic

2. CHF
   - Daily weights → alert provider if weight increase ≥ 3 pounds in 1 day
   - Daily I/O monitoring → alert provider if intake or output decreased
   - If continent consider using “hat” or urinal to monitor output
   - Daily BMP for first 3 days of diuresis and then as clinically indicated
   - Consider BNP if patient not improving
   - O2 saturation (indicate whether room air or on oxygen)

3. Skin Infection
   - Assessment by wound care team
   - Minimum of daily dressing changes (or at frequency recommended by wound team)
   - If infected pressure ulcer, initiate facility’s frequent turning protocol
   - See special considerations for any patient on an antibiotic

4. Electrolyte disturbance/dehydration
   - Monitor BMP for first 3 days of treatment and then as clinically indicated
   - Evaluate medications for renal toxicity
     - Reduce dose or hold nephrotoxic medications when appropriate

5. COPD/Asthma
   - Prednisone can alter INR and cause GI bleeding so alert staff to monitor patients on warfarin and prednisone closely
   - O2 saturation (indicate whether room air or on oxygen)
   - If using antibiotic, see special considerations for any patient on an antibiotic

6. UTI
   - Order a urinalysis with culture if indicated (“reflex culture”)
   - See special considerations for any patient on an antibiotic