# New Admissions Support

Nurse Manual

# Meet Curve Health

Every year (prior to COVID-19), 2.1 million geriatric patients were transferred from Skilled Nursing Facilities to nearby emergency departments.  Over two-thirds of those transfers are considered to have been avoidable.   COVID-19 only made the situation worse, alienating SNF residents from family, exposing them to greater health risks, and creating a physical barrier between them and their care providers.  The experience for the SNF teams has also been fraught, with heightened care needs being managed by a smaller and more stressed team.

Curve Health was born during this challenging time.  Initially launched as Call9 in 2016, the model delivered incredible results, reducing the likelihood of hospitalization by up to 50% and the likelihood of admission by up to 80% among patients seen by the Call9 team[1].  Unfortunately, Call9 failed in 2019 due to the lack of Medicare reimbursement for telemedicine.  It took a global pandemic for Congress to see the value of telemedicine and authorize reimbursement creating an opportunity for Call9 to be reborn as Curve Health.



IN THE MEDIA

This founder lived in a nursing home for 3 months to get his start-up off the ground

*Christina Farr - CNBC.com*

Curve Health is a tech-enabled service company that connects remote Providers with Skilled Nursing Facility (SNF) care teams to improve the patient + provider experience and reduce rehospitalizations. We implement SNF-friendly workflows, EHR integrations and on-demand Provider support over telemedicine to help prevent avoidable transfers.  By focusing on this core problem, our product has major ripple effects: dramatically improving patient care, reducing the cost of that care, empowering SNF care teams + validating a value-based care model.

**Our Model.** Curve's user interface has been designed in partnership with world class Human-Centered Design firm, IDEO, to help reduce cognitive load, improve the provider experience and build best practices in telemedicine through repeated use.  Our model has three key components: EHR integrations, our Treat-to-Chart-to-Bill experience and our Care Traffic Controller.
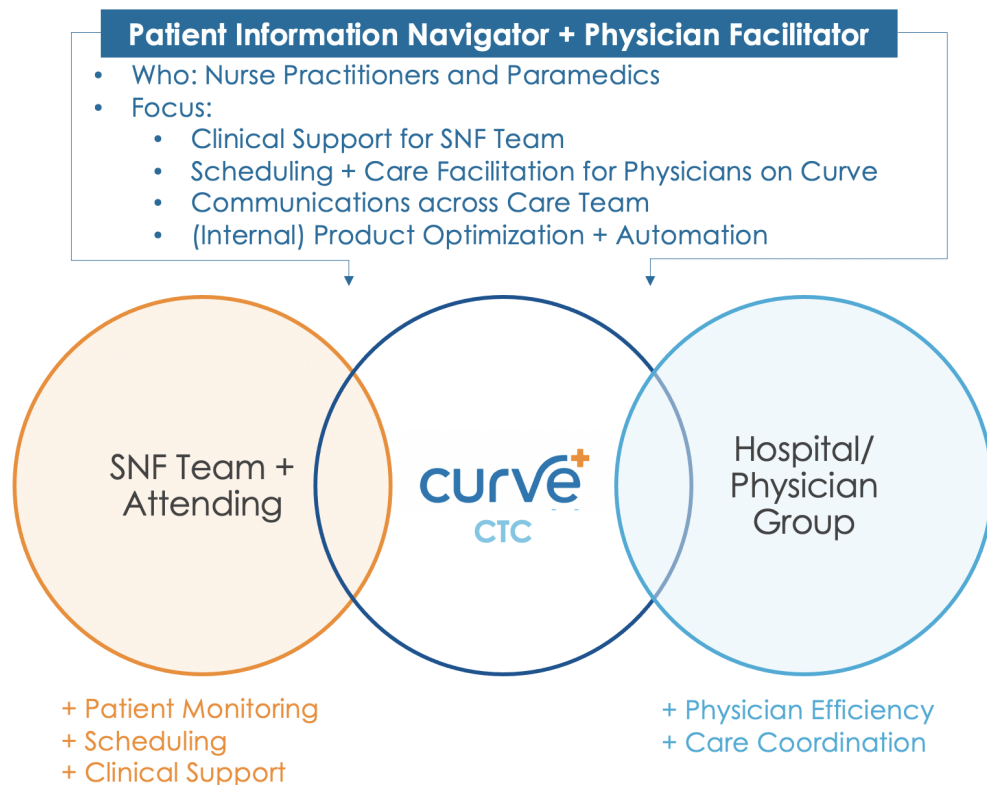
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[1] https://escholarship.org/uc/item/8s40w6kn

Curve's **EHR integrations** enable us to pull in and push out key information, maintaining the Patient Profile in the EHR as a single-source of truth while enabling Providers to operate exclusively within the Curve Health platform.

Curve's **Clinical Pathways** provide guidance and guardrails that align the remote Provider and the SNF team in a unified care plan that leaves room for Provider discretion but allows workflows to become standardized for ease and efficiency.

Curve's **Care Traffic Controller** (CTC) is a key element of our model.   The CTC (a Nurse Practitioner, Registered Nurse or Paramedic) acts as Care Facilitator and Patient Information Navigator, providing clinical + clerical support to the SNF team as needed and ensuring the Provider has everything they need – and need to know – ahead of the visit.

**Patient Information Navigator + Physician Facilitator**
- Who: Nurse Practitioners and Paramedics
- Focus:
    - Clinical Support for SNF Team
    - Scheduling + Care Facilitation for Physicians on Curve
    - Communications across Care Team
    - (Internal) Product Optimization + Automation

**SNF Team + Attending**

**curve CTC**

**Hospital/ Physician Group**

+ Patient Monitoring
+ Scheduling
+ Clinical Support

+ Physician Efficiency
+ Care Coordination

**Curve's Care Traffic Controller**

# Curve's Rehospitalization Risk Mitigation Program

Curve's North Star of preventing avoidable transfers is at the heart of a multi-layered workflow.

## Advance Care Planning

All Curve encounters should include a Goals of Care discussion + update of Advance Care Plans when appropriate.

## New Admissions Support

Risk Stratification + Accelerated Provider Support for High Risk patients to de-risk the Hospital-to-SNF transition.
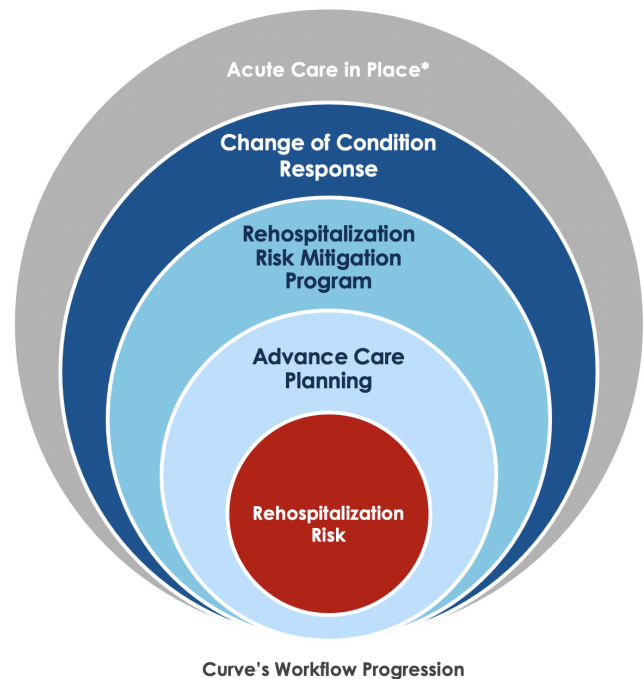
**Change in Condition Response**

Proactive bedside response based on embedded pre-visit tasks for the SNF team + accelerated Provider visit across all pre-acute conditions.

**Treat in Place Pathways**

Longitudinal + supported care management pathways for activated focus areas at each SNF.  Current pathways: Falls + Skin Breakdowns.  Treat in Place Pathways follow the Change in Condition encounter workflow, with the addition of embedded considerations, guidelines and suggested orders.

**New Admissions Support: Curve's Rehospitalization Risk Mitigation Program**
Curve's New Admissions Support program addresses two key rehospitalization drivers: incomplete or out-of-date advance care plans + the transition of care from Hospital to SNF.

Transitions of care can be precarious among highly complex and often fragile geriatric populations.  Data has shown that the biggest predictor of a patient being transferred *to* the Hospital is that the patient has *just come from* the Hospital.  The focus of Curve's New Admissions Support workflow is to develop a **Rehospitalization Risk Mitigation Program (RMP)** for each patient that supports the SNF team in managing the patient in place and

avoiding unnecessary transfers.  **The RMP includes**: Medication Reconciliation + Medication Orders, Guidelines (time intervals) for Vitals Monitoring, Pain Assessments + Pertinent Physical Assessments, and Pathway-specific Intervention Orders.

Upon admission to the SNF, Curve stratifies new admits into Moderate or High Risk categories.  High Risk patients are scheduled for a Provider visit within 2-4 hours of activation on Curve that includes a Pathway-specific or Generalized Examination and Goals of Care discussion.  The RMP for High Risk patients includes any discretionary orders set by the Provider during that visit.

Moderate Risk patients do not automatically get a Provider Visit.  Instead the Curve Software generates risk and condition-specific monitoring guidelines + assessment intervals for the SNF team to implement in order to maintain the Patient's lower risk profile.  These guidelines are an automated "RMP Output" for the Moderate Risk Patients.  However, if the Nurse has questions about the hospital discharge orders or other non-emergent questions, they may request a Provider Visit. In addition, at any point during the New Admissions Support Workflow, if Abnormal Vitals or Findings are surfaced, the Nurse can escalate the encounter type to a Change in Condition Response, accelerating a Provider Visit to 30 minutes.  As a result, there are 4 potential scenarios depending on the Patient's assessed risk and the presence of acuity indicators.

| | Moderate Rehospitalization Risk | High Rehospitalization Risk |
|---|---|---|
| **Acuity Indicators** | **Change in Condition Response Call** | **Change in Condition Response Call** |
| **Stable** | **Monitoring Protocols** (no visit) | **New Admission Support Call** (2-4h) |

It is important to know that the New Admissions Support visit DOES NOT replace the PCP's Initial Nursing Home Visit / Intake Examination.  The Provider on Curve will only be reimbursed for Advance Care Planning for this workflow, including the Goals of Care discussion and the completion of the POLST/MOLST.

# Workflow Overview

The **New Admissions Support Workflow** begins with the activation of a new resident in the Curve Software. The Nurse enters an Initial Care Pathway based on Nurse Considerations embedded in the Curve Software (this Pathway can be adjusted at any time by the Nurse or Provider). The Pathway informs what information is prioritized by the Software and what actions are suggested or required of the Nurse before, during and after the Provider Visit.

After selecting the Initial Care Pathway, the Nurse will enter the Patient's Vitals (this information is automatically entered at facilities with EHRs that allow for that functionality) and confirm the status of the Patient's Advance Care Plan. Next, the Nurse will conduct a Pathway-specific Nursing Physical and Pain Assessment. Upon completion of the Assessments, the Curve software will inform the Nurse of the Patient's risk level, either Moderate or High, as outlined above. Patients assigned to the High Risk group are tracked for an accelerated Provider Visit within 2-4 hours. Moderate Risk patients receive a software-generated RMP Orders set with Monitoring Guidelines + assessment intervals. As described above, the Nurse can request a Provider Visit for a Moderate Risk Patient.



New Admissions Support Workflow

Nurse Activities
CTC/Curve Software Activities
Provider on Curve Activities
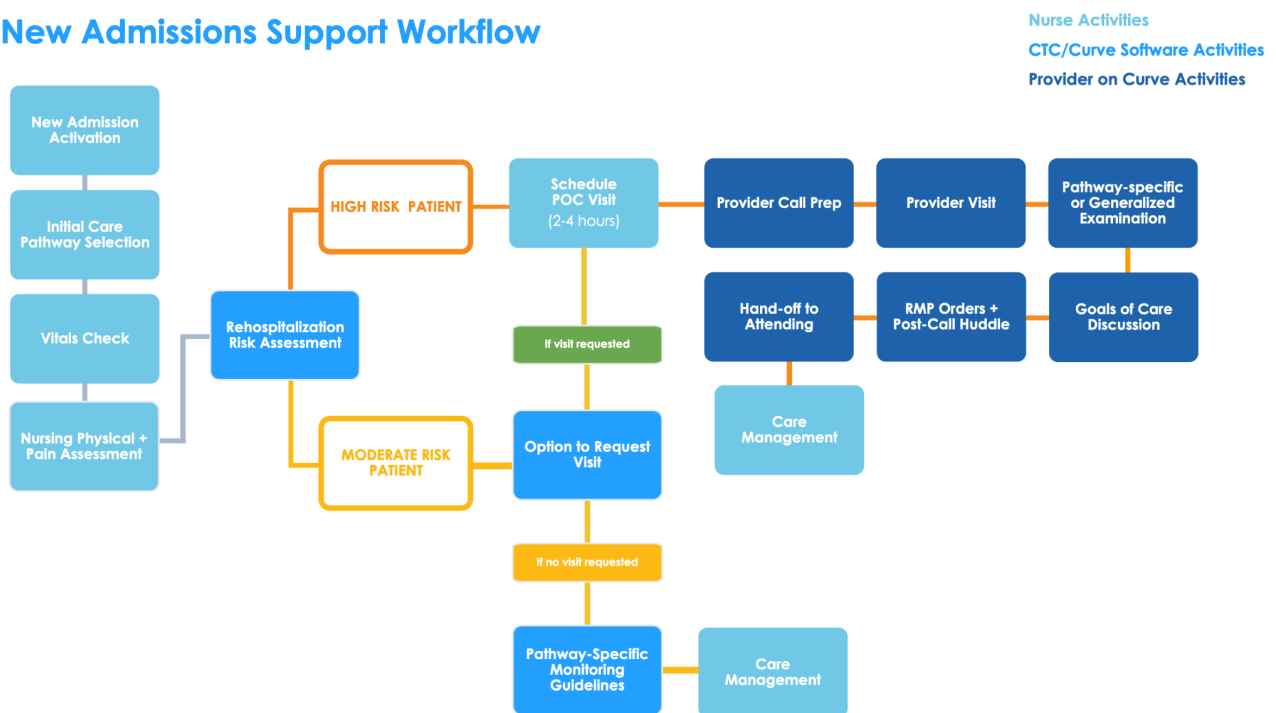
**Moderate Risk Patients**

After the Nurse is presented with the Patient's Risk Level, the software will prompt them to request a Provider Visit if the Nurse needs to discuss the Patient with a Provider prior to that Patient's PCP arriving to see the Patient.  If the Nurse does not request a visit, the software will automatically generate a RMP for that Patient and a PDF will be pushed to the SNF's EHR.  The software-generated RMP Orders set includes Nursing Interventions based on the selected care pathway and stipulates assessment intervals.  The Nurse will enter the RMP Orders into the SNF EHR to be completed on a daily basis for the Patient.

**High Risk Patients (and Moderate Risk Patients for whom a Visit has been requested)**

If the Patient is High Risk, or the Nurse requests a visit for a Moderate Risk Patient, the software will prompt the Nurse to schedule a Provider Visit within 2-4 hours.  The Nurse will select a time slot among the available options.  At the selected time, the Nurse will go to the Patient's room and initiate a call with the Provider, who will be waiting in the Virtual Patient Room.  The Nurse will facilitate the telemedicine visit consistent with the telepresentation best practices learned during Curve Training.  After the call, the Nurse will participate in a Post-Call Huddle, during which they can ask the Provider any questions about the visit or about the hospital discharge orders.  The Provider will communicate the Orders that will be included in the RMP Order Set.  After the Visit, the Provider will enter the orders and complete the visit documentation.  The software will generate a PDF that will be pushed to the SNF's EHR.  The Nurse will enter the Provider's Orders into the SNF EHR.

A detailed, step by step description of the workflow is in a later section, beginning with "Navigating the Curve Platform".

# RMP Clinical Pathways

Each of the Care Pathways consists of common elements that determine necessary inputs and key outputs for the development of an appropriate Rehospitalization Risk Mitigation Program (RMP) reflecting the Patient's condition and Risk Tier.

- **Inclusion Criteria** based on presenting conditions and/or history
- **Provider Considerations** including potential complications + preventative measures
- **Lab Review** detailing Recent Pertinent Imaging + Labs/Tests to surface from the hospital discharge orders for POC review
- **Pathway-specific Prep Tasks** for the Nurse to do prior to the visit
- **Medication Orders + Treatment Orders** including options associated with the Provider Considerations

- **Nursing Physical Assessment** with 8 standardized components organized by body area or system for the Nurse to conduct before the Provider visit (and for follow-up check-ins). Components are activated specific to the Care Pathway.
- **Pathway-specific Interventions** detailing condition-specific follow-up tasks for the Nursing Team to implement.

**Nursing Physical Assessment Components**

There are 8 standardized components of a Nursing Physical Assessment. The Pathway-specific component list is captured in the Physical Assessment cells. The associated tasks are detailed below.

| Nursing Physical Assessment Components | |
|---|---|
| General Appearance | ❏ Ask patient about general status(fatigue, dizziness, nausea) <br> ❏ Assess general mental status |
| Respiratory | ❏ Observe for tachypnea, dyspnea, shortness of breath, <br> ❏ Listen for abnormal lung sounds(ensure patient is sitting up) |
| Cardiovascular | ❏ Observe neck for JVD <br> ❏ Feel for pedal pulses <br> ❏ Assess for pedal edema (indicate pitting vs non-pitting edema) <br> ❏ If patient's activity is limited assess for sacral edema or around buttocks and back/sides of thighs |
| Skin | ❏ Observe skin for cyanosis or diaphoresis <br> ❏ Observe skin for rashes or lesions <br> ❏ Feel for skin temperature |
| Abdomen | ❏ Observe for distention, <br> ❏ Palpate for tenderness(attention to RUQ) <br> ❏ Assess for flank pain <br> ❏ Listen for bowel sounds |
| Neuro | ❏ Observe for change in mental status <br> ❏ Observe for change in motor function <br> ❏ Assess for weakness |
| Extremities | ❏ Observe extremity(ies) for change in color <br> ❏ Feel extremity(ies) for temperature <br> ❏ Assess extremity(ies) for motor function coldness, numbness, tingling, increased pain. |

**Risk-Driven General Monitoring Guidelines**

The Curve Software generates set intervals for Vitals Checks, Pain Assessments + Pertinent Physical Assessments based on the patient's assessed Rehospitalization Risk.

| General Monitoring Guidelines | | |
| --- | --- | --- |
| **Risk Level** | **HIGH** | **MODERATE** |
| **Vitals** | Q 4Hours | Q Shift |
| **Pain Assessment** | Q 4Hours | Q Shift |
| **Pertinent Physical Assessment** | Q Shift | Q Shift |
| **Condition Specific** | Provider discretion | Provider discretion |

**Care Pathways**

The Curve Software includes embedded workflows and clinical pathways specific to the most likely encounters for newly admitted Patients to the SNF.

Orthopedic

Cardiac

Renal

Respiratory

Neurologic

Post-Surgical (Non-Ortho)

Infectious

COVID-19

    Minnesota COVID-19 Guidelines

**See complete Clinical Pathways in the Appendix.**

# Logging in to the Curve Platform

The Curve platform is both a web and mobile app.

**Web App Login Experience**

The web app can be accessed from any laptop or desktop. Google Chrome is the recommended browser.

1. First time users will receive a welcome email from Curve. Click on the button in the body of the email to activate your account and set your password. To login go to https://app.curvehealth.com/ where you will be greeted by the login screen. Bookmark this page for easy access from your bookmarks toolbar.

2. If you ever forget your password, click on the "Forgot password?" link just under the [Sign In] button. Type in the email address you shared with us at setup and click [Send me a password reset link]. Check your email and follow instructions to reset your password. **If at any moment you forget your password, you can repeat the steps above.**

**Mobile APP Login Experience**

The mobile app can be accessed on Curve-provided phones.

To login, simply open the app on the phone. If you forgot your password, please follow the web app instructions (above) to change your password.
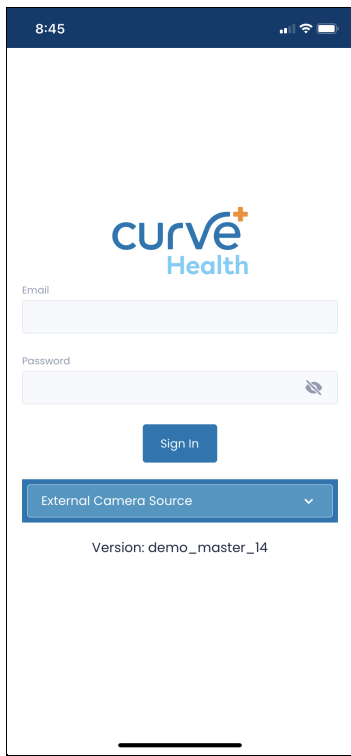
1.

# Navigating the Curve Platform
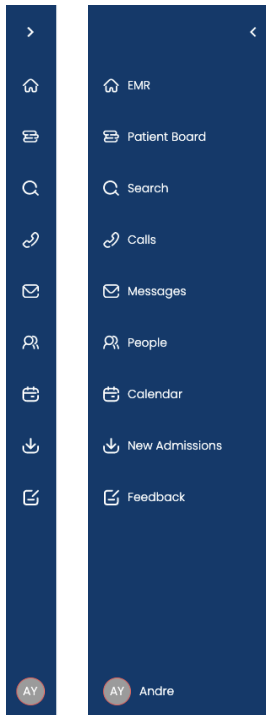
1. Upon logging in to the Curve platform, you are presented with the home screen and left-hand navigation menu. The navigation menu defaults to the collapsed state showing only the icons. Clicking on the arrow at the top of the navigation bar expands it so that the icon labels are visible. This is helpful as you are getting used to the platform.

2. First time users should click into the various sections of the Curve Platform to become familiar with the contents. Going forward in this guide and any of Curve's product documentation, sections of the platform will be referred to by the label in the navigation bar.

# Updating Your Personal Information



You can access and update your personal information by clicking on your initials + name at the bottom of the navigation bar.



1. To edit any field, mouse over that field and the pencil icon will appear. Click on the pencil to edit.

2. When you are done editing the field, click on the check mark to save or trash can to discard the edit.

   **Note:** We use this throughout our application. To edit a field, simply mouseover and click the pencil icon. Click on the check mark to save.



# Activating a New Admission on Curve

To activate a New Admission Event, the Nurse will search for the patient name and select the patient. The patient is added to the New Admission Board on Curve's web + mobile app and a notification will be sent to Curve's Care Traffic Controller.

**Creating a New Admission Activation**

1. On entering the web application, you will **search** for a patient on the Home Screen.

2. When you find patient card, click card to open **Patient History** Screen.

3. Click **"ADD New Event"** button.

4. Click **"Evalution"** button.

5. Click **"New Admission"** button.

6. Go to **New Admissions** Tab to complete patient tasks.

# CTC Information Verification

Upon receiving the New Admission notification, the Care Traffic Controller (CTC) will ensure all necessary hospital records are available to be pulled into Curve from the SNF EHR so RMP Prep can be completed. The CTC will alert the Admissions Nurse of any gaps.

# Initial Care Pathway Selection

After reviewing the Hospital Discharge Orders, go to the Patient Profile tab to select an Initial Care Pathway based on inclusion criteria representing the highest likelihood SNF admissions.
Options Include:
- Cardiac
- Covid
- Infectious
- Neuro
- Ortho
- Renal
- Respiratory
- Surgical

The Pathway selected will inform certain RMP Prep steps, like the Recommended Labs + the Nursing Physical Assessment, but it is non-binding. The Provider on Cure (POC) can adjust the Pathway before, during or after the Provider Visit.
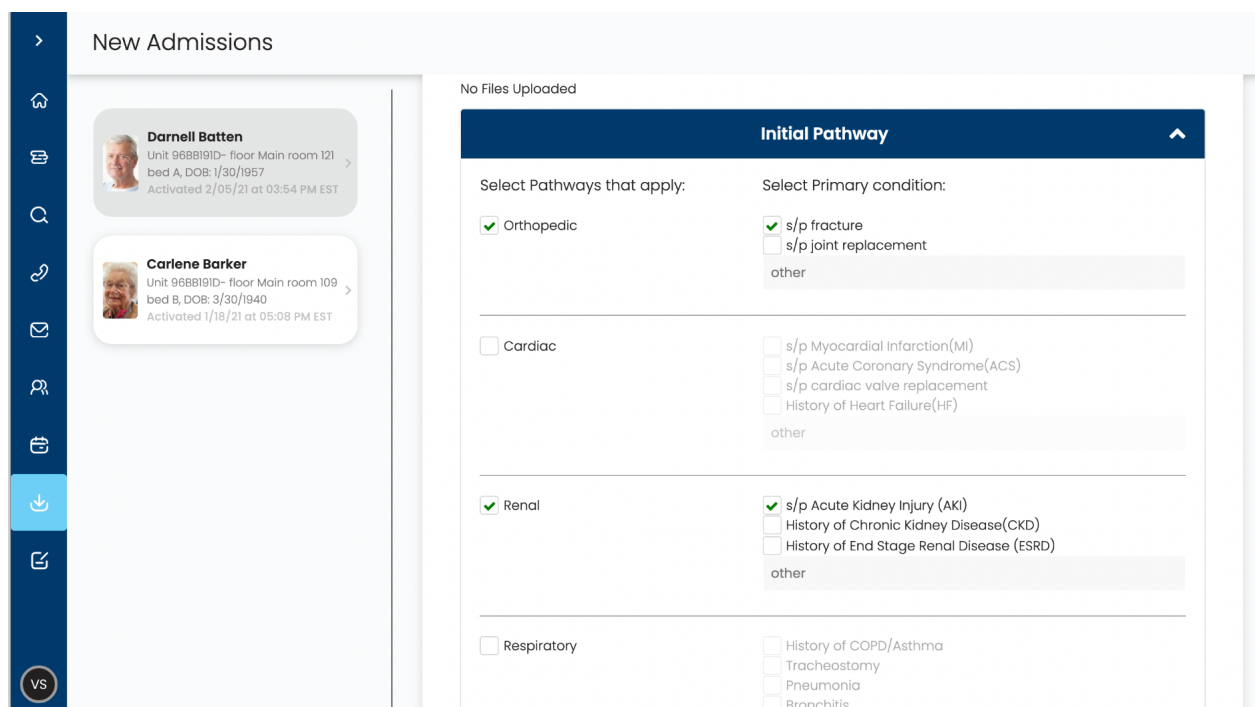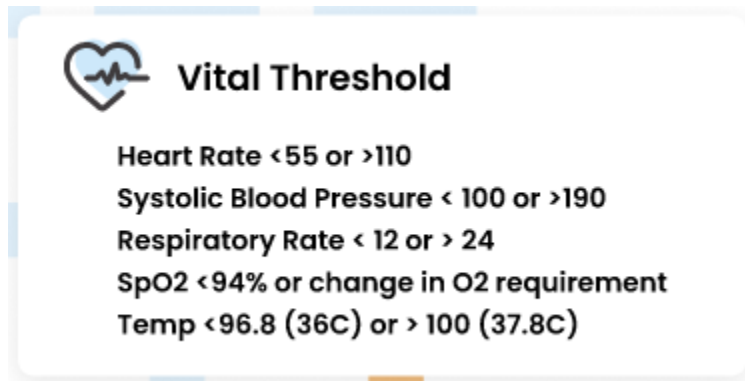


**Curve's Initial Care Pathway Selection**

# Vitals Check + Curve Intro

In order to ensure a smooth experience for the patient, we ask that you use this script to introduce Curve and explain the intentionality and objectives behind the visit, while performing your vitals check:

*One of the great things about being at Southview is that we work with a team from Curve Health to provide on-demand provider support, especially during your transition from the hospital. A doctor from Curve will be seeing you today/first thing tomorrow over telemedicine to put a care plan in place and discuss your Goals of Care. We'll set up a screen so that you can see the Provider face to face and I'll also be there to help with whatever you need. The Curve provider will talk with your Attending team after so that when they come in to check on you, they'll know exactly what is going on. It's basically an extra layer of care for our newest Residents to make sure you don't end up back in the Hospital.*

The Curve Software compares the Patient's current vitals against conservative trigger thresholds approved by the SNF Medical Director.

**Vital Threshold**

Heart Rate <55 or >110
Systolic Blood Pressure < 100 or >190
Respiratory Rate < 12 or > 24
SpO2 <94% or change in O2 requirement
Temp <96.8 (36C) or > 100 (37.8C)

**Normal Vitals Workflow**

With the normal workflow, the Nurse will continue with the list of tasks, scheduling the provider visit 2+ hours out on the same day.

**Abnormal Vitals**

If the entered vitals fall outside of these thresholds, the software will prompt a second read. If still outside the parameters, Curve will automatically flag the Patient as having 'Abnormal Vitals', triggering a Change In Condition (CiC) event. (See Change in Condition Nurse Manual).

# RMP Prep - EMR Information Review

Back at their station, the Nurse clicks on the **EMR Review tab.** The tab includes a list of links to information pulled from the SNF EHR directly into the Curve software, providing a single platform experience. The Nurse gathers and enters data needed for RMP Prep and other intake tasks (off Curve).

### Advanced Care Plan Audit

The Nurse locates the Patient's Advance Directives + conducts a preliminary review. The Nurse will assess the ACP for completeness, recency and whether or not it is inclusive of infectious disease (Covid-19) +/- guidelines.
The Nurse indicates the Patient's code status on the New Admissions Board and uses the available Notes field to flag any issues for the CTC + Provider relevant to the Goals of Care discussion.

If there is evidence of a likely Change of Code Status (for example if it is clear a patient switched from DNR/DNI to Full Code for an elective surgery and may want to switch back), the CTC will note this and proactively schedule a phone call hand-off from the POC to the Attending (Change of Code Status is an agreed trigger escalating the hand-off modality to a phone call).When the Nurse enters the ACP Module in Curve, the system captures a time stamp for the appropriate CPT code.

## Advance Care Plan Audit ⌃

**Does the patient have a MOLST/POLST or healthcare proxy listed?**

**Advance Directives**
None
*– Vince Staples (Bedside Care Provider) at 1:44 PM EDT, Today*

**Code Status**
Full Code
*– Vince Staples (Bedside Care Provider) at 1:44 PM EDT, Today*

**Audit Note**

**Total time spent on Advance Care Planning Audit**
6 ▲▼ minutes

### Recommended Labs + Imaging Review

Curve generates a checklist of Recommended Labs + Imaging based on the Initial Care Pathway.  These are not required to finalize the RMP process, but are helpful inputs. When drafting the RMP, the Provider will have the option to order or ignore any missing labs as needed.

The Nurse reviews recent labs in the patient's hospital documentation and checks off all labs that are available from the patient's most recent hospital stay.  Any lab results that have been entered into the SNF EHR's Lab Results field are readily visible as EHR imports. Otherwise, the lab results will be pulled in as PDFs from the Docs section of the EHR to Curve's doc review tab.

Any missing labs (unchecked boxes) will be flagged for the Provider as Not Available so the Provider can include the lab order in the RMP, if needed/desired.

# Scheduling/Rescheduling

Having completed the RMP prep, the Nurse clicks to schedule the video visit. Presented with a number of options, the Nurse selects an available block that works with their schedule and receives confirmation.

The CTC and the Provider will receive notification of the appointment, and the Provider's calendar will be updated with the scheduled block.
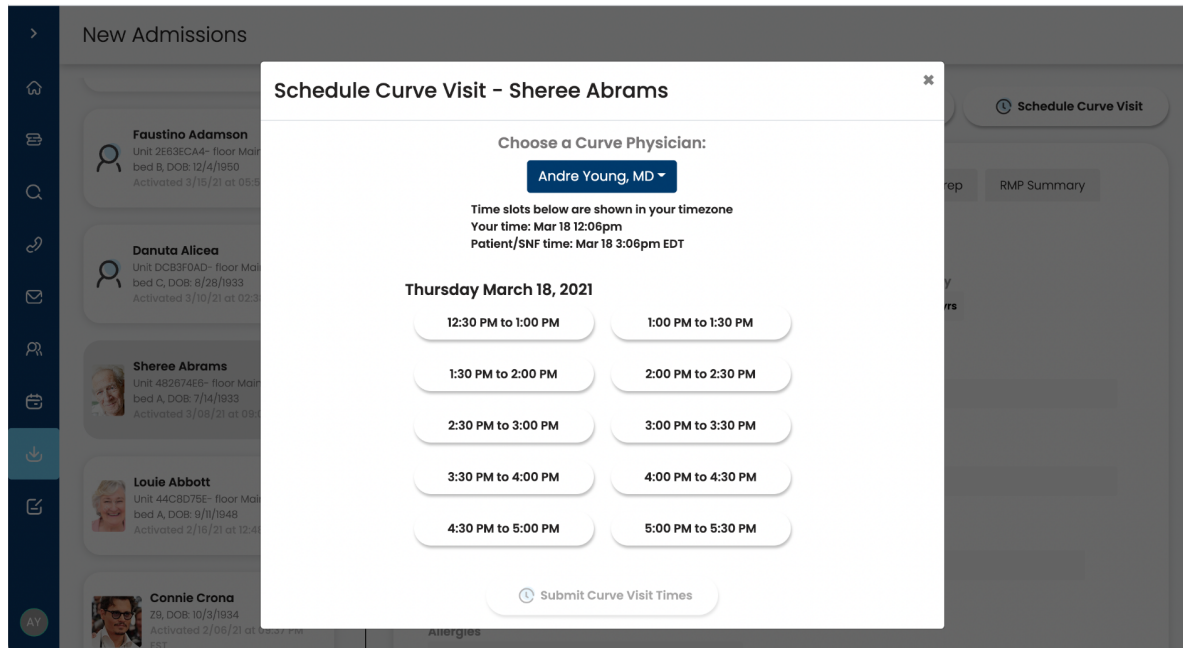


**Note:** If at any point you have an issue with the appointment as scheduled or are wondering when the actual visit will begin, please connect with the Care Traffic Controller (CTC) that is assigned to support you. You can message the CTC by going into the Messaging section of the app (denoted by the envelope icon) and composing a message.

# RMP Prep - Pain Assessment

**Pain Intensity Assessment (Corresponds with J0600- pain Intensity, A)**

The goals for the pain assessment are:

- Improve pain management facility wide
- Build competency for accurate pain management across nursing team through software + training
- Provide optimized inputs to the MDS Process to secure drive PIP incentives
- Improve patient experience (and, by extension, the facility's star rating)

Uses IPCPS Pain Scale to establish an accurate current pain level based on relatable examples.

Q1*: Using the 0-10 scale provided, please rate your current pain level.
•Enter two-digit response (99 for Unable to Answer)

The patient will be able to view the Pain Scale, with Wong-Baker-like visuals and a body map to assist, on the Curve-enabled Tablet.

## Pain Assessment

Show patient Pain Chart, ask the patient to rate thier pain, and choose response.

| | | Examples | |
|---|---|---|---|
| 00 | **No Pain** | No pain | 0 |
| 01 | **Unpleasant Sensation** – An occasional uncomfortable feeling. Almost no limit to function. | Mild skin irritation | 1 |
| 02 | **Minimal** – Pain frequently brought to one's attention but acceptable. Able to engage pleasures of life with some interference. Causes to avoid rigorous activities. | Small bruise | 2 |
| 03 | **Mild** – Tolerable, but unsettling and on one's mind. Interferes with pleasures of life. Stops some productive activities. | Scrapped knee, Jammed finger | 3 |
| 04 | **Mild to Moderate** – Only short intervals of comfortable function; sometimes interrupts Activities of Daily Living, such as bathing and clothing and regularly prevents involvement in many tasks outside of the home. Decrease in job performance. | Major bruise, Ankle sprain | 4 |
| 05 | **Moderate** – Pain constantly on one's mind; decrease in concentration, job performance and noticeably decrease enjoyment of life. Frequent missed work/time off. Cannot perform normal tasks without an increase in pain. | Moderate toothache, Headache for days | 5 |
| 06 | **Moderate to Severe** – Significant limitations of Activities of Daily Living; productive activity/work is nearly impossible. Hard to do anything, but think of pain and ER visit. | Day after major surgery pain | 6 |
| 07 | **Severe** – Difficulty doing more than basic chores; pain prevents productive activity. Frequent crying; pain is impossible to tolerate for long peroid of time without going to the ER. | Stabbed with a knife, Broken leg | 7 |
| 08 | **Debilitating** – Causes uncontrollable moaning and distress and completely impairs productive activity. Cannot be still, can't maintain a reasonable conversation. It is impossible to "put on a good face". Emergency medical attention is required. | Natural childbirth, Small kidney stone | 8 |
| 09 | **Agonizing** – Individual cannot function; uncontrolled screaming and tearfulness. Emergency medical attention is required and hospitalization is recommended. | Arm burning in a fire, Large kidney stone | 9 |
| 10 | **Worst Imaginable** – Paralyzing; person is in and out of consciousness and near death as a result of the pain. Emergency medical attention and hospitalization are required. | Being torn apart while still alive | 10 |
| 99 | **Unable to Answer** | | |



| 0 | 2 | 4 | 6 | 8 | 10 |
|---|---|---|---|---|---|
| No Pain | Small Bruise | Major Bruise, Ankle Sprain | Day after major surgery pain | Natural childbirth, Small kidney stone | Being torn apart while still alive |
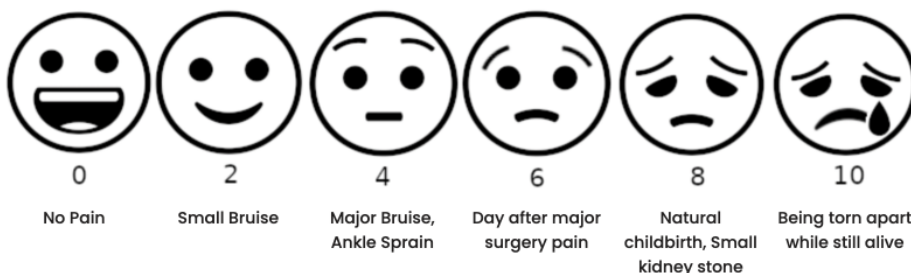
Q2*: Have you had pain or hurting at any time in the last 24 hours? (Maps to MDS J0300 – Pain Presence)

  0. No – Advance to IPCPS Assessment, Score 0

  1. Yes

  9. Unable to Answer

Q3*: How much of the time have you experienced pain or hurting over the last 24 hours? (Maps to MDS J0400 – Pain Frequency)

  1. Almost constantly

  2. Frequently

  3. Occasionally

  4. Rarely

  9. Unable to answer

Q4*: Over the past 24 hours, has pain made it hard for you to sleep at night? (Maps to MDS J0500 – Pain Effect on Function)

  0. No

  1. Yes

  9. Unable to Answer

Q5*: Over the past 24 hours, have you limited your day-to-day activities because of pain? (Maps to MDS J0500 – Pain Effect on Function)

  0. No

  1. Yes

  9. Unable to Answer

Q6*. Does the patient's reported pain level match the observed pain level? (Not an MDS Question)

        0. NO – Advance to PAINAD Assessment

        1. YES – Move to Intervention Threshold Questionnaire (Q10-12)

Q7*: Score the Patient's observed indicators of pain according to the scale below. (PAINAD Assessment)

•Observe Patient for at least 5 minutes prior to conducting

•Perform a PAINAD assessment**

•If "possible interpretation" of the PAINAD score correlates with reported level, move to Intervention Threshold Questionnaire (Q10-12)

•If "possible interpretation" of the PAINAD Score does not correlate with reported pain, advance to Q8

Note: The PainAD assessment is a tool used to reconcile the perceived differences between Observed Pain + Reported Pain

Q8*: Prompt the patient to do a physical maneuver, like adjust in bed. Communicate that such adjustments often help with pain. Follow-up: What is your pain level now?

•Enter two-digit response (99 for Unable to Answer)

Q9*. Does the patient's reported pain level match the observed pain level? (Not an MDS Question)

       0. NO – Flag for Provider and move to Threshold Questionnaire

       1. YES – Move to Intervention Threshold Questionnaire (Q10-12)

The last questions are to inform the intervention roadmap with each patient's preferred interventions by pain level.

Q10: "At what level of pain would you want cold/warm pack, massage, compression or other similar measure?"

•POC can order non-pharmacological interventions based on the number (Tier 1 interventions)

Q11: "At what level of pain would you take Tylenol / Advil / topical cream?"

•POC can order specified treatment within pre-approved parameters at or above pain level indicated (Tier 2 interventions)

Q12: "At what level of pain would you want medication stronger than specified in Q2?"

•Where appropriate MD can order specified treatment within pre-approved parameters at or above pain level indicated – short course with re-assessment before reorder (Tier 3 interventions)

# RMP Prep - Nursing Physical Assessment

The Physical Exam component of Curve's RMP Workflow occurs in two parts:

- A pre-visit Nursing Physical Assessment
- Provider-Guided Pathway-Specific Examination (see next section)

**Pertinent Nursing Physical Assessment**

The Nurse conducts the Physical Assessment according to the SNF-specific New Admissions Form.  If there is sufficient time ahead of the Provider Appointment, the Nurse conducts the complete Intake Assessment (off-Curve) prior to entering the pertinent elements specific to the Patient's Care Pathway.  Otherwise, the Nurse will prioritize the pertinent elements in order to be ready for the Provider visit.

The Nurse is presented with **pathway-specific prep tasks**\* to conduct ahead of the POC appointment, as well as **pathway-specific Physical Assessment prompts**\* that ensure the priority information needed by the Provider to define a risk mitigation program for each patient is gathered ahead of time.

# Getting ready for the visit

Prior to initiating the video call, please ensure the following steps are completed:
- ➢ Your device is fully charged
- ➢ You have adequate wifi connectivity
- ➢ The resident's room is well lit
- ➢ You maintain the resident's privacy and dignity at all times
- ➢ The resident is in a comfortable position
- ➢ You minimize background noise by turning off tvs and radios, closing the door if needed.

**Initiating the Video Call**



You must have an appointment scheduled to connect with the provider. To connect to the provider: select and open the desired patient's profile. Navigate to the 'Appointments' icon at the top of screen, select 'Join Call' to generate a call to the Provider on duty. Select 'Pair New Device' to connect the secondary phone or pair any tool or diagnostic device.

**Facilitating the tele physical exam**

During the visit, you will be acting as "second hands" for the provider, under their direct supervision. Follow the diagram below for some helpful tips on how to position the camera for a successful experience.

## Tele-physical

**Adjust head of bed to 30-45 degrees**
Turn on the flashlight of mobile phone. Use camera phone to focus on assessment areas

Request pt open mouth and stick tongue out to assess volume status and symmetry
Report to physician if the patient has dry or moist mucous membranes
Use two fingers to gently hold upper and lower lids open and show MD pupils to assess reaction to light

Palpate lymph nodes at neck

Align phone camera over patient's chest to allow physician to visually inspect the chest
Palpate lymph nodes at axillae

Lower the head of the bed, unless respiratory concern or extreme discomfort

Position camera over patient's abdomen to allow physician to visually inspect the abdomen

Ask where pain is if appropriate - this area is palpated LAST

Push on belly in all 4 quadrants to assess for pain/discomfort

Position camera over patient's upper extremity(one at at time)

Feel for bilateral radial pulses(one at a time)

Position camera over patients legs
Assess bilateral legs for pedal pulses(one at a time)

# Goals of Care Discussion

The **Goals of Care** discussion is an important part of any visit as it is an assurance that care will be provided in accordance with the Patient's wishes and a first line of defense against avoidable transfers.  Curve Health's commitment is that every encounter on Curve will include a Goals of Care discussion and, when appropriate, will include an updated POLST/MOLST form.

If a POLST is completed during the encounter on Curve, the signed document will be available under the patient's profile on the Curve platform. Log in to the web app  from

your computer  to print the signed POLST. Obtain the patient's signature and upload it to the SNF EHR as instructed by your facility's policies and procedures.
**Log In>Search(patient)>Patient History>View POLST>Download POLST**

# Post-visit Huddle

To facilitate team approach to patient care, we ask that you complete a post-visit huddle at the end of the visit. The goals of this huddle are:

➢ To ensure clear communication between all parties involved.
➢ To review expectations of each team member
➢ To provide opportunity for questions regarding patient care and to clarify all ongoing patient needs.
➢ To review orders, and treatment plan for appropriateness and accuracy

This is your opportunity to:

● Ask the provider for clear follow-up instructions
● Ask for any medication/treatment orders with detailed instructions and clear end dates
● Ask about the need to request any external services such as radiology, IV/PICC placement...
● Ask about specific Reactivation Guidelines
● Voice any outstanding or new concerns related to the treatment plan or the patient's condition.

# Handoff and Care plan implementation

At the end of every encounter, the documentation completed on the Curve platform is automatically pushed to the SNF EHR as a progress note. A pdf version is uploaded to the file section of the EHR.

After the Provider Visit: Operationalizing the RMP
The Curve software will generate a PDF document of the RMP that includes the:
- RMP Orders
    - Medication Orders (Only when a visit has occurred)
    - Treatment Orders (Only when a visit has occurred)
    - Monitoring + Intervention Guidelines
    - Nursing Considerations
- Pain Intervention Roadmap

It is the nurse's responsibility to manually enter the orders in the EHR and ensure proper follow-through.

Curve's Provider-to-Attending handoff is subject to pre-approved communication protocols based on the Patient's Condition and specific changes to the patient's care plan.

## Troubleshooting & How to Get Help

If you are running into trouble when using the Curve Health please try the following steps:

- Try doing the action again. If that doesn't work,

- Try refreshing the page.  Then trying the action again. If that doesn't work,

- Try logging out and closing the browser window. Open it back up, log back in and try again.

- If none of that works, message the Care Traffic Controller.

- If the Care Traffic Controller doesn't respond **within 5 mns**, call our support number at (833) 216-3257. We staff our support line between the hours of 11am CT to 7pm CT. Outside of those hours, you can leave a message and a Curve Health Customer Success Team member will respond as soon as possible.

- If it's not urgent, click on the Feedback link in the left-hand navigation and fill out the feedback form.

# Appendix: Clinical Pathways

| Pathway | | **Orthopedic** |
|---|---|---|
| **Inclusion Criteria** | | *s/p fracture*<br>*s/p joint replacement* |
| **Provider Considerations** | | *Consider goals of care and code status*<br>*Consider review of orders for physical therapy*<br>*Consider reviewing therapeutic antibiotics if post-operative*<br>*Consider venous thromboembolism prophylaxis/anticoagulation therapy*<br>*Consider incentive spirometry*<br>*Consider pain management*<br>*Consider Therapeutic Drug Monitoring* |
| **Lab Review** | Recent Pertinent Imaging | ❏ *X-Ray*<br>❏ *CT/MRI* |
| | Recent Pertinent Labs & Tests | ❏ Complete Blood Count (CBC)<br>❏ BMP/CMP<br>❏ Prothrombin Time and International Normalized Ratio (PT/INR)<br>❏ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | ❏ Obtain Discharge Summary<br>❏ Obtain Post-Operative Report(if post-surgical) |
| | Vitals | ❏ Obtain current vital signs |
| | Pain Assessment | ❏ Perform Curve Pain Assessment |
| | Interview & Investigation | ❏ Determine time of last pain medication administration<br>❏ Determine if bandaging is to stay in place until next surgical follow-up(if post-operative)<br>❏ Upload image of affected area/surgical site (if post-operative) |
| | RMP Specific Prep Tasks | ❏ Assess affected area for signs/symptoms of infection, bleeding, dehiscence<br>❏ Check for skin breakdowns/wounds and/or tightness around edges of casts/splints/prosthesis |
| **Physical Assessment** | | General<br>❏ Ask patient about general status(fatigue, dizziness, nausea)<br>❏ Assess general mental status<br>Respiratory<br>❏ Observe for tachypnea, dyspnea, shortness of breath, |

| | | |
|---|---|---|
| | | ❏ Listen for abnormal lung sounds(ensure patient is sitting up)<br><br>Extremities<br>   ❏ Observe extremity(ies) for change in color<br>   ❏ Feel extremity(ies) for temperature<br>   ❏ Assess extremity(ies) for motor function coldness, numbness, tingling, increased pain.<br><br>Skin<br>   ❏ Observe skin for cyanosis or diaphoresis<br>   ❏ Observe skin for rashes or lesions<br>   ❏ Feel for skin temperature |
| **RMP Orders** | Medication Orders | **Analgesics**<br>   ❏ Acetaminophen<br>   ❏ Ibuprofen<br>   ❏ Lidocaine Patch<br>   ❏ Other<br><br>**Anticoagulants**<br>   ❏ Apixaban(Eliquis)<br>   ❏ Rivaroxaban (Xarelto)<br>   ❏ Warfarin (Coumadin)<br>   ❏ Enoxaparin (Lovenox)<br>   ❏ Aspirin<br>   ❏ Other<br><br>**Antibiotics**<br>   ❏ Cefazolin<br>   ❏ Cefepime<br>   ❏ Clindamycin<br>   ❏ Vancomycin (Consider orders for vanco trough/monitoring)<br>   ❏ Other_____ |
| | Treatment Orders | ❏ Cold pack |
| **RMP Interventions** | Vitals | Obtain Vital Signs |
| | Pain | Conduct Pain Assessment |
| | RMP Specific Interventions | ❏ Assess affected area/surgical site for signs and symptoms of infection, bleeding, dehiscence.<br>❏ Ensure patient is in a position of comfort<br>❏ Ensure placement of Sequential Compression Device (SCD)<br>❏ Apply graduated compression stockings<br>❏ Apply cold pack as needed<br>❏ Encourage Incentive Spirometry<br>❏ Other _____ |
| | Physical Assessment | General<br>   ❏ Ask patient about general status(fatigue, dizziness, nausea) |

| | | ❏ Assess general mental status |
|---|---|---|
| | | Respiratory |
| | |     ❏ Observe for tachypnea, dyspnea, shortness of breath, |
| | |     ❏ Listen for abnormal lung sounds(ensure patient is sitting up) |
| | | Extremities |
| | |     ❏ Observe extremity(ies) for change in color |
| | |     ❏ Feel extremity(ies) for temperature |
| | |     ❏ Assess extremity(ies) for motor function coldness, numbness, tingling, increased pain. |
| | | Skin |
| | |     ❏ Observe skin for cyanosis or diaphoresis |
| | |     ❏ Observe skin for rashes or lesions |
| | |     ❏ Feel for skin temperature |

| Pathway | | |
|---|---|---|
| | | **Cardiac** |
| **Inclusion Criteria** | | *s/p Myocardial Infarction(MI)*<br>*s/p Acute Coronary Syndrome(ACS)*<br>*s/p cardiac valve replacement*<br>*History of Heart Failure(HF)* |
| **Provider Considerations** | | *Consider goals of care and code status*<br>*Consider symptom management*<br>*Consider venous thromboembolism*<br>*prophylaxis/anticoagulation therapy*<br>*Consider fluid restriction*<br>*Consider dietary management* |
| **Lab Review** | Recent Pertinent Imaging | ❏ *Electrocardiogram(EKG) (Critical)*<br>❏ *Echocardiogram(echo), cath or Stress Test*<br>❏ *Chest X-Ray* |
| | Recent Pertinent Labs & Tests | ❏ *Complete Blood Count (CBC)*<br>❏ *BMP/CMP*<br>❏ *BNP*<br>❏ *Prothrombin Time and International*<br>*Normalized Ratio (PT/INR)*<br>❏ *Lipid Panel*<br>❏ *Creatine Kinase (CK)*<br>❏ *CK-MB*<br>❏ *Troponin*<br>❏ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Ask patient about normal activity level prior to hospital admission<br>Investigate for complaints of nausea, vomiting, dizziness, heartburn |
| | RMP Specific Prep Tasks | |
| **Physical Assessment** | | General<br>❏ Ask patient about general status(fatigue, |

| | | |
|---|---|---|
| | | dizziness, nausea)<br>❏ Assess general mental status<br>Respiratory<br>    ❏ Observe for tachypnea, dyspnea, shortness of breath,<br>    ❏ Listen for abnormal lung sounds(ensure patient is sitting up)<br>Cardiovascular<br>    ❏ Observe neck for JVD<br>    ❏ Feel for pedal pulses<br>    ❏ Assess for pedal edema (indicate pitting vs non-pitting edema)<br>    ❏ If patient's activity is limited assess for sacral edema or around buttocks and back/sides of thighs<br>Skin<br>    ❏ Observe skin for cyanosis or diaphoresis<br>    ❏ Observe skin for rashes or lesions<br>    ❏ Feel for skin temperature<br>Abdomen<br>    ❏ Observe for distention,<br>    ❏ Palpate for tenderness(attention to RUQ)<br>    ❏ Assess for flank pain<br>    ❏ Listen for bowel sounds<br>Extremities<br>    ❏ Observe extremity(ies) for change in color<br>    ❏ Feel extremity(ies) for temperature<br>    ❏ Assess extremity(ies) for motor function coldness, numbness, tingling, increased pain. |
| **RMP Order** | Medication Orders | ❏ Supplemental Oxygen<br>**Antiplatelets**<br>    ❏ Aspirin<br>    ❏ Clopidogrel<br>    ❏ Other_____<br>**Antiarrhythmics**<br>    ❏ Amiodarone<br>    ❏ Other<br>**Diuretics**<br>    ❏ Furosemide<br>    ❏ Torsemide<br>    ❏ Hydrochlorothiazide<br>    ❏ Other_____<br>**Beta Blockers**<br>    ❏ Metoprolol<br>    ❏ Propranolol |

| | | |
|---|---|---|
| | | ❏ Atenolol<br>❏ Carvedilol<br>❏ Ticagrelor<br>❏ Other\_\_\_\_\_<br>**ACE Inhibitors**<br>❏ Lisinopril<br>❏ Enalapril<br>❏ Other\_\_\_\_\_<br>**Calcium Channel Blockers**<br>❏ Amlodipine<br>❏ Diltiazem<br>❏ Other\_\_\_\_\_<br>**ARBs**<br>❏ Losartan<br>❏ Valsartan<br>❏ Other_____<br>**Combination Drugs**<br>❏ Entresto<br>❏ Other\_\_\_\_\_<br>**Statins (Consider patient's goals of care when prescribing)**<br>❏ Atorvastatin (Lipitor)<br>❏ Pravastatin (Pravachol)<br>❏ Rosuvastatin (Crestor)<br>❏ Simvastatin (Zocor)<br>**Bronchodilators**<br>❏ Albuterol(inhaler)<br>❏ Ipratropium<br>❏ Other\_\_\_\_\_<br>**Anticoagulants**<br>❏ Apixaban(Eliquis)<br>❏ Rivaroxaban (Xarelto)<br>❏ Warfarin (Coumadin)<br>❏ Enoxaparin (Lovenox)<br>❏ Aspirin<br>❏ Other\_\_\_\_\_ |
| | Treatment Orders | ❏ Sequential Compression Device(SCD)<br>❏ Low Sodium Diet<br>❏ Fluid Restriction<br>❏ Incentive spirometry<br>❏ Other\_\_\_\_\_ |
| **RMP Interventions** | Vitals | Obtain Current Vital Signs |
| | Pain | Perform Pain Assessment |
| | RMP Specific | ❏ Monitor and record intake and output. |

| | | |
|---|---|---|
| | Interventions | ❏ Weigh patient daily (remember to account for wheelchair |
| | Physical Assessment | General<br>❏ Ask patient about general status(fatigue, dizziness, nausea)<br>❏ Assess general mental status<br>Respiratory<br>❏ Observe for tachypnea, dyspnea, shortness of breath,<br>❏ Listen for abnormal lung sounds(ensure patient is sitting up)<br>Cardiovascular<br>❏ Observe neck for JVD<br>❏ ❏ Feel for pedal pulses<br>❏ ❏ Assess for pedal edema (indicate pitting vs non-pitting edema)<br>❏ ❏ If patient's activity is limited assess for sacral edema or around buttocks and back/sides of thighs<br>Skin<br>❏ Observe skin for cyanosis or diaphoresis<br>❏ ❏ Observe skin for rashes or lesions<br>❏ ❏ Feel for skin temperature<br>Abdomen<br>❏ Observe for distention,<br>❏ ❏ Palpate for tenderness(attention to RUQ)<br>❏ ❏ Assess for flank pain<br>❏ ❏ Listen for bowel sounds<br>Extremities<br>❏ Observe extremity(ies) for change in color<br>❏ ❏ Feel extremity(ies) for temperature<br>❏ ❏ Assess extremity(ies) for motor function coldness, numbness, tingling, increased pain. |

| Pathway | | |
|---|---|---|
| | **Renal** | |
| **Inclusion Criteria** | s/p Acute Kidney Injury (AKI)<br>History of Chronic Kidney Disease(CKD)<br>History of End Stage Renal Disease (ESRD) | |
| **Provider Considerations** | Consider goals of care and code status<br>Consider potential for electrolyte imbalance/ review metabolic profile<br>Consider potential for anemia<br>Consider potential for renal toxicity<br>Consider dietary restrictions | |
| **Lab Review** | Recent Pertinent Imaging | ❏ CT-Scan<br>❏ Renal Ultrasound |
| | Recent Pertinent Labs & Tests | ❏ Complete Blood Count (CBC)<br>❏ BMP/CMP<br>❏ Urinalysis (UA)<br>❏ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Assess cognition and communication<br>Is patient on dialysis? If so, what is their dialysis schedule?<br>Does the patient produce urine?<br>Is patient diabetic? |
| | RMP Specific Prep Tasks | |
| **Physical Assessment** | General<br>Respiratory<br>Cardiovascular<br>Skin<br>Abdomen<br>Neuro<br>Extremities | |

| | | |
|---|---|---|
| **RMP Order** | Medication Orders | **Analgesics**<br>❏ Acetaminophen<br>❏ Ibuprofen<br>❏ Gabapentin<br>❏ Pregabalin (consider electrolyte supplements)<br>❏ Other_____<br><br>**Diuretics**<br>❏ Furosemide<br>❏ Torsemide<br>❏ Other_____<br><br>**Antiemetics**<br>❏ Ondansetron<br>❏ Other_____ |
| | Treatment Orders | ❏ Assess for suprapubic tenderness |
| **RMP Interve ntions** | Vitals | Obtain Current Vital Signs |
| | Pain | Perform Pain Assessment |
| | RMP Specific Interventions | ❏ Weigh patient daily (remember to account for wheelchair).<br>❏ Perform fingerstick to monitor blood sugar(if diabetic)<br>❏ Assess dialysis access site(if applicable) for patency(bruit & thrill), observe for swelling, pain, numbness, bruising, vein distension, discoloration<br>❏ Examine contents of Foley bag for change in color/sediment |
| | Physical Assessment | General<br>Respiratory<br>Cardiovascular<br>Skin<br>Abdomen<br>Neuro<br>Extremities |

| Pathway | | Respiratory |
|---|---|---|
| **Inclusion Criteria** | | History of COPD/Asthma<br>Tracheostomy<br>Pneumonia<br>Bronchitis |
| **Provider Considerations** | | Consider goals of care and code status |
| **Lab Review** | Recent Pertinent Imaging | ❏ Electrocardiogram(EKG)<br>❏ Chest X-Ray |
| | Recent Pertinent Labs & Tests | ❏ BMP/CMP<br>❏ BGL Trend (if patient on steroids)<br>❏ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Is patient on oxygen at baseline?<br>History of intubation and/or Hospitalization(s) for asthma/COPD?<br>What helps when having an asthma attack or having difficulty breathing? |
| | RMP Specific Prep Tasks | |
| **Physical Assessment** | | General<br>Respiratory<br>Skin |
| **RMP Order** | Medication Orders | **Bronchodilators**<br>❏ Albuterol<br>❏ Ipratropium<br>❏ Other_____<br><br>**Antitussive**s<br>❏ Guaifenesin<br>❏ Other_____ |

| | | |
|---|---|---|
| | Treatment Orders | ❏   Incentive Spirometry |
| **RMP Interventions** | Vitals | Obtain Current Vital Signs |
| | Pain | Perform Pain Assessment |
| | RMP Specific Interventions | |
| | Physical Assessment | General<br>Respiratory<br>Skin |

| Pathway | | |
|---|---|---|
| | **Neurologic** | |
| **Inclusion Criteria** | s/p Cerebrovascular Accident (CVA)<br>Transient Ischemic Attack (TIA)<br>Seizure Disorder<br>Vertigo | |
| **Provider Considerations** | Consider goals of care and code status<br>Consider Fall prevention measures<br>Consider Seizure prophylaxis/rescue plan<br>Consider Blood pressure management<br>Consider Thromboembolytic prophylaxis<br>Consider Therapeutic drug monitoring<br>Consider dysphagia evaluation<br>Consider Physical/Occupational/Speech Therapy recommendation | |
| **Lab Review** | Recent Pertinent Imaging | ❏ CT Scan/MRI<br>❏ Electrocardiogram (EKG) |
| | Recent Pertinent Labs & Tests | ❏ Complete Blood Count (CBC)<br>❏ Troponin<br>❏ BMP/CMP<br>❏ Prothrombin Time and International Normalized Ratio (PT/INR)<br>❏ Vital signs at discharge |
| **Pathway -Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vitals |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Assess cognition and communication |
| | RMP Specific Prep Tasks | Obtain current blood glucose level |
| **Physical Assessment** | General<br>Respiratory<br>Skin<br>Neuro | |

| RMP Order | Medication Orders | **Antiplatelets**<br>❏ Aspirin<br>❏ Clopidogrel<br>❏ Other_____<br><br>**Anticoagulants**<br>❏ Apixaban(Eliquis)<br>❏ Rivaroxaban (Xarelto)<br>❏ Warfarin (Coumadin)<br>❏ Enoxaparin (Lovenox)<br>❏ Aspirin<br>❏ Other_____<br><br>**Calcium Channel Blockers**<br>❏ Amlodipine<br>❏ Diltiazem<br>❏ Other_____<br>❏<br>**Statins (Consider patient's goals of care when prescribing)**<br>❏ Atorvastatin (Lipitor)<br>❏ Pravastatin (Pravachol)<br>❏ Rosuvastatin (Crestor)<br>❏ Simvastatin (Zocor)<br><br>**ACE Inhibitors**<br>❏ Lisinopril<br>❏ Enalapril<br>❏ Other_____<br><br>**Beta Blockers**<br>❏ Metoprolol<br>❏ Propranolol<br>❏ Atenolol<br>❏ Carvedilol<br>❏ Ticagrelor<br>❏ Other_____<br><br>**Anticonvulsants**<br>❏ Dilantin<br>❏ Phenobarbital<br>❏ Levetiracetam<br>❏ Other<br>**Benzodiazepines**<br>❏ Lorazepam<br>❏ Other |
|---|---|---|
| | Treatment Orders | |
| RMP Interventions | Vitals | Obtain Current Vital Signs |
| | Pain | Perform Pain Assessment |

| | RMP Specific Interventions | |
|---|---|---|
| | Physical Assessment | General<br>Respiratory<br>Skin<br>Neuro |

| Pathway | | |
|---|---|---|
| | | **Post-Surgical (Non-Ortho)** |
| **Inclusion Criteria** | | Any patient following a surgical procedure |
| **Provider Considerations** | | Consider goals of care and code status<br>Consider infection prophylaxis and/or therapy<br>Consider management of post operative devices(drains, wound vacs, renal stents, etc.)<br>Consider thromboembolic prophylaxis/treatment<br>Consider review of surgical report for adverse events<br>Consider bowel regimen |
| **Lab Review** | Recent Pertinent Imaging | ❏ CT/MRI<br>❏ X-Ray<br>❏ Electrocardiogram (EKG) |
| | Recent Pertinent Labs & Tests | ❏ Complete Blood Count (CBC)<br>❏ BMP/CMP<br>❏ Vital signs at discharge |
| **RMP Prep** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Determine time of last antibiotic dose administration<br>Determine time of last pain medication administration |
| | RMP Specific Prep Tasks | ❏ Assess surgical site for signs/symptoms of infection, bleeding, dehiscence<br>❏ Upload image of affected area or any concerns/abnormal findings |
| **Physical Assessment** | | General<br>Respiratory<br>Abdomen<br>Extremities |
| **RMP Order** | Medication Orders | **Analgesics**<br>❏ Acetaminophen<br>❏ Ibuprofen<br>❏ Lidocaine Patch<br>❏ Other_____ |

| | | **Anticoagulants** |
|---|---|---|
| | | ❏ Apixaban(Eliquis) |
| | | ❏ Rivaroxaban (Xarelto) |
| | | ❏ Warfarin (Coumadin) |
| | | ❏ Enoxaparin (Lovenox) |
| | | ❏ Aspirin |
| | | ❏ Other_____ |
| | | |
| | | **Antibiotics** |
| | | ❏ Cefazolin |
| | | ❏ Cefepime |
| | | ❏ Clindamycin |
| | | ❏ Ciprofloxacin |
| | | ❏ Metronidazole |
| | | ❏ Vancomycin (Consider orders for vanco trough/monitoring) |
| | | ❏ Other_____ |
| | | |
| | | ● Colace |
| | | ● Senokot |
| | Treatment Orders | ❏ Sequential Compression Device (SCD) <br> ❏ Graduated compression stockings <br> ❏ Incentive Spirometry <br> ❏ Physical therapy |
| **RMP Interventions** | Vitals | Obtain Current Vital Signs |
| | Pain | Perform Curve Pain Assessment |
| | RMP Specific Interventions | ❏ *Assess surgical site for signs/symptoms of infection, bleeding, dehiscence* <br> ❏ *Upload image of affected area or any concerns/abnormal findings* |
| | Physical Assessment | General <br> Respiratory <br> Neuro |

| Pathway | | |
|---|---|---|
| | | **Infectious** |
| **Inclusion Criteria** | | s/p sepsis<br>UTI<br>Cellulitis<br>Pneumonia<br>Decubitus Ulcer<br>Pyelonephritis |
| **Provider Considerations** | | Consider goals of care and code status<br>Consider antibiotic stewardship |
| **Lab Review** | Recent Pertinent Imaging | |
| | Recent Pertinent Labs & Tests | ❑ Blood Culture<br>❑ Wound Culture<br>❑ Therapeutic Drug Monitoring<br>❑ Urinalysis and culture and sensitivity<br>❑ Complete Blood Count (CBC) with differential<br>❑ BMP/CMP<br>❑ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Determine time of last antibiotic dose administration |
| | RMP Specific Prep Tasks | |
| **Physical Assessment** | | General<br>Respiratory<br>Skin<br>Abdomen<br>Neuro<br>Extremities |
| **RMP Order** | Medication Orders | **Antibiotics**<br>❑ Cefazolin |

| | | <ul><li>❏ Cefepime</li><li>❏ Clindamycin</li><li>❏ Ciprofloxacin</li><li>❏ Metronidazole</li><li>❏ Vancomycin (Consider orders for vanco trough/monitoring)</li><li>❏ Other_____</li></ul> |
|---|---|---|
| | Treatment Orders | |
| **RMP Interventions** | Vitals | Obtain Current Vitals |
| | Pain | Perform Pain Assessment |
| | RMP Specific Interventions | |
| | Physical Assessment | General<br>Respiratory<br>Skin<br>Abdomen<br>Neuro<br>Extremities |

| Pathway | | COVID-19<br><br>Minnesota COVID-19 Guidelines |
|---|---|---|
| **Inclusion Criteria** | | Confirmed COVID diagnosis<br>Suspected COVID diagnosis |
| **Provider Considerations** | | Consider Goals of Care & Code Status<br>Consider Steroid and/or prophylactic anticoagulation with oxygen therapy<br>Consider Monoclonal Antibody treatment (screening tool)<br>Consider Risk Factors For Severe Disease<br>Consider remote monitoring<br>Consider holding aerosolized treatments<br>Consider patient's cognitive status and/or propensity for wandering |
| **Lab Review** | Recent Pertinent Imaging | ❏ Chest X-Ray<br>❏ Electrocardiogram (EKG) |
| | Recent Pertinent Labs & Tests | ❏ Most recent covid results<br>❏ Complete Blood Count (CBC)<br>❏ BMP/CMP<br>❏ BNP<br>❏ Vital signs at discharge |
| **Pathway-Specific Prep Tasks** | Hospital Records | Obtain Discharge Summary |
| | Vitals | Obtain Current Vital Signs |
| | Pain Assessment | Perform Curve Pain Assessment |
| | Interview & Investigation | Is patient on oxygen at baseline?<br>Was patient intubated in the hospital? |
| | RMP Specific Prep Tasks | |
| **Physical Assessment** | | General<br>Respiratory<br>Skin<br>Extremities |

| RMP Order | Medication Orders | ❏ Supplemental oxygen<br><br>**Bronchodilators**<br>❏ Albuterol inhaler<br>❏ Ipratropium<br>❏ Acetaminophen for pain/fever (preferred over NSAID)<br>**Antiemetics**<br>❏ Ondansetron<br>❏ Other<br><br>**Antitussive**<br>❏ Guaifenesin<br><br>**Steroids**<br>❏ Dexamethasone<br>❏ Other<br><br>**Anticoagulants**<br>❏ Apixaban(Eliquis)<br>❏ Rivaroxaban (Xarelto)<br>❏ Warfarin (Coumadin)<br>❏ Enoxaparin (Lovenox)<br>❏ Aspirin<br>❏ Other_____<br><br>**Antivirals**<br>❏ Remdesivir (for severe COVID-19)<br><br>**Monoclonal Antibody**<br>❏ Bamlanivimab<br><br>**Analgesics**<br>❏ Morphine<br>❏ Roxanol<br>❏ Hydromorphone<br>❏ Oxycodone<br><br>**Benzodiazepines**<br>❏ Lorazepam<br>❏ Other<br><br>**Comfort Medications**<br>❏ Haloperidol<br>❏ Scopolamine patch<br>❏ Glycopyrrolate<br>❏ Atropine<br><br>**Complementary Immune Support**<br>❏ Vitamin C,<br>❏ Zinc (8-11mg), and/or |
|---|---|---|

| | | | |
|---|---|---|---|
| | | ❏ Vitamin D if desired by the patient or family for low- risk treatment | |
| | Treatment Orders | | |
| **RMP Interventions** | Vitals | Obtain Current Vitals | |
| | Pain | Perform Pain Assessment | |
| | RMP Specific Interventions | ❏ Position changes, including proning which has documented benefits for COVID-19 <br> ❏ Elevate HOB for comfort with respiratory symptoms | |
| | Physical Assessment | General <br> Respiratory <br> Skin <br> Extremities | |

## Up To Date References

Heart Failure Clinical Manifestations and Diagnosis in Adults

Palliative Care for Patients with Advanced Heart Failure

Hip Fracture in Adults: Epidemiology and Medical Management

Prevention of Venous Thromboembolism in Adult Orthopedic Surgical Patients

Overview of the management of acute kidney injury (AKI) in adults

Acetaminophen (paracetamol) and pamabrom: Drug information

Chronic kidney disease (newly identified): Clinical presentation and diagnostic approach in adults

Kidney palliative care: Conservative kidney management

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