OBJECTIVES

The learner will be able to:

- Define RN consultation.
- Describe when to involve the RN for consultation.
- Understand what P.R.N medications are and why written parameters are required.
- Describe when home health services may be needed by the resident.

PURPOSE & KEY TERMS

- The purpose of this section is to assist the learner in understanding the role of a Registered Nurse (RN) consultant and when to seek RN consultation.
- Assessment
- Basic Tasks
- Consultation
- Home health services
- P.R.N.
- Written parameters
INTRODUCTION

- Many residents living in the AFH (AFH) setting have health problems and chronic health care needs that may require consultation with a registered nurse (RN):
  - DHS outlines in OAR 411-050-0655, Standards and Practices for Care and Services, when the AFH must seek consultation from an RN;
  - DHS expects the AFH provider to understand when to access RN consultation to meet the care needs of the resident.

RN CONSULTATION

- RN consultation is intended to be used only when the resident has a known health condition and is not a substitution for seeking advice or medical care from the resident’s primary care practitioner:
  - RN consultation cannot be used for new conditions that have not been evaluated by the resident’s primary care practitioner.

RN CONSULTATION CONTINUED

- Information gathered during the resident’s health care screening is the first opportunity for the AFH provider to determine if an RN consultation is needed:
  - The initial assessment of the new resident will also provide information on their health care needs and the potential need to seek consultation from an RN;
  - Keep in mind that residents residing in your home may develop new care needs that will require the involvement of an RN.
RN CONSULTATION CONTINUED

■ Reasons for RN consultation:
  □ Complex health problems or multiple diagnoses;
  □ Medical needs you or your staff do not understand;
  □ Nutritional problems;
  □ Skin breakdown;
  □ Challenging behaviors;
  □ Physical restraints;
  □ Activities of daily living that are unusual or about which you or your staff need information or training;
  □ Multiple and confusing medication orders or unclear orders for pain medications.

RN CONSULTATION CONTINUED

■ The RN may determine certain tasks need to be performed for the resident. You may have already identified these tasks. Some examples of tasks that an RN may need to teach you and your caregivers include:
  □ Blood pressure checks;
  □ Taking a pulse;
  □ Enemas;
  □ Range of motion;
  □ Inserting suppositories;
  □ Transfer techniques;
  □ Special diets;
  □ Ambulation after an injury or surgery;
  □ Emptying drainage bags;
  □ Oxygen for self-directed residents.

■ Other roles for the RN consultant:
  □ Provide information and teaching about the resident’s unique health support needs.
**RN Consultation Continued**

- Review your medication administration system.
  - AFH rules require a safe medication administration system. If there have been multiple medication errors, it may be appropriate to seek advice from an RN about what you need to change.
- Refer to the section titled “RN delegation for lay caregivers” regarding tasks of nursing that may be appropriate for a RN to delegate to a lay caregiver.

**PRN Medications**

- AFH rules require that all PRN medications have specific parameters indicating:
  - What the medication is for; and
  - Specifically when, how much and how often the medication may be administered.
  - It is preferable for the prescribing practitioner to write the parameters when ordering any PRN medication.
- PRN parameters must be recorded on the medication record (MAR):
  - All caregivers dispensing medications for that specific resident must follow the instructions.

**PRN Medications Continued**

- If a medication is ordered PRN and does not have specific written parameters you may ask the RN to write the parameters.
  - The RN will need to assess the resident’s condition treated by the medication and;
  - May need to consult with the prescribing practitioner before completing written parameters.
PSYCHOACTIVE MEDICATIONS

Psychoactive, medications are used to treat mental disorders/conditions such as depression, anxiety, bipolar disorder and schizophrenia. A psychotropic medication is a chemical substance that affects the brain, changing an individual’s perception, mood, consciousness, cognition and/or behavior.

PSYCHOACTIVE MEDICATIONS CONTINUED

Psychotropic medications are important tools to treat these common conditions among the elderly:
- However, research has demonstrated that the elderly are more likely to experience serious side effects with the use of these drugs and have side effects not typically experienced among younger individuals;
- It is important to be aware of potential side effects and monitor the resident taking these medications.

PSYCHOACTIVE MEDICATIONS CONTINUED

- Any psychoactive medication prescribed as a PRN must have specific written parameters.
- A psychoactive medication used for the purpose of treating a resident’s behavioral symptoms is a form of chemical restraint.
- The resident’s physician, nurse practitioner or a qualified nurse or mental health practitioner should be asked to do a complete behavioral assessment prior to the use of medications to treat behavioral problems.
**PSYCHOACTIVE MEDICATIONS CONTINUED**

- Psychotropic medications cannot be used to discipline the resident or for the provider’s convenience. Some inappropriate uses for the provider’s convenience include:
  - To decrease the amount of supervision the resident requires;
  - To stop a resident from yelling;
  - To stop the resident from pacing or wandering (leaving the AFH).

**PSYCHOACTIVE MEDICATIONS CONTINUED**

- Use of a psychotropic medication to treat behavioral symptoms requires:
  - Physician’s or nurse practitioner’s orders;
  - Assessment as noted above; and
  - Resident’s or the legal representative’s consent.

  The RN consultant can be asked to assess the resident and help determine the cause of the behavioral problems (often caused by medications or infections).

**PHYSICAL RESTRAINTS CONTINUED**

- A physical restraint is any manual method or physical or mechanical device, material or equipment attached to or near a resident’s body that prevents the resident from easily moving:
  - A restraint restricts the resident from normal freedom of movement or normal access to the body;
  - The use of physical restraints is strongly discouraged in the AFH setting.
PHYSICAL RERAINTS CONTINUED

- Use of any restraint requires that a physician, nurse practitioner, RN, Christian Science practitioner, mental health clinician, physical therapist or occupational therapist has assessed the problem and the potential need for the restraint.

PHYSICAL RESTRAINTS CONTINUED

- Examples of physical restraints:
  - Leg restraints, hand mitts or wrist ties;
  - Soft vests or soft ties
  - Lap trays
  - Wheelchair safety bars
  - Geri-chairs or any chair that prevents a person from rising
  - Bedrails (side rails) unless requested by the resident to assist in turning, transfer or mobility

PHYSICAL RESTRAINTS CONTINUED

- Research has determined there is a higher occurrence of serious injury, even death, with the use of physical restraints:
  - Restraints cannot be used for the caregiver’s convenience;
  - There has to be proof that the restraint needed to treat the resident’s medical condition; or
  - To maximize the resident’s physical functioning.
PHYSICAL RESTRAINTS CONTINUED

- AFH rules do not allow the use of restraints without a thorough assessment of the behavioral or safety concerns and a trial of alternative measures to alleviate the problem:
  - To use a restraint, a physician’s or nurse practitioner’s order must be obtained, and the resident must agree to the restraint;
  - Documentation must indicate that other methods were tried.

PHYSICAL RESTRAINTS CONTINUED

- If the qualified health professional determines a restraint is needed, it will be used as little as possible and allow as much movement as possible.
- The assessment must include written procedural guidance describing interventions to try before using the restraint:
  - Must also include the dangers related to using the restraint and details on how to use correctly;

PHYSICAL RESTRAINTS CONTINUED

- Daytime restraints must be released at least every two hours for ten minutes;
- Nighttime restraints are especially discouraged. If used, they must allow freedom of movement in bed and require frequent monitoring;
- If the qualified health professional determines a restraint is needed, it will be used as little as possible and allow as much movement as possible.
PHYSICAL RESTRAINTS CONTINUED

Note: If a resident is unable to say he or she does not want a restraint, struggling against the restraint indicates the person does not agree to the restraint.

SEEKING AN RN CONSULTANT

- If a resident requires an RN consultation, rules specify the AFH must seek it regardless of the payment source.
- If during the pre-admission screening you determine there is a need for RN consultation you must make arrangements for the RN consultation before admission.

SEEKING AN RN CONSULTANT

- Additionally, the RN must be notified prior to admission to make arrangements for the RN to be present upon admission to address RN Delegation needs. See Delegation for Lay Caregivers for more information.
- Private-pay residents need to be aware of the possible need for RN consultation before they enter your home. Payment for the serve can be addressed in the private-pay contract.
SEEKING AN RN CONSULTANT
CONTINUED

- Community Health Support Program (CHSP)
  - Formally known as the Contract RN program. The Community Health Support Program (CHSP) allows a limited set of services to individuals served by Seniors and People with Disabilities with chronic health care needs living at home or in a foster home setting.
  - The primary role of the RN through the CHSP is to provide training and education for the individual and their care givers regarding health support needs and RN Delegation for tasks of nursing.

SEEKING AN RN CONSULTANT
CONTINUED

- CHSP continued
  - CHSP program does not provide direct care services.
  - Contact your local APD or DD county office for more information on the Community Health Support Program.

SEEKING AN RN CONSULTANT
CONTINUED

- Private Contract
  - You may want to privately contract with an RN to be available for consultations including medication management, monitoring, assessing and RN delegation.
  - The RN could visit regularly and provide technical assistance and interventions on an ongoing basis or be available on-call as you determine necessary.
  - Talk with other Adult Foster Home providers in your area, your neighbors, or local churches for RN consultant recommendations.
SEEKING AN RN CONSULTANT
CONTINUED

If a RN is not available ask the physician or nurse practitioner working with the resident to order home health services:

- Home health services can be attached to a local hospital or be an independent agency. Services available from home health include RN consultation, assessment, direct nursing care, assignment and delegation, physical therapy, occupational therapy, speech therapy, social work/counseling and bath aide.

SEEKING AN RN CONSULTANT
CONTINUED

Home Health

- Residents admitted directly from a nursing facility or hospital with a newly diagnosed condition may require home health services for a short period of time;
- The home health RN can provide direct hands-on care to a resident. The home health agency works under a physician’s order and generally performs tasks paid for by Medicare, Medicaid or other insurance:
  - An example of a common task provided by a home health agency is wound management. Wound management cannot be delegated as it requires assessment of the wound.

SEEKING AN RN CONSULTANT
CONTINUED

Home Health continued:

- Home Health cannot be provided indefinitely and is intended for a temporary situation that does not require hospitalization such as wound management or management of a new stoma (for tube feedings, draining urine or stool) etc.;
- Many Home Health agencies will not delegate but maybe willing to perform the task of nursing while arrangements for a RN to delegate;
- Requires an order from a physician.
**VERIFYING AN RN’s LICENSE**

- It is critical that any RN you use has a current and valid Oregon license. To assure the RN you are considering has a valid license is to verify it through the Oregon State Board of Nursing (OSBN):
  - One of the most common reasons for an invalid RN license is failure to renew. If an RN works in your AFH without a valid license, the documentation and any delegation will not be valid.

**VERIFYING AN RN’s LICENSE CONTINUED**

- Go to: http://osbn.oregon.gov/onlineverification/Search.aspx

**VERIFYING AN RN’s LICENSE CONTINUED**

- Once the information is entered you will see a list of all the RNs with the first and last name you entered. Select the link with the proper license number.
VERIFYING AN RN’s LICENSE
CONTINUED

- After you select the correct record the following page will be displayed giving you the information you need to determine the RN has a valid unrestricted license.