

WHEN TO NOTIFY PCP/PROVIDER VS CALL 911: HOME HEALTH QUICK REFERENCE

A general escalation review for new, worsening, or concerning findings during a home health skilled nursing visit

Use this quick reference to help organize escalation thinking. Always consider the patient's baseline, current condition, provider orders, patient-specific parameters, and agency protocols.

Quick Escalation Framework

Assess → Compare With Baseline → Identify Severity → Follow Patient-Specific Parameters → Notify Appropriate Person → Document → Follow Up

Assess and Compare

- ☐ Complete an appropriate focused assessment.
- ☐ Review relevant symptoms, Vital Signs, medications, treatments, and recent changes.
- ☐ Determine whether the finding is new, worsening, or significantly different from baseline.
- ☐ Consider whether the patient appears stable, needs prompt evaluation, or may be experiencing an emergency.

If an apparent emergency is present, call 911 or activate EMS when clinically indicated. Do not delay emergency care while attempting routine PCP/provider notification.

Concerns That May Require PCP/Provider or Agency Notification

Depending on the patient's condition, provider orders, patient-specific parameters, plan of care, and agency protocol, notification or additional follow-up may be needed for:

- ☐ New or worsening symptoms that do not appear immediately life-threatening
- ☐ Significant change from baseline or unexpected clinical trend
- ☐ Concerning Blood Pressure, Blood Sugar, weight, respiratory, pain, wound, or other findings based on patient-specific parameters
- ☐ Medication concerns, including missed medications, refill problems, possible side effects, medication discrepancies, or difficulty managing the regimen
- ☐ New confusion, weakness, functional decline, or reduced ability to safely follow the plan of care
- ☐ New or worsening wound, skin, treatment, or equipment concerns
- ☐ Poor intake, vomiting, diarrhea, or possible dehydration concerns
- ☐ Fall without an obvious emergency injury, based on patient condition and agency protocol
- ☐ New safety concern or patient/PCG inability to safely carry out current instructions

This resource does not establish universal clinical thresholds. Follow patient-specific provider parameters, orders, and agency guidance.

When Prompt or Urgent Evaluation May Be Needed

Some findings may not appear immediately life-threatening but may still require timely medical evaluation.

Examples include:

- ☐ Rapidly worsening symptoms or significant change from baseline
- ☐ Persistent concerning symptoms despite previous instructions
- ☐ Findings outside patient-specific parameters requiring prompt evaluation
- ☐ Injury or fall requiring medical assessment
- ☐ Medication reaction or treatment complication requiring timely evaluation
- ☐ PCP/provider instruction to seek urgent or emergency evaluation

Follow provider direction, patient-specific instructions, Hospital discharge instructions when applicable, and agency triage or emergency procedures.

If the patient becomes unstable or the situation appears to be an emergency, activate EMS or call 911 when clinically indicated.

Emergency Warning Signs Where Calling 911 May Be Appropriate

Examples of apparent emergencies may include:

- ☐ Severe difficulty breathing or respiratory distress
- ☐ New severe chest pain or symptoms concerning for a cardiac emergency
- ☐ Signs of possible stroke, including sudden facial droop, arm weakness, speech difficulty, or major neurologic change
- ☐ Unresponsiveness, inability to awaken normally, or sudden severe change in level of consciousness
- ☐ Severe uncontrolled bleeding
- ☐ Serious fall or injury with suspected head, neck, spine, or major fracture concern
- ☐ Seizure with emergency concerns based on patient condition and known emergency instructions
- ☐ Severe allergic reaction with breathing difficulty or airway involvement
- ☐ Any other sudden life-threatening change in condition

Do not delay calling 911 or activating EMS for an apparent emergency in order to first complete routine PCP/provider notification.

After Escalation

When clinically appropriate:

- ☐ Follow PCP/provider instructions or emergency directions received.
- ☐ Notify the agency or appropriate care team member according to agency policy.
- ☐ Confirm that the patient or PCG understands the immediate plan when possible.
- ☐ Complete needed follow-up according to the situation and agency procedure.

Documentation Reminder

When escalation occurs, documentation should accurately reflect the relevant:

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| ☐ Finding or change in condition | ☐ PCP/provider, agency, or emergency communication when applicable | ☐ Patient/PCG response |
| ☐ Focused assessment | | ☐ Follow-up plan |
| ☐ Nursing action taken | ☐ Instructions or orders received | |

Important Use Note

This quick reference is provided for general educational purposes only. It does not replace provider orders, patient-specific parameters, emergency instructions, Hospital discharge instructions, agency emergency protocols, agency triage procedures, payer requirements, applicable laws and regulations, or skilled nursing judgment.

There are no universal Blood Pressure, Blood Sugar, Oxygen Saturation, temperature, Vital Signs, or other clinical thresholds in this resource for determining when to notify the PCP/provider, call 911, activate EMS, or seek emergency evaluation.

Patient condition, symptoms, baseline status, provider orders, individualized parameters, plan of care, agency procedures, and the overall clinical situation must be considered.