

Patient acuity tool

Using the patient acuity tool, RNs can assess patients' risk level to help create equitable, quantifiable assignments.

	1: Stable patient	2: Moderate-risk patient	3: Complex patient	4: High-risk patient
Clinical patient characteristics				
Assessment	<ul style="list-style-type: none"> • Q8h VS • Alert and oriented x4 	<ul style="list-style-type: none"> • Q4h VS • CIWA-Ar ≤ 8 	<ul style="list-style-type: none"> • Q2h VS • Delirium/ altered mental status • CIWA-Ar > 8 	<ul style="list-style-type: none"> • Unstable VS (determined by ordered parameters)
Respiratory	<ul style="list-style-type: none"> • Stable on room air 	<ul style="list-style-type: none"> • Oxygen ≤ 2 L via NC 	<ul style="list-style-type: none"> • Oxygen > 2 L via NC • Tracheostomy 	<ul style="list-style-type: none"> • Oxygen via mask • Can't maintain secretions independently
Cardiac	<ul style="list-style-type: none"> • VS (determined by ordered parameters) 	<ul style="list-style-type: none"> • Low-grade temp: 98.7°F-100.3°F • Pacemaker/AICD • HR > 130 	<ul style="list-style-type: none"> • Change in BP • Temp $> 100.3^{\circ}\text{F}$ 	<ul style="list-style-type: none"> • Unstable rhythm • Atrial fibrillation or PE
Medications	<ul style="list-style-type: none"> • PO/IVPB • Blood glucose normal 	<ul style="list-style-type: none"> • TPN/heparin infusion • Blood glucose requiring notifying provider • Blood draws from PICC • Dialysis 	<ul style="list-style-type: none"> • CBI • 1 unit blood transfusion • Fluid bolus for BP 	<ul style="list-style-type: none"> • > 1 blood transfusion • Chemotherapy
Drainage devices	<ul style="list-style-type: none"> • ≤ 2 drains (Jackson- Pratt, hemovac, percutaneous nephrostomy, etc.) 	<ul style="list-style-type: none"> • Chest tube to water seal • Nasogastric/ nasoduodenal tube • Continuous tube feeding 	<ul style="list-style-type: none"> • Chest tube to suction • Drain measured q2h • Bolus tube feeding 	<ul style="list-style-type: none"> • Drain measured q1h • Chest tube output > 100 ml/ 2h
Pain management	<ul style="list-style-type: none"> • Pain well managed with PO or I.V. meds every 4 hours 	<ul style="list-style-type: none"> • Patient-controlled analgesia/ nerve block • Nausea/vomiting 	<ul style="list-style-type: none"> • Q2h pain management 	<ul style="list-style-type: none"> • Uncontrolled pain with multiple pain devices (IV, IM, PO, etc.)
Nurse workload indicators				
Admit/discharge/ transfer	<ul style="list-style-type: none"> • Stable transfer • Routine discharge 	<ul style="list-style-type: none"> • Discharge to outside facility 	<ul style="list-style-type: none"> • New admission • Complex discharge • Discharge to hospice 	<ul style="list-style-type: none"> • Complicated postop • Transfer to higher-level care
Education and/or psychosocial	<ul style="list-style-type: none"> • Calm, cooperative 	<ul style="list-style-type: none"> • Anxious/slightly agitated • Education needed 	<ul style="list-style-type: none"> • New trach/ amputee • Translator needed • Requires consistent assistance ($> q1h$) 	<ul style="list-style-type: none"> • End-of-life care
Wound, ostomy, continence	<ul style="list-style-type: none"> • QD/BID dressing • Wound vac • One-person assist to bathroom/ bedpan 	<ul style="list-style-type: none"> • Ostomy/rectal tube • Enema • Bowel prep • Incontinent b/b 	<ul style="list-style-type: none"> • TID/complex dressings by RN • High-output ostomy • Multiple wound vacs 	<ul style="list-style-type: none"> • Active drainage, change > 30 min or $> \text{TID}$ • Q1h toilet needs
ADLs & isolation	<ul style="list-style-type: none"> • Independent in ADLs • Standard precautions 	<ul style="list-style-type: none"> • Assist with ADLs • Two-person assist for out of bed • Isolation (contact, enteric) 	<ul style="list-style-type: none"> • Turns q2h • Bedrest • Respiratory isolation 	<ul style="list-style-type: none"> • Paraplegic or quadriplegic • Total care (lifts)
Safety	<ul style="list-style-type: none"> • Falls risk 	<ul style="list-style-type: none"> • Sitter 1:1 	<ul style="list-style-type: none"> • Bed alarm without sitter • Sensory deficits (blind, deaf, etc.) 	<ul style="list-style-type: none"> • Highly agitated 1:1 • Restraints
Patient score:	Most = 1	Two or more = 2	Any = 3	Any = 4

Outpatient Infusion Acuity Tool

Ali Dabbagh,A. Sassan Sabouri

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the author's name.

Outpatient Infusion Acuity Tool:

Oncology Nursing in the Ambulatory Setting Patricia Corcoran Buchsel, Connie Henke Yarbro, 2005 This book provides the very latest in position statements and new forward thinking in administrative strategies Addresses fiscal management of outpatient cancer centers including financial systems models use of CPT codes cost effectiveness and clinical applications of evidence based practice guidelines **Oncology Nursing Forum** ,1998 **Index Medicus** ,2003 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings **Emerging Learnings in Cell Therapy: Novel Binding Domains, Universal CAR-T Cells, and More** Anand Rotte, Matthew John Frigault, Binod Dhakal , Christopher Heery, 2024-04-22 The Past decade has seen significant advances in cancer immunotherapy with the development of multiple strategies including monoclonal antibodies targeting checkpoint blockers oncolytic viruses fusion proteins and cell therapies such as tumor specific chimeric antigen receptor CAR T cell therapy NK cell therapy and T cell therapy Multiple cell therapies including sipuleucel T Provenge axicabtagene ciloleucel Yescarta brexucabtagene autoleucel Tecartus tisagenlecleucel Kymriah lisocabtagene maraleucel Breyanzi idecabtagene vicleucel Abecma and ciltacabtagene autoleucel Carvykti have been approved by the US FDA for different hematological cancers and hormone refractory prostate cancer Provenge Impressive results were noted with CAR T cell therapy with objective response rates ORR as high as 100% in certain hematological cancers and with responses durable over 10 years in some patients Alabama Medicine ,1983 **Journal of the American Dietetic Association** ,1999 **Cumulated Index Medicus** ,1978 Artificial Intelligence in Anesthesiology, An Issue of Anesthesiology Clinics Ali Dabbagh, A. Sassan Sabouri, 2025-09-28 In this issue of Anesthesiology Clinics guest editors Drs Ali Dabbagh and A Sassan Sabouri bring their considerable expertise to the topic of Artificial Intelligence in Anesthesiology Top experts discuss topics such as the role of AI in preoperative assessment surgical risk stratification and predictive analytics in anesthesiology and critical care AI and anesthesia clinical decision support AI in pediatric anesthesia AI in regional anesthesia and pain management and more Contains 16 relevant practice oriented topics including AI in critical care medicine neuroanesthesia airway management and cardiovascular and thoracic anesthesia the role of AI in anesthesia monitoring and surveillance the role of AI in surgical innovation and robotic surgeries practical and ethical implications and more Provides in depth clinical reviews on artificial intelligence in anesthesiology offering actionable insights for clinical practice Presents the latest information on this timely focused topic under the leadership of experienced editors in the field Authors synthesize and distill the latest research and practice guidelines to create clinically significant topic based reviews *American Journal of Hospital Pharmacy* ,1994-10 *Bio*medical Informatics* Isaac S. Kohane, 2002 **MAGNET** ,2004 Masters Abstracts International ,1996 *Cumulative Index of Hospital Literature* Library of the American Hospital Association, Asa S. Bacon Memorial, 1985 Who's Who in American Nursing 1988-1989 Jeffrey Franz, 1989 *Abridged Index Medicus* ,1986 **Year Book** Irish Faculty of Ophthalmology, 1985 Science Citation

Index ,1995 Vols for 1964 have guides and journal lists **Policies and Procedures for Infusion Therapy** ,2019 **Fast Facts for Nurses about Home Infusion Therapy** Lisa A. Gorski,2017-04-26 Features concise information at a glance along with more in depth considerations Providing key information at a glance this timely resource for the home care nurse offers clear current practice guidelines for safely delivering IV therapy within the home Written by one of the foremost experts in the field the guide delivers not only evidence based information in an easy to access bulleted format but also includes more extensive descriptions discussions and rationale for in depth consultation It maintains a cogent focus on infection and complication prevention throughout and presents directives for achieving positive patient outcomes It also focuses on patient education an essential component of safe home infusion therapy and includes case studies and Q A sections to reinforce content The guide addresses the foundations of home infusion therapy including infusion access devices and infusion delivery methods Effective and safe management of dehydration antimicrobial infusions and parenteral nutrition are addressed along with chemotherapy pain management cardiac related infusion therapy immunoglobulin infusion and other home infusion therapies Home care nurses who provide direct care home care managers and educators and nurses who provide home care discharge planning will find this Fast Facts guide to be an invaluable learning tool Key Features Focuses on patient selection education and monitoring Delivers evidence based recommendations Presents quick access bullet points along with more in depth information Discusses pediatric and geriatric implications Includes case studies and critical thinking questions

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