

## Ingersoll Support Services Inc.

<b>Policy: Health Monitoring</b>	<b>Policy # HR 6</b> Section: Quality Assurance
<b>Reviewed and Effective:</b> April 17 2019 <b>Revised:</b> April 17 2019 <b>Date of Origin:</b> May 24 2011	<b>Ministry Requirement – QAM II.6</b>
Each person supported should have their support needs identified, as part of their Support Agreement, for the adequate monitoring of their health concerns. The staff of the agency will develop plans and routines to monitor these health concerns.	

### **Procedure:**

1. The level and degree of support required with regard to health and health support will be established and identified as a part of the Support Plan. The support agreement or plan should identify the nature of the support needed and provided to monitor health concerns.
2. Each person should have access to a doctor, dentist and required health personnel (as per Policy QAM 5).
3. A Medical Journal that identifies health care and health support will be a part of the Service Record maintained through AIMS Clinical Reports and Medical Service Activity entries. The Medical Journal will thoroughly satisfy the requirements of the identified level of health monitoring.
4. The service record will monitor and identify the need for support and the support provided subsequently. This may include, but not be limited to:  
  
Health Records, AIMS Clinical Reports and Medical Service Activities, Monthly Reporting, and the Health Care Treatment Record regarding medical services that are provided to the person. See the resource document Medical Recording and Information (Doc.QAM6).
5. Health monitoring and support is presented in a language and manner, and with the level of support, that the person supported needs. The nature of the support provided should be considerate of, and make note of, the method in which each person communicates their health concerns, wellness and un-wellness.

## **Medical Recording & Information**

### **AIMS Clinical Report**

Purpose: To record any appointments with Health Care Professionals

Where: Within AIMS. Browse to the Person, click the 'Medical' tab, followed by the 'Clinical' tab. From here, a new report can be created, or an existing report can be viewed.

#### **Information to be recorded:**

Name  
Date  
Health Care Professionals Name and Title  
Reason for Visit  
Results  
Recommendations/ Follow up

### **Medical Service Activity Entry**

Purpose: To record any additional information regarding health care, including any telephone conversations with Health Care Professionals.

Where: Within AIMS, under Service Activities.

#### **Information to be recorded:**

Same type of information as the Clinical Report above.

## **RECORDING OBSERVATIONS**

### **PURPOSE**

Observation is essential to assist in making a diagnosis, or in keeping track of an individual's progress. It gives purpose and direction to a person's care. It aids others (doctors, therapists, social workers) in their work with a person and their family.

### **DEVELOPING OBSERVATION SKILLS**

Skill and judgment in observing; develop with practice, patience and the will to improve; the same as with any other skill. There are five personal resources which are used when using observation skills:

1. **Looking** – take particular note to detect the unusualness or usualness of facial expressions, skin, body posture, person's immediate surroundings (i.e.: ventilation, temperature, nourishment) and their condition (i.e.: if the diet was consumed or not).

2. **Listening** – is the most important half of the conversation. Purposeful listening during conversation is a means for gaining such information as coherence, disorientation, worries, fears, needs and interests of the person.
3. **Smelling** – Unusual odours are an index to circumstances and they capture the attention of an alert support worker. For example, the observation of a sweet odour in a person's breath might be valuable aid to a physician.
4. **Talking** – It is important to show the person genuine acceptance. Keep in mind that **how** something is said or asked (tone of voice, language used, facial expressions, attention, etc.) makes a difference in the way a person responds.
5. **Touching or Feeling** – Taking the pulse is a good example of observing through touch. Placing the hand on the brow detects fever or perspiration. During both, the sense of touch may locate abnormalities of the skin or scalp.

The support worker has many opportunities to use personal resources in observing. The challenge comes in continued motivation to develop these abilities within your knowledge and responsibilities. The role is one of supplying accurate, specific information to the physician and professionals. **It is a vital role.**

## **SIGNS AND SYMPTOMS**

A **SIGN** is an indicator or a **fact** that points out evidence of something. These indicators are things that can be seen, heard, felt, smelled etc. (i.e. taking temperature).

A **SYMPTOM** is evidence that a person shares or tells, such as nausea, headache, chills, fever, fatigue, dizziness, fear.

## **GUIDELINES IN RECORDING OBSERVATIONS**

The following are not necessarily numbered in order of importance, nor would all nine points apply to each recording. However, the time something was observed must accompany the remarks. The nature of what is recorded is determined by what is important for the physician or professional to know. Observations should be noted in individual log/progress notes. **Be aware of NOT asking leading questions!**

1. Time/when observed.
2. Location of abnormal sensation (exactness in so far as possible)
3. Duration (how long it lasted, i.e. chill).
4. Frequency/intensity (pain was constant or intermittent, severe, mild throbbing, etc.).
5. Relief obtained from nursing measures (whether or not they seemed to help).
6. General appearance of the person (if this has changed).
7. Amount, colour, character of discharge (urine, feces, vomitus, sputum, drainage).
8. Exact words of the individual, when indicated.
9. Complaints (as to eating, sleeping, pain etc.).

## **TAKING TEMPERATURE**

### **PURPOSE**

The purpose is to determine the body temperature as part of a thorough observation process.

### **EQUIPMENT**

Thermometer, tissues or cotton swabs, lubricant (water soluble), paper, pen, a watch with a second hand, and latex gloves.

### **COURSE OF ACTION**

Select type of thermometer according to method of taking temperature.

1. Grasp plain end of the clean thermometer. Use tissue or cotton to wipe off the antiseptic solution with a firm, spiral motion from the plain tip of the bulb.
2. Examine the thermometer for breakage or imperfection.
3. Hold thermometer at eye level and read the mercury level.
4. Shake the thermometer with a snap of the wrist until mercury level reaches at least 35 degrees C (95F) or ensure digital thermometer is in good working order (i.e. batteries).

### **ORAL TEMPERATURE**

1. Ensure that the person is in a comfortable position, either sitting or lying down.
2. Place bulb end of the thermometer under the persons tongue. Ask the person to keep lips closed and see that they do not talk, bite or remove the thermometer.
3. Leave the thermometer in place for three to five (3-5) minutes. Remove the thermometer and wipe with a firm spiral motion from tip to over bulb.
4. Read thermometer. Shake mercury down; clean thermometer with antiseptic solution.
5. Record reading.

### **EAR THERMOMETER**

1. Ensure individual is in a comfortable position, either sitting or lying down.
2. Verify new or clean and intact lens filter is attached.
3. Select proper mode and push "on".
4. Stabilize head. Gently pull ear up and back. Insert thermometer gently in ear canal until snug. – If person is complaining of ear pain do not take temperature in that ear.
5. Depress activation button, hold one (1) second or according to instructions.
6. Read thermometer.
7. Record reading.
8. Change or clean lens filter with antiseptic solution.

## **RECTAL TEMPERATURE**

1. Turn or ask the person to turn on side, if possible. Place lubricant at bulb end of thermometer to about one inch (1") above bulb.
2. Turn linen back from buttocks; lift upper buttocks until anus is seen clearly.
3. Insert thermometer into rectum from one to two inches. Hold in place for three to five (3-5) minutes.
4. Remove thermometer and wipe with a firm, spiral motion from tip to over bulb.
5. Read thermometer.
6. Record reading.
7. Shake mercury down. Wash thermometer in cool soapy water and rinse in antiseptic solution.

## **AUXILIARY TEMPERATURE**

1. Ensure the person is in a comfortable position, either sitting or lying down.
2. Place bulb end of thermometer upward and well into the person's armpit. Fold the person's arm over their chest; this will hold the thermometer in place.
3. Leave the thermometer in place for three to five (3-5) minutes. Remove the thermometer.
4. Read thermometer.
5. Record reading
6. Shake mercury down.
7. Wipe with a firm, spiral motion from tip to over bulb to clean with an antiseptic solution.

## **NORMAL TEMPERATURE RANGE**

The normal range for temperatures is:

- 96.8F (36.6C) to 99.5F (37.5C) orally, by ear and auxiliary
- 97.8F (36.6C) to 100.5F (38.1C) taken rectally

Temperature will vary from one person to another and will fluctuate throughout the day.