

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

# Neonatal Icu Acuity Tools

**SJ Ball**



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## **Table of Contents Neonatal Icu Acuity Tools**

1. Understanding the eBook Neonatal Icu Acuity Tools
  - The Rise of Digital Reading Neonatal Icu Acuity Tools
  - Advantages of eBooks Over Traditional Books
2. Identifying Neonatal Icu Acuity Tools
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Neonatal Icu Acuity Tools
  - User-Friendly Interface
4. Exploring eBook Recommendations from Neonatal Icu Acuity Tools
  - Personalized Recommendations
  - Neonatal Icu Acuity Tools User Reviews and Ratings
  - Neonatal Icu Acuity Tools and Bestseller Lists
5. Accessing Neonatal Icu Acuity Tools Free and Paid eBooks
  - Neonatal Icu Acuity Tools Public Domain eBooks
  - Neonatal Icu Acuity Tools eBook Subscription Services
  - Neonatal Icu Acuity Tools Budget-Friendly Options
6. Navigating Neonatal Icu Acuity Tools eBook Formats

- ePub, PDF, MOBI, and More
  - Neonatal Icu Acuity Tools Compatibility with Devices
  - Neonatal Icu Acuity Tools Enhanced eBook Features
7. Enhancing Your Reading Experience
    - Adjustable Fonts and Text Sizes of Neonatal Icu Acuity Tools
    - Highlighting and Note-Taking Neonatal Icu Acuity Tools
    - Interactive Elements Neonatal Icu Acuity Tools
  8. Staying Engaged with Neonatal Icu Acuity Tools
    - Joining Online Reading Communities
    - Participating in Virtual Book Clubs
    - Following Authors and Publishers Neonatal Icu Acuity Tools
  9. Balancing eBooks and Physical Books Neonatal Icu Acuity Tools
    - Benefits of a Digital Library
    - Creating a Diverse Reading Collection Neonatal Icu Acuity Tools
  10. Overcoming Reading Challenges
    - Dealing with Digital Eye Strain
    - Minimizing Distractions
    - Managing Screen Time
  11. Cultivating a Reading Routine Neonatal Icu Acuity Tools
    - Setting Reading Goals Neonatal Icu Acuity Tools
    - Carving Out Dedicated Reading Time
  12. Sourcing Reliable Information of Neonatal Icu Acuity Tools
    - Fact-Checking eBook Content of Neonatal Icu Acuity Tools
    - Distinguishing Credible Sources
  13. Promoting Lifelong Learning
    - Utilizing eBooks for Skill Development
    - Exploring Educational eBooks
  14. Embracing eBook Trends
    - Integration of Multimedia Elements
    - Interactive and Gamified eBooks

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