

QUICK GUIDE: COPD / Asthma/ CLD and SHORTNESS OF BREATH WHILE LYING FLAT

### SOB WHILE LYING FLAT WITH DX OF COPD, ASTHMA, OR OTHER CHRONIC LUNG DISEASE

#### **DIAGNOSIS**

Ensure provider documented active diagnosis within 60 days of ARD

a. If missing documentation query provider for active diagnosis order prior to ARD

#### **MEDICATIONS**

Review of medications and treatments and their related diagnosis to determine if utilized for one of the associated diagnoses required to capture Special Care High Nursing Category

#### **ORDERS**

Enter orders for interventions to reduce risk (HOB elevated, Sleeps in recliner)

Enter monitoring nursing order to monitor for SOB, nursing respiratory assessment during the lookback period

### **ASSESSMENT**

Ensure a focused respiratory assessment, active diagnosis, treatments, and other interventions enter into the medical record during the lookback.

Include:

Interview of the resident: Do they feel SOB, how do they describe their breathing, what makes them SOB, Do they need to take breaks with activity, do they need the HOB elevated, oxygen, and medication use, ask probing questions to determine

Clinical assessment: assess for SOB, gasping, interrupted speech, accessory muscle use, pursed lip breathing, elevated HOB, oxygen use, CPAP / BIPAP, Vent, and ADL and mobility limitations d/t SOB.

Review the look back period documentation from all available sources

Interview staff from all shifts

Include smoking or occupational hazard history if it applies, history of respiratory diagnosis and how long they have had SOB

# CARE PLAN

Ensure the care plan reflects the following:

Diagnosis and SOB while lying flat and its impact on resident, diagnosis, interventions, medications, and treatments and that the resident avoids lying flat due to SOB while lying flat.

# **EHR CUSTOMIZATION**

Using a progress note or assessment, create an in-depth assessment in the look back period of every MDS that you want to capture

### **EDUCATION**

Educate therapy or hospice providers to document SOB with specific activities and to alert nursing for assessment and interventions taken to reduce SOB in their notes

Educate nurses and aides on the importance of nursing assessment and documentation and interventions for SOB