

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	• Q8h VS • Alert and oriented x4	• Q4h VS • CIWA-Ar ≤ 8	• Q2h VS • Delirium/ altered mental status • CIWA-Ar > 8	• Unstable VS (determined by ordered parameters)
Respiratory	• Stable on room air	• Oxygen ≤ 2 L via NC	• Oxygen > 2 L via NC • Tracheostomy	• Oxygen via mask • Can't maintain secretions independently
Cardiac	• VS (determined by ordered parameters)	• Low-grade temp: 98.7°F-100.3°F • Pacemaker/AICD • HR > 130	• Change in BP • Temp $> 100.3^{\circ}\text{F}$	• Unstable rhythm • Atrial fibrillation or PE
Medications	• PO/IVPB • Blood glucose normal	• TPN/heparin infusion • Blood glucose requiring notifying provider • Blood draws from PICC • Dialysis	• CBI • 1 unit blood transfusion • Fluid bolus for BP	• > 1 blood transfusion • Chemotherapy
Drainage devices	• ≤ 2 drains (Jackson- Pratt, hemovac, percutaneous nephrostomy, etc.)	• Chest tube to water seal • Nasogastric/ nasoduodenal tube • Continuous tube feeding	• Chest tube to suction • Drain measured q2h • Bolus tube feeding	• Drain measured q1h • Chest tube output > 100 ml/ 2h
Pain management	• Pain well managed with PO or I.V. meds every 4 hours	• Patient-controlled analgesia/ nerve block • Nausea/vomiting	• Q2h pain management	• Uncontrolled pain with multiple pain devices (IV, IM, PO, etc.)
Nurse workload indicators				
Admit/discharge/ transfer	• Stable transfer • Routine discharge	• Discharge to outside facility	• New admission • Complex discharge • Discharge to hospice	• Complicated postop • Transfer to higher-level care
Education and/or psychosocial	• Calm, cooperative	• Anxious/ slightly agitated • Education needed	• New trach/ amputee • Translator needed • Requires consistent assistance ($> q1h$)	• End-of-life care
Wound, ostomy, continence	• QD/BID dressing • Wound vac • One-person assist to bathroom/ bedpan	• Ostomy/rectal tube • Enema • Bowel prep • Incontinent b/b	• TID/complex dressings by RN • High-output ostomy • Multiple wound vacs	• Active drainage, change > 30 min or $> \text{TID}$ • Q1h toilet needs
ADLs & isolation	• Independent in ADLs • Standard precautions	• Assist with ADLs • Two-person assist for out of bed • Isolation (contact, enteric)	• Turns q2h • Bedrest • Respiratory isolation	• Paraplegic or quadriplegic • Total care (lifts)
Safety	• Falls risk	• Sitter 1:1	• Bed alarm without sitter • Sensory deficits (blind, deaf, etc.)	• Highly agitated 1:1 • Restraints
Patient score:	Most = 1	Two or more = 2	Any = 3	Any = 4

Outpatient Infusion Acuity Tool

Tobias Bleicker



Outpatient Infusion Acuity Tool:

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Outpatient Infusion Acuity Tool Introduction

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