

Common Risk Factors and Basic Clinical Guidelines to Gauge Level of Risk*

RISK FACTORS		LOW RISK	MEDIUM RISK	HIGH RISK
Risk Group 1	CHOKING	❖ Regular texture diet ❖ No Hx of choking in past 3 years	❖ Requires close staff supervision ❖ Requires special techniques or modified texture diet ❖ Uses special utensils or equipment for safe swallowing ❖ Choking episode but not in last 12 mo	❖ Requires constant supervision during eating ❖ Choking episode in last 12 mo
	ASPIRATION RESPIRATORY COMPROMISE	❖ No Hx of aspiration pneumonia ❖ No Hx dysphagia ❖ No Dx of chronic respiratory disease (e.g., COPD, asthma, chronic bronchitis, emphysema)	❖ Hx of one incident requiring treatment of pneumonia, but not in last 12 mo ❖ Dx of dysphagia ❖ Thickened liquids ❖ One episodes pneumonia in last 12 mo ❖ Dx of chronic respiratory disease requiring intervention ❖ PRN oxygen	❖ Any type of enteral feeding ❖ Any episode of pneumonia in last 12 mo ❖ One or more episodes of pneumonia in last 12 mo ❖ Chronic respiratory disease (COPD, Asthma, Chronic Bronchitis) ❖ Presence of tracheostomy
	DENTAL	❖ Requires no sedation or restraint for treatment ❖ Oral Hygiene is Good ❖ Attends all scheduled appointments	❖ Requires pre-sedation and / or restraints for treatment ❖ Oral Hygiene is Fair ❖ Occasionally does not attend scheduled appointments	❖ Requires general anesthesia or TIVA for Treatment ❖ Oral Hygiene is Poor ❖ Never attends scheduled appointments
	GASTROINTESTINAL (GI) PROBLEMS CONSTIPATION/ BOWEL OBSTRUCTION	❖ Occasional episodes of GI symptoms in absence of acute illness (e.g., vomiting, diarrhea or heartburn) ❖ Bowel elimination problems managed with diet ❖ No Hx of bowel obstruction	❖ < 3 episodes of GI symptoms per month ❖ Dx of GERD with routine medication ❖ Any use of anti-reflux technique ❖ Hx of Barrett's esophagus in the past 18 months ❖ Presence of ostomy ❖ Hx of bowel obstruction in the past 3 years ❖ Bowel mgt. with diet, routine meds or supplements ❖ Requires routine manual impaction checks	❖ GI bleed/ GI ulcer in last 12 mo ❖ Dx of GERD not responsive to treatment ❖ Dx of esophageal cancer ❖ Ostomy with complications/treatment in last 6 months ❖ Bowel obstruction in the last 12 mo ❖ PICA episode in last 12 mo requiring removal of foreign object ❖ Manual impaction check that required intervention
Risk Group 2	CARDIAC DISEASE	❖ Dx cardiac disorder not requiring medication ❖ B/P 120/80 to 139/89	❖ Dx of cardiac disorder requiring routine medication ❖ Has 2 or more of the following: • BMI > 25 • Hyperlipidemia / Family Hx (cardiac) • Current smoker	❖ Dx of hypertension- B/P >160/100 ❖ Diabetes ❖ Hyperlipidemia ❖ Cardiac disease requiring hospitalization in last 12 mo
	CIRCULATORY	❖ No Hx of circulatory disease	❖ Dx of diabetes ❖ ☐ ABI of 0.8 0.6 ❖ Hx deep vein thrombosis > 3 years ❖ Edema requiring compressive hosiery	❖ ABI < 0.5 ❖ Hx deep vein thrombosis in past 3 years ❖ Hx of pulmonary embolism
	EDEMA FLUID IMBALANCE	❖ No episode of dehydration or edema in last 12 mo that required treatment	❖ Hx of one episode of dehydration or edema requiring treatment in last 12 mo ❖ Alteration in nutritional status identified by laboratory values (BUN, Albumin) ❖ Hx of congestive heart failure	❖ Episode: dehydration or edema req. hospitalization last 12 mo ❖ Dehydration requiring IV therapy in the last 12 mo ❖ Moderate to severe renal disease ❖ Congestive heart failure requiring hospitalization in last 12 mo ❖ Vomiting &/or diarrhea lasting more than 48 hours
RG 3	WEIGHT	❖ Within 10% of desired weight range	❖ 10% above/below desired weight range ❖ Unplanned weight loss 2 lbs. for 3 or more consecutive months	❖ 20% over desired weight range ❖ ≥ 11% below desired weight range ❖ Unplanned weight loss > 3 lbs. for 3 consecutive months

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RG 3	DIABETES	❖ Diabetes controlled with oral medication and ADA diet ❖ HgA1C of 6 (blood sugar 126)	❖ Diabetes with routine insulin injections ❖ ADA diet ❖ Dx of metabolic syndrome ❖ HgA1C <9 (blood sugar <212)	❖ HgA1C >9 (blood sugar > 212) ❖ Hypoglycemia <50 more than 6 times in the last 12 mo
Risk Group 4	OSTEOPOROSIS FALLS FRACTURES	❖ No Dx osteoporosis or osteopenia ❖ Normal bone density ❖ < 6 falls in last 12 mo with no fracture or serious injury ❖ No alteration in mobility status ❖ No fractures in the past 3 years	❖ Dx of osteopenia ❖ Hx of osteoporotic fracture ❖ T score -1.0 to -2.5 ❖ ≥ 6 falls in last 12 mo with no fracture or serious injury ❖ Has two or more of the following risk factors: • Alteration in mobility OR significant visual impairment • Uncontrolled seizures • Hx of fracture in the past 3 years • Other, as identified by clinical assessment	❖ Dx of Osteoporosis ❖ Any osteoporotic fracture in the last 12 mo ❖ T score -2.5 or greater negative finding (i.e. -3.0) ❖ Greater than 3 falls in one month ❖ Any fall that results in a fracture or serious injury in last 12 mo ❖ Greater than age 65 that requires assistance for mobility ❖ Hx of fracture in the last 12 mo
Risk Group 5	INFECTIONS SKIN INTEGRITY	❖ Two or fewer episodes of infection requiring treatment in past 12 months ❖ No Hx of MDRO infections ❖ Male – No UTI in last 12 mo ❖ Female – 1 UTI in last 12 mo ❖ No Hx skin breakdown, pressure ulcer, maceration requiring treatment in last 12 mo ❖ Braden Score ≥ 15	❖ One episode of MDRO infection in the last 12 mo ❖ Any recurrent infections ❖ Immuno-compromised ❖ Two of the following risk factors including: • Poor nutrition; Poor hygiene; Vascular disease ❖ Male - One UTI in last 12 mo ❖ Female - Two UTI in last 12 mo ❖ Intermittent catheterization ❖ Dx of diabetes with a HgA1c of > 6 or (blood sugar > 126) ❖ Any stage II pressure ulcer in last 12 mo ❖ Braden Scale score of 13 -14	❖ 2 or more episodes of MDRO in last 12 mo ❖ Open surgical wound ❖ Any recurrent infection NOT responsive to treatment ❖ Male - > 1 UTI in last 12 mo ❖ Female - > 2 UTI in last 12 mo ❖ Hospitalization for urosepsis or UTI in last 12 mo ❖ Indwelling catheter ❖ Any Stage III or IV pressure ulcer in last 12 mo ❖ Braden score < 12
Risk Group 6	SEIZURES/ NEUROLOGICAL MEDICATION/ SIDE EFFECTS	❖ No seizures in past 3 years ❖ Two medications from the same general class for different indication ❖ No Dx of dementia or Alzheimer's ❖ No Hx of TIA or Stroke	❖ < 12 seizures in last 12 mo ❖ Two medications from the same general class for the same indication <u>without</u> side effects ❖ Hx of TIA or Stroke in last 3 years ❖ Suspected early stage Alzheimer's	❖ > 12 seizures in last 12 mo ❖ Required STAT medication for status epilepticus in last 12 mo ❖ Hospitalization related to seizure ❖ Hx of TIA or Stroke in past 2 years ❖ Dx of dementia or Alzheimer's ❖ Three or more medication for same indication regardless of the general class ❖ Exhibits side effects
	BEHAVIORAL HEALTH	❖ Psychiatric Dx / psychoactive medications stable in the last 12 mo ❖ No serious injury to self, or others due to behavior in last 12 mo ❖ No Behavior Support Plan	❖ Behavior necessitated 1 or more changes in psychoactive medications in last 6 months ❖ Crisis intervention restraint used 3 or more times during any 30 day period over past 6 months ❖ Routine psychoactive meds or BSP in place	❖ Psychiatric hospitalization in last 6 months ❖ Chemical restraint for a behavioral crisis used in last 6 months ❖ Behavior resulted in serious injury to self and/or others in last 6 mo. ❖ SIB resulted in chemical restraint required in last 6 months
RG 7	HYPOTHERMIA	❖ Hx of hypothermia (temperature of <95 F or <35 C) with no episode in last 12 mo	❖ One or more episodes of hypothermia in last 12 mo requiring intervention but not requiring hospitalization	❖ Episode of hypothermia in last 12 mo requiring hospitalization

* This document is a reference tool to promote critical thinking for team discussion on level of risk and need for preventive measures. Common conditions are addressed. If Individual has a condition that is not listed, it should be discussed using similar approach. Original document prepared by DADS team for SSLC use (2014). Updated 2/24/17 per input from Connie Horton, MS, RNC, FNP, DADS SSLC Nursing Coordinator.