

# ACDC: Individual Case



## Assess

## Diagnose

## Identify Outcomes

### Pertinent Healthy People 2010 Leading Health Indicators:

- Environmental Quality
- Immunization
- Responsible Sexual Behavior
- Access to Health Care
- Mental Health

### Nursing Practice

1. Review the Communicable Disease form/referral when received from Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
  - a. Lab data
  - b. Information regarding sensitive occupation or situation
  - c. Disease
  - d. Symptoms
  - e. Date of onset
  - f. Incubation period
  - g. Source
  - h. Mode of transmission
  - i. Period of communicability
  - j. Specific treatment
  - k. Control Measures
3. Assess case/contact(s) per PHN Assessment criteria.

1. Verify the medical diagnosis and determine the priority of action:
  - a. Review Section/page D1-D2 of the Public Health Nursing Practice Manual for priority per Acute Communicable Disease Control (ACDC) or determine the priority of action in consultation with the PHNS as needed. Document priority selected.

2. Consider the client's/contact's need for nursing interventions based on the medical diagnosis.
3. Consider the client's/contact's need for nursing intervention to promote health, facilitate well-being, foster healing, alleviate suffering, and improve quality of life.

### Outcome Objective:

1. Prevent the spread of communicable diseases within families, communities, health facilities, or other sites.

### Nursing Practice:

1. Determine and document specific health needs/goals for client/contact situation.

## Other References

- Health Education Materials
- Public Health Nursing Manual
- ACDC Manual (B-73)
- Control of Communicable Disease Manual

## Plan

## Implement

## Evaluate

### Plan for the following Public Health Nursing Interventions:

#### 1. Disease and Health Event Investigation:

- a. Review ACDC Manual (B-73) for:
  - Symptoms
  - Incubation period
  - Source
  - Mode of transmission
  - Period of communicability
  - Specific treatment
  - Control measures
- b. Obtain educational and resource materials.
- c. Obtain specimen containers if applicable.
- d. Obtain referral information.
- e. Elicit epidemiological data.
- f. Relate case to time, place, person (when?, where?, who?).
- g. Analyze probable causative factor (how?, why?).
- h. Analyze actual/potential for spread of disease.
- i. Take appropriate action in the event of sensitive occupation or situation (see B-73).
- j. Provide instruction on appropriate specimen collection.
- k. Institute appropriate control measures.

#### l. Document on epidemiological form.

- m. Maintain desk card until closure on Hansen's cases/contacts and typhoid carriers.

#### 2. Health Teaching/Counseling:

- a. Educate the client and family regarding the symptoms, source, incubation period, mode of transmission, period of communicability and precautions needed to prevent the spread of infection per the B-73.
- b. Educate client on proper specimen collection.
- c. Discuss the need for case/contact(s) to have evaluation/clearance and explain procedures.
- d. Assure client that confidentiality will be maintained.

#### 3. Referral and Follow-up:

- a. Refer for treatment/prophylaxis if indicated:
  - Follow up with client(s) to determine if treatment/prophylaxis is taken as indicated.
- b. Make referrals as needed.

- c. File Foodborne Illness Report (H-26) with the Morbidity Unit if illness relates to a commercial establishment or product.

#### 4. Surveillance:

- a. Monitor case/contacts until cleared/closed.
- b. Submit specimens as indicated.

#### 5. Other:

- a. Plan interventions needed to assist case/contact(s) with concerns identified in the PHN Assessment.

1. PHN Interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions and client/caretaker encounters on the epidemiological form(s), and/or progress notes/NPMS.

1. Evaluate the effectiveness of the interventions on the health of the client/contact(s); e.g. document client understands the disease process and prevention of transmission.
2. Determine and document action for non-adherent client/contact(s):
  - a. Consult with PHNS.
3. Complete investigation forms:
  - a. Submit report within 5 working days of closure or timeframe agreed upon in consultation with the PHNS.
  - b. Submit interim reports as needed until case is closed.

#### 4. Document in the NPMS:

- a. File a copy of the PHN Assessment per PHN Assessment Form instructions.

#### 5. Evaluate client satisfaction:

- a. Give client satisfaction form to the client/caregiver for completion and submission in a pre-addressed, stamped envelope.