

## HEALTH & SAFETY: CHANGE IN STATUS

### “Recognizing Change in Status”

*BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life.*

#### Objectives

Individuals will understand what a change in status is, the importance of recognizing change in status to promote health and safety, and how to identify change in status for the persons with intellectual/developmental disabilities.

#### Definitions

**Change in Status:** Anything that is different about the person's ability or function, daily routine, behavior, way of communicating, appearance, general manner or mood, and physical health.

#### Facts

Importance of Recognizing Change in Status:

- People we support rely upon us to identify changes and to respond to those changes appropriately.
- Early identification of changes can save a person's life.
- Even subtle changes may be a clue that something is wrong.

#### Recommended Actions and Prevention Strategies

##### 1. Identify Changes in Status by:

- Knowing the person and what is normal for them.
- Keeping baseline data (data indicating what is normal for the person).
- Maintaining monthly records of weight, temperature, pulse, respirations, and blood pressure.
- Using observation and communication skills to recognize changes.
- Asking questions and listening.

- Discussing concerns with other staff.
- Maintaining records, read notes, tracking sheets, logs, charts, medication records and other records
- Changes in normal eating, drinking, sleeping, urination, defecation, or behavior can indicate serious health issues and should be reported immediately per the agency's protocol.

## 2. Have Clear Directions so Staff Know What to Do and When

- Person-Specific and Condition-Specific Protocols
- What to do
- When to do
- How to do
- Where to do
- How to document/record
- Who to report what to when

## 3. Have System to Monitor Data

- Frequency depends on seriousness of issues; could be 3 times a day, daily, every 3 days, weekly, biweekly, monthly, etc.
- Clear individualized expected outcomes
- Specific staff assigned to monitor/review data
- Directions on actions at identified times or if certain situations exist
- Analyze individual and collective data periodically but at least quarterly for trends that may indicate a problem or change
- Documentation of progress on outcomes

## See Attached List of Signs and Symptoms Indicating a Change in Status

## Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. Which of the following change in status would you be least concerned about?
  - A. Decreased appetite
  - B. The person asks to get a new hair cut
  - C. Decreased interaction with those around the person
  - D. Increased intensity in self abusive behavior
2. True or False: Keeping data such as amount of food eaten can help identify a change in status that could indicate a health issue.
3. What is the most important reason for being alert to change in status?
  - A. Early identification of a change can save a person's life
  - B. Staff turn-over will be less
  - C. Major change in status can be difficult to manage

4. A system to monitor for change in status should contain:
  - A. Identification of person responsible
  - B. Frequency of Monitoring
  - C. The use of the same tracking system for each issue
  - D. A and B

## References

State of California Department of Developmental Services: Community Care Facility  
Direct Support Professional Training Program

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## Related Resources

“Responding to Change in Status” Fact Sheet

Outreach Services Library of Fact Sheets, Reminders and Resources at [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov).

## Learning Assessment Answers

1. B
2. True
3. A
4. D

## Outreach Services

[outreach@fssa.in.gov](mailto:outreach@fssa.in.gov) • [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov)

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**Indiana Family & Social Services Administration**  
**Division of Disability & Rehabilitative Services**  
**Bureau of Quality Improvement Services**

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# Outreach Services of Indiana

## SIGNS AND SYMPTOMS INDICATING A CHANGE IN STATUS

**Change in normal eating, drinking, sleeping, urination, defecation or behavior can indicate serious health issues and must be reported immediately per the agency's protocols.**

*List is not intended to be all inclusive. Individuals may exhibit other signs and symptoms not listed here.*

This handout includes general medical information and is not intended to replace the medical advice of your physician or health care provider. Any questions pertaining to a person's medical condition should be directed to their physician or health care provider.

### Eating

- Sudden change in appetite- eating more or less
- Refusal of certain or favorite foods
- Weight change
- Behavior change
- Changes in food preferences
- Trouble eating by self
- Change in ability to chew food
- Change in pace of eating
- Has had recent dental work or conditions affecting eating ability or food texture
- Choking or gagging during eating
- Coughs while eating
- Drools while eating
- Indicates pain in chest while eating
- Indicates heartburn during or following eating
- Vomits during or after eating
- Experiences unusual belching during or after eating

### Drinking

- Sudden change in amount of fluid intake – more or less
- Confusion
- Fever
- Dry mouth, lips
- Less frequent, concentrated, strong odor urine
- Difficulty swallowing
- Choking or gagging
- Coughs while or following drinking
- Drools while drinking
- Indicates pain in chest while drinking
- Indicates heartburn during or following drinking
- Vomits during or after drinking
- Experiences unusual belching during or after drinking

## Sleep

- Can't fall asleep
- Can't stay asleep
- Trouble awakening
- Sleeps more or less than what is normal for the person
- Gets up at different time
- Snores loudly
- Sleeps off and on during normal waking hours
- Long periods between breaths during sleep

## Daily Routine

- Refusal to participate in activities that typically enjoys
- Changes in grooming habits
- Change in toileting habits
- Loss or change in ability of activities of daily living
- Weight gain
- Stiff and achy
- Change in routines such as sleeping or eating
- Change in mental clarity/confusion

## Behavior

- Self injurious behavior
- New aggressive behavior
- More or less active than what is normal for the person

## General Manner or Mood

- Decrease in talking
- Less friendly
- Suddenly becomes quiet and sullen
- Withdraws to self
- Overly talkative or friendly

## Communication

- Speech garbled or unclear
- Stops talking or talks less

## Appearance

- Change in color or appearance such as blue, gray, red, yellow, or pale skin color; clammy feel of skin (cool, moist)
- Change in weight up or down
- Loss of interest
- Less attention to personal appearance
- Less care for clothing
- Skin irritation
- Skin build-up

## Indication of Pain

- Moaning
- Crying
- Change in facial expression
- Change in behavior
- Red face
- Blotchy skin
- Sweaty skin
- Breathing hard
- Holding breath
- Fast heart rate
- Suddenly weakened
- Not using body part
- Moving slower
- Stretching body
- Seeking comfort
- Decreased eating
- Change in weight especially a decrease
- Self injurious behavior

# Physical Health

## Skin

- Redness that does not return to natural color within minutes
- Cut or other Open Area
- Swelling
- Rash
- Dry Skin or Lips
- Blotchy Skin Color
- Warmth to an area
- Bruising

## Nose/Sinus

- Runny Discharge (clear, cloudy, or colored)
- Rubbing Nose
- Indication of headache
- Frequent nosebleeds

## Mouth and throat

- Refusing to Eat
- Redness
- White patches at back of throat
- Hoarse Voice
- Fever
- Skin Rash
- Toothache
- Facial or Gum Swelling
- Gum Bleeding
- Person complains of Pain when Swallowing
- Change in weight especially a decrease
- Sores in mouth or tongue
- Changes in breath - foul or fruity smell
- Swelling of cheeks or under chin
- Loose or broken teeth

## Eyes

- Redness
- Yellow or Green Drainage
- Swelling of Eyelid
- Excessive Tearing
- Person complains of Burning, Itching, or Pain
- Moving closer to objects to see, squinting
- Trouble navigating through environment
- Rubbing eyes

## Ears

- Pulling at Ear
- Ringing in Ears
- Redness
- Fever
- Diminished Hearing
- Drainage from Ear Canal
- Person complains of Dizziness or Pain
- Speaking louder
- Change in responsiveness to verbal interaction
- SIB to head or ears

## Difficulty Swallowing

- Coughing, choking or gagging
- Wet Gargly Voice or Wheezing
- Refusing intake of food/fluid
- Fatigue when Eating
- Facial Grimacing when Eating, drinking
- Watery Eyes when Eating, drinking
- Fever
- Drooling
- Indication of Heartburn or Chest Pain
- Vomiting
- Unusual Belching
- Loss of weight

## Muscles and Bones

- Loss of Ability to Move a Leg or Arm
- Stiffness
- Limited Range of Motion
- Individual Reports Pain in Arms, Legs, Back
- Unsteady Gait
- Red or Swollen Joints
- Limping or other Change in Gait
- Bruising or other discoloration

## Breathing/Lungs

- Chest Pain or Tightness
- Cough
- Phlegm (mucous)
- Shortness of Breath
- Wheezing
- Fever
- Chills
- Nasal Congestion
- Person Complains of Pain in Nose or Teeth
- Change in normal Respiratory Rate
- Drowsiness
- Bluish colored Nail Beds or Lips

## Heart and Blood Vessels

- Numb or Cold Hands or Feet
- Swelling of Ankles
- Chest Pain or Tightness
- Shortness of Breath
- Change in normal Heart Rate or Blood Pressure
- Bluish colored Nail Beds or Lips

## Abdomen

- Constant or Frequent Abdominal Pain
- Bloating
- Vomiting
- Fever

## Bowel

- Bloating
- Vomiting
- Loose Stools
- Diarrhea
- Constipation
- Blood in Vomit or Stools
- Fever
- Different Colored Stools
- Excessive staining
- Hard stools
- Very large stools
- Weight loss
- Spending more time in bathroom

## Bladder/Urinary Tract

- Difficult, Painful and/or Burning with Urination
- Changes in Urine Color (clear to cloudy; light to dark yellow)
- Decrease volume of urine
- Increase volume of urine
- Infrequent urination
- Increase in frequency of urination
- Fruity or foul odor in urine
- Nausea
- Pain on one or both sides of the Mid-Back
- Chills
- Fever
- Drowsiness/sleeping more than normal
- Confusion
- Swelling
- Weight gain

## Neurological

- Change in frequency, intensity or duration of seizures
- Occurrence of first seizure
- Occurrence of seizure following period of time of no seizures
- Loss of Ability to Move a Leg or Arm
- Individual Reports Pain in Arms, Legs, Back
- Unsteady Gait
- Drooping of side of face
- Tingling in feet or hands
- Unusually Cold feet or hands
- Slurred Speech or change in ability to verbalize
- Indication of Head Ache
- Change in behavior

## References

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## Women's Health

- Vaginal Discharge
- Itching
- Unusual Odor
- Burning
- Changes in Menses (frequency, length, flow)
- Lump or thickening of breast tissue
- Groin rash

## Men's Health

- Discharge from Penis
- Pain
- Itching
- Redness
- Burning
- Groin Rash
- Difficulty Starting and Maintaining Stream



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