

HOT LIQUIDS RISK ASSESSMENT

Long-term care professionals are well aware of the special needs of the frail elderly however dermal burns continue to occur on a regular basis. Although facilities may receive an actual harm citation from the regulatory body when a deep tissue burn related injury occurs, the resident sustains a longer lasting and many times permanent injury/scarring. It is the responsibility of each of us to ensure our residents are safe by assessing their physical ability to consume hot beverages independently. Although ensuring hot beverages are served within the recommended temperature ranges at point of service is important, residents with aging skin may actually be burned by liquids at much cooler temperatures. This policy and procedure was developed to serve as an outline to assist in developing a facility protocol on assessing resident's risk for burns.

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

HOT BEVERAGE RISK SCREENING

Section I: Risk Factors:

- ☐ Parkinson's Disease
- ☐ CVA
- ☐ Cerebral Palsy
- ☐ Multiple Sclerosis
- ☐ Seizure Disorder
- ☐ Behavioral concerns
- ☐ Impaired Cognition/Confusion/Dementia
- ☐ Upper Extremity Tremors
- ☐ Moderate/Severe Visual Impairment
- ☐ Paralysis
- ☐ Right-Sided Weakness
- ☐ Left-Sided Weakness

1. Does the resident exhibit any risk factors listed above? Yes _____ No _____
2. Was the resident dependent for feeding prior to admission? Yes _____ No _____
3. Does the resident have any history of accidents/injury with the use of hot beverages? Yes _____ No _____

If any of the questions in Section I are answered with a "yes" the resident should be screened by skilled Occupational Therapy and provided with supervision for meals and bathing until such time as a full assessment has been performed and interventions have been identified.

Section II:

The following departments have been notified of this resident's need for supervision during meals:

- Therapy department notified of referral Yes _____ No _____
- Dietary Services Yes _____ No _____
- Licensed nurses and direct care staff Yes _____ No _____
- Activity department Yes _____ No _____

Assessment Completed By: _____
Signature/Title

Date: _____

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

FOLLOW UP ASSESSMENT

The interdisciplinary team has reviewed the resident's Hot Beverage Risk Screening and/or Therapy Screen and care plan. To promote the resident's maximum independence in ADLs as well as psychological well-being, the team has concluded that the resident is at a minimal risk for injury related to the independent consumption of hot beverages. Reassessments shall be conducted when a significant change in condition is identified.

Assessment Completed By: _____ Date: _____
Signature/Title

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.