

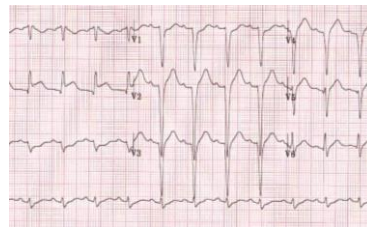
B.A.T Bedside Assessment Team

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Purpose



- Our purpose for creating the B.A.T Team (Bedside Assessment Team) was to provide a more focused assessment and care to those residents who are demonstrating an acute change in condition with the goal of providing care and treatment within the facility and avoid hospitalization if possible.



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Team Members



DON/Nurse Supervisor

Floor Nurse

Certified Nurse Aide

Respiratory Therapist

Physician/Physician extender

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Our Process



Nurse is alerted to a change in condition either through observation, the early warning form, or a verbal report from staff

Nurse notifies a B.A.T Team member who immediately reports to the resident room

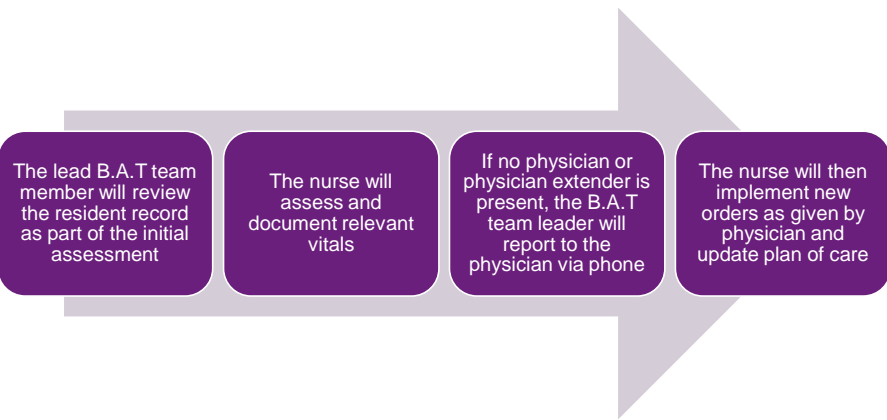
The nurse will have the EMR/medical record and the B.A.T Team cart available at bedside

SBAR is initiated

The nurse reports pertinent resident background info to the team to include resident name, age, diagnosis, and general medical conditions

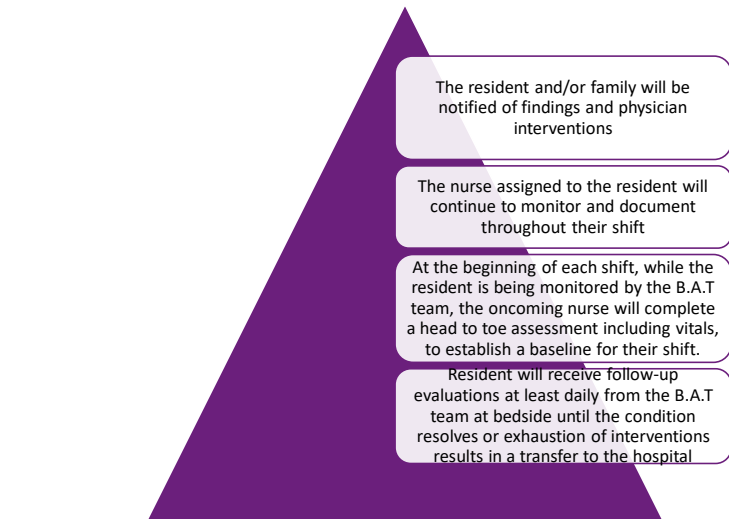
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Our Process



5

Our Process



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B.A.T Cart Supplies



Pen lights	IV Pole and Infusion Pump
Cell phone available to call physician from bedside	Vital Mate Adapters
Stethoscope	Extension Sets
Blood Pressure Monitor	Gloves
Pulse Oximerty Machine	Foley Cath
Sharps Container	PICC Line Dressing Change Kits
Scissors	Oxygen Tank and tubing
Dressing Supply Changes	Nebulizer Machine/Non Re-breather mask
IV Fluids	Incentive Spirometer
<ul style="list-style-type: none"> •IV Starter Kits •16, 18, 20, 22 cath needles •Filter Needles, Butterfly and Huber 	Nasal Canula
V tubing	Glucometer and strpis
	EKG Machine, Bladder Scanner, Zoe
	Machine

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Please note: Although urine dipstick use is no longer best practice due to low reliability and inability to differentiate between infection and asymptomatic bacteriuria it is important to consider a UTI when assessing mental status changes.