

Assessment of AINEES signs

AAPA

Risks + Preventive Interventions

A

AUTONOMY ADL / MOBILITY

Risk of immobility syndrome

Risk of falls

- Stimulate ADLs (*do not do it for them*)
- Mobilize q 2 hours, have patient sit in a chair T.I.D. (*up for mealtimes*)
- Complete MORSE and apply preventive measures

I

SKIN INTEGRITY

Risk of developing a pressure ulcer

- Complete Braden scale according to your unit frequency and apply preventive measures
- Monitor sites q 8 h: sacrum, heels, ischium, malleolus, trochanters

N

NUTRITION / HYDRATION

Risk of malnutrition

weight loss > 2%/week

Risk of dehydration

dry tongue, mucous membranes

Risk of aspiration

- Encourage intake at meals; supplements between meals
- Stimulate hydration > 1500 ml/24h except if restriction
- Position properly (at 90°)

E

ELIMINATION

Risk of incontinence, bladder distension

Risk of constipation, fecaloma

- Follow patient's bowel movement schedule/daily living habits
- Implement toileting schedule q 2-3 h (*bathroom or commode chair*)
- Promote/maintain continence (*avoid incontinence briefs*)

E

EVALUATION of MENTAL STATUS / BEHAVIOR

Risk of delirium, agitation in dementia

- Ensure glasses and hearing aids are worn
- Reorient: time, place and person at each visit
- Encourage presence /participation of family members

S

SLEEP

Risk of insomnia

- Ask if patient takes sleeping pills, document and advise physician
- Limit naps to 45 minutes maximum during the day, before 2:30 p.m.
- Offer non-pharmacological methods to promote sleep (*hot beverages, music...*)
- Reduce noise, use night light...

Did you assess the AINEES signs:

- Before admission
- Since admission
- Impact of pain and anxiety

Did you adapt the environment?

Centre universitaire de santé McGill



McGill University Health Centre

Poster adapted with permission from CHUM and CHUS