**When to Notify the Administrator**

**Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CALL 911 FIRST FOR ANY LIFE THREATENING EMERGENCY**

* **All Falls**
* **Resident Abuse, exploitation, neglect or physical alterations (resident / resident or staff / resident)**
* **Any employee or family injury on New Haven property**
* **Sudden weight loss or gain ( plus or minus 5 lbs. in 1 month**
* **Pressure ulcers or wounds, bruises or skin tears**
* **Resident not eating or drinking for 24 hours (2 meals in a row)**
* **Diabetic crisis (new onset confusion, sweating, pale, nausea)**
* **Medication errors or missed medications**
* **Suicide plans, verbalized and or attempts**
* **Communicable disease outbreaks**
* **State visits and or regulatory notices**
* **All emergency visits or other medical emergencies with description of return orders**
* **Resident request for use of transfer poles or other assistive devices**
* **Change in resident condition**
* **All medication orders/changes/MD visits**
* **Elopements (missing resident)**
* **Resident death**
* **Any pending admissions**
* **Whenever 911 or ambulance is called**
* **Calls after 10pm strictly for emergencies**

**Employee Signature Date**