Pikes Peak Ethics Committee Meeting

- First Friday of every month at noon.
- Please consider bringing a case to the meeting. It’s a great opportunity to discuss difficult cases with your peers in LTC, share experiences, and learn from each other.
- Email me if you would like to be added to our email list to receive the agenda and reminders about the meeting.
- https://zoom.us/j/97461641616?pwd=YPpJU1ZHMG3bTChSVxAcD9gb39qVaY.1

Cloudy Urine, Pyuria, and UTI: A LTC Reference:

This is meant to be a summary of many years for of evidence and guidelines surrounding how to diagnose a UTI in LTC. It also addresses the fact that pyuria and cloudy foul-smelling urine is more likely related to dehydration than a UTI.

Use for nursing education

Share it with doctors/NP/PA/pharmacy

Cloudy_Urine_Pyuria_UTI_LTC_Reference_6Download

Guardianship Bill of Rights

download

Takes effect August 12

guardianship bill of rights 2026a_1100_signed-actDownload

Addressing Substance Abuse in LTC

Our ethics committee discussed the case this month involving a patient with an alcohol abuse history and current alcohol abuse behaviors. The patient does not want to quit drinking alcohol but is taking on many risky behaviors both inside of the building and when the patient leaves the building. We had a good

discussion and I wanted to outline some components of an Action Plan to address such situations.

Action Plan:

- Offer counseling for substance abuse.
- Offer medical therapies for substance abuse when available.
- Attempt to replace drug-seeking and use behaviors with non-substance-associated behaviors.
- Behavioral contract:
    - Outline specific risks as much as possible — risks with medication interactions, falls, being hit by a vehicle crossing the street, ETOH toxicity, seizures, cirrhosis, dementia, cognitive decline, weight loss, malnutrition, etc.
    - Ensure the patient understands the risks and your concerns, and ask the patient to sign the contract outlining that you have discussed the risks.
    - The contract can help the person formally assume responsibility for the risky behavior.
- Investigate outpatient and inpatient programs for substance abuse.
- Investigate required, involuntary treatment: court-ordered or involuntary commitment (Substance use commitment | Behavioral Health Administration).
- Ensure close communication with the resident for safety monitoring:
    - Attempt to call the patient to check in when they are out of the building.
    - Create a plan for this communication and provide avenues for the patient to ask for help and communicate other information to ensure patient safety.
- Monitor the patient's condition upon return to the facility to ensure safety after substance use.
- Monitor for others enabling unhealthy behaviors and provide the patient with intervention options to avoid acquaintances that enable the patient.
- Offer supervision of the patient's substance use if possible.
- **Document ALL of it!**

Note: I added a link for the Colorado BHA substance use commitment page since your text referenced it — verify it points where you intended before using it in a document. Want this as a Word doc for the chart or a facility policy format?