

**Table 17.**  
**Examples of Staff Roles and Responsibilities in Monitoring Patients With ACOCs**

**Nursing assistant**

- Recognize and report condition changes
- Make frequent observations of the patient's condition and symptoms
- Review patient status with nursing assistants from the next shift before leaving for the day
- Communicate findings to a nurse and request nursing follow-up
- Advise a charge nurse or unit manager if nursing follow-up has not occurred

**Staff nurse**

- Recognize condition change early
- Assess the patient's symptoms and physical function and document detailed descriptions of observations and symptoms
- Update the charge nurse or supervisor if patient's condition deteriorates or patient fails to improve within expected time frame
- Report patient's status to the practitioner as appropriate

**Charge nurse**

- Ensure consistent, timely evaluation, documentation, and reporting of relevant information about the patient
- Ensure effective communication of necessary information to other members of the interdisciplinary team, including relevant clinicians, CNAs, patient, health care surrogates, ancillary staff, therapists, and others responsible for the patient's care

**Covering/attending practitioner**

- If notified by telephone, listen to initial concern and ask sufficient questions to arrive at a tentative diagnosis and begin workup and/or appropriate treatment
- Ensure that all diagnostic and therapeutic interventions are consistent with patient's advance directives
- Visit patient when direct patient assessment or review of pertinent intervention is needed to manage the situation
- Remain in contact by telephone as necessary until patient's condition stabilizes
- Communicate with other relevant practitioners (e.g., covering physicians, nurse practitioners, consultants) involved in patient's care about interventions, care plan adjustments, etc.
- Follow-up with nursing staff about the progress of patients with ACOCs. Do not assume that "no news is good news."
- Communicate information to appropriate family member or other responsible party; for example, to discuss change in advance directives or patient's failure to improve as expected