



Emergency Medical Care Procedures

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MEDICAL SUPPORT

EMERGENCY MEDICAL SERVICES (EMS)

An immediate medical emergency is any illness or injury which poses a threat to life or limb, or has potential cause for disability, or whenever a person appears unstable, or by the nature of the illness or injury could easily become unstable. There is no need to call the PCP (Primary Care Physician), nurse, supervisor or any other intermediary in the case of an immediate medical emergency. Go directly to calling 911.

PROCEDURE FOR CALLING 911:

An emergency or emergent situation is one requiring immediate care. The following sections will help you to determine what consists of an emergency, what kind of care you need to access and how to do it.

Call 911 if any of the following occur:

- 1) The individual is unresponsive, or has lost consciousness at any time, even if it is regained.
- 2) Obstruction of the airway
- 3) Difficulty breathing
- 4) Circulation impairment:
 - a. Absent pulse
 - b. Uncontrollable bleeding
 - c. Shock
- 5) Limb threatening injury
- 6) A seizure when there is no prior history of seizures
- 7) A temperature of 103 degrees or higher
- 8) An un-witnessed fall with resultant injury

- **Accessing EMS when there is a medical emergency is the most effective first aid that you can perform.**

- **It is the caregiver's responsibility to know the correct address and phone number of the home in which they are working. In situations with numerous caregivers and substitute staff, it is wise to post the address and phone numbers in bolded capital text next to the telephone.**

- **When calling 911, tell the 911 operator if you are alone**

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- **When more than one person is present in the home the second person should start CPR if there is no CPR Directive**
 - **If there is a DNR in place let the 911 Operator know**
 - **Answer all of the 911 operator's questions and wait for the operator to hang up first.**
- Perform first aid pertinent to the situation as taught by the American Red Cross Standard First Aid course, using the system for prioritizing concerns as taught in that class.
 - Whenever a person receiving services needs to have emergency care, the following paperwork needs to go with them to the emergency department. Have the following ready for the EMS personnel:
 1. Any DNR (Do NOT Resuscitate Order), Advanced Directive or Living Will
 2. The Emergency Information Sheet
 - a. The Emergency Information Sheet may vary in contents from one setting to another. It is suggested that you have the following information on one concise page:
 - i. A list of current medications
 - ii. Any and all allergies
 - iii. Medicaid, Medicare number or other Insurance information with a copy of the card or the card itself.
 - iv. Guardian Information
 - v. Caregivers names: Primary Care Physician and any specialists involved in care for the individual.
 - vi. Date of last Tetanus shot. (Particularly important for an injury related emergency)
 - vii. A list of Diagnoses.
 3. You may go with the ambulance if permitted or meet them at the ER. NEVER LEAVE OTHER CONSUMERS IN YOUR CARE UNATTENDED TO GO TO THE ER. Individuals receiving services going to the ER will need a support person there as soon as it can be arranged.
 4. Notify your supervisor, the nurse case manager and guardian, once the individual's emergent needs have been taken care of. Notification may be made in some cases by leaving voice mail messages for the appropriate persons, or by calling during business hours. (See Notification of Health Care Professionals).
 5. DO NOT sign anything on behalf of the service recipient unless you have checked with your supervisor.
 6. Contact the Primary Care Physician before the consumer is transported if the situation is NOT life or limb-threatening or a potential cause for disability.
 7. **Complete and route an Incident Report. Notify members of the IDT as needed.**

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EMERGENCY PROCEDURE

- GROUP HOMES -

An immediate medical emergency is any illness or injury which poses a threat to life or limb, has potential cause for disability, or whenever a person appears unstable or could easily become unstable by the nature of the illness or injury.

Call 911 for the following: There may be other applicable emergencies. These are only guidelines.

1. The individual is unresponsive or has lost consciousness at anytime, even if it is regained.
2. Obstruction of the airway
3. Difficulty breathing, shortness of breath
4. Circulation impairment:
 - a. Absent pulse
 - b. Uncontrollable bleeding
 - c. Shock
5. Limb threatening injury
6. A seizure when there is no prior history of seizures
7. A temperature of 103 degrees or higher
8. An un-witnessed fall with resultant injury
9. Poisoning
10. Drug overdose
11. Chest pain - change in color (pale, gray, dusky)
12. Serious burns
13. Head injury of any kind
14. Stroke – face drooping, slurred speech, stumbling, falling, paralysis

CONTACT PRIORITY

1. Call 911
2. Notify the Innovations Nurse
3. Notify the House Coordinator

FOR MEDICAL CONSULTATION

1. Contact the ON-CALL Nurse at 720-413-4806
2. Contact the House Coordinator

911 IS TO BE CALLED ANY TIME A PROVIDER DETERMINES THAT IMMEDIATE MEDICAL ATTENTION IS NEEDED.

If you are alone, tell the 911 Operator. If there are two persons and there is no DNR, the second person should start CPR

If there is a DNR in place let the 911 Operator know

Perform first aid pertinent to the situation as taught by the American Red Cross Standard First Aid or American Heart Association course.

NURSING ON-CALL TIMES

Week Days: 5:00 PM – 9:00 AM

Weekends & Holidays: 24-hour on-call nurse

Continue to contact your Nurse Case Manager during week day business hours 9:00 AM – 5:00 PM.



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PROCEDURE FOR TAKING A CONSUMER TO THE EMERGENCY ROOM

- The Primary Care Physician needs to be notified before transporting a consumer to the ER for other than an emergency.
- Never transport an individual receiving services in a private or company vehicle who is experiencing an emergency which is a threat to life or limb or who may suffer a permanent disability related to the incident or who is unstable or may become unstable during transport. If any of these conditions exist: **CALL 911.**
- If you do choose to take a person with a condition requiring immediate care to the emergency room in a private or company vehicle, proceed as follows:
 1. Make sure all injuries or illness situations have been stabilized using the protocol for an emergency as taught in your American Red Cross First Aid Class and/or according to procedures in this manual.
 2. Call the Primary Care Physician before beginning transport.
 3. Call the House Coordinator and Nurse either before you leave the home or from the ER, depending on the needs of the consumer. Ask your coordinator to notify the guardian.
 4. You may want to call the ER and let them know you are coming in, especially if there are any special needs that require accommodation such as behavioral issues, wheel chair accommodation, etc.
 5. If you need assistance for someone who may have a negative reaction to/history in the ER, take help with you or arrange to meet someone there.
 6. Print and take the consumer's individualized ER Information Sheet with you to the ER.
 7. Take a Health Care Documentation Form, HCDF, to have the providers complete.
 8. Request documentation of all assessments, interventions, orders and follow up for the consumer's medical records. Give caregivers the Innovations Nursing Department fax number: 303.604.5431.
 9. **Complete and route an Incident Report. Notify members of the IDT as needed.**



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USE OF URGENT CARE FACILITIES

Urgent Care facilities are clinics set up to handle emergent needs which cannot wait for the Primary Care Physician's involvement, but which are not immediately life or limb threatening.

1. Notify the Primary Care Physician before going to Urgent Care.
2. Follow all procedures for EMERGENCY ROOM VISITS as outlined in SECTION ONE in this manual.
3. ***Complete and route an Incident Report. Notify members of the IDT as needed.***



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VEHICLE INFORMATION

1. All vehicles need to have an emergency First Aid Kit.
2. All vehicles need to meet the standard for Innovations vehicles and require proper insurance, maintenance and repair.
3. All drivers must be authorized to drive by Innovations and have a current and valid driver's license.
4. The consumers MUST be able to wear a safety belt or safety restraint in the vehicle. If this is not possible, it is not acceptable to transport by private vehicle and an ambulance must be called. (NOTE: Securing a wheel chair to the van is not enough, the individual must also be secure in the chair!)
5. All individuals receiving services requiring medical attention need a support person to be with them at the ER as soon as possible. (See section on ambulance transport above).
6. Follow all procedures for Emergency Room or Urgent Care visits as outlined in SECTION ONE of this manual.
7. ***Complete and route an Incident Report. Notify members of the IDT as needed.***
8. In all cases (ambulance, transport to ER, or Urgent Care visit), be sure there is a plan in place for obtaining a full written report of the hospital visit and interventions. Medication orders, referrals and follow up instructions given therein.



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SPECIFIC MEDICAL ISSUES

- Always follow the American Red Cross (ARC) or American Heart Association (AHA) guidelines for First Aid and CPR. Always ensure that your safety and the safety of the Consumer requiring first aid are met before beginning first aid procedures.
- For an unresponsive individual, **call 911**. Any individual who has lost consciousness but has regained it still needs to be evaluated by an appropriate health care professional.

1. AIRWAY PROBLEMS AND BREATHING DIFFICULTIES

OBSTRUCTED AIRWAY

- A. If the individual cannot talk, cough or breathe or can only make high pitched wheezing sounds then the airway is considered obstructed; proceed with American Red Cross or American Heart Association guidelines for managing an obstructed airway.
- B. **Call 911** for an obstructed airway.
- C. If the individual is coughing and air is getting in and out, monitor closely, but DO NOT proceed with techniques for obstructed airway unless the individual's condition changes.
- D. If the consumer is unable to cough, talk or breathe--perform the Abdominal Thrusts (as taught by the American Heart Association).
- E. If the object is removed and breathing returns to normal, DO NOT cancel the ambulance. Have the individual assessed by ambulance personnel for the need to go to the ER.
- F. Fill out and route an Incident Report. Notify members of the IDT as needed.

PARTIALLY OBSTRUCTED AIRWAY

- A. If the individual appears to have something lodged in the airway but has an effective cough and air is getting in and out, monitor the consumer closely.
- B. DO NOT perform procedures for obstructed airway unless the situation changes and the individual cannot cough, talk or breathe or can only make high pitched wheezing sounds. If this occurs follow the protocol above for OBSTRUCTED AIRWAY.
- C. If the individual is able to clear his or her own airway and appears uncompromised, then continue to monitor the individual. Call for follow up if needed
- D. **Complete and route an Incident Report. Notify members of the IDT as needed.**



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2. OTHER BREATHING PROBLEMS

RESPIRATORY DISTRESS:

Assess the following:

1. EFFORT

- a. If the individual is verbal and cannot talk at a normal conversational rate due to difficulty breathing, there is a serious problem. **Call 911**, then continue to gather information.

2. RESPIRATORY RATE

- a. Normal respiratory rate for an adult is 12 to 20 breaths per minute.

3. COUNT

- a. Each rise and fall of the chest is counted as one respiration. Count each rise and fall for 30 seconds and multiply by two.

4. SKIN COLOR

- a. A bluish tinge is easiest to notice in nail beds and around the mouth. A bluish color is called cyanosis and indicates the body's poor ability to get oxygen to the cells. If you have access to an oxygen saturation testing device, called a Pulse Oximeter and have been trained in its use, measure the individual's oxygen saturation (O₂ SAT). It should be over 90%.

FIRST AID FOR RESPIRATORY DISTRESS

- a. Follow American Red Cross or American Heart Association guidelines for airway management.
- b. Allow the individual to find a position of comfort, which is usually sitting up for someone having breathing problems.
- c. If oxygen is ordered for the individual, caregivers who have been trained in oxygen administration may administer oxygen at a flow rate consistent with the written orders.
- d. Assess the need for possible emergency follow up.
- e. ***Complete and route an Incident Report. Notify members of the IDT as needed.***



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3. UPPER RESPIRATORY INFECTIONS (URI)

Assess the following:

1. FEVER

- a. For an adult, **call 911** for a fever
 - over 103 degrees Fahrenheit by ear thermometer
 - over 101 degrees Fahrenheit by axilla (armpit)
- b. Use of rectal thermometers is not permitted by unlicensed personnel.
- c. Use of oral thermometers may be contraindicated for some persons.
- d. See procedure on how to manage a fever and how to take temperatures.

2. COUGH

- a. A cough can be either dry or productive. A productive cough means that the consumer is expelling phlegm when coughing. If you are able, assess the color and consistency of the phlegm. Healthy phlegm is clear in color, whether it comes from the nose or lungs.

For minor Upper Respiratory Infections (URI):

- a. Refer to the Over The Counter Medication, PRN and Treatment record for physician approved orders to administer cough medicine or analgesics.
- b. Those who have a fever or a productive cough are to be kept at home where they can rest and not expose others to potential infection.
- c. Keep the consumer warm and encourage fluid intake.
- d. Notify the Nurse of illness and treatment.



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4. BLEEDING

UNIVERSAL PRECAUTIONS ARE TO BE USED WHEN WORKING IN ANY SITUATION WITH THE POTENTIAL OF EXPOSURE TO BLOOD OR OTHER BODY FLUIDS -- SEE INFECTION CONTROL

1. Follow First Aid Protocol as taught by the American Red Cross Association in the Standard First Aid Course.
2. Follow ALL Universal Precautions.

SERIOUS BLEEDING

- Bleeding which cannot be controlled by direct pressure, internal bleeding, bleeding associated with signs and symptoms of shock, or bleeding associated with other injuries which are a threat to life, limb or may impose a disability, **Call 911**.
 1. Attempt to control the bleeding using the ARC protocol of direct pressure, elevation, pressure bandaging and pressure points. Do not use a tourniquet.
 2. Fill out and route an Incident Report. Notify members of the IDT as needed.

BLOOD IN STOOL

- Very large amounts of bright, red blood or black blood, the consistency of coffee grounds, in the stool, that does not stop is an emergency. **Call 911**.
 1. Remain with the Consumer until EMS arrives.
 2. Continue to gather more assessment information (see Shock).
 3. Fill out and route an Incident Report. Notify members of the IDT as needed.

Small amounts of bright red blood in stool may be related to hemorrhoids or anal fissures, notify the Nurse and proceed with recommended treatments for hemorrhoids.

1. Control the bleeding and assess the area.
2. Contact the Nurse or Physician for treatment recommendations and follow up.

BLOOD IN VOMIT

- Large amounts of blood, bright red or dark brown or black, indicate the possibility of a medical emergency. **Call 911**.
 1. Remain with the consumer until EMS arrives. Continue to gather more assessment information. Did the individual swallow anything?
 2. ***Complete and route an Incident Report. Notify members of the IDT as needed.***

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- Small amounts of bright red blood in vomit is probably related to an irritation of the throat or small tear along the GI tract from the trauma of vomiting, although there may be other causes.
 1. Monitor the consumer closely for further bleeding.
 2. Contact the Nurse or Physician for treatment recommendations and follow up.

BRUISING

- Bruising is bleeding into tissues without a tear in the skin. Large areas of intense bruising can indicate internal bleeding and need to be taken seriously. Of particular concern, consumers participating in anticoagulation therapy by taking blood thinners, such as Coumadin (Warfarin) or Aspirin daily. Seizure medications, such as Dilantin and Depakote, may also interfere with normal clotting processes. There are also several syndromes wherein clotting factors are abnormal or nonexistent which result in easy bruising.
- In consumers not on blood thinners or anticonvulsants, collect information regarding the cause of the bruise, date of the injury and size of the bruise.
 1. Contact the nurse or PCP for treatment recommendations and follow up.
 2. Complete and route an Incident Report. Notify members of the IDT as needed.

AMPUTATION

Call 911.

1. Treat for bleeding and shock.
2. Check for and treat any associated injuries.
3. Save the amputated body part.
 - a. Fill a container with ice water
 - b. Wrap the amputated body part in a moist, wrap
 - c. Place it in a sealed, plastic bag
 - d. Place the sealed bag with the amputated part in the container of ice water.
 - e. Do not allow the body part to directly touch ice.
4. Contact the House Coordinator and Nurse Case Manager.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

SHOCK RELATED TO BLEEDING

- There are many forms of shock. All forms of shock result in causing poor circulation of blood to vital organs and tissues. All forms of shock are life threatening. Shock due to bleeding is caused by loss of blood volume in the circulatory system. **Call 911.**
 1. Stop the bleeding.

Use American Red Cross Standard First Aid protocol of direct pressure, elevation, use of a pressure bandage and use of pressure points. DO NOT use a tourniquet.
 2. Keep the Consumer warm.

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3. Position their body correctly using American Red Cross Standard First Aid protocols for positioning to treat shock.
4. Elevate the Consumer's legs, but **do not elevate the legs if there is:**
 - A possible injury to the spinal cord
 - An injury to the head
 - A cardiac condition of any kind
 - Difficulty breathing
 - A possible fracture to the pelvis
 - An non splinted fracture of the lower extremities
5. If there is risk of vomiting, the individual should be placed on his or her side. This is best done by log rolling the individual. This requires several team members to accomplish correctly.
6. Contact the House Coordinator and Nurse Case Manger.
7. ***Complete and route an Incident Report. Notify members of the IDT as needed.***

CONTROLLED BLEEDING

- Requires attention but is not emergent.

NOSE BLEED

- A spontaneous nosebleed is rarely a medical emergency. (A nosebleed can produce what appears to be a large quantity of blood without being serious).
 1. Follow Red Cross guidelines for First Aid for nosebleeds.
 2. **Call 911**, if bleeding does not slow significantly within 10 minutes or if the nose bleed is associated with a blow to the head, significant blow to the face, a seizure or an altered level of consciousness

LACERATIONS

1. Follow Red Cross guidelines for First Aid.
2. Control bleeding and assess the need for stitches/suturing.
3. Bandage the wound (see American Red Cross Standard First Aid guidelines). A wound which has been bleeding freely rarely needs to be cleaned.
4. Go to Urgent Care or the ER for stitches/assessment of need, if you are unsure.
5. ***Complete and route an Incident Report. Notify members of the IDT as needed.***

HEMORRHOIDS/ANAL FISSURES

1. Get the individual off the toilet and lay them on their side when you notice blood in the toilet, or on the paper, to stop the bleeding. Staying on the toilet increases the bleeding.
2. Control the bleeding. If there continues to be active bleeding then apply a cool compress with pressure.
3. Clean the rectal area and assess for the presence of hemorrhoids, or splits in the rectal tissue-anal fissures
4. After bleeding has stopped, you can have the individual sit in a warm bath.
5. Utilize Over-the-Counter PRN treatments ordered for hemorrhoid/anal fissure management. Creams and suppositories are most often prescribed.

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6. Contact the nurse or PCP for further treatment or follow up.
7. Use of moist wipes or wet tissue is less irritating than dry toilet paper after bowel movements (BMs) that irritate hemorrhoids and fissures.

MENSTRUAL BLEEDING

1. Caregivers should track female consumers' menstrual periods. Be familiar with their normal patterns of bleeding, cramping, preference for pads or tampons, etc. Make sure consumers know to change pads or tampons every four hours to avoid Toxic Shock Syndrome. Make sure that consumers clean themselves from front to back.
2. Report unusually large, scant or painful menstrual flow to the nurse and PCP.
3. Assess for the presence of cramping or pain--menstrual cramping can be extremely painful for some women and barely noticed by others.
4. Utilize Prescription or OTC medications as ordered for pain/cramping. Ibuprofen is particularly useful in treating menstrual pain, especially if taken two days before and during the entire menstrual period. (200 mg Q4H or as ordered for the individual.)

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5. CHEST PAIN/CARDIAC EMERGENCIES

- Early detection of a heart attack is vital and can be the life saving factor. If you suspect a consumer is experiencing a heart attack:
- **Call 911**

SYMPTOMS OF A HEART ATTACK

- Symptoms of a heart attack may include **all or some** of the following:

1. PAIN

a. INTENSITY

- i. Ranges from no pain, to an intense crushing sensation.
- ii. Worsens with movement or effort. (Do not ask the consumer to exert themselves to determine this. Ask if he or she has noticed that this occurs).
- iii. **NOTE: Women do not report pain as a symptom as often as men do.**

b. QUALITY

- i. Diffuse or spread out as opposed to sharp and localized.
- ii. A feeling of pressure. The person may say, "I feel a squeezing pain", or "a heavy weight on my chest."
- iii. It does not change with a deep breath. It is often mistaken for indigestion or GERD (Gastroesophageal Reflux Disease)

c. LOCATION

- i. Usually, right under the sternum (breast-bone)
- ii. The pain may "radiate" or travel down one or both arms, into the jaw, and sometimes (but rarely) is located between the shoulder blades in their back.

2. SHORTNESS OF BREATH

- o The heart and lungs function in unison. When one is affected, so is the other. Blood backs up in the left side of the heart because circulation to the extremities is slowed due to the heart attack. This causes a build up of back pressure against the lungs and pushes fluid into the lungs, filling them with fluid and making it difficult to breathe.

3. SKIN CHANGES

a. COLOR

- i. Pale, Gray, Cyanotic (blue), "Dusky"

b. MOISTURE

- i. Moist, sweaty

c. TEMPERATURE

- i. Clammy and cold, especially the hands and feet

4. NAUSEA/INDIGESTION

- a. Very common. The individual may vomit or think it is reflux, not their heart.

5. DENIAL

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- a. Almost all of us will search for the easiest explanation of the discomfort first. No one wants to have a heart attack. Denial is common and makes First Aid more of a challenge. People with a developmental disability are no different and may also experience denial. They may not tell you if they are having chest pain or are dizzy. You have to be active in assessing non-verbal symptoms.

RISK FACTORS FOR HEART ATTACK

- Considering the presence of risk factors may help you decide if the individual is experiencing a heart attack. Risk factors include:
 - o **PERSONAL MEDICAL HISTORY** of a previous heart attack, angina or "heart pain", high blood pressure, or any history of heart surgery or heart disease.
 - o **FAMILY HISTORY** of previous heart attack or heart disease. Death due to heart disease under the age of 70 is considered relevant family history.
 - o Other **UNDERLYING MEDICAL CONDITIONS** which may predispose someone to heart attack. Examples are:
 - Diabetes
 - Down Syndrome
 - Congenital heart defect
 - Marfan's syndrome
 - o **GENDER**
 - Men have a higher incidence of heart attack than women. Women have a higher death rate from cardiac arrest than men. Women are characteristically undertreated for Myocardial Infarctions (MIs) or heart attacks.
 - o **AGE**
 - 40 to 60 for men, after which the rate is about even for men and women.
 - o **OBESITY**
 - Obesity is defined as your ideal body weight plus 20%. For example, if your ideal body weight is 150 pounds and you weigh 180 pounds or more, you are considered medically obese. Another way to gauge obesity is by abdominal girth. It should not exceed 40 inches for men or 35 inches for women. If waist size is in excess to this, the individual is at great risk for Metabolic Syndrome (a triad of diseases: hypertension, diabetes and atherosclerosis).
 - o **HIGH BLOOD PRESSURE.**
 - Blood pressure needs to be tracked for several weeks and assessed by a qualified medical practitioner before High Blood Pressure (HPB) or hypertension (HTN) can be diagnosed. Hypertension is a reading consistently above 140/90. Weight loss, exercise and medications are often prescribed.
 - o **SEDENTARY LIFE STYLE**
 - Especially if accompanied by unaccustomed bursts of exercise.
 - o **SMOKING, DRUG AND/OR ALCOHOL ABUSE**
 - Cocaine and Crystal Meth are the drugs most known to cause a heart attack. However, many different drugs in different categories can be lethal when mixed with other prescription drugs, illegal drugs or alcohol.



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FIRST AID FOR HEART ATTACK

- Early identification of a heart attack and immediate accessing of EMS by calling 911 is the most effective first aid you can render.
 1. Keep the individual calm and quiet.
 2. Assist the individual to a position of comfort. Do not elevate the legs above the level of the heart.
 3. Give nothing by mouth unless otherwise instructed by 911 or paramedics.
 4. If the individual has an order for oxygen, employees trained in oxygen administration may apply oxygen per the physician's written orders.
 5. Contact the House Coordinator and the Nurse Case Manager.
 6. **Fill out and route an Incident Report. Notify members of the IDT as needed.**



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6. STROKE

- In a stroke, the brain does not get enough oxygen; this is most often caused by a blood clot. While a stroke is generally a concern of older people, young people can have a condition called an aneurysm, an area of weakness in blood vessel walls, which may present like a stroke. This is caused, however, by blood vessels breaking and blood leaking into the brain. However, its effect mimics a stroke and immediate care can be life saving.
- **Call 911 when you suspect a stroke.**

Symptoms consistent with a stroke include some or all of the following:

1. Headache, sudden onset, excruciating
2. Dizziness or visual problems especially with one eye only
3. Paralysis or partial paralysis of one side of the body
4. Drooping of one side of the face
5. Slurred speech in someone who is verbal and whose speech is not normally slurred
6. Numbness or tingling on one side of the body
7. Difficulty swallowing
8. Disorientation
9. Inability to articulate when there was no previous disability, or an obvious change in the ability to communicate
10. Stumbling or falling, regression of motor skills

Another accepted way is to remember F.A.S.T.

- F** – Face drooping on one side? (Ask them to smile.)
- A** – Arm Drift (Ask them to raise their arms.)
- S** – Speech (Can they repeat a sentence in their normal speech pattern?)
- T** – Time of Onset (Were they on the floor when you found them? Did someone witness the change? How long ago?)

Speed is of the essence. If you suspect that someone has had a stroke, ask the individual to 1) smile 2) raise both hands and 3) repeat a simple sentence. If unable to do one or all three in a coordinated, even, usual fashion, **Call 911.**

Risk factors are similar to those for heart attack, listed above. They also include:

1. **Age over 60 and Male** Strokes can occur younger than age 60. An aneurysm can occur at any age. Strokes kill more women than men.
2. **Family history or personal history** of previous stroke or TIAs (Transient Ischemic Attacks). TIAs have similar symptoms as in stroke, but no death of brain tissue results. TIAs are precursors of stroke and in the absence of an individualized protocol giving clear instructions on how to handle TIAs, the occurrence of a TIA is handled the same way as a stroke.
3. **History of Hypertension** Some practitioners are beginning to treat pre-hypertension (readings consistently over 130/180) more aggressively to prevent stroke and heart attack in certain risk groups.

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FIRST AID FOR STROKE:

As with Heart Attack, early recognition of symptoms and access of EMS is the most important aspect of first aid.

1. **Call 911** and then proceed with First Aid per American Red Cross protocol.
2. Keep the Consumer calm and quiet.
3. It is preferred to position the person on his or her side **TO PROTECT THE AIRWAY**, as vomiting may occur. Position a person suffering with symptoms of stroke with their head higher than their feet.
4. Give nothing by mouth unless instructed by paramedics or Emergency Medical Technicians (EMTs).
5. Keep him or her warm.
6. Many stroke victims who appear unconscious are in fact paralyzed, not unconscious, and can hear everything you say. Be cautious. Do not frighten them. Tell them what is going on and give them any information you can to keep them informed.
7. Contact the House Coordinator and the Nurse Case Manager.
8. **Complete and route an Incident Report. Notify members of the IDT as needed.**

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7. HEAD INJURIES

- Any fall or bump to the head which results in loss of consciousness, no matter how brief, requires medical evaluation. Also a non-witnessed fall with possible head injury.
 1. If the Consumer is unconscious, **Call 911**.
 2. If any change in the Consumer's level of consciousness, **Call 911**.

FIRST AID FOR HEAD INJURIES

- **Minor blow to the head, no bleeding, no loss of consciousness**
 1. Assess wound ice if swelling present, give OTC pain medication as ordered
 2. Contact the Nurse or Physician for interventions and follow up
 3. **Complete and route an Incident Report. Notify members of the IDT as needed.**

- **Blow to the head, no loss of consciousness, bleeding not requiring sutures**
 1. Stop the bleeding
 2. Clean and bandage the wound
 3. Ice, if swelling occurs
 4. Contact the Nurse or PCP for interventions and follow up
 5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

- **Blow to the head, no loss of consciousness, bleeding that requires suturing**
 1. Make a transport decision to obtain medical care. (Refer to the guidelines for taking a consumer to an emergency facility.)
 2. Apply direct pressure to the bleeding wound.
 3. Bandage for transport.
 - a. Contact the nurse or PCP for interventions and follow up.
 - b. **Complete and route an Incident Report. Notify members of the IDT as needed.**

- **Blow to the head with any associated injuries requiring treatment**
 1. **Call 911.** Follow protocols for handling emergencies.

SIGNS AND SYMPTOMS WHICH MAY INDICATE THAT A HEAD INJURY IS WORSENING:

1. Confusion
2. Staggering gait
3. Excessive lethargy, sleepiness, difficulty waking the person
4. Blurred vision
5. Changes in pupils
6. Nausea or vomiting (Especially frequent vomiting, or projectile vomiting.)
7. If the consumer is demonstrating changes as described above, contact the nurse or PCP for interventions or follow up.
8. **Complete and route an Incident Report. Notify members of the IDT as needed.**



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8. NECK OR SPINAL INJURIES

1. Do not move or permit movement of anyone with a suspected head, neck or spinal injury by an untrained professional rescuer.
2. Call 911 for suspected cervical (neck) or long spine (back) injuries.
3. Follow American Red Cross guidelines for first aid treatment of neck or spine injuries.
4. Assess the individual for any associated injuries.
5. Contact the nurse or PCP for interventions and follow up.
6. Fill out and route an Incident Report. Notify members of the IDT as needed.



Emergency Medical Care Procedures

9. POISONING

- If the consumer is in distress, vomiting, having any difficulty breathing, or has a decrease in Level of Consciousness (LOC), **Call 911.**
- If the consumer is not in distress, obtain the poison. Call Rocky Mountain Poison Control Center @ 1.800.332.3073 for instructions.
 1. Do not transport an individual suspected of having ingested poison in a company vehicle or private vehicle.
 2. Save poison container, pill bottle or any other paraphernalia associated with the incident.
 3. Contact the nurse or PCP for interventions and follow up.
 4. Fill out and route an Incident Report. Notify members of the IDT as needed.

PREVENTION of poisoning includes:

1. Use of cabinet protectors on cabinets containing poisonous or potentially poisonous substances, including medication. This is especially important whenever there are small children or people who are at risk of improperly handling of these substances.
2. Locks on cabinets need to be considered if cabinet protectors do not offer enough protection.
3. Keep all poisonous or potentially poisonous materials and all medications in their original bottles.



Emergency Medical Care Procedures

10. SPRAINS, STRAINS AND FRACTURES

- **Call 911** for any unstable fracture, open (bone protruding through the skin) fracture, fracture with associated bleeding, fracture with other suspected injuries, fracture caused by a significant force. Fractures you might not call 911 for would include: fractures of the digits and possibly the wrist or clavicle while considering other features mentioned above.
- Follow American Red Cross guidelines for First Aid for suspected fractures, including:
 1. Check the primary injury site for bleeding, if bleeding is present, follow the protocol for bleeding. If not, keep the area stabilized.
 2. Inspect the body from head to toe looking for other injuries.
 3. Treat a painful, swollen or bruised joint as though it were a fracture.
 4. Never apply a tight dressing to an extremity as this will not allow for any increase in swelling.
- **Do not attempt to manipulate or re-align a suspected fracture.**
 1. Treat simple sprains with cold packs, a supportive wrap, NSAIDS (non-steroidal anti-inflammatory drugs such as Aspirin, Ibuprofen, Naproxen Sodium) and elevation.
 2. Treat minor muscle strain with heat, NSAIDS and rest.
 3. Report sprains, strains and fractures to the nurse and PCP.
 4. Fill out and route an Incident Report. Notify members of the IDT as needed.



Emergency Medical Care Procedures

11. EYE INJURIES/INFECTIONS

- Follow American Red Cross Standard First Aid protocol for eye injuries.
- **Call 911 when there is:**
 1. Obvious damage to the eye
 2. Avulsed eyeball (eyeball that has come out of the socket). Gently save the eyeball by wrapping it in a moist dressing and placing it in a protective container. Bandage BOTH eyes to keep them from moving.
 3. A protruding object
 4. Loss of any vision due to injury. Bandage both eyes.
 5. Chemicals splashed into the eyes. Flush per ARC protocol. Continue to flush until 911 arrives. See Section on Burns for more information.
 6. Contact the nurse or PCP for interventions and follow-up.
 7. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Object in the Eye:

1. Flush the eye on and off for up to 20 minutes to remove an object, such as dirt or grit from the eye.
2. If you can see the object you may use the end of a clean cotton material to remove it. Do not use Kleenex, cotton balls, wool or any other material that sheds fibers.
3. If unable to remove the object and discomfort persists, wrap both eyes and make a transport decision.
4. Contact the nurse or PCP for interventions and follow up.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Infection in the Eye:

- Contact the Nurse or Physician for follow up instructions if you suspect a consumer has an infection of the eye.
 1. Eye infections can be very contagious. Wash your hands frequently. Encourage the consumer to not touch the eye and to wash their hands frequently. Caregivers may also use 65% alcohol based hand sanitizers frequently, as well as regularly wiping down common vectors in the home and car (e .g. door handles, phones, remote controllers, keyboards, light switches, stereo/DVD/CD buttons, etc.).
 2. Persons with eye infections are not to go to day program, work, or in the community until they have been on an antibiotic (usually eye ointment or drops) for 24 hours.
 3. Monitor other people in the household for signs and symptoms of eye infection.



Emergency Medical Care Procedures

12. WOUNDS

BLEEDING WOUNDS

1. **CALL 911** for bleeding that CANNOT BE controlled.
2. ALWAYS CONTROL BLEEDING before proceeding with wound care.
3. See Section on Bleeding for more information.

WOUND CARE

- **Wounds where bleeding is fully controlled/stopped:**
 1. Wash with warm, soapy water, rinse well and pat dry with a clean, cotton towel.
 2. If indicated apply a small amount of antibiotic ointment to a cotton swab or band-aid or 4x4, then apply to the wound.
 3. Bandage (NEVER bandage all the way around a digit or extremity so that there will be room for swelling).
 4. Clean the wound and change the dressing once a day, and change the dressing more frequently (whenever it becomes soiled, wet or dislodged).
 5. Discontinue the bandage use once the wound has formed a scab and is no longer bleeding or draining.
 6. Monitor for infection and report suspected infection to the Nurse or Physician. Signs of infection may include: increasing redness around the wound, drainage, increasing pain, failure to heal, heat.
 7. Fill out and route an Incident Report. Notify members of the IDT as needed.

OBJECTS IN A WOUND

1. Do not remove penetrating objects from a wound. You can remove small objects that are loose.
2. Use first aid for a penetrating object as taught in the American Red Cross Standard First Aid Course.
3. Stabilize the object and make a transport decision. **Call 911** if there is a threat to life or limb or the possibility of incurring a disability.
4. Contact the nurse or PCP for interventions and follow up.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**



Emergency Medical Care Procedures

WOODEN SPLINTERS, METAL SLIVERS, GLASS SHARDS, ETC.

- If a splinter is protruding and can be easily removed with tweezers:
 1. Remove it.
 2. Wash the area well with soap and water.
 3. Apply antibiotic ointment and a Band-Aid.
 4. **Complete and route an Incident Report. Notify members of the IDT as needed.**

- If the sliver **cannot** be removed with tweezers:
 1. Wrap with clean bandage. Do not attempt more invasive techniques such as digging at it with a pin or needle. Removal should be done by a health care professional.
 2. Call PCP's office for an appointment or further instructions, or go to Urgent Care.
 3. Observe for signs of infection. Notify appropriate health care provider immediately if infection is detected.

Emergency Medical Care Procedures

13. BITES AND STINGS

ANIMAL BITES

1. Non-domesticated animals can carry rabies and other diseases. A bite from such an animal (skunk, rat, mouse, raccoon, bat, prairie dog et. al) requires immediate attention.
2. Clean wound thoroughly with soap and water, rinse with clean water and apply a clean, dry dressing.
3. Contact the PCP for evaluation.
4. Make transport decision. **Call 911** if there is any danger to life or limb, possibility of incurring a disability or if the injury cannot be easily managed in transport.
5. If you can detain the animal safely without risking being bitten, do so.
6. Obtain the animal's owner name, address and phone number. Request vaccination information.
7. Report the bite to: City of Boulder Animal Control at 303.441.3626
8. If an Animal Control officer is not available, call the Boulder County Department of Environmental Health at 303.441.1564.
9. All open or puncture bites of any kind must receive medical evaluation.
10. If the skin is not broken, contact the nurse or PCP for follow up.
11. **Complete and route an Incident Report. Notify members of the IDT as needed.**
12. If a staff injury during shift: Report to Workman's Compensation within 24 hours.

HUMAN BITES

1. Clean and bandage as in ANIMAL BITES above.
2. All open human bites must be evaluated by a physician.
3. Closed human bites need to be monitored closely for possible infection.
4. Contact the nurse or PCP for interventions and follow up.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**
6. If a staff injury while on shift: Report to Workman's Compensation within 24 hours.



Emergency Medical Care Procedures

INSECT BITES AND STINGS

STINGS

PREVENTION

- When going outdoors:
 1. Wear appropriate clothing and avoid bright colors (especially yellows).
 2. Do not wear heavy perfume or perfumed products.
 3. Keep food/drink covered or put away and areas where food was prepared cleaned up. Be particularly aware of sandwich meats, especially turkey. Wasps and yellow jackets particularly like meat.
 4. Make sure everyone's hands/faces are washed after eating.
 5. Do not swat at flying insects who are exploring your area.

FIRST AID

- Wasps, hornets and yellow jackets are most likely to cause allergic reactions. If it is known that the Consumer has an allergy to bee stings, **call 911** immediately and follow the consumer's protocol for handling a bee sting (EpiPen).
- If there is no documented allergy, proceed with the following first aid.
 1. Continue to monitor for signs and symptoms of possible allergic reaction. **Call 911**, if you notice swelling of the face and/or difficulty breathing.
 2. Remove stinger if visible and protruding by running a credit card or other similar hard card surface over the stinger at a slight angle. Do not use tweezers. Do not attempt to remove a stinger that isn't obvious. Pressure will squeeze the venom sac located on the stinger and make the sting worse.
 3. Make a mixture of baking soda and water, or meat tenderizer and water, the consistency of paste and apply to the sting site. Some recommend moistened loose tea or tobacco applied to the site.
 4. Apply an ice pack. Give Benadryl if there is a PRN order for it, or call PCP for one.
 5. Contact the House Coordinator and Nurse to report the incident.
 6. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Mosquito Bites

- Mosquito bites have become more of a danger in the last decade as West Nile Virus has been spread by birds and mosquitoes to humans. West Nile Virus can cause no reaction to death. Most often when one does react to infection, they experience flu-like symptoms that go away in several days. However some individuals acquire life-long joint pain. A rare few, usually the elderly or the immune-deficient, get very sick and die.



Emergency Medical Care Procedures

PREVENTION

1. Prevent pooling of water in outdoor locations around the home.
2. Use insect repellent containing DEET.
3. Avoid going outside at dusk and dawn.
4. Wear long pants, sleeves, socks and hats when outside (in light colors).

TREATMENT

1. Wash the area with soap and water.
2. Apply salt with a small amount of water to the bite and rub until slightly red.
3. Rinse area and apply ice.
4. Monitor for signs and symptoms of infection or flu-like symptoms.
5. **It is important to remember if one has been recently bitten to watch for symptoms of the West Nile Virus.**

Spider Bites

- If you can locate the spider, look at its markings so you can describe it if necessary.
1. **Black Widow:** All black. Often has a red spot on the under belly.
 2. **Brown Recluse:** A small-bodied brown spider with long legs. It causes the most serious spider bites in this area. It is sometimes called a “fiddle back” due to markings that resemble a violin on top of its body.

TREATMENT

1. Apply a mixture of baking soda and water that is the consistency of paste to the sting site.
2. Apply an ice pack.
3. Monitor the sting site for swelling and redness.
4. Monitor the consumer for fever, chills, numbness, tingling or any other change in well-being.
5. Contact the House Coordinator and Nurse to report the incident.
6. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Snake Bites

PREVENTION

1. Stay out of known snake-infested areas.
2. Wear long pants and hiking boots in wilderness areas.
3. Do not overturn rocks and brush or hike off pathways.
4. Use a walking stick to tap ahead of you if walking in suspicious areas.



Emergency Medical Care Procedures

TREATMENT

1. If bit, move away from the area. Snakes may bite again and do not travel far.
2. **Call 911.** If you are not near a phone, be cautious of moving the person. Movement can spread the venom. Keep the limb/area bitten below the heart if possible.
3. Note markings on the snake. Secure the snake **ONLY IF** you can do so without being bitten.
4. **DO NOT** make any incisions over the bite or try to suck out the poison.
5. Apply an Ace wrap or similar type wrap firmly, but not tightly, over the area wrapping from above the bite downward.
6. Apply an ice pack over the bite. **NOTE:** Never apply uncovered icepack directly onto skin.
7. Contact the House Coordinator and nurse to report the incident.
8. **Complete and route an Incident Report. Notify members of the IDT as needed.**

TICKS

PREVENTION

1. Wear appropriate light, protective clothing such as long sleeves and pants that tuck in at the ankle.
 1. **Note: March through June are high risk months in the Boulder foothills area.**
2. Check each consumer after being in a tick prone area for any wandering ticks prior to returning indoors. Ticks will wander on the body looking for a place to burrow for up to three hours after contact.

TREATMENT (For an Embedded Tick)

1. Wash your hands.
 2. Remove the tick using a pair of tweezers. Pinch the body of the tick as close as possible to the person's skin and pull very slowly.
 3. Inspect the tick to see if the head came out with the body.
 4. Keep the tick in a small jar or container until the individual is free of signs and symptoms of possible tick fever.
 5. Clean the wound well with soap and water.
 6. Inspect the wound for any remaining tick parts.
 7. If the head of the tick is not removed, the consumer will need to be seen by their PCP.
 8. If the tick is fully removed, apply antibiotic ointment and cover with a Band-Aid.
 9. Repeat the cleansing and dressing once per day or if the dressing becomes soiled, wet or dislodged.
 10. Contact the House Coordinator and nurse to report the incident.
- **NOTE: It is not effective to use oil, gasoline, Vaseline or any agent on the tick to try and force it to back out of someone's skin. Never use a hot match to burn the tick while it is imbedded in the consumer.**



Emergency Medical Care Procedures

14. BURNS

- There are many types of burns, caused by chemical, mechanical, heat, fire, sun, wind and other forces. Burns are typed as type 1, 2 or 3. Three being the most severe, full thickness burns. Even with our technology and excellent medical breakthroughs, if individuals get third degree burns over 80% of their bodies, survival is not generally expected. The skin is our largest organ and our #1 barrier against the world and all of its germs, viruses and bacteria.

Critical Burns

- **Call 911** for critical burns.
- Critical burns include:
 1. Burns to the face, especially with singed facial hair and/or eyebrows and eyelashes
 2. Burns which may have caused smoke inhalation injuries or burning of the respiratory tract
 3. Burns which cause an individual to have a hoarse voice or cause coughing up of blackened material
 4. Burns that cover large areas of the body
 5. Second or third degree burns to face, hands or feet
 6. Any burn of any degree to the genitalia
 7. Burns associated with underlying injuries
 8. Any burn to the eyes

TREATMENT:

1. Immerse heat-caused burns in cool, clean water for at least ten minutes or until the ambulance arrives.
2. Contact the House Coordinator and nurse to report the incident.
3. Complete and route an Incident Report. Notify member of the IDT as needed.

Serious Burns

1. Immerse heat caused burns in cool clean water for at least 10 minutes.
 2. If indicated, make transport decision. **Call 911** if the Consumer is unstable.
 3. Contact PCP, nurse and House Coordinator.
 4. Complete and route an Incident Report. Notify members of the IDT as needed.
- Serious burns include:
 1. First or Second degree burns covering large areas of the body.
 2. Any third degree burn that does not fit the **CRITICAL** criteria.
 3. First degree burns to hands or feet may be serious burns.
 4. Chemical burns.



Emergency Medical Care Procedures

Minor Burns

- Follow the First Aid protocols taught by the American Red Cross Standard First Aid course for treating minor burns:
 1. Immerse all burns in cool clean water for at least ten minutes, to stop the burning process.
 2. Do not put any butter, oils, lotions or treatments on a burn unless directed to do so by a licensed health care professional.
 3. Determine how the burn occurred.
 4. Contact the House Coordinator and nurse to report the incident and get further instructions for how to proceed with burn care.
 5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Chemical Burns

1. **Call 911.**
2. If dry chemical has spilled on skin, brush it off before flushing the area. Take care to not get the chemical on yourself. Look on package for instructions.
3. If required, flush the burn with cool clean water until EMS personnel arrive.
4. If the chemical has splashed in the eyes, flush the eyes until EMS personnel arrives.
5. If the spill involves the body, help the individual into a shower.
6. Save any containers or evidence of what chemical was spilled.
7. Contact the House Coordinator and nurse to report the incident.
8. **Complete and route an Incident Report. Notify members of the IDT as needed.**



Emergency Medical Care Procedures

15. SEIZURES

- In general, seizures are NOT considered medical emergencies.
- **Call 911** for a seizure emergency for the following:
 1. A seizure experienced by a consumer with no known seizure history.
 2. Any seizure associated with a fall from a height or submersion in water.
 3. Any seizure with associated injury requiring emergency intervention.
 4. Any seizure that lasts more than 6 minutes, unless there are written orders/protocols signed by the physician stating otherwise.
 5. And seizure accompanied by airway compromise or breathing problems.
 6. Three seizures in a row without regaining consciousness in between.

SEIZURE INTERVENTIONS:

1. Assist the consumer to the floor.
2. Position the consumer on their side to protecting their airway.
3. Prevent consumer injury by moving objects and furniture away from them.
4. Do not attempt to restrain the consumer during a seizure.
5. Do not use a bite stick or put anything into the consumer's mouth.
6. Time the seizure from the first obvious moment it started to the beginning of the Post-Ictal phase. (The Post-Ictal phase begins when the individual has stopped seizing but may not yet be fully awake, oriented or alert.)
7. After the seizure has stopped, turn the individual to the side and allow him/her to rest. This is to prevent the possibility of aspiration of stomach contents into the lungs due to vomiting, thus preventing possible aspiration pneumonia.
8. Do a complete body check from head to toe for any associated injuries incurred during a strong seizure.
9. If the individual lost control of their bowel or bladder during the seizure, be sure they are promptly cleaned and changed into clean clothes.
10. Complete the Seizure Tracking form for that individual.
11. Contact the House Coordinator and nurse to report the incident, if an injury was sustained or medical follow up was necessary.
12. Complete and forward an incident report to the House Coordinator **IF** an injury was sustained, medical follow-up was necessary, or the seizure was unusual in nature for that individual.



Emergency Medical Care Procedures

16. VOMITING

- For violent or projectile vomiting or vomiting associated with a head injury or other neurological conditions, **Call 911.**

TREATMENT FOR MINOR VOMITING

1. Do not give the consumer anything by mouth until the vomiting and nausea has subsided. Then start with clear fluids only, one ounce every five minutes. Urge drinking water and tea. Every third glass you may give a mixture of ½ cup water and ½ cup Gatorade. Also Pedialyte products are very good when there is vomiting.
2. Clear liquids include sodas that are clear, such as Ginger Ale, 7-Up, or Sprite. Liquids from which you can get glucose and water are mild non-caffeinated teas, Popsicles, Jell-O and broth.
3. When clear liquids are tolerated well, a soft ("BRAT") diet of Bananas, Rice (especially white rice), Applesauce, and Toast can be offered.
4. After the soft diet is well tolerated, re-start the consumer's regularly-ordered diet.

CALL FOR SUPPORT AND INSTRUCTION WHEN:

1. Call the PCP when vomiting threatens to dehydrate the individual. More than six episodes of vomiting in a 24 hour period is excessive.
2. There is a presence of fever in conjunction with vomiting.
(See Section on Fever for more information).

ASPIRATION

- Aspiration, or the inhalation of food/fluids/vomit into the lungs, is very serious and can lead to a life threatening bacterial pneumonia.

TREATMENT

- Call 911 if the airway is compromised or if the individual is having difficulty breathing.
- If there is no immediate airway compromise but the individual still may have aspirated, contact the PCP or nurse for instruction.
 1. Contact the House Coordinator and nurse to report the incident.
 2. **Complete and route an Incident Report. Notify members of the IDT as needed.**
 3. Monitor the consumer for signs and symptoms of pneumonia and report if seen.

VOMITED MEDICATION

- Call the Physician or Doctor on Call for direction on re-administering vomited medications.
- Follow directions and document with precision.

BLOOD IN VOMIT

See Section on Bleeding.

Emergency Medical Care Procedures

17. DIARRHEA

- Diarrhea is the body's way of removing an irritant from the system. The greatest concern during episodes of diarrhea is dehydration. Dehydration may occur if more than six diarrhea stools occur in a 24 hour period, or sooner in some compromised individuals such as the elderly and infants. When there is an accompanying fever, call the PCP.
- Sometimes diarrhea is caused by Clostridium Difficile (C-Diff) which is a bacteria normally found in the intestines in small amounts. However, when one takes strong antibiotics like Clindamycin or Levaquin for aspiration pneumonia, other beneficial gut bacteria are killed and the C-diff multiplies, resulting in explosive, foul-smelling diarrhea which must be treated with antibiotics. C-Diff is now categorized as a "super bug". It has infested hospitals and cannot be killed by hand sanitizers. **It is killed only by bleach.** The bacteria form spores that can live on surfaces for up to 10 years. Regular house cleaning with 1:10 ratio bleach-to-water is extremely important.

TREATMENT

1. Provide the consumer with a clear liquid diet until the diarrhea has subsided. Urge water and tea. Every third glass you may give a mixture of ½ cup water & ½ cup Gatorade.
2. Upgrade the diet to a soft BRAT diet, as tolerated. (See Section on Vomiting)
3. Reference MedSupport for ordered or PRN medicinal treatments.
4. Contact the PCP if the consumer is having frequent, explosive and watery stools that have not subsided after 24 hours.
5. Do not give any anti-diarrheal medication for 24 hours if you suspect food poisoning. Diarrhea and vomiting are the body's best way to eject foreign pathogens.

NOTE: Medications may be poorly absorbed when an individual is having diarrhea. Seizure medications are of particular concern. People with seizure disorders may have an increase in the frequency and/or severity of seizures while ill.



Emergency Medical Care Procedures

18. CONSTIPATION

- Regular bowel movement patterns are individual. At Innovations, we recommend intervening after two days without a BM unless the consumer has individualized Bowel Protocol that indicates differently. One normally has approximately 3-5 urges to defecate a day. If an urge is not satisfied, one can become constipated. The stool stays in the colon and more water is reabsorbed by the body.

SIGNS OF CONSTIPATION

1. No bowel movement in two or more days
2. Distended abdomen
3. Abdominal pain
4. Excessive gas or belching
5. Change in behavior
6. Flatulence

TREATMENT

1. Notify the Nurse Case Manager.
2. Increase the consumer's fluid intake.
3. Increase the consumer's exercise.
4. Increase the consumer's intake of fiber.
5. Administer medications as ordered.
6. Schedule an appointment with the PCP should all interventions fail.



Emergency Medical Care Procedures

19. ENVIRONMENTALLY-RELATED HEALTH ISSUES

HYPOTHERMIA

- Hypothermia is a condition where the core body temperature drops below 90 degrees. It is characterized by sluggishness, bizarre behavior, changes in the consumer's Level Of Consciousness (LOC) and slurred speech. It requires medical intervention and is life threatening.

PREVENTION

1. Proper clothing for the weather. Hats are essential on cold and windy days. Consumer's should wear dry, warm socks and appropriate footwear, which includes boots on cold and wet days. Gloves are essential on cold days. A coat is to be worn when it is cold outside and the coat is to be zipped for ultimate protection.
2. People with a disability, a medical condition, who are older, who are inactive or who are on certain medications will **NOT** be able to tolerate extremes in temperatures well. Adjust the temperature of the room to meet the needs of the consumers who will be most easily affected.
3. Check body temperature by feeling the temperature of the skin on cheeks, hands and feet. If the individual feels cold, turn up the heat, add more clothes, etc.
4. If there are concerns about health and safety, consider keeping the individual receiving services at home when the weather is below freezing, highly windy, or very wet.

TREATMENT

1. Follow American Red Cross Standard First Aid course guidelines for hypothermia.
2. If consciousness is impaired, **Call 911**.
3. Get the person out of the cold.
4. Do not immerse in hot water or cover with an electric blanket.
5. Remove wet clothing and replace with dry clothing.
6. If you must remain outdoors, use body to body heat transfer by getting as close to the person who is hypothermic as possible and covering the both of you with a blanket.
7. Offer warm food and water if the individual's airway is clear and they can swallow safely.
8. Contact the House Coordinator and nurse to report the incident.
9. **Complete and route an Incident Report. Notify members of the IDT as needed.**

FROSTBITE

- Protect the consumers from the elements (See Prevention of Hypothermia).

TREATMENT

1. Follow ARC First Aid guidelines for treatment of frostbite.
2. Keep the consumer warm.
3. Remove any constrictive clothing around the affected area.
4. Handle the frostbitten area very gently to prevent further damage. Do not rub the area.
5. Bandage appropriately. You may put gauze between digits, but do not put cotton between them. The fibers will stick and make the cotton difficult to remove.
6. If the consumer is stable, transport them to the ER.

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7. If you are in a location where medical attention cannot be obtained for more than 20 minutes, re-warm the affected area by immersing in warm water (100 - 105 degrees Fahrenheit).
8. Contact the House Coordinator and nurse to report the incident.
9. **Complete and route an Incident Report. Notify members of the IDT as needed.**

HYPERTHERMIA

- Hyperthermia is an increase in the body's core temperature usually related to an excessive exposure to heat.

DEFINITIONS

- **Heat Exhaustion**
 - o The person's body is overheated but the body is still able to sweat. Body temperature is normal but the person may be slightly confused.
- **Heat Stroke**
 - o A life threatening condition is where the body temperature soars to 105 degrees or more. The condition is noted by the lack of perspiration and red, dry body skin. **Call 911** if you suspect Heat Stroke.

PREVENTION

1. Ensure appropriate dress for hot days -- hat, short sleeves, cotton shirt, etc.
2. Encourage and offer the appropriate intake of water (at least 2 liters of water on a regular day). On especially on hot day 3-4 liters.

TREATMENT

1. Follow American Red Cross guidelines for first aid appropriate to treat heat emergencies.
2. Cool the consumer by applying wet cloths or sitting in a cool bath and loosening or removing clothing.
3. If the airway is open and the individual can safely swallow, offer fluids (water is best).
4. Contact the House Coordinator and nurse to report the incident.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

SUNBURN

PREVENTION

1. Wear protective clothing -- hat with visor, long sleeved cotton shirt, sunglasses.
2. Encourage and assist with the application of sunscreen (minimum SPF 15-30) prior to outdoor activities during all seasons in Colorado due to the high elevation.
3. Reapply sunscreen at least every 90 minutes while outdoors.

TREATMENT

1. Immerse the sunburned skin in cool water. Add 1 cup of white vinegar per gallon of water for a more effective cooling.

Emergency Medical Care Procedures

2. Soak a towel in the solution and cover the burned area as needed for comfort.
3. To treat a serious sunburn, see the Section on Burns.
4. Contact the House Coordinator and nurse to report the incident.
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

HEAT CRAMPS

- Heat cramping occurs from excessive exposure to heat and inadequate fluid intake and is exacerbated by strenuous exercise.

PREVENTION

1. Good physical conditioning
2. Encourage stretching before exercising
3. Maintain good hydration with water, especially during activities.

TREATMENT

1. Stop exercising and relocate the consumer to a cool, shaded place.
2. Encourage gentle stretching and standing (if a leg cramp).
3. Apply direct pressure to the cramp, but do not rub.
4. Apply a cool pack, not heat.
5. Offer water. Supplement fluid intake with a half strength Gatorade/Water drink every third glass of fluids.
6. Decrease physical activity for the rest of the day.
7. Complete and route an Incident Report. Notify members of the IDT as needed.



Emergency Medical Care Procedures

20. ORAL HEALTH CARE

- Each consumer should be evaluated by a dentist annually or as ordered by their dentist.

TOOTH ACHE/MOUTH PAIN

INDICATIONS:

1. Look for swelling around the face, jaw or inside the mouth along the gum line.
2. Look for signs of an injury or foreign objects.
3. Look for signs of infection.
4. Note any foul odors or any discharge from the teeth.
5. Look for signs of pain from the consumer.
6. Look at the gums: Are they pale, pink and tightly attached to the teeth, or red, inflamed, puffy, or bleeding?

TREATMENT

1. Take the individual's temperature.
2. Call the dentist for recommendations and follow-up
3. Utilize treatments for pain as written on the consumer's PRN OTC and Medication List.

BROKEN OR LOST TOOTH

TREATMENT

1. Save the tooth or piece of tooth.
2. Place the tooth into a cup of milk and cover. If you do not have milk, use water.
3. Call the dentist for follow-up.
4. If there is no Dentist on Call, call their physician for direction.
5. Contact the House Coordinator and nurse to report the incident.
6. **Complete and route an Incident Report. Notify members of the IDT as needed.**



Emergency Medical Care Procedures

21. FEVERS

- Any fever over 103 degrees Fahrenheit in an adult may be an indication of a serious medical emergency. **Call 911.**

Measuring Temperatures

- Normal body temperature is 97.6 - 99.0 degrees Fahrenheit.
- Never take a temperature using the rectal route. It is invasive and could be misinterpreted by the individual, especially individual's who may have experienced abuse in the past.

Use of An Oral Thermometer

1. Do not use glass thermometers.
2. An oral, digital thermometer can be used if the individual can tolerate holding it in their mouth without movement, biting or spitting it out.
3. Wait ten minutes after the individual has had anything hot or cold to drink or eat before assessing an oral temperature.
4. The thermometer is to be covered with a disposable thermometer sheath. (Unless it's the consumer's own thermometer.)
5. The thermometer is placed under the tongue and will beep when finished. Remove it and read the digital display.
6. Record the temperature.

Use of An Oral Thermometer Per the Axillary Method

1. Place the digital thermometer under the arm pit, encased by the folds of the underarm crease.
2. The thermometer will beep when it is finished. Remove it and read the display.
3. Record the temperature.
4. Axillary temperature readings are one degree lower than oral routes.
5. **NOTE:** Digital thermometers can lose battery power and may not be accurate. If the reading does not seem consistent with the signs and symptoms experienced by the consumer, it may be an inaccurate reading. Double check with another method or change the batteries.

Use of a tympanic (ear) thermometer

1. Check the canal for wax build-up. If the ear canal is filled with wax, the reading will not be accurate.
2. Remove the thermometer from its holder.
3. Place a disposable sheath over the end of the thermometer. Make sure it is firmly in place.
4. Gently insert the sheathed probe snugly into the ear canal toward the tympanic membrane (ear drum).
5. Push the scan button. The thermometer will beep when ready to read. (It only takes a few seconds.)
6. Read the digital display and record the results. Dispose of the sheath.
7. Return the thermometer to the base.



Emergency Medical Care Procedures

FEVER TREATMENT

1. For a temperature of 99.6 - 100.6, monitor the consumer. Do not go into the community. Encourage rest and fluid intake. Consider Tylenol and other comfort measures as ordered on the approved OTC list.
2. For a temperature of 100.6 - 102.9, call their PCP.
3. For a temperature of 103 or above, **call 911**. Loosen clothing and cool with tepid water to the neck and underarms.
4. Encourage fluids for fever up to 103 degrees as long as there is no vomiting, the consumer is conscious, and has a safe airway (so there is not risk of aspiration).
5. **Complete and route an Incident Report. Notify members of the IDT as needed.**

Emergency Medical Care Procedures

HOSPITAL ADMISSIONS

Unexpected Admissions

- When a consumer is admitted to the hospital from the ER, the PCP's office, or unexpectedly for any reason:
 1. Notify Program coordinator and nurse, as well as the guardian and/or parent as soon as the consumer is stabilized. The hospital's patient representative also needs to be contacted.
 2. The Innovations nurse will contact the hospital and be the main conduit for medical information between the hospital and Innovations. The nurse and coordinator will contact the hospital nurse in charge of the consumer's care while hospitalized.
 3. The Emergency Information Sheet and other individualized information (Nursing Care Plans, Protocols) needs to be given to the hospital nurse in charge of the consumer's care.
 4. Any problems with the hospitalization will be reported to the Innovations Nurse.
 5. A team meeting can be requested during the hospitalization, especially prior to discharge.
 6. Always ensure there is a plan in place for obtaining complete records documenting the hospitalization and discharge instructions.

Expected Admissions

- They are also called scheduled or elective hospitalizations, usually for tests or surgery. In collaboration with direct care staff, the Innovations nurse and coordinator will delegate and ensure that the following occur:
 1. Admission date
 2. Ancillary services
 3. Pre-op physical, when required
 4. Pre-admission visit
 5. Contact with anesthesiology department regarding special needs of the individual
 6. Operative consent, if surgery is scheduled
 7. Parent/guardian notification
 8. Following of hospitalization procedures as listed in the Unexpected Admissions section (above).