



Nursing Policies

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POLICY:

Below are the Nursing Policies for Imagine! Innovations.

PROCEDURE:

- The scope of nursing care as well as the process utilized at Innovations is defined within the parameters of the State of Colorado Nurse Practice Act.
- Innovations Nurses are not primary caregivers. Our Nurses are consultants, educators, and case managers for each consumer medically based needs. The Nurses do not diagnose and treat, but assess needs, advise, train and assist the direct care professional. Innovations is a community based program and community supports, (such as physicians, pharmacists, and therapists) should be consulted in combination with on site educational materials and resources as often as possible. A Med Support Manual, Drug Reference Books, First Aid and CPR Manuals, Protocols, and other Educational Material is available to staff and should also be used as resources.
- The Nurse will do routine monitoring of health supports and services, will identify any unmet needs, and will implement preventive measures recommended/ordered by health care professionals.
- Frequency of visits to group home will be at the discretion of the nurse responsible for supervision, but in no case shall visits occur less frequently than once a week.
- There shall be a nurse available to unlicensed direct care staff 24 hours a day, 7 days a week. The nurse must either be on-site or immediately available by telephone. The On-Call Nurse will immediately be notified of changes in medical orders for a consumer and of changes in a consumer's health status.
- The nurse shall document that direct care staff have been educated about the chronic conditions and related health care needs of each consumer in their care. Staff will call the Nurse if there is an acute change in physical, cognitive, behavioral, has an accident or injury, or the consumer becomes critically ill.
- Occurrences that May Alter Physical Status
 - o Surgery
 - o Removal of teeth
 - o Use of catheter, G-Tube, colostomy
 - o Starting insulin
 - o New Diabetic diagnosis
 - o Major Change in Health Status
 - o Addition of a DNR

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- Diet Changes
- Swallowing Problems
- The Nurse will determine which nursing procedures unlicensed direct care staff will be allowed to perform and which staff can perform them, based on the following; the complexity of the task, condition of the consumer, and the training, skill and experience of the staff
- The Nurse assigns and delegates tasks as defined by the State Nurse Practice Acts and according to the knowledge and skills of designated caregiver.
- The Nurse assigns and delegates tasks based on the needs and condition of the consumer, recognizes the potential for harm, the stability of the consumer and the complexity of the task and the predictable outcome.
- The Nurse will interact with staff and review any changes in behavior, reactions, or in condition of the consumer, e.g., mental status changes.
- Blood Pressures: Any consumer with the diagnosis of hypertension will have blood pressures taken as ordered by the Physician and as symptoms warrant. Staff will report to the nurse or PCP any blood pressure readings outside of parameters.
- The Nurse will monitor weights every month, weights will be done as ordered by the PCP, but no less that monthly, the nutritionist will set the parameters of the weight loss or weight gain in which staff is to notify the nurse.
- Weights should be obtained after the consumer voids and before breakfast.
- A physician, nurse, or dietician may initiate a calorie count to assess the nutritional adequacy of the diet and to assure adequate nutritional intake.
- Skin Care: Skin tears, cuts, redness, abrasions and any skin breakdown will be reported to the nurse and the nurse will give direction to the staff according to severity what treatment will be recommended.
- Skin Care: Nursing will write a skin care protocol for all persons in wheelchairs, with decreased mobility, or with history of skin issues. Staff will assess the skin at bath time or changing time and will call the nurse if any changes in condition of the skin are evident.
- Constipation: For consumers diagnosed with constipation, the Nurse will educate the staff on the medications used, signs and symptoms of constipation, foods to eat, liquid intake, and when to call the PCP or Nurse.
- Therapies and Treatments: Must have orders written by a licensed medical professional, staff will be trained in the use, limitations and risks associated with these devices by the Nurse or the appropriate professional. The following are the types of therapies and treatments our consumers could receive:
 - PT and OT
 - Oxygen
 - Oxygen Tanks and Concentrators
 - Suction Machines
 - Breathing Treatments (Nebulizers)
 - Glucometer Checks

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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 anytime, 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.
- 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

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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.

Perform first aid pertinent to the situation as taught by the American Red Cross Standard First Aid course. The Nursing Services HEALTH SUPPORT MANUAL can be consulted for more detailed information.

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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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 Site Supervisors 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) need 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. The Nurse will participate in the hospital discharge plan. The Nurse will work with the Hospital Discharge Planner and assist in obtaining any durable medical equipment.

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).

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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.***

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
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.

AIRWAY PROBLEMS AND BREATHING DIFFICULTIES

OBSTRUCTED AIRWAY

- 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.
- **Call 911** for an obstructed airway.
- 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.
- If the consumer is unable to cough, talk or breathe--perform the Abdominal Thrusts (as taught by the American Heart Association).
- 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.
- ***Complete and route an Incident Report. Notify members of the IDT as needed.***

PARTIALLY OBSTRUCTED AIRWAY

- 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.
- 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.
- 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.
- ***Complete and route an Incident Report. Notify members of the IDT as needed.***

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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:**
 1. Follow American Red Cross or American Heart Association guidelines for airway management.
 2. Allow the individual to find a position of comfort, which is usually sitting up for someone having breathing problems.
 3. 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.
 4. Assess the need for possible emergency follow up.

 5. ***Complete and route an Incident Report. Notify members of the IDT as needed.***

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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**.
- Attempt to control the bleeding using the ARC protocol of direct pressure, elevation, pressure bandaging and pressure points. Do not use a tourniquet.
- ***Complete 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. ***Complete 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.***
- 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.

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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.
 - a. 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.
 - a. **Do not elevate the legs if there is:**
 - i. A possible injury to the spinal cord
 - ii. An injury to the head
 - iii. A cardiac condition of any kind
 - iv. Difficulty breathing
 - v. A possible fracture to the pelvis
 - vi. 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.

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:
 - o **Call 911**
- **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.

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2. **SHORTNESS OF BREATH**

- a. 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. **HIGH BLOOD PRESSURE**

- a. 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.

- **FIRST AID FOR HEART ATTACK**

- o 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..

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

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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**.
 - o **F** – Face drooping on one side? (Ask them to smile.)
 - o **A** – Arm Drift (Ask them to raise their arms.)
 - o **S** – Speech (Can they repeat a sentence in their normal speech pattern?)
 - o **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**
 - a. 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).
 - a. 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**
 - a. 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:**
 - o 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.**

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**
 - o **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.**
 - o **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.**

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- **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.
 4. **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.**

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.

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.

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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.

BURNS

CRITICAL BURNS

- **Call 911** for critical burns.
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.
- 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

SERIOUS BURNS

Nursing Policies

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.

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.**

Nursing Policies

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 cloth