

**MEDICAL PROTOCOL & EMERGENCY RESPONSE**

**When dealing with a medical emergency, never hesitate to call 911. Careful observation and timely reporting is critical in responding to our participant’s needs in the event of an emergency or illness.**

**Life threatening emergencies; call 911** and follow First Aid/CPR procedures while waiting for help:

* Unconscious, not responding
* No pulse
* Not breathing or extreme difficulty breathing
* Bleeding that cannot be controlled by direct pressure
* Chest pain or pressure
* Major changes in mental status (disorientation)
* Sudden loss of muscular coordination
* Sudden inability to walk
* Sudden inability to speak or changes in speech (slurred, garbled)
* Drooping of the face (usually mouth)
* Sudden arm weakness
* Any unwitnessed fall or head injury
* Administration of Epi-pen
* First known seizure or if participant seizure protocol indicates to call 911
* Vomiting blood or coffee-ground substance
* Fecal smelling vomiting
* Suspicion of broken bone or fracture

When injuries are **NOT** life threatening but require emergency room treatment, a determination must be made regarding transporting the participant by calling 911 or by staff. When in doubt, call 911.

**Non-emergency medical care;** call the program nurse first (during business hours). If after hours, call the participant’s PCP (on call MD) and notify the Division-on –call person. Example of non-emergency situation includes:

* Cold or flu symptoms (fever, cough)
* Nausea, vomiting, diarrhea, unless participant has a specific protocol to call 911. (Ex. G-tube protocol)
* Signs of dehydration (dry skin, dry tongue, decrease in urine output)
* Frequent urination, absence of urination for more than 6 hours, pain with urination, blood in urine
* Dizziness
* Headache not relieved by medication
* Increase in seizure activity
* Participant stating they “don’t feel well”
* Suspected side effect of medication (tremor, sedation, stiffness etc.)
* Changes in eating habits
* Changes in mental status
* Constipation or difficulty moving bowels
* Bruising
* Pain
* Rash

All medical emergencies and all situations involving a change in a participant’s health status (medical or psychiatric) will be reported to the program supervisor, program director and program nurse during business hours. After business hours, the Division-on-call person will be notified and voicemail/email message left the program director, program supervisor, and program nurse.

**Documentation:** an incident report will be completed following any ER visit or hospitalization. A notation of the incident will be documented in the staff log book and verbally communicated to oncoming staff.

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