

NURSING PROTOCOL

I am available to you by cell at #303-332-6777 twenty-four hours per day.

1. If your client has a medical emergency situation call 911 and notify me by cell as soon as possible. If I don't answer, leave a message and I will return your call as soon as possible. You can also contact Metro Support Services, Inc. to notify a staff member of the current situation.
2. If you are in a situation that requires my immediate input, such as when you are talking to a physician or pharmacist, please give them my cell # if they are unable to fax an order directly to you or the office, and I will take the verbal order(s).
3. If you are in a non-urgent situation that requires my attention, but does not require an immediate response, please call the office and leave a voice message.
4. If you need to notify me of a situation that does not require a response, but I need to be notified, please leave me a voice mail at the office. The following are appropriate examples:
 - a) Medication Changes
 - b) Update Of Medical Appointments
 - c) PRN Used for more than 7 days
 - d) Injuries Not Requiring Medical Follow-Up (i.e. Sunburns, scratches, minor bruising, falls without injury...)
 - e) Seizures without injury
5. If you take a client to the emergency room, call the agency nurse. If you cannot take the client to the ER or are unable to remain with them in the ER, or until they are admitted, call the agency nurse or your program director, so someone can relieve you.

MEDICATION

1. Always follow proper medication administration procedure – compare label to order etc.
2. All Medication errors must be properly documented on Medication Administration Record and on a GER.
3. Never give a client another client's medication!!! If you run out of a medication, call nurse ASAP.

4. To prevent a medication error, order medications whenever there is 1 week worth of medication. Be sure to anticipate if there is a long weekend or holiday within that time period.
5. When a medication expires or is discontinued, keep it separate from the current medications until they can be given to the agency nurse to destroy. Narcotics must be given to the nurse in person within 48 hours.
6. PRN medication should not be given more than 1 week without informing the nurse.
7. As a provider, you must know what medication you are administering and for what purpose/diagnosis. If you are unsure about a medication, please call me prior to administering the medication.
8. Call nurse in the event a medication has been missed, for instruction regarding follow-up. A GER must be completed and submitted to Metro Support Services, Inc.

YOU MUST NOTIFY THE NURSE OF THE FOLLOWING

1. All injuries/medical emergencies requiring medical attention from a medical professional must be reported to the nurse as soon as possible. In a medical emergency, dial 911 and notify nurse. Notify nurse by calling the cell #.
2. After medical appointments, notify nurse of the results and any changes in medications, protocols, etc. by leaving a voice message on the office voice mail.
3. Notify nurse of any surgery, or dental extractions before and after procedure.
4. Notify the nurse with *any* change in condition, such as an increase in seizure activity or change in behavior, changes in skin integrity (redness, open sores).
5. All incidents with injury.
6. For ingestion of poisonous or harmful substances, call POISON CONTROL @ (800) 222-1222.

MEDICAL APPOINTMENTS

- 1) Please make sure that you take the Consultation Form to the appointment. If an annual physical/health review is due, you can just use a consultation form from Therap, but only if the doctor attaches a dictation; otherwise the doctor will need to fill out a Health Review form. Information such as date of birth, current diagnosis and medications, etc., should be automatically filled in once the appointment is entered into Therap. If a Physical/Health Review form is used you do NOT need a Consultation Form filled out; one form is sufficient.

- 2) Any new orders or changes must be faxed to MSS office within 24 hours.
- 3) If you take your client for labs, you must obtain lab results within 3-5 days.
- 4) It is your responsibility to ensure medical appointments are scheduled and completed within the designated timeline as indicated below:
 - A. Annual Physical/health review: Yearly (remember to have doctor check vision, hearing, and gums if edentulous). This may be done no less than every 2 years as determined by the PCP.
 - B. Dental: Minimum of every six-month or as indicated by primary or dentist.
 - C. Vision: Annually or as indicated by primary or vision doctor.
 - D. Hearing: Annually or as indicated by primary or hearing doctor; Only if there is a documented concern ie: wears hearing aids.
 - E. Psychiatrist: Every 90 days or as recommended by psychiatrist.
 - F. If a client has been admitted to the hospital and is being discharged, be sure to get discharge orders from the doctor/hospital which should include: any new or changed med orders, written prescriptions, work release (if applicable) and next follow up appointment. The doctor **MUST** write on the discharge orders, “may resume all other previous medications”. This is to ensure continuation of other routine and PRN medications. Be sure to check the discharge orders with your current med sheet to question any discrepancies.

ADDITIONAL INFORMATION

- Clients who use wheelchairs for daily mobility **must** have an annual evaluation to ensure proper seating and to ensure that the wheelchair is in working order. It is the provider’s responsibility to obtain written documentation that this evaluation was completed with any recommendations for follow-up.
- Clients who receive Therapies such as Occupational Therapy, Physical Therapy or Speech Therapy require the following:
 1. If the client is receiving therapy from a therapist only, you must ensure that a Therapist Report is completed for each session.
 2. If the client is receiving therapy from a therapist and you are assisting the client to complete Range of Motion you **must** do the following:
 - a) Obtain documentation from the therapist that you have been trained to complete client specific ROM-this can be done on the Therapist Report. Please obtain number of hours for your Training Record.
 - b) Ask therapist for written program on Therapist Report, as an ISSP must be written and implemented per State Regulations. Diagrams are helpful if the therapist has them available.

- c) Anytime a Back Up Provider is to provide ROM, documentation that the Back Up Provider has received training to complete ROM and have be trained to implement the ISP must be on file at Metro Support prior to the Back Up Provider implementing the program. The therapist may complete training or you may request that the therapist sign off that you are able to train others.
- 3. Once therapy is discontinued, final recommendations must be obtained from the therapist for a possible ISP, etc. Any on-going therapy program must be reviewed by a therapist annually or as recommended by the medical professional
- Specialized/adaptive equipment such as splints, AFO's, walkers, etc. must be evaluated annually. Written documentation that this evaluation was completed is required and should include any follow-up needed. Please contact agency nurse if you are unsure as to whom to contact to have this evaluation completed.
- Clients who do not turn/reposition themselves or require assistance must have this issue addressed by their doctor or a therapist to determine how often repositioning is necessary to ensure continued good skin integrity. Please follow-up with Agency Nurse to determine who should address this issue.
- Day Program may require a work release prior to your consumer returning to day program after a medical emergency/injury or prolonged absence due to illness. It is your responsibility to obtain this documentation and send it to day program. Please notify the nurse by leaving a voice mail regarding any limitations.
- Protocols will be reviewed/revised annually, typically done with the annual physical. Please take these to the next scheduled medical appointment for the PCP to sign off.

PSYCHOTROPIC MEDICATION

The following must be provided to the attending Psychiatrist at the time of the appointment:

1. Tracking of Behaviors/Symptoms for past 3 months
2. Tracking of Psychotropic Side Effects for past 3 months
3. Current Lab work (Labs should be done in time for results to be available for this appointment).
4. If you observe any adverse effects call the agency nurse prior to administering the medication(s).

HOSPITAL DISCHARGE PROTOCOL

Whenever a client is admitted to the hospital, be sure to give the nurse/case manager at the hospital the MSS Nurse's name and number to coordinate discharge plans. This should be done on the day of admission.

On the day of discharge, bring the clients MAR and compare it with the discharge orders. If there are any discrepancies these must be resolved before taking the client home.

If there is a medication or medications that are not on the discharge list, be sure these were discontinued.

If there are any new medications, you must get a written prescription for these.

Take or fax any new prescription orders to the pharmacy. Be sure to make a copy of them first.

Notify the agency nurse of discharges and any medication changes.

Bring a copy of all orders to MSS ASAP.

NOTE: Be sure that any “tubes” are removed before leaving the hospital eg: IV’s, catheters (unless they already had a catheter in place), etc.

The following persons have received training and instructions regarding implementation of the above Nursing Protocol. By signing below, they affirm that they have received this training, and feel competent to implement this policy as it is written.

Provider Signature:

Date:

S. Neverve R.N