

Metro Support Services, Inc.
Nursing Protocol

NURSING PROTOCOL

Danica Cale, Agency RN is available by phone at 720-218-9755 twenty-four hours per day.

Please note: non-urgent situations should be dealt with during office hours M-F 8-5.

MEDICATION

1. Reorder medications whenever there is **no less than 1 week** worth of medication.
 - Be sure to anticipate if there is a long weekend or holiday within that time period.
 - Be sure you follow up with the pharmacy the day after reorder is requested, sometimes the pharmacy is not good about getting back prior to us knowing that a refill from the PCP is required.
2. 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.**
3. PRN medication should not be given more than 1 week without informing the nurse.
4. 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.
5. **For any new medication order you must obtain a copy of the prescription from the doctor or pharmacist and notify the nurse before starting.**
 - **Send a picture of the RX to the nurse if med is obtained on a weekend so it can be updated in therap.**
6. If you get a new order after office hours, please print and fill out a paper MAR from Therap to document until it is added to the eMAR.

YOU MUST NOTIFY THE NURSE OF THE FOLLOWING

1. If your client has a medical emergency situation **call 911 first** then notify the agency nurse by cell as soon as possible. (Ex: Excessive bleeding that won't stop, unconsciousness, breathing difficulties, etc.) If there is no answer, leave a message and the nurse will return your call as soon as possible. You also need to contact a Metro Support Services, Inc. staff member to notify them of the current situation. A GER must be completed.
2. 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 Coordinator so someone can relieve you. **Never leave a person alone in the emergency room.**
3. 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 the nurse. Notify the nurse by calling her cell number.

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4. After medical appointments, notify nurse of the results and any changes in medications, protocols, etc. immediately.
5. Notify the nurse of any surgery or dental extractions before and after procedure.
6. Notify the nurse of any change in condition, such as an increase in seizure activity or change in behavior, changes in skin integrity (redness, open sores), etc.
7. Notify the nurse of all incidents resulting in injury.
8. For any incidents of ingestion of poisonous or harmful substances call POISON CONTROL at 303-739-1123; notify the nurse & complete a GER.
9. For choking episodes that require using the Heimlich, call 911 to have them assess the client (even if the food is dislodged). Notify the nurse & complete a GER.
10. If you need to notify the nurse of a situation that does not require a response, please send an S-Comm or text. The following are appropriate examples:
 - Update of Medical Appointments
 - PRN Used for more than 7 days
 - Injuries Not Requiring Medical Follow-Up (i.e. Sunburns, scratches, minor bruising, falls without injury, etc.)
 - Seizures without injury

MEDICAL APPOINTMENTS

- 1) a) Please make sure that you take a Consultation Form to each medical appointment. If an annual physical/health review is due, print a Consultation form from Therap that includes a list of all routine & PRN medications. Please ask the doctor for a copy of their dictation to attach to the consultation form.
b) Make sure the PCP e-scripts refills for all routine medication to the clients' pharmacy at their annual physical.
- 2) Any new orders or changes must be faxed to MSS immediately (720-872-2738). Please be sure to call MSS office to confirm it was received. You can send a picture of the medication to the nurse if it is prescribed during a holiday/weekend.
- 3) If you take your client for labs, please make an appointment in Therap to attach the results to 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-months 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 i.e.: wears hearing aids.
 - E. Psychiatrist: Every 90 days or as recommended by psychiatrist.

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- 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 and attach in Therap.**
- 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.
 - 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.
 3. Anytime a Back-Up Provider is to provide ROM, documentation that the Back-Up Provider has received training to complete ROM and has been trained to implement the ISP must be on file at Metro Support prior to the Back-Up Provider implementing the program.
 4. 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 the agency nurse if you are unsure as to whom to contact to have this evaluation completed. Please enter these as appointments in Therap.

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- 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 the agency nurse to determine who should address this issue.
- Some Day Programs may require a work release prior to your client 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 and signed by the provider annually.

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/order 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. Send a copy of all orders to MSS ASAP.

NOTE: Be sure that any "tubes" are removed before leaving the hospital e.g.: 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:

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Danica Cale, R.N
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