

Sample Document
Written Standing Orders Sample
Treatment Protocols

Must be signed, dated by Health Care Consultant

Abrasions, scratches, cuts:

- o Use disposable gloves when treating any injury where blood or other body fluids are involved.
- o Clean with soap and water.
- o Apply antiseptic or antibiotic ointment.
- o Apply sterile dressing.
- o Dispose of gloves properly.
- o Refer for care for facial wounds or any deep, non-closing wounds. (Use pressure and sterile dressing to stop bleeding).

Splinters:

- o Clean skin with soap and water.
- o Superficial splinters may be removed with sterile single-use tweezers
- o Apply antiseptic or antibiotic ointment.

Patients with other splinters should be referred to medical care

Fever

- o Take the individual's temperature.
- o If signs of severe infection or sepsis are present, call 911.
- o Offer Tylenol
- o Request that the individual stay out of the DCC space until their fever has resolved for 24 hours without the use of fever-reducing medications.

Sprains, strains, and fractures:

- o Use cold bath or ice bag (over clothing or towel – never directly to skin). Remove ice bag after 15 minutes. Do not pack in ice. If this relieves pain and there is only slight swelling, apply firm ace bandage.
- o If pain and swelling is severe, keep part elevated, and refer for care.
- o Suspected Fractures: Refer for care

Bruises and Bumps:

- o Apply cold compress or ice.
- o Consider possibility of fracture or deep injury if tenderness or pain is severe and treat as sprain, or fracture until medical care is available.

Minor Aches/Pains

- o Minor aches/pains include mild to moderate headache, backache, and muscle or joint pains. Individuals with acute severe pain or indications of a fracture should be referred to urgent care/EMS.
- o Assess location, severity, and history of pain.
- o Offer hot/cold packs as appropriate.
- o Offer Tylenol and/or ibuprofen based on symptoms and patient preference (see medication list for administration details).

Head Injuries:

- o If any head injury is accompanied by dizziness, unconsciousness (or has lost consciousness at any point since the head injury), headache, nausea, vomiting, change in pulse rate, severe nosebleed, confusion, has an altered level of consciousness, or other concerning symptoms:

§ Call 911

§ Put patient supine with head elevated if possible

- o Caution: Do not remove person with severe head or back injury until seen by medical authority.

- o Use disposable gloves when dealing with a patient who is vomiting or bleeding.
- o Dispose of gloves properly.
- o If none of the above signs or symptoms are present, offer ice packs for the head. Offer Tylenol for any head pain (see medication list for administration details).

Bleeding:

- o When dealing with an injury involving blood, use disposable gloves.
- o Dispose of gloves properly when finished.

Arterial, Venous:

- o First, use pressure with sterile dressing over wound (not a tourniquet) to stop bleeding. If bleeding is on an extremity, elevate that extremity. If severe, call 911

Nose Bleed:

- o Sit patient erect with head forward. Gently compress nostril for 10 minutes with thumb and forefingers against nasal septum. If not completely stopped after 10 mins, repeat for another 10 mins. Use judgment re referring for medical care.

Burns including sunburn:

- o Use cold compress or ice water if skin is not broken.
- o For those burns which produce a slight reddening of the skin over a small area apply barrier ointment
- o Consider burns with blistering as serious injuries and the areas burned as open wounds.
- o Call 911. While waiting, cover with sterile compresses and bandage loosely. Encourage fluids.
- o Wear disposable gloves when treating a burn in which the skin is broken. Dispose of gloves properly.

Poison Ivy:

- o Treatment: Wash exposed areas thoroughly with soap and water. Apply Calamine Lotion. Refer for medical care if facial or over 50% of body is involved

Poisoning from Ingestion:

- o Determine agent and amount ingested.
- o Call Poison Control Center at 1-800-222-1222.
- o Call 911

Infections of extremities, wounds, boils, etc:

- o Apply moist heat.
- o If the skin is broken or may break while treating infection, boil, etc., disposable gloves should be worn. Dispose of gloves properly.
- o Take temperature. If elevated, refer for medical care
- o Draining infections should be kept bandaged to prevent spread.

Insect Bites or Stings:

- o Localized allergic reaction to Bee Sting: Apply cold compress.
- o Offer Benadryl, Claritin, or Calamine lotion based on symptoms and patient preference.
- o Ticks: Remove by using steady pressure with sterile single-use tweezers. Clean bite area with soap and water

Systemic Allergic Reactions to insect bites, stings, or food:

- o Recognize the signs of anaphylaxis:
 - Cold, clammy, moist skin
 - Widespread hives
 - Swelling of tongue or lips
 - Pale or bluish color to skin
 - Itching
 - Shortness of breath
 - Change in voice quality
 - Feeling of fullness in the throat
 - Rapid or weak pulse
 - Dizziness or fainting
 - Signs of shock—low blood pressure, rapid shallow breathing, weak pulse
 - Vomiting, nausea

- Diarrhea, cramping
- Call 911
- First-line treatment: Epinephrine is the first-line treatment for anaphylaxis. Use epinephrine in a 1 mg/mL aqueous solution (1:1000 concentration). Administer a 0.3 mg dose IM using an autoinjector in the mid-outer thigh. Epinephrine doses may be repeated 2 additional times at 15 minute intervals while waiting for EMS to arrive.
- Optional treatment: H1 antihistamines relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension, or shock. Consider giving diphenhydramine for relief of itching and hives. Administer orally 100mg every 4–6 hours.

Gastrointestinal distress (nausea, vomiting, diarrhea, heartburn, etc)

- Any individual experiencing acute diarrhea with incontinence will be required to leave the space, with the option to continue consulting with the nurse and other DCC staff outdoors.
- If an individual is experiencing severe chest or abdominal pain, or has blood in their stool or vomit, call 911. Consider referring to EMS for repeated vomiting or diarrhea, especially if symptoms span multiple days and/or there are signs of dehydration or electrolyte imbalance.
- Assess the patient's symptoms, history of illness, level of hydration, and other relevant information.
- Offer non-pharmaceutical methods for relieving symptoms, such as water, other clear liquids, bland foods (eg saltines), and warm packs. Offer pregnancy test if relevant and available.
- If patient has upset stomach (nausea) with no other symptoms: Clear liquids, observe. Consider referral to medical care.
- For complaints of constipation: Give water. If pain develops, refer to medical care
- Offer Tums based on symptoms and patient preference (see medication list for administration details).

Earache:

- Refer for care if pain severe.

Sore Throat:

- Take temperature. Follow recommendations for fever if present.

Wild Animal Bite:

- Wash area immediately with soap and water.
- Cover with antibiotic ointment and dressing.

- o Obtain information re animal type and location, rabies history, immunization status (rabies and tetanus), etc
- o Refer for medical care

Heat Exhaustion/Hyperthermia:

- o Put patient in a cool place. Have him/her lie down with feet elevated.
- o Check temperature
- o If the individual has been exposed to high temperatures and has signs of heat stroke (oral temperature of 103° F or higher; fast pulse, dizziness, nausea/vomiting, confusion, change in level of consciousness), call 911
- o Advise the individual not to go outside until symptoms resolve. Have them lie down with feet elevated. Have them loosen clothing if possible. Offer cool cloths or cold packs, water.
- o Give patient cold water to drink every 15 minutes until he/she is feeling better.
- o Then refer for care

Suspected Hypoglycemia

- o Assess the individual's condition (symptoms, history, etc). Common symptoms of hypoglycemia include increased heart rate, shaking, sweating, dizziness, hunger, irritability, confusion, and, if severe, seizures.
- o Test the patient's blood sugar and urine ketones if possible. If blood sugar is below 55 mg/dL, or blood sugar is below 70 mg/dL AND the individual has altered mental status, call 911.
- o Offer a sweetened beverage or food.

Suspected Hyperglycemia

- o Assess the individual's condition (symptoms, vitals, history, etc). Common symptoms of hyperglycemia include frequent urination, increased thirst, headache, blurred vision, sweet-smelling breath or urine, nausea/vomiting, hyperventilation, and confusion.
- o Test the patient's blood sugar and urine ketones if possible. If blood sugar is above 600 mg/dL, call 911. If blood sugar is above 400 mg/dL AND the individual has altered mental status or is vomiting, call 911.
- o Encourage the individual to drink water in moderation.

Opioid Overdose

- o Evaluate for signs of opioid overdose, including unconsciousness/unresponsiveness, compromised respiratory status. Perform sternal rub. If the individual responds, continue to assess for responsiveness and breathing
- o If an overdose is taking place, call 911
- o Administer nasal naloxone. Repeat every 2-3 minutes if the individual does not respond.
- o If the individual has no pulse, perform CPR with rescue breaths. If the individual has a pulse and their airway is clear, perform rescue breaths at a rate of one breath every 5 seconds.

Encourage the individual to stay until EMS arrives, so they can be monitored further. Overdose symptoms can return after the naloxone wears off

Wheezing

- o If the individual's airway appears compromised or they are having difficulty breathing, call 911.
- o Advise the patient to sit upright or in the tripod position
- o Encourage the use of a rescue inhaler if the individual has one.
- o Offer warm beverages if available

Health Care Consultant

Signature: _____ Date: _____

Name Printed: _____