Date Adopted	11/93	Section	300 Unusual Incidents
Date Revised	10/94, 08/02, 08/14	Subject	306 Identifying Sickness/Illness
Rule Referenced			

306 Identifying Sickness/Illness

Choices In Community Living, Inc. is committed to maintaining the safety and good health of its clients.

If a client becomes ill (i.e. complains of or indicates headache, stomach ache, etc.):

- 1. Take the client's temperature, if applicable.
- 2. Administer the over-the-counter medication that is recommended by the client's doctor.

If the illness persists:

- 3. If the illness persists for several hours, notify the client's doctor and/or take the client to the emergency room.
- 4. Follow the procedure for defining and reporting Major Unusual Incidents and Unusual Incidents.

If a client is injured:

- 1. Immediately determine whether first aid or emergency medical service is necessary.
- 2. Administer first aid or call 911, as applicable.
- 3. Follow the procedure for defining and reporting Major Unusual Incidents and Unusual Incidents.

The overnight or early morning staff assesses the client's condition and assists in determining if the client will attend day programming. The overnight or early morning staff notifies the Program Administrator of the decision and notifies the day program provider if the client will not attend.

Urgent Situations

There are several levels of urgent situations which require speed of action and medical care appropriate to the situation. Stabilize and evaluate minor injuries on the site and later transport either to the hospital or home, as applicable. Major illnesses and injuries require hospital care within the hour. Emergencies require action within minutes. When an individual appears to have a medical emergency, staff are expected to immediately contact 911 and provide emergency care as trained in Red Cross guidelines of CPR and First Aid treatments.

Date Adopted	11/93	Section	300 Unusual Incidents
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An emergency is a life-threatening condition in which death or permanent disability may result within the hour. Examples of these conditions are:

- Lack of heartbeat
- Lack of breathing
- · Impairment of breathing
- Blow to head comparable to that of a strongly swung baseball bat
- Uncontrolled bleeding
- Coma
- Unconsciousness
- Poisoning
- Status epilepticus (long seizures)
- Crushing injury of head, chest, or abdomen
- Fractures of the long bones of the extremities
- Severe bee sting (allergy), massive hives, difficulty breathing secondary to throat swelling

Signs and symptoms to observe and report

Some situations may not be urgent but it is important to recognize signs and symptoms of disease and/or side effects of medication so that proper treatment may be carried out.

Choices In Community Living, Inc. expects all persons in contact with the clients to call attention to the first signs of problems noted through observations of baths, meal times and recreation periods. Some of the common symptoms to report to the Program Administrator and possible referral to the physician are listed below:

Date Adopted	11/93	Section	300 Unusual Incidents
Date Revised	10/94, 08/02, 08/14	Subject	306 Identifying Sickness/Illness
Rule Referenced			

General Body Symptoms

Weight loss without dieting (5 lbs)

Rapid weight gain (5lbs)

Loss of appetite

Increase in thirst

Dehydration

Dizziness, weakness

Shaking, chills

Frequent or severe headache

Swelling in any part of the body

Ears

Discharge or bleeding

Pain in ear or back of ear

Foreign body in ear

Profuse hardened ear wax

Signs of deafness

Eyes

Redness of eyes or eyelids

Change in color, bluish or yellowish swelling

Discharge or bleeding

Profuse tearing

Dullness, brightness, dark circles

Twitching, sensitivity to light

Dilated or contracted pupils

Foreign body in the eye

Signs of blindness

Vital Signs

Temperature elevation

Low temperature

Weak, thready pulse

Irregular pulse

Fast or slow pulse

Shallow or deep respiration

Noisy respiration

Difficulty in breathing

Pain or injury

Nose

Chronic discharge

Runny nose (not chronic)

Sneezing

Repeated nosebleeds

Foreign object in the nose

Breathing difficulties

Mouth

Tongue - coated, red, pale

Teeth - sharp, broken, loose, toothache

Gums - swelling, bleeding, ulcer sores that do

not heal

Difficulty in swallowing or talking

Hoarseness

Swollen, discolored lips

Rash or red mouth

Sore throat

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Abdomen Neck

Any swelling or lump in the abdomen or groin Swelling or lumps in neck

Nausea or vomiting Swelling, ulcer

Pain in the abdomen Stiffness or pain in neck

Rigid abdomen

Chest Skin

Chronic cough Rash, moles, open sores

Coughing up blood or pus Dryness, dampness

Shortness of breath or difficulty breathing Pale or reddened bruises

Pain in chest Burns

Lump in breast or under the arm Unusual bites

Rectum Genitals and Urine

Hemorrhoids Swelling

Bleeding or drainage from rectum Redness

Abnormal bowel movements (blood, mucous, Discharge worms, diarrhea, fluid) Itching

Chronic constipation Abnormal color or odor of urine

Pain or difficulty in urination

Feet Unable to void; voids frequently

Swelling or pain Incontinence
Corns or bunions Abrasions

Ingrown toenails Odor

Deformities

Blisters

Arms and Legs Mental State

Swelling or pain Coma or semi-comatose

Deformities Confusion or disorientation (unusual for client)

Lumps, bruises Drowsiness or stupor

Paralysis or weakness Fatigue
Varicose veins Agitated

Sudden change in behavior

Date Adopted	11/93	Section	300 Unusual Incidents
Date Revised	10/94, 08/02, 08/14	Subject	306 Identifying Sickness/Illness
Rule Referenced			

Do Not Resuscitate Orders

Emergency Medical Response IF Client Is **Not** Under the Care of End of Life Services (such as Hospice)

When an individual appears to be having an Urgent Emergency medical situation as described on page 3-14 and 3-15, staff will immediately take all reasonable steps to obtain emergency medical assistance and to preserve the individual's life until the individual is under the direction or care of proper medical authorities.

Staff Response IF Client **IS** under the care of End of Life Services (such as Hospice) but still living at home

It is the policy of Choices In Community Living to take all reasonable steps needed to preserve the life and safety of individuals receiving services. If CICL is provided a written, current and legal DNR Comfort Care directive or a DNR Comfort Care-Arrest directive, this information will be maintained by CICL in permanent record and at the place of residence.

- All DNR orders will include the protocol for DNR Comfort Care or DNR Comfort Care-Arrest per Ohio Administrative Code/Ohio Department of Health Rule 3701-62-04 and 3705-62-05. (see attached).
- The DNR directive and CICL's policy regarding DNR orders will be reviewed and documented with the individual, the individual's family and guardian, CICL's Delegating Nurse, the county board Service and Support Administrator, and CICL staff.
- The individual's ISP should be revised to reflect the DNR order
- CICL staff will be given written, simplified, and clear protocol to follow regarding the DNR
 order by the qualified End of Life Service provider (such as Hospice). These protocols will
 identify the actions CICL staff should implement. The protocol should instruct staff to
 contact the End of Life provider immediately when the individual begins to experience
 urgent medical issues, cardiac, or respiratory arrest to obtain their assistance.