

Community Health Worker Emergency Protocols

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Communications Guideline: What the Colors Mean

	Red	Yellow	Green
What is it?	Any life-threatening emergency that requires emergency care. Generally, the patient is unable to hold a conversation, looks very sick, or is a threat to himself or someone else	Urgent, non-life-threatening medical/social/psych problems that require immediate attention.	Any non-urgent updates or changes in status
Examples	<ul style="list-style-type: none"> • See page 3 for detailed scenarios • Severe chest pain • Unresponsive individual • Overdose • Suicidal thoughts • Threatening violence 	<ul style="list-style-type: none"> • Sick but not enough to call 911 • Significant adherence or side effect issue • Significant/worrisome change in physical/psychological health state or drug use pattern • Sudden homelessness 	<ul style="list-style-type: none"> • Routine medical updates • Discrepancy on medication review • Medication adherence update • Non-urgent social problem
Who to call	Do not hesitate! <ul style="list-style-type: none"> • Call 911 • Then, call your Nurse <u>Do not leave the patients side until ambulance arrives (unless the patient is violent or you feel threatened in any way)</u>	<ul style="list-style-type: none"> • Call Nurse • Call CCP SW or Medical Director if Nurse does not return call • Do not leave patient until Nurse calls back • Follow Nurse instructions 	Call Nurse that day if an issue needs to be resolved in the next 24-48 hours Otherwise, no call necessary
How to Document	Document in ORCHID and route “urgent” to your RN, PCP, and CCP SW or Medical Director	Document in ORCHID and route “urgent” to your RN, PCP, and CCP SW or Medical Director	Document in ORCHID and route “routine” to your RN and PCP

When In Doubt...

<u>For Medical Situations:</u>	<u>For Mental and Behavioral Health Situations:</u>
<p data-bbox="548 646 1108 769"> 1 Nurse <i>If no call-back within 10 minutes:</i> Call your </p> <p data-bbox="596 834 1241 938"> 2 Call the CCP Medical Director <i>If can't reach Medical Director within 5 minutes:</i> </p> <p data-bbox="644 1019 827 1084"> 3 Call 911 </p>	<p data-bbox="1333 646 2032 786"> 1 Mental Health/Behavioral Health if they know the patient; if they CCP SW <i>If no call-back within 10 minutes:</i> Call the clinician </p> <p data-bbox="1297 818 1997 906"> don't know the patient, call the 2 Nurse <i>If can't reach nurse within 5 minutes:</i> </p> <p data-bbox="1297 980 1625 1068"> Call your 3 911 Call </p>

Red Situations
Do NOT Hesitate – Call 911, then Nurse
If save, DO NOT LEAVE PATIENT'S SIDE until ambulance arrives

Red

- **New/severe chest pain**
- **New/severe shortness of breath** (inability to talk in complete sentences)
- **Difficulty breathing** (using neck or chest muscles to breath)
- **Altered Mental State** - Unresponsive individual or new/unexplained confusion or sleepiness
- **Overdose**
- **Suicidal thoughts**
- **Threatening violence**
- **New/sudden focal weakness, facial droop, or slurred speech**
- **New/severe and intractable pain**
- **Severe/prolonged bleeding** that cannot be stopped with pressure/elevation
- **Vomiting blood** (especially if history of liver problems/alcohol)
- **Severe allergic reaction** - Lip/Tongue swelling or wheezing, or after patient has used epinephrine pen
- **Seizure** – First seizure, prolonged seizure (>3-4 minutes)
- **Head Trauma**
- **Back Pain** with stool incontinence or urinary incontinence retention
- **High blood sugar** – with confusion
- **Low blood sugar** – confusion/unresponsiveness, seizure, inability to swallow
- **High blood pressure** with chest pain/shortness of breath/severe headache/confusion/vision changes/focal weakness/numbness
- **Low blood pressure** with severe dizziness/fainting spells, falls, confusion

Special Situations

Hypoglycemia

- Help patient eat simple carbohydrates (3 glucose tabs, ½ cup juice, 6 lifesavers or 4 teaspoons of sugar)
- Recheck blood sugar after 15 min

If second blood glucose is less than 70:

- Repeat simple carbohydrates and recheck after 15 min
- Once patient's blood sugar is over 100, give a snack of complex carbohydrates (peanut butter crackers)
- Call patient in an hour for blood sugar check and inform your nurse

Fainting

- Lower patient to the floor and lie him or her down
- Raise the feet above the level of the patient's heart
- **Call Nurse** and remain with patient

If patient has diabetes:

- Help patient check his own blood sugar
- If the blood sugar is low, have them drink juice, chew hard candy, eat a spoonful of sugar

If patient is taking blood pressure medications:

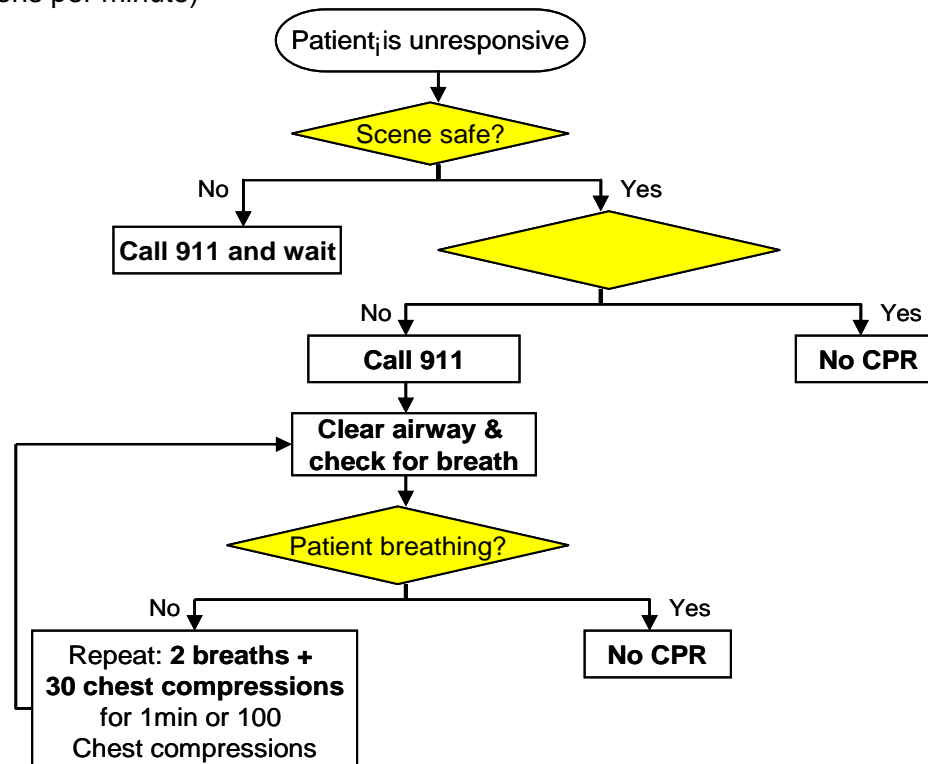
- Help patient check blood pressure

Seizure

- Do not intervene to try to stop the seizure, but only to prevent injury:
- Lower patient to the floor, if possible
- Turn patient on his/her left side
- Loosen any neckwear
- Do not place anything in patient's mouth or try to pry teeth apart
- Observe the following: duration of seizure, type of movements, amount of time before return to full consciousness

Unresponsive and Not Breathing: CPR

NOTE: When you witness sudden collapse in an adult, you can use Hands-Only CPR (e.g. do CPR without breaths at 100 Chest compressions per minute)



Chest Pain

ASK:	<ul style="list-style-type: none"> • What do you think is causing the chest pain? • How long have you had it? • Have you tried anything to make it better today? 	<ul style="list-style-type: none"> • Have you had this pain before? • What do you usually do when you get this pain?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Pressure or heaviness in mid-chest • Difficulty breathing • Pain that travels up to left jaw and neck, or down arm • Sweatiness, dizziness, nausea 	<input type="checkbox"/> Heart attack	<ul style="list-style-type: none"> • Call 911 • Call NURSE immediately
<ul style="list-style-type: none"> • Difficulty breathing • Pain with breathing • Rapid heart rate • Swelling in a leg 	<input type="checkbox"/> Pulmonary embolism	
<ul style="list-style-type: none"> • Known heart disease • Chest pain is patient's usual angina • Patient is supposed to try nitroglycerin if he has this pain 	<input type="checkbox"/> Heart disease	<ul style="list-style-type: none"> • Instruct the patient to use nitroglycerin as prescribed (1 spray or sublingual tablet every 5 minutes x 3 until chest pain is resolved) • Call NURSE immediately for further instructions
<ul style="list-style-type: none"> • Chest tightness • Wheezing • Cough 	<input type="checkbox"/> Asthma/Pneumonia	<ul style="list-style-type: none"> • Call Nurse for triage support <p><u>*If known asthma:</u></p> <ul style="list-style-type: none"> • Follow patient's Asthma Action Plan
<ul style="list-style-type: none"> • Heavy/rich/spicy/acidic meal earlier in the day • Burning sensation • Acidic backwash in the mouth • Burping • Indigestion • Nausea 	<input type="checkbox"/> Heartburn	

Shortness of Breath

Remember: Use the peak flow meter for the Asthma Action Plan.

ASK:	<ul style="list-style-type: none"> What do you think is causing you to feel short of breath? Have you felt like this before? What do you usually do when this happens? 	<ul style="list-style-type: none"> How long have you been feeling this way? What did you try to do today to feel better?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> Inability to talk in complete sentences Moving neck and chest muscles to breathe; "pulling" to breathe Blue lips Altered mental state (disorientation / confusion) 	<input type="checkbox"/> Severe respiratory distress	<ul style="list-style-type: none"> Call 911 Call Nurse immediately
<ul style="list-style-type: none"> Usual asthma symptoms 	<input type="checkbox"/> Asthma flare	<ul style="list-style-type: none"> Follow patient's Asthma Action Plan Call Nurse for triage support
<ul style="list-style-type: none"> Usual COPD symptoms 	<input type="checkbox"/> COPD exacerbation	<ul style="list-style-type: none"> Call Nurse for triage support Follow COPD Action Plan

Asthma Action Plan Review:

1. Try 2 puffs of rescue inhaler (albuterol, alupent, proair, ventolin) OR use nebulizer treatment
2. If patient is still short of breath after a few minutes, repeat inhaler/nebulizer
3. If patient still has no relief after second inhaler/nebulizer, call NURSE immediately
4. If after two treatments, patient does have relief and is Green Zone, ask patient to monitor peak flow over the next 6-12 hours and continue to follow their Asthma Action Plan
5. If after two treatments, patient feels better but is in Yellow or Red Zone, call NURSE for further instructions before leaving the house

COPD Action Plan Review:

1. Take rescue inhaler (e.g. combivent) OR use nebulizer treatment
2. Start antibiotic course and/or steroid course, if part of patient's personalized plan as directed by PCP and NURSE
3. If no full relief within 48 hours, see PCP.

Headache

ASK:	<ul style="list-style-type: none"> What do you think is causing the headache? Have you ever had a headache like this in the past? Do you feel nauseated or have you vomited? 	<ul style="list-style-type: none"> Have you had any changes in your vision? Did you recently hit your head?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> "Worse headache I ever had" Altered mental state, such as confusion or sleepiness Vomiting Recent head injury Known hypertension 	<input type="checkbox"/> Brain hemorrhage	<ul style="list-style-type: none"> Call 911 Call Nurse immediately
<ul style="list-style-type: none"> Fever Stiff neck Vomiting Sensitivity to light Altered mental state 	<input type="checkbox"/> Meningitis	
<ul style="list-style-type: none"> Focal neurological signs, such as weakness in one arm or leg, slurred speech, change in vision, confusion Known hypertension / vascular disease 	<input type="checkbox"/> Stroke	
<ul style="list-style-type: none"> HIV with low CD4 count 	<input type="checkbox"/> Infection <input type="checkbox"/> Lymphoma	<ul style="list-style-type: none"> Call Nurse for triage support
<ul style="list-style-type: none"> Patient has had bad headaches before, but this one feels very different than the usual headaches 	<input type="checkbox"/> Dangerous underlying cause	
<ul style="list-style-type: none"> Usual headache that does not get better after 30min with usual meds 	<input type="checkbox"/> Dangerous underlying cause	

Nausea/Vomiting and Diarrhea

ASK:	<ul style="list-style-type: none"> • When did this start? • Have you been having fevers? • Have you noticed blood in your stools or in your vomit? • Have you noticed specks that look like coffee grounds in your vomit? Dark colored stools? • Do you have any belly pain? 	<ul style="list-style-type: none"> • Have you been able to keep any food or water down? • Do you feel faint or light headed? • Has this ever happened before? • Is anyone you know also sick with the same symptoms?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Severe stomach pain • Dark/bloody stool • Vomit that looks like coffee grounds • Severe vomiting • (especially if history of alcohol use) 	<input type="checkbox"/> Acute internal bleeding	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • Persistent nausea / vomiting / diarrhea • Dry lips • Lightheadedness • Confusion • Inability to tolerate liquids for past 8hrs 	<input type="checkbox"/> Dehydration	<ul style="list-style-type: none"> • Call Nurse for triage support
<ul style="list-style-type: none"> • Persistent nausea / vomiting / diarrhea • Stomach pain • Fever 	<input type="checkbox"/> Severe infection	

Fever

ASK:	<ul style="list-style-type: none"> • When did the fevers start? • What do you think is causing the fevers? • Is anyone around you also sick with similar symptoms? • Have you had cough, and runny nose? 	<ul style="list-style-type: none"> • Have you had difficulty breathing? • Have you had a headache? • Have you had diarrhea or vomiting? • Have you had any itching or burning when you pee?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Confusion • Severe pain 	<input type="checkbox"/> Life-threatening infection	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • High fever above 101°F • Signs of dehydration (dizziness, parched lips and mouth) • Difficulty breathing • HIV with low CD4 count 	<input type="checkbox"/> Severe infection	<ul style="list-style-type: none"> • Call Nurse for triage support

Bleeding

ASK:	<ul style="list-style-type: none"> • When did you start bleeding? • From where have you been bleeding? • Are you on any blood thinners (such as aspirin or Coumadin)? 	<ul style="list-style-type: none"> • Has this ever happened before? • Do you feel lightheaded or faint? • Have you fainted?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Severe or prolonged bleeding that cannot be stopped with pressure or elevation • Lightheadedness • Blood in vomit or stool • Known clotting or platelet problem (Coumadin or hemophilia) 	<input type="checkbox"/> Massive bleeding	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • Minor injury 	<input type="checkbox"/> Minor bleeding	<ul style="list-style-type: none"> • Call Nurse for triage support • Elevate bleeding spot • Instruct patient to apply pressure
<ul style="list-style-type: none"> • Nosebleed 	<input type="checkbox"/> Minor bleeding	<ul style="list-style-type: none"> • Instruct patient to sit up with head back • Instruct patient to apply ice to the bridge of the nose • If bleeding lasts for over 10min, call Nurse

Rash / Allergy

Remember: Use gloves if you ever need to inspect the rash.

ASK:	<ul style="list-style-type: none"> • When did you first notice the rash? • Where did the rash start and where has it spread? • Is the rash itchy? • What do you think is the cause of the rash? • Have you started any new medications recently? 	<ul style="list-style-type: none"> • Have you eaten any foods you think you're allergic too? • Have you used any new detergents or soaps or lotions? • Does anyone you know have a similar rash? • Are you having difficulty breathing or swelling of your lips and tongue?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Swollen lips or tongue • Wheezing, difficulty breathing • Drooling, difficulty speaking 	<input type="checkbox"/> Life-threatening allergic reaction	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately • If patient has an epinephrine pen, instruct them or family member to administer it to their thigh
<ul style="list-style-type: none"> • None of the above symptoms • Rash is distressing to patient 	<input type="checkbox"/> Infection <input type="checkbox"/> Allergy <input type="checkbox"/> Reaction to medication	<ul style="list-style-type: none"> • Call Nurse for triage support

Seizures

Remember: **Seizure = muscle stiffening and abnormal rhythmic jerking of arms and legs, or staring gaze but patient not responsive. Seizures can happen to anyone – not just people with epilepsy.**

ASK:	<ul style="list-style-type: none"> Have you ever had a seizure like this before? If you are taking seizure medication, have you missed any doses? Have you been having fevers or headache? 	<ul style="list-style-type: none"> Did anyone witness the seizure? Did you hit your head?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> No history of seizures 	<input type="checkbox"/> Dangerous underlying cause	<ul style="list-style-type: none"> Call 911 and Nurse immediately Do not intervene to try to stop the seizure, but only to prevent injury: Lower patient to the floor, if possible Turn patient on his/her left side Loosen any neckwear Do not place anything in patient's mouth or try to pry teeth apart Observe the following: duration of seizure, type of movements, amount of time before return to full consciousness
<ul style="list-style-type: none"> Prolonged seizure (3-4min) Back-to-back seizures No return to normal consciousness within 30min 	<input type="checkbox"/> Neurologic damage or dangerous underlying cause	
<ul style="list-style-type: none"> Trauma to the head 	<input type="checkbox"/> Internal head bleeding	
<ul style="list-style-type: none"> High fever preceding seizure 	<input type="checkbox"/> Infection	
<ul style="list-style-type: none"> Focal neurologic signs (inability to move one side of the face or body, visual changes, difficulty speaking, impaired sensation) 	<input type="checkbox"/> Stroke	
<ul style="list-style-type: none"> History of seizures No red flags (above) 	<input type="checkbox"/> Seizure disorder, not fully controlled	<ul style="list-style-type: none"> Follow guidelines above for dealing with patient Once patient is fully conscious, call Nurse together

Fainting/Unconsciousness

ASSESS:	<ul style="list-style-type: none"> Is patient breathing? Does patient have a pulse? 	IF NO, <ul style="list-style-type: none"> Call 911 immediately Start CPR (protocol pg. 4)
If patient wakes up, ASK:	<ul style="list-style-type: none"> Has this ever happened to you before? Did you hit your head? Did anyone witness your fainting spell? 	<ul style="list-style-type: none"> Do you feel chest pain or heart palpitations now or did you feel it before you fainted? What do you remember of the fainting?

If:	What we are worried about	What to do
<ul style="list-style-type: none"> Head trauma or visible bleeding Chest pain, heart palpitations Confusion Nausea/vomiting 	<input type="checkbox"/> Dangerous underlying cause, could lead to brain injury	<ul style="list-style-type: none"> Call 911 Call Nurse immediately
<ul style="list-style-type: none"> Patient is feeling faint No red flags (above) 	<input type="checkbox"/> Hypoglycemia (especially if diabetes or alcoholism) <input type="checkbox"/> Hypotension (especially if dehydrated or too much blood pressure medications)	<ul style="list-style-type: none"> Lower patient to the floor and lie him or her down Raise the feet above the level of the patient's heart Gently help the person up to a sitting position when feeling less faint Call Nurse and remain with patient <p>*if patient diabetic:</p> <ul style="list-style-type: none"> Help patient check his own blood sugar If the blood sugar is low, have them drink juice, chew hard candy, eat a spoonful of sugar <p>*if patient on blood pressure medications:</p> <ul style="list-style-type: none"> Help patient check his own blood pressure
<ul style="list-style-type: none"> Patient reports fainting recently No red flags (above) Feeling fine 	<input type="checkbox"/> Less likely a dangerous underlying cause	<ul style="list-style-type: none"> Call Nurse to discuss

Pain

ASK:	<ul style="list-style-type: none"> Where is the pain? When did it start? Have you had this before? 	<ul style="list-style-type: none"> How bad is the pain on a scale of 1-10, with 10 being the worst pain you've ever felt? Did you try anything to make the pain better?
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REMEMBER, IF:	Chest pain	Follow "Chest Pain" protocol (pg. 5)
	Stomach pain	Follow "Nausea / Vomiting / Diarrhea" protocol (pg. 8)
	Headache	Follow "Headache" protocol (pg. 7)

If:	What we are worried about	What to do
<ul style="list-style-type: none"> Severe sudden new pain, overwhelming to patient, not relieved by over the counter medications 	<input type="checkbox"/> Dangerous underlying cause	<ul style="list-style-type: none"> Call 911 Call Nurse immediately
<ul style="list-style-type: none"> Tearing, severe back pain 		
<ul style="list-style-type: none"> Any back pain with stool or urinary incontinence 		
<ul style="list-style-type: none"> Exacerbation of chronic pain No red flags (above) 	<input type="checkbox"/> Non life-threatening cause	<ul style="list-style-type: none"> Call Nurse for triage support

Neurological changes

Remember: **Neurological changes = weakness, numbness, difficulty speaking, change in vision, inability to move or sense normally**

ASK:	<ul style="list-style-type: none"> • When did this start? • Are you having numbness of any part of your body? • Is any part of your body suddenly weaker than usual? • Are you having trouble speaking? 	<ul style="list-style-type: none"> • Are you having difficulty walking? • Do you have a headache? • Are you having trouble with your vision? • Has this ever happened before?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Sudden neurological change • One-sided • Difficulty speaking / facial droop • Difficulty seeing • Difficulty walking or moving • Loss of balance / coordination • (especially if severe new headache) 	<input type="checkbox"/> Acute stroke	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • "Feeling weak" • No red flags (above) 	<input type="checkbox"/> Low blood sugar <input type="checkbox"/> Low blood pressure	<ul style="list-style-type: none"> • Call Nurse immediately <p>*If patient is diabetic:</p> <ul style="list-style-type: none"> • Help patient check his own blood sugar <p>*If patient is taking blood pressure medications:</p> <ul style="list-style-type: none"> • Help patient check his blood pressure
<ul style="list-style-type: none"> • Recent – but NOT sudden or acute – neurological change 	<input type="checkbox"/> Other neurological disease (tumor, nerve palsy, etc.)	<ul style="list-style-type: none"> • Call Nurse for triage support

High Blood Sugar

Remember: For patients with diabetes, hyperglycemia = blood glucose >130 before a meal, or >180 after a meal. Many patients will have blood sugars above these levels but still feel fine.

ASK:	<ul style="list-style-type: none"> • Have you missed any doses of your diabetes medications or insulin? • Are you currently sick with a cold or other infection? • Have you been feeling confusion, thirst, or blurriness of vision? • Have you been urinating more often than usual?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Blurry vision • Serious dehydration due to excessive urination • Confusion / grogginess • Belly pain • Nausea / vomiting 	<input type="checkbox"/> Life-threatening hyperglycemia (diabetic ketoacidosis or hyperosmolar nonketotic coma)	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • Blood sugar >500 • No red flags (above) • Patient reports feeling fine 	<input type="checkbox"/> Hyperglycemia that could still become dangerous	<ul style="list-style-type: none"> • Call Nurse immediately • Follow patient's Diabetes Action Plan
<ul style="list-style-type: none"> • Blood sugar >300 more than 3 times/week 	<input type="checkbox"/> Poorly controlled diabetes	<ul style="list-style-type: none"> • Flag Nurse • Follow patient's Diabetes Action Plan
<ul style="list-style-type: none"> • One blood sugar 250-300s • Known cause for high blood sugar (missed medication, ate more than usual) 	<input type="checkbox"/> Diabetes	

Low Blood Sugar

Remember: Hypoglycemia = blood glucose <70

ASK:	<ul style="list-style-type: none"> • Did you skip a meal? • Did you take too much of your diabetes medication or insulin? 	<ul style="list-style-type: none"> • Do you feel sweaty, shaky, or confused? • Does this happen often?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Not responsive • Confusion / grogginess • Seizure • Inability to swallow 	<input type="checkbox"/> Life-threatening hypoglycemia	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately • If available, help patient/family give glucagon
<ul style="list-style-type: none"> • Blood sugar <70 • Sweatiness and shakiness • Weakness • Headache • Confusion • Irritability • Hunger • Pallor • Rapid heart rate • Lack of coordination 	<input type="checkbox"/> Too much insulin/diabetes meds <input type="checkbox"/> Not enough food (skipped meal)	<ul style="list-style-type: none"> • Help patient eat simple carbohydrates (3 glucose tabs, ½ cup juice, 6 lifesavers or 4 teaspoons of sugar) • Recheck blood sugar after 15 min • *If second blood glucose is less than 70: • Repeat simple carbohydrates and recheck after 15 min • Once patient's blood sugar is over 100, give a snack of complex carbohydrates (peanut butter crackers) • Call patient in an hour for blood sugar check • Flag Nurse
<ul style="list-style-type: none"> • Blood sugar <70 after following protocol for 45 minutes 	<input type="checkbox"/> Hypoglycemia that is not responding to basic sugar intake	<ul style="list-style-type: none"> • Call Nurse immediately • Repeat simple carbohydrates until you get a call back

High Blood Pressure

Remember: Very high blood pressure = much higher than patient's normal (when in doubt: >180/100)

ASK:	<ul style="list-style-type: none"> • Have you missed any doses of your blood pressure medication? • Do you have a headache? • Do you have changes in your vision? • Do you have chest pain? • Has your blood pressure ever been this high before? • Do you feel confused?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Severe headache • Confusion • Blurry vision or loss of vision • Difficulty urinating • Nausea and vomiting • Weakness/numbness in arm or leg or face 	<input type="checkbox"/> Life-threatening “hypertensive emergency”	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • Very high blood pressure • No red flags (above) 	<input type="checkbox"/> Hypertension that could become dangerously high if untreated	<ul style="list-style-type: none"> • Call Nurse for triage support

Low Blood Pressure

Remember: Very low blood pressure = much lower than patient's normal (when in doubt <90/60)

ASK:	<ul style="list-style-type: none"> • Could you have accidentally taken too much of your blood pressure medication? • Are you dizzy, lightheaded, or confused? • Are you currently sick with an infection or have you been having fevers? • Has this ever happened before? • Have you been eating and drinking well?
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Extreme dizziness • Multiple fainting spells • Falls • Confusion • Unresponsiveness • Fever or other signs of infection 	<input type="checkbox"/> Insufficient blood flow to brain <input type="checkbox"/> Serious infection	<ul style="list-style-type: none"> • Call 911 • Call Nurse immediately
<ul style="list-style-type: none"> • Very low blood pressure • No red flags (above) 	<input type="checkbox"/> Low blood pressure that could become dangerously low if untreated	<ul style="list-style-type: none"> • Call Nurse for triage support

Suicidality

Remember: Suicidality is a medical emergency that requires hospitalization, even against patient's will.

IF:	<ul style="list-style-type: none">• Patient is feeling much more depressed.• Signs of depression: sleeping much more or insomnia, low energy, guilty feelings, changes in appetite• Thinking and talking more about death/dying.	<ul style="list-style-type: none">• No plans for tomorrow, no hope for the future.• Attempted suicide before.• Recent life crisis or trauma.
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Suicidal talk: "I wish I could just die," "The world would be a better place without me in it," "Everyone will be better off when I'm gone," "Sometimes I wish I could go to sleep and never wake up."

Ask:

1. Have things ever gotten so bad that you thought about suicide? [If yes, ask "when?"]
2. Are you thinking about suicide today?

"Yes" to both questions

"No"

- Call NP and clinical supervisor immediately
- Stay with the patient until s/he is assessed

"I've thought about it lately, I guess, but I'm not thinking about it right now."
OR you aren't confident about their answer.

- Call NP or clinical supervisor for support
- Help patient call their therapist or psychiatrist if applicable.

Say: "If you ever feel that way, know that you can tell me and I can get you help."

Suicide Assessment

Suicide Assessment: Questions the NURSE, SW, or BH Clinician Will Ask Your Patient:

- **Plan**—"Have you thought about how you would kill yourself?" (yes/no)
 - If yes, "What is the plan? (e.g., pills, gun, etc.)" then go to Means
 - If no, "If you do feel that way, please know that you can tell me and I will get you help"
- **Means**—Do you have the means to carry out the plan (access to the ___ pills, gun, etc.)?
- **Intent**—Do you think you would actually carry this out?
- **Command hallucinations**—Are you **hearing voices**? What are the voices saying? (Telling you to do something?) Are you **seeing things** that you think aren't there? Like what?
- Have you told anyone about this plan?
- Have you ever attempted suicide?
- Did you stop taking your psych. meds?
- Do you have a mental health provider?

Suicidality: General Principles to Keep In Mind

- Talk openly and matter-of-factly about suicide. Be direct. ("Are you thinking about killing yourself?")
 - People often think you will put the idea in the mind of the person, but you will not.
- Be nonjudgmental.
- Be willing to listen and allow expressions of feelings.
- Be available. Show interest and support.
- If someone is suicidal, do not leave them alone. If the patient is willing, involve a friend or family member whom they trust.

Homicidality

Remember: Homicidality is a medical emergency that requires hospitalization, even against patient's will.

IF:	<ul style="list-style-type: none"> • "I could kill her!" • Threats about killing someone 	<ul style="list-style-type: none"> • History of out-of-control anger • History of homicidality
ASK:	<ul style="list-style-type: none"> • "Do you mean you actually want to kill [the person they mentioned]?" [non-judgmental tone] 	

If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Homicidal talk: "Yes I want to kill her." "No, but I could really hurt her." "Maybe I mean it - she deserves it." 	<input type="checkbox"/> Danger to others	<ul style="list-style-type: none"> • Call Nurse immediately • Call Behavioral Health Specialist • Call Program Manager • If you feel unsafe, leave patient's home • Otherwise, stay with patient until they have been assessed
<ul style="list-style-type: none"> • "I wouldn't actually hurt her, but I'm so angry right now, I can't even see straight." 	<input type="checkbox"/> Not an immediate danger to anyone, but may need support.	<ul style="list-style-type: none"> • Help patient call their therapist or psychiatrist if applicable. • If you are not confident about their answer, call NURSE or clinical supervisor for support.
<ul style="list-style-type: none"> • "No! Since when would I kill anyone? I just meant that I'm mad at her – not that I would ever really hurt her." 		<ul style="list-style-type: none"> • Say: "I hear you. If you did ever feel that way, know that you can tell me and that I will get you help."

Threat of Violence

Remember:

Dangerous situation = anytime you witness physical violence or fear that violence may happen soon. You should always think about how your actions will impact the safety situation and your future relationship with your patient.

If:	What we are worried about	What to do
<ul style="list-style-type: none"> Physical fighting between adults or adult and child, with or without weapons 	<input type="checkbox"/> Acute violence	<ul style="list-style-type: none"> Do NOT try to intervene in a fight Get yourself to safety Stay calm If someone has been severely injured, call 911 (once outside the house) Call Nurse immediately
<ul style="list-style-type: none"> Suspected or reported physical violence, abuse or neglect towards children, elders or disabled persons 	<input type="checkbox"/> Child, elder or disabled person abuse	<ul style="list-style-type: none"> Call Nurse and Program Manager. Work together to determine next steps and how to document.
<ul style="list-style-type: none"> Suspected or reported physical violence between partners 	<input type="checkbox"/> Domestic violence	<ul style="list-style-type: none"> Get yourself to safety if you feel threatened Call Nurse and Program Manager for future action plan (behavioral health and/or social service referrals) Consider future visits outside the home or with two staff members

Drug Intoxication / Overdose

REMEMBER, IF:	<ul style="list-style-type: none"> Concerns for safety (for yourself or anyone else involved) 	<ul style="list-style-type: none"> Follow “Threat of Violence” protocol (pg. 22)
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If:	What we are worried about	What to do
<ul style="list-style-type: none"> Unresponsiveness Unconsciousness Drug paraphernalia, empty pill or alcohol bottles 	<input type="checkbox"/> Life-threatening overdose	<ul style="list-style-type: none"> Call 911 then Nurse Follow 911/NURSE instructions Always start CPR right after calling 911 if patient unconscious and not breathing
<ul style="list-style-type: none"> Very sleepy/confused state Difficulty keeping person awake Pupil changes (may be very small) Difficulty breathing Chest pain Vomiting Suspected drug use 	<input type="checkbox"/> Drug or medication overdose	<ul style="list-style-type: none"> Call Nurse immediately
<ul style="list-style-type: none"> No signs or symptoms of serious overdose (above). Patient appears high or drunk Pressured speech Fidgeting Alcohol odor Disruptive behavior that makes visit unproductive 	<input type="checkbox"/> Unproductive visit	<ul style="list-style-type: none"> Politely end the visit (“I see this isn’t a good time for you”) Make plan to reschedule and clarify why you had to end the visit Flag Nurse Consider future visits outside the home or with two staff members

Social Emergencies

If:	What we are worried about	What to do
<ul style="list-style-type: none"> • Threat of eviction within two days • No food • No heat • Acute immigration issues or threat of deportation 	<input type="checkbox"/> Acute and threatening social emergency	<ul style="list-style-type: none"> • Educate patient on resources • Contact Nurse who may refer you to resource specialist on Tracking and Coaching Team
	<input type="checkbox"/> Looming social emergency that is non-threatening currently	<ul style="list-style-type: none"> • Contact Nurse who may refer you to resource specialist on Tracking and Coaching Team or help you manage the situation yourself