

Emergency Orders/Plan of Action

**Medical Services Administration
Emergency Care-Anaphylactic Shock**

DEFINITION: Anaphylaxis is an acute, life threatening systemic reaction following antigen exposure in a sensitized person.

SUBJECTIVE: May include:

1. History of previous episode of anaphylaxis or hypersensitivity.
2. History of exposure to allergens:
 - a. Drugs/Vaccines
 - b. Diagnostic agents
 - c. Blood products
 - d. Topical agents
 - e. Insect stings/bites
 - f. Latex rubber (gloves, catheters)
 - g. Foods
 - h. Other environmental agents
3. Complaint of one or more of the following: (symptoms develop rapidly, often within seconds or minutes from the time of exposure).
 - a. Sense of warmth or burning, itching, swelling of face, eyelids and/or tongue.
 - b. Tightness in chest, shortness of breath, hoarseness.
 - c. Dizziness, syncope, rapid heart rate, tingling and anxiety.
 - d. Nausea, vomiting, abdominal pain or cramps, diarrhea.

OBJECTIVE: May include:

1. Apprehensive patient with flushing, pruritis, urticaria, swelling of face, eyelids and/or tongue.
2. Hypotension, tachycardia, shock, syncope.
3. Cold, clammy skin, cyanosis.
4. Wheezing, choking, hoarseness, coughing, difficulty swallowing.
5. Dilation of pupils, loss of consciousness or convulsions.
6. Cardiac arrhythmias and/or arrest.

PLAN:

1. Provide patient education regarding signs and symptoms to report following the administration of any product which could result in anaphylactic reaction.
2. May observe patient following product administration for reactions. When early signs are noted, report to physician by telephone and secure orders.

3. Guide For Administration Of Epinephrine (1/1000): (SUBCUTANEOUSLY) per standing order.

Children and Adults: Give 0.01 mg/kg subcutaneously to a maximum of 0.5mg. This may be repeated in 20-30 minutes up to 3 doses.

Guidelines:

10 lbs.	=	0.05 mg
20 lbs.	=	0.09 mg
40 lbs.	=	0.18 mg
60 lbs.	=	0.27 mg
90 lbs.	=	0.4 mg
120 lbs.	=	0.5 mg
>120 lbs.	=	0.5 mg

4. In case of anaphylactic shock, in giving epinephrine according to the above instructions, the following is advised:
 - a. Have someone activate the emergency team by calling 911.
 - b. Watch for cardiopulmonary failure and begin resuscitation if needed.
 - c. Maintain an airway
5. Keep on hand:
 - a. Diphenhydramine 1.25mg/kg to 25 mg Children
 50 mg Adults
 IM or PO
6. Document event in client's medical record, signed/initialed, and dated by care giver(s).

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References:

Dambro, Mark. Griffith's 5-Minute Clinical Consult 2003. Lippincott Williams & Wilkins, Philadelphia, PA. 2003. pp 40-41.

<http://www.nlm.nih.gov/medlineplus/print/ency/article/000844.htm>

Medical Services Administration
Emergency Care-Cardiac Arrest

DEFINITION: Cardiac arrest is the sudden cessation of cardiac function.

SUBJECTIVE:

1. Chest pain.
2. Gasping and shortness of breath.
3. May be found unconscious or collapse with no warning.

OBJECTIVE:

1. Extreme pallor or bluish discoloration of the lips.
2. Absence of palpable carotid or femoral pulse.
3. Loss of consciousness.
4. Absence of breath sounds or air movement through nose or mouth.

ASSESSMENT: Cardiac Arrest

PLAN:

1. Establish unconsciousness by shaking and shouting at the client.
2. Call 911 if there is no response. Retrieve AED and use as soon as possible if available.
3. Initiate the ABCs of Cardiovascular Resuscitation:
 - a. Airway:
 - *Open airway
 - *Look, listen and feel for respirations
 - b. Breathing:
 - *Give two mouth to mouth breaths
 - *Observe for obstruction
 - c. Circulation:
 - *Establish presence or absence of pulse
 - *Begin chest compressions if warranted

CPR: 30 chest compressions followed by 2 breaths, then repeat. Continue until the person recovers or help arrives or when too exhausted to carry on.
4. CPR techniques:
 - a. Place the heel of one hand on the breastbone – right between the nipples.
 - b. Place the heel of your other hand on top of the first hand.
 - c. Position your body directly over your hands.
5. Document event in client's medical record, signed/initialed, and dated by the care giver(s).

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References:

Dambro, Mark. Griffith's 5-Minute Clinical Consult 2003. Lippincott Williams & Wilkins, Philadelphia, PA. 2003. pp 178-179.

<http://www.nlm.nih.gov/medlineplus/print/ency/article/000013.htm>

Medical Services Administration Emergency Care-Fainting

DEFINITION: Fainting is a partial or complete loss of consciousness due to temporary insufficiency of blood supply to brain. Common causes include: fear, severe pain, emotional distress, micturition, defecation, coughing, orthostatic hypotension, seizure, TIA, certain medications.

SUBJECTIVE:

1. Dizziness, numbness and tingling of hands and feet.
2. Nausea.
3. Visual disturbances.
4. May collapse with no warning.

OBJECTIVE:

1. Pulse present, slow (60 or less).
2. Skin pale, cool and clammy.
3. May vomit.
4. May be conscious or unconscious.

ASSESSMENT: Vaso-vagal reaction - Fainting

PLAN:

1. To prevent a fainting attack, a person who feels weak and dizzy should lie down or bend over with his/her head at the level of his/her knees. Keep person lying down if possible for at least 10-15 minutes.
2. If vomiting has occurred, turn the person onto their side to prevent choking.
3. Raise the person's feet above the level of the heart (about 12 inches).
4. Call 911 if the person who fainted fell from a height, especially if injured or bleeding, does not become quickly alert (within a couple minutes), is pregnant, is over age 50, has diabetes, feels chest pain, pressure, or discomfort, has a pounding or irregular heartbeat, has a loss of speech, visual disturbances, or inability to move one or more limbs, has convulsions, tongue injury, or loss of bowel control.
8. Further follow-up should be recommended if the person has never fainted before, if they are fainting frequently, or if they have new symptoms associated with fainting.
9. Document event in client's medical record, signed/initialed, and dated by care giver.

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References:

Dambro, Mark. Griffith's 5-Minute Clinical Consult 2003. Lippincott Williams & Wilkins, Philadelphia, PA. 2003. pp 1060-1061.

<http://www.nlm.nih.gov/medlineplus/print/ency/article/003092.htm>

Medical Services Administration Emergency Care-Seizures

DEFINITION: A sudden alteration of behavior due to an excessive electrical activity in the brain characterized by a sensory perception or motor activity without or with change in awareness or consciousness.

SUBJECTIVE:

1. Client may experience aura

OBJECTIVE:

1. Rhythmic movement of limb(s), jaw, and or eyeballs may be present.
2. Bluish discoloration of the face and lips.
3. Foaming at the mouth or drooling.
4. Unconsciousness.
5. Possible incontinence of urine or feces.

ASSESSMENT: Seizure activity.

PLAN:

1. Protect person from injuring themselves. Turn the person on his or her side so that any vomit is expelled.
2. Seek emergency help. Stay with the person until recovery or help arrives. Monitor their pulse, rate of breathing, and blood pressure.
3. DO NOT restrain the person.
4. DO NOT place anything between the person's teeth during a seizure (including your fingers).
5. DO NOT move the person unless he or she is in danger or near something hazardous.
6. DO NOT try to make the person stop convulsing. He or she cannot control the seizure and is not aware of what is happening at the time.
7. DO NOT give the person anything by mouth until the convulsions have stopped and the person is fully awake and alert.
8. Document event in client's medical record, signed/initialed, and dated by the care giver(s).

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References:

Dambro, Mark. Griffith's 5-Minute Clinical Consult 2003. Lippincott Williams & Wilkins, Philadelphia,PA. 2003. pp 1002-1003.

<http://www.nlm.nih.gov/medlineplus/print/ency/article/003200.htm>

Medical Services Administration Emergency Care-Shock

DEFINITION: Inadequate oxygen supply of tissues which results in organ dysfunction, cellular and organ damage and if not corrected quickly, death of the patient.

SUBJECTIVE:

1. Weakness
2. Thirst
3. May be unresponsive

OBJECTIVE:

1. Anxiety or agitation.
2. Confusion
3. Pale, cool, clammy skin.
4. Profuse sweating, moist skin.
5. Rapid but weak pulse.
6. Shallow breathing.
7. Chest pain
8. Pallor; circumoral pallor.

ASSESSMENT: Shock

PLAN:

1. Call 911 for immediate medical help.
2. Check airway, breathing, circulation. Continue to monitor every 5 minutes until help arrives. If necessary, begin rescue breathing and CPR.
3. Assess for potential injuries.
4. DO NOT MOVE IF SPINAL INJURY A POSSIBILITY unless life threatening circumstances exist.
5. If not contraindicated, lay the person on the back and elevate the legs about 12 inches. DO NOT elevate the head. If raising legs will cause pain or potential harm, leave the person lying flat.
6. Keep person warm, comfortable. Loosen tight clothing.
7. Document event in client's medical record, signed/initialed, and dated by care giver(s).

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References:

Dambro, Mark. Griffith's 5-Minute Clinical Consult 2003. Lippincott Williams & Wilkins, Philadelphia, PA. 2003. pp 1012-1013.

<http://www.nlm.nih.gov/medlineplus/print/ency/article/000039.htm>

Medical Services Administration Emergency Care-Hemorrhage (Bleeding)

DEFINITION: The escape of blood from a ruptured vessel. Hemorrhage can be external, internal, or into the skin or other tissues. Blood from an artery is bright red in color and comes in spurts; that from a vein is dark and comes in a steady flow.

SUBJECTIVE:

1. Blood coming from an open wound.
2. Bruising.
3. Symptoms of shock (weakness, thirst, may be unresponsive).
4. Symptoms of internal bleeding may include:
 - a. Abdominal pain
 - b. Abdominal swelling
 - c. Chest pain
 - d. External bleeding through a natural opening:
 - i. Blood in the stool (appears black, maroon, or bright red)
 - ii. Blood in the urine (appears red, pink, or tea-colored)
 - iii. Blood in the vomit (looks bright red or brown like coffee grounds)
 - iv. Vaginal bleeding (heavier than usual or after menopause)

OBJECTIVE:

1. Visible bleeding from external injury (tissue trauma, laceration, puncture wound).
2. Signs of shock: (see also shock protocol)

ASSESSMENT: Hemorrhage

PLAN:

1. If bleeding is severe, or if shock or internal bleeding is suspected, get emergency help immediately.
2. Lay the person down. This reduces the chance of fainting by increasing blood flow to the brain. If possible, raise up the part of the body that is bleeding.
3. Apply direct pressure on an outer wound with a sterile bandage, clean cloth, or piece of clothing. Direct pressure is best for outside bleeding (except for eye injury).
4. Maintain pressure until bleeding stops.
5. DO NOT apply tourniquet to control bleeding except as a last resort. A tourniquet should only be used in a life-threatening situation and should be applied by an experienced person.
6. DO NOT probe a wound or pull out any embedded object from a wound.
7. DO NOT try to clean a large wound since this can cause heavier bleeding.
8. DO NOT remove a dressing if it becomes soaked with blood. Instead, add a new one on top.
9. DO NOT peek at a wound to see if the bleeding is stopping. The less a wound is disturbed, the more likely it is that you'll be able to control the bleeding.

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10. Obtain medical help if:
 - a. Bleeding cannot be controlled, or is associated with a serious injury.
 - b. The wound might need stitches, or if gravel or dirt cannot be removed easily with gentle cleaning.
 - c. You think there may be internal bleeding or shock.
 - d. Signs of infection develop, including increased pain, redness, swelling, yellow or brown fluid, swollen lymph nodes, fever, or red streaks spreading from the site toward the heart.
 - e. The injury involves an animal or human bite.
 - f. The person has not had a tetanus shot in the last 5-10 years.

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References:

<http://www.nlm.nih.gov/medlineplus/print/ency/article/000045.htm> (7-2-08)

<http://medical-dictionary.thefreedictionary.com/hemorrhage> (7-2-08)