

#2 RN TEAM PROTOCOLS FOR PATIENT CARE

Registered nurses (RNs) of all educational levels are able to provide limited patient care and medications during triage using HOM developed protocols and independent judgment. Utilizing these protocols does not involve making medical diagnoses but provides the guidelines nurses need for the safe, effective, and fast disposition of the individual's health needs. The goal is to provide competent care of health related problems by RNs at the appropriate time.

Experience is the major requirement; minimum two years of experience in Medical Surgical, E.R., or Family Practice is recommended. Nursing students may assist but cannot determine care needed or provide prescription medications. RNs cannot diagnose new problems or dispense medication other than those included in these protocols *even under supervision of an MD*.

Always err on the side of caution. Remember the older or younger the patient, the greater the risk of serious problems.

ALLERGIC RHINITIS

1. Ask if the patient has been diagnosed with A.R., if yes treat with OTC antihistamines
2. Ask if patient experiences itchy, watery eyes, clear nasal discharge, sneezing, sniffing and congestion
 - If no fever and normal lung sounds, treat with OTC antihistamines, liquid tears and OTC cough/cold medications. Nasal corticosteroid sprays can also be helpful
 - If symptoms are accompanied by fever, pain in the front of the head and upper face, stuffy nose, and thick, colored mucus refer to MD
 - Cough and cold medicines are not advised in children under 2 years old

ASTHMA

1. Ask if patient has been diagnosed with asthma: if no, refer to the MD. If yes:
 - Ask the patient if they are taking any prescription or OTC medicine for their asthma, refill medications as documented in the chart
2. If actively wheezing, administer jet nebulizer treatment
 - If wheezing improves, refill medications as documented in chart
 - If wheezing doesn't improve, if accompanied by fever or patient appears ill, refer to MD
 - If SOB or difficulty breathing, vomiting, blue lips or weakness, refer to hospital

BACK PAIN

1. Ask about other symptoms: fever, dysuria, loss of bowel or bladder control;
 - If no other symptoms and no history of injury: treat with OTC NSAIDs
 - If fever over 100 F & dysuria; check urinalysis,
 - If positive leukocytes: treat for UTI with Cipro 500 mg BID x 3 days or Bactrim DS BID x 7 days
 - If negative leukocytes – refer to MD
2. Ask the patient if they have had a recent injury:
 - If no: treat with OTC NSAIDs
 - If recent trauma such as a fall, MVA, or similar incident refer to MD or hospital
 - If experiencing symptoms of acute nerve dysfunction including the inability to walk or inability to raise or lower the foot at the ankle or inability to raise the big toe upward. Refer to hospital

BOWEL PROBLEMS

Diarrhea:

1. Ask about length of illness, frequency of BMs and related symptoms
 - If symptoms for less than 48 hours with no fever or blood: treat with OTC Pepto-Bismol or Imodium
 - If symptoms persist for more than 48 hours, is accompanied by fever, blood in the stool or has signs of dehydration: refer to MD
 - If symptoms for more than 48 hours in the very young, the elderly, or sick: refer to MD

Constipation: *(not a common complaint – ask about normal bowel patterns)*

1. If patient's bowel pattern has not changed, regardless of frequency of stools, provide reassurance.
2. If patient is experiencing fewer bowel movements than usual; ask if they have been treated for constipation
 - If yes, treat with stool softener or laxative (such as Peri-Colace or Milk of Magnesia)
 - If no: ask about duration and characteristics of symptoms:
 - If less than 2 weeks, no fever, bloody stools, nausea/vomiting: treat with stool softener or laxative
 - If constipation is a new problem; lasted longer than 2 weeks, has blood in the stool and/or has lost weight, refer to MD
 - If patient is experiencing severe abdominal pain, fever, N & V: refer to hospital

** Haitian mothers are often concerned about their baby's stool: reassure them that loose stools are normal if breastfeeding*

DIABETES MELLITUS

1. Ask if patient has been diagnosed and treated for DM: if yes and no adverse symptoms or complaints, check and record blood sugar and refill medications as documented in the chart.
2. If no diagnosis of Diabetes; check blood sugar and record
 - If fasting above 120 or non-fasting above 200 with symptoms of increased urination, increased thirst or unexplained weight loss, refer to MD
 - If fasting is 100 to 120, recommend avoid sweets and recheck at next available clinic.
 - If fasting is below 100 but complains of any symptoms: refer to MD
 - If fasting below 100 and no symptoms: reassurance

FEVERS

1. Ask parents if child over the age of 6 months with mild fever is alert, playing, eating and drinking well;
 - If yes, treat with NSAIDs, fluids and rest
 - If fever persist for more than 3 days or is accompanied by other symptoms that suggest an illness, such as a sore throat, earache, or cough refer to MD
 - If child is inconsolable, is lethargic, seems confused, cannot walk, has difficulty breathing, has a bad headache, stiff neck or refuses to move an arm or leg, refer to hospital
 - A child younger than 6 months or with a toxic appearance, regardless of age, refer to MD or hospital
2. In adults, if the fever is mild and there are no other symptoms: treat with OTC NSAIDs, fluids and rest
 - If fever is accompanied by lethargy or other symptoms that suggest an illness such as a sore throat, earache, or cough refer to MD
 - If patient has a new rash or bruises refer to MD
 - If patient has dysuria, obtain urinalysis: if positive leukocytes, treat with Cipro 500 mg BID x 3 days or Bactrim DS BID x 7 days

GERD OR INDIGESTION

1. Ask if patient has ever been diagnosed or treated for GERD: if yes, treat with antacids or TUMS
2. Ask about symptoms and length of illness:
 - If patient experiences upper abdominal pain or burning sensation, burping, feeling of bloating, stomach fullness, or nausea after eating: treat with antacids or Tums
 - Advise patients to follow-up with MD if symptoms are not relieved by medications
3. Ask if patients experience hematemesis and hemoptysis:
 - If patient complains of spitting up small amounts of bright or dark red blood, refer to MD,
 - If patient complains of vomiting large volumes of dark red or brown blood or coffee ground colored matter, refer to hospital.
4. Ask if patients experience a feeling of fullness, tightness, or dull pressure or pain in the center of the chest, dizziness, SOB, pain that spread to the shoulders, neck, jaw or arms. If yes, refer to hospital.

HEADACHE

1. Ask about onset and severity of pain; if pain is described as mild to moderate with no sudden onset or other symptoms of illness;
 - If yes: treat with OTC NSAIDS
 - If pain is severe, sudden onset or accompanied by other symptoms, refer to MD
2. Ask about other symptoms: fever, stiff neck, nasal congestion, cough, visual changes;
 - If no: treat with OTC NSAIDS
 - If yes: refer to MD or hospital
3. Ask about recent head trauma or fall;
 - If no: treat with OTC NSAIDS
 - If yes: refer to MD or hospital

HYPERTENSION

1. Ask if patient has been diagnosed and treated for HTN
2. Check and record Blood Pressure
 - If B/P is 160/100 or below and no adverse symptoms or complaints, refill medications as documented in the chart
 - If B/P is below 160/100 but patient complains of confusion, headache, chest pain, SOB: refer to MD
 - If B/P is above 160/100 with or without symptoms: refer to MD
3. If a patient has NOT been previously diagnosed with HTN
 - If B/P is 140/90 or below, reassurance
 - If B/P is above 140/90, recommend that the patient return to the next scheduled medical clinic for re-evaluation. Recommend decrease salt in diet
 - If B/P is above 160/100 or patient complains of confusion, headache, chest pain, SOB: refer to MD

MUSCLE OR JOINT PAIN

1. Ask if patient has been diagnosed or treated for muscle and joint pain; if yes treat with OTC NSAIDs
2. If patient does not have a documented history of muscle or joint pain,
 - Ask if patient has been in an accident or had a fall, if yes refer to MD or hospital
 - Ask if patient has signs of infection around a muscle/joint i.e. redness, swelling, warmth: if yes refer to MD or hospital
 - Ask if patient has SOB, muscle weakness or inability to move any part of the body, if yes refer to Hospital immediately
 - Ask if patient has had a high fever, stiff neck, and/or vomiting; if yes send to Hospital immediately
 - If no to above: document symptoms and history, treat with OTC NSAIDS and advise to follow-up with MD or next medical team if symptoms persist.

PIN WORMS

1. Ask if worms have been seen or if patient is experiencing itching around the anus especially at night
 - If yes: prescribe Mebendazole (Vermox) 100 mg or Albendazole (Albenza) 400 mg in adults and children over age two. If possible, give a second dose two weeks later to lessen risk of re-infection.
 - Discuss prevention methods; carefully washing the hands after using the toilet, and before and after eating. Launder all bedding, clothing, and toys to destroy lingering eggs
2. Pinworms do not cause abdominal pain, bloody bowel movements, or fevers. If the person has any of these signs or symptoms, refer to MD

RASH – Although most rashes are not dangerous to a person or people in the vicinity (unless they are part of an infectious disease), it is impossible to provide accurate guidelines for diagnosis of skin diseases. We advise that it is best to refer all patients complaining of rashes to the MD, but RNs may treat symptoms like itchy and/or dry skin with OTC medications (anti-itch creams, antihistamines, or lotions)

1. Ask if patient has been diagnosed with eczema or atopic dermatitis, if yes refill medications as documented in the chart.
2. Ask if patient is taking an antibiotic or recently treated with new medications:
 - If yes, advise patient to stop medications, treat with OTC Benadryl and refer to MD.
 - If accompanied by SOB, angioedema, or dysphagia, refer to hospital immediately
3. If patient does not have documented history of eczema, atopic dermatitis, or pruritus: examine skin
 - If no lesions, wounds, redness, signs of infection or fever may treat with OTC antihistamine and moisturizing lotions
 - If pustules or vesicular lesions, wounds, redness, or signs of infection refer to MD
 - If accompanied by fever, sore throat, nausea or other systemic symptoms refer to MD

THRUSH (Oral Candida)

1. Evaluate lesions: document if cottage cheese-like appearance on the tongue, cheeks or roof of mouth.
2. Assess hydration status and ability to swallow
 - If no bleeding, difficulty swallowing or dehydration, treat with Nystatin suspension 5 mL QID (½ dose in each side of mouth). Advise to keep suspension in the mouth as long as possible before swallowing.
 - If complaints of difficulty swallowing or feeling that food get stuck, refer to MD
 - If symptoms are accompanied by fever, chills, vomiting refer to MD
 - If concerns about dehydration, refer to MD or hospital
3. Breastfeeding women = sensitive or itchy nipples, shiny or flaky skin on the areola, or unusual pain during nursing or painful nipples between feedings.
 - Prescribe Nystatin cream
 - Evaluate infant for oral thrush, if infant has symptoms; treat with Nystatin suspension 2 mL QID times daily (use dropper to place ½ dose in each side of mouth), avoid feeding for 5 to 10 minutes
 - If also bottle feeding - recommend rinse nipples and pacifiers in a solution of equal parts water and vinegar daily and allow them to air dry to prevent fungus growth

VAGINITIS

1. Ask patient about onset and characteristics of symptoms:
 - If patient has vaginal itch of less than 1 week duration with no discharge or odor, no fever or abdominal pain, treat with OTC barrier cream
 - If patient has vaginal itch and thick white discharge, but no odor, no fever or abdominal pain, treat with OTC Monostat vaginally QD x 3-5 days or Diflucan 150 mg or 200 mg 1 tab x 1 day
 - If patient has vaginal itch with thin, yellow or green discharge, "fishy" odor, but no fever or abdominal pain: treat with Metronidazole vaginal cream for 5 days or Flagyl 500 mg 1 BID x 1 day (advise to avoid alcohol including mouthwash 48-72 hours before and after taking Flagyl)
 - If vaginal discharge is accompanied by fever or abdominal pain; refer to MD
2. Caution against use of harsh soaps or douching which can disturb the normal environment of the vagina, and can lead to inflammation and infection.