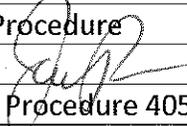


 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Division Woodside Juvenile Rehabilitation Center		<h1>405d</h1>
Chapter:	Treatment, Health Care and Nutrition Services	
Subject:	Emergency Medical Procedure	Page 1 of 3
Approved:	Jay Simons, Director 	Effective: 4/11/2018
Supersedes	Woodside Policy and Procedure 405d	Dated: 4/15/2013

Purpose

To guide decision-making when a resident will may need to be removed from the building for medical treatment.

Related Policies

Woodside Policy 606 on Rescue Squad Transportation
 Woodside Policy 607 on Hospitalization

Policy

Medical Emergencies

When a resident becomes ill or injured at Woodside, a decision will have to be made about whether the illness or injury needs emergency treatment or can wait until a Physician is available. It is usually obvious when an illness or injury will require immediate attention.

If doubt does exists and in the unlikely event that a nurse is not available, the Operations Supervisor will call the Nurse Manager for consultation. If that person cannot be reached the hospital emergency room and Woodside Administrators will be consulted.

When transportation is deemed necessary the Supervisor will determine mode of transportation based on the client's needs.

If the first aid needs are beyond Woodside's capabilities, or when the situation is potentially life threatening, or if the resident is in such discomfort that only professional handling will make transportation smooth and safe, the fire and rescue service will be called to provide ambulance transportation.

If the resident can be transported comfortably, and if first aid measures have been successful on a temporary basis, or if the situation is not life threatening, then the staff of Woodside can provide transportation to the walk-in care facility or the emergency room.

Notification of Director

The Director and/or designee will be notified of all emergencies.



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Medical Conditions Often Requiring Emergency Service

- Slurred speech/sudden one-sided weakness/sudden severe headache
- Irrational behavior/hallucinations/change in level of consciousness/unconsciousness
- Dilated/constricted pupils-complaining of blurred vision
- Dizziness/drunken behavior
- Shallow respiration, breathing difficulty
- Significant Cuts/Bruises/Bleeding
- Swelling of injured body part
- Complaining of acute or rapid onset of head, stomach, chest pain, kidney or ovary area
- Nausea/vomiting/headaches beyond 4 hours
- Inability to recover from an asthma attack within 5 minutes
- Diabetic Emergency
- Shock
- Pregnancy Concerns - witnessed bleeding; significant pain/cramping.
- Having reaction to medication or drugs taken
- Bloodborne pathogen exposure
- High temperature (101+ degrees F) that does not respond to acetaminophen/Ibuprofen or increase in 4 hours beyond the temp level when the med administered; temperature of 101 degrees F lasting 48 hours
- Significant muscle or suspected bone injury
- Dislocation
- Significant amount of blood in urine or stool (nurse will be notified of any bloody urine or stool, and a sample obtained if possible) or vomiting blood
- Obstructed airway requiring abdominal thrusts
- Heart Attack/chest pain
- Sickle Cell Episode
- Fainting
- Seizure-1st time event (youth has no history of seizures)
- Seizure (by youth with a history of) lasting more than 5 minutes.
- 2nd/3rd degree burn
- Heat Exhaustion/stroke
- Head, neck, or significant back injury
- Electric shock
- Ear pain with blood or fluid draining or pain lasting 24 hrs



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DEPARTMENT FOR CHILDREN AND FAMILIES
Family Services Division
Woodside Juvenile Rehabilitation Center

405d

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- Eye injury-unrelieved by cool compress or eye wash (sterile isotonic buffered solution)
- Significant change in vision
- Foreign object lodged in eye or any orifice
- Food poisoning
- Poisoning
- Tooth knocked out-place tooth in milk-see immediate emergency care