

# PROTOCOL

***You do not need permission to call 911***

Person's name: \_\_\_\_\_ Location of use: \_\_\_\_\_ Date: \_\_\_\_\_

Describe how you know this person is at risk for this issue (include diagnosis, history, and special considerations):

## SECTION 1: Description of Preventions

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 2: Signs and Symptoms

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 3: What to do if any signs and symptoms are observed

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1. Contact and follow any instructions given:

Supervisor     Nurse     Physician \_\_\_\_\_

2. Document incident in:  Progress notes     Incident Report     Other: \_\_\_\_\_

3. Notify:

Work     Home     Family/Guardian     School     Other: \_\_\_\_\_

## SECTION 4: ***CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:***

- Person appears gravely ill or you are concerned about their immediate health and safety

Person's name: \_\_\_\_\_

Location of use: \_\_\_\_\_

Date: \_\_\_\_\_

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**After calling 911,**

Contact and follow any instructions given:

- Supervisor       Serv. Co./Res. Spec.       Physician \_\_\_\_\_
- Nurse               Family/Guardian       Other: \_\_\_\_\_

After the person is stable, document incident in:

- Incident Report       Progress notes       Other: \_\_\_\_\_

Written by: \_\_\_\_\_