

PICA 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 of ingesting inedible objects: *(include any diagnosis, history, or description of observed behaviors such as items the person sucks on or places in his/her mouth, objects that have been found in BM, and how often pica behavior has been seen.)*

This individual's favored objects are:

SECTION 1: Description of Preventions

- | | |
|--|--|
| <ul style="list-style-type: none">● Remove and keep the environment free of all objects that the person could put in his/her mouth.● Observe the person at all times for putting anything in his/her mouth. | <input type="checkbox"/> <input type="checkbox"/> |
| <ul style="list-style-type: none">● Conduct environmental scan of every place a person could access. Instructions for scanning environment: <i>(include how often, locations to check, and any other special instructions)</i> | |

SECTION 2: Signs and Symptoms of Pica

Most signs and symptoms of pica can be the same as constipation, aspiration, or other stomach problems.

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| <ul style="list-style-type: none">● Inedible objects found in BM● Has refused to eat for _____ meals<input type="checkbox"/> Refusing to eat or drink● Abdominal pain with or without fever● Spitting up saliva or vomiting● A hard, protruding abdomen● Stomach is tender to touch● Complaining of not feeling well or not wanting to get out of bed, go to work, or do the things that the person usually enjoys | <ul style="list-style-type: none">● Walking stooped over, if not usual for the person● Excessive drooling in persons who normally don't drool<input type="checkbox"/> Has had no stool or only 'small' stool in _____ days <i>(must match any timelines indicated on a Constipation protocol, if present)</i><input type="checkbox"/><input type="checkbox"/> |
|---|---|

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

These are steps to take if pica episode is witnessed or if signs and symptoms of pica are observed that do not require an urgent response.

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:
4. Monitor BMs until object passes. Notify physician if monitoring of stools shows object has not passed after _____ days.

SECTION 4: Urgent Response Instructions

CALL 911 and START EMERGENCY AND FIRST AID PROCEDURES as trained, if any occur:

- Person is blue or not breathing.
- Person is wheezing and working really hard to breathe, speak, or cry.
- Person is having difficulty swallowing.
- Person appears gravely ill or you are concerned about their immediate health and safety.
- Person is severely coughing.

CALL POISON CONTROL (Phone: 1-800-222-1222) if the material swallowed might be a poison or is a medicine and follow their instructions.

CALL PHYSICIAN IMMEDIATELY if the individual has swallowed magnets, batteries or any sharp object, or has developed a hard, painful abdomen. If unable to obtain medical care within an hour, take to urgent care or emergency department.

CALL PHYSICIAN WITHIN ONE DAY for the following objects: *(examples may include rocks, threads from fabric, or other items as directed by physician)*

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: _____