Protocols for the Care of Minor Health Conditions	**Effective Date: 11/1/16**
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ACA: N/A	Replaces: Appendix B, 8/1/15

****The best prevention against infection is handwashing****

Nursing staff is available to provide guidance for any clinical concerns or questions regarding these protocols.

* *Long-term use of ibuprofen is discouraged for youth who have asthma.*
** *Long-term use of acetaminophen is discouraged for youth with liver disease, kidney disease, or anemia.*

CONDITION / ACTION

Acne – Mild

(1) Instruct youth to wash face with soap and water and dry well.
(2) Instruct youth to apply benzoyl peroxide 10% cream sparingly to face 1–2 times a day for 14 days.
(3) Instruct youth to avoid getting the product in eyes, nose, or mouth and to wash hands after applying the product.
(4) Notify youth that redness and/or flaking may occur while using the product and is a normal side effect. The youth should avoid touching face or scratching acne.
(5) Contact the nurse if acne does not improve, worsens, or appears infected.

Allergic Reaction (an adverse reaction to bee stings, medication, food, etc.)

Mild Reaction – itching, rash, redness

(1) Benadryl® by mouth immediately (25 mg, 2 capsules, or 1 capsule if youth is under 100 pounds).
(2) If symptoms continue, notify nurse.
(3) Apply calamine lotion to rash 3 times a day for 2 days.
(4) If no improvement after treatment, contact the nurse.

Severe Reaction – shortness of breath (reported or observed difficulty breathing), swelling of the face, tongue, and/or throat (decreased ability to talk and/or swallow), and/or confusion (disoriented with regard to time, place, people)

(1) Administer an EpiPen® immediately, if prescribed by a provider, in cases in which the symptoms of a severe reaction are observed and/or reported. (An EpiPen® may be prescribed for an individual youth who has severe allergic reactions to bee stings or medication or food allergies such as strawberries or peanuts. Staff is provided training on EpiPen® use.)
(2) Request direction from the institution nursing staff as needed.
(3) If symptoms do not improve immediately after administering the EpiPen®, call 911.
(4) If an EpiPen® is administered, notify the health services administrator and the Texas Juvenile Justice Department (TJJD) medical or nursing director.

Altered Mental Status

Signs and symptoms of an altered mental status may include, but are not limited to, tremors, stumbling, slurred speech, mild headache, cold sweat, vomiting, loss of appetite, insomnia, excessive drowsiness, restlessness, rapid pulse, anxiety, and/or hallucinations.

If staff suspects a youth has ingested alcohol or a drug not prescribed for him/her, refer to CMS.08.85 for direction regarding the procedure for conducting drug/alcohol testing. Contact the nurse immediately for additional guidance.

Asthma

(1) Obtain 3 successive peak flow measurements.
(2) Notify the nurse of the peak flow measurement results.
(3) Follow the nurse's instructions regarding administration of asthma inhaler in accordance with provider orders. (The nurse contacts the medical provider if the youth has a history of asthma and there is no current order for an inhaler.)
(4) If the inhaler does not provide relief for the youth within 5 minutes, contact nursing staff immediately for instructions.

Athlete's Foot

(1) For severe or weeping sores on the foot, notify the nurse.
(2) If no open sores, instruct youth to wash feet gently and thoroughly with soap and water, then dry well, especially between the toes. Encourage exposure to air when possible.
(3) Instruct the youth to request anti-fungal cream from staff and to apply cream as directed on the container; may request and use as a hygiene item not requiring Medication Administration Record (MAR) documentation.
(4) Instruct the youth to wear shower shoes and clean socks daily.
(5) Notify the nurse if condition does not improve within 14 days (still has open sores, drainage, and/or sign of infection).

Note: To prevent transmission and/or recurrence, it is recommended that the shower be cleaned with one part bleach to 10 parts water after each use.

Bites (animal or human)

(1) Contact the nurse immediately.
(2) Rinse the wound with cool water to remove dirt and debris. Hold the area under running water or pour clean water over it from a cup. Use soap to clean the wound.
(3) Dress bite with appropriate bandage (Band-Aid®, 4x4, etc.), if directed by the nurse.
(4) Monitor daily for signs of developing infection (i.e., hot, red, swollen, yellow/green drainage, and/or temperature of 101°F or higher).
(5) Notify the nurse if signs of infection develop or if bite does not appear better in 2–3 days.
(6) Take youth to the emergency room (ER) if reaction is severe or as directed by the nurse.

Note: Call EMS immediately in the event of a snake bite.

Blister(s)

(1) Wash affected area.
(2) Do not puncture or squeeze the blister. Instruct youth not to touch the blister.
(3) May apply a Band-Aid®. If open and draining, allow to air-dry and keep clean.
(4) Allow youth to wear shower shoes if needed.
(5) Observe for signs of infection (i.e., hot, red, swollen, yellow/green drainage, and/or temperature of 101°F or higher) and notify nurse.

Blood in Stool, Sputum, or Urine

Notify the nurse immediately if blood in the stool, sputum, or urine is observed or reported. (Blood in stool may appear red or tar-like).

Boil(s)

(1) For boils, abscesses, or other draining skin sores, contact nurse.
(2) At the nurse's direction, apply hot soaks for 5–10 minutes twice a day until cleared. Also, apply antibiotic cream to the affected area (wearing disposable gloves) twice daily for three days.

(3) Do not attempt to puncture or squeeze the boil.
(4) If youth has a fever of 101°F or higher, notify the nurse immediately.
(5) Contact the assigned facility nurse every 24 hours until healed.
(6) If sore is open or draining, apply a dry sterile dressing that completely covers the affected area (wearing disposable gloves). Change the dressing as directed by health-care staff.
(7) Instruct the youth to leave the sterile dressing in place, avoid touching or scratching the sore, and wash hands with soap and water frequently.
(8) Replace dressing when wet or soiled.

Burns – Minor (including sunburn)

(1) Advise youth to take a cool bath or apply cool compress.
(2) If blister develops, see protocol for blister(s).
(3) If pain develops, see protocol for pain/aches – minor.
(4) Emphasize prevention by using sunscreen lotion prior to and during outdoor activities.

Note: Do not apply butter or oil to a burn.

Cold Symptoms/Seasonal Allergies

(1) Give non-aspirin/acetaminophen (325 mg, 2 tablets) if needed for discomfort. May give as a one-time dose or may be repeated every 4–6 hours as needed for 3 days.
(2) Encourage youth to drink plenty of fluids and rest.
(3) Give chlorpheniramine (Chlorphen) 4 mg, 1 tablet for runny nose, itchy/watery eyes, and/or sneezing. May give as a one-time dose or may be repeated twice a day for 3–5 days as needed.
(4) Give phenylephrine (Sudafed) (10 mg, 1–2 tablets) for nasal congestion (only 1 tablet if under 12 years of age). May give as a one-time dose or up to 3 times a day every 4–6 hours for as long as symptoms persist, not to exceed 3 days.
(5) If a cough develops, encourage youth to drink plenty of fluids.
(6) If symptoms do not improve or the youth has a fever of 101°F, sore throat, and/or ear pain, consult with the nurse.

Note: Give either Chlorphen or Sudafed, but not both medications at the same time (consult with nurse if unsure which medication to use). The above medications may cause drowsiness.

Conjunctivitis (Pink Eye)

(1) Consult with the nurse.
(2) Encourage good handwashing techniques and the wearing of gloves.
(3) Instruct youth not to share towels.
(4) Do not allow youth to participate in kitchen duty.
(5) Instruct youth not to rub the affected eye.
(6) Cover with 2x2 gauze pad.
(7) Apply warm compresses to the eye to keep the eye clean, particularly after waking up in the morning.
(8) Instruct youth to protect the eye from sunlight using sunglasses or by other methods.

Constipation

(1) If no stomach pain, give 1 ounce of milk of magnesia before bed time, with a full glass of water. (Do not give the medication within 2 hours before or after other medications).
(2) Encourage youth to drink plenty of fluids (8–10 glasses per day), increase exercise, and eat more fruits and vegetables.
(3) If no results within 24 hours, repeat dosage once.
(4) Notify nurse 3 days from the onset if there is no bowel movement.
(5) Call nurse immediately and prepare to take youth to the ER if the youth has a fever of 101°F or higher, complains of severe pain, or vomits.

Dandruff

Instruct youth to shampoo twice weekly with a dandruff shampoo as needed.

Dental

Notify the dentist if a youth has a cardiac condition or history.

Extractions

Contact the nurse if the dentist writes specific instructions and scan/email the consultation report and/or dental orders to the assigned institution infirmary.

(1) Place cold towels or an ice pack, wrapped in cloth, to the face for the first 24 hours.
(2) Leave the ice pack on for 15 minutes, then take off for 15 minutes; repeat for 4 hours.
(3) Instruct youth not to rinse mouth.
(4) Instruct youth not to use a straw.
(5) On the day following extraction, instruct youth to gently rinse mouth with warm salt water (1 teaspoon of salt to 4 ounces of water). Repeat every 4 hours for 24 hours.
(6) Instruct youth to keep fingers and tongue away from the extraction site.
(7) Instruct youth to take prescription medication as ordered.
(8) If youth is not taking a prescription pain medication, offer acetaminophen (325 mg, 2 tablets) every 4–6 hours as needed for pain for up to 3 days or ibuprofen (200 mg, 2 tablets) every 4–6 hours as needed for pain for up to 3 days.
(9) It is normal for saliva to be slightly streaked with blood for about a day. If abnormal bleeding occurs (e.g. streams of blood or spitting out clots), place a piece of moist cotton or gauze over the site and have the youth bite down for 15 minutes (moisten the gauze with cold water). If bleeding continues past the first day, notify the nurse.
(10) Monitor temperature and notify the nurse if 101°F or higher.

Toothache

(1) Consult with the nurse about making a dental appointment.
(2) Give ibuprofen (200 mg, 2 tablets) every 4–6 hours as needed for pain for up to 3 days (if youth has asthma, give acetaminophen as directed for pain).
(3) If facial swelling is evident and/or fever of 101°F or higher is present, contact the nurse immediately.

Tooth Trauma (Loose or Knocked Out)

Contact the nurse for instructions.

Diarrhea

(1) Give 2 capsules of loperamide hydrochloride (Imodium® A-D) after the first loose bowel movement, then one capsule after each bowel movement up to three times (after the first dose). Do not exceed 4 times a day for more than 2 days.
(2) Instruct youth to remain on clear liquid diet and to have no dairy products for 24 hours and notify kitchen via a Special Diet Order: Medical form, NFS-190.
(3) Instruct youth to report any blood in the stool (observe if possible).
(4) Call the nurse immediately if there is blood or mucus in the stool, youth has a fever, there is vomiting, youth complains of severe abdominal pain, or diarrhea lasts more than 2 days.

Dysmenorrhea (Painful Menstrual Period)

(1) Notify the nurse immediately if pain is associated with a fever of 101°F or higher or menstrual flow is severe (soaking more than one pad in 30 minutes) with lightheadedness and/or dizziness upon standing.

(2) Offer acetaminophen (325 mg, 2 tablets) every 4-6 hours, or ibuprofen (200 mg, 2 tablets) 3 times a day, as needed for up to 5 days.
(3) Apply heat for pain, as needed, and encourage warm shower.
(4) Contact the nurse if pain does not resolve.

Ear Wax

(1) Do not give Q-Tips® or other objects to youth for cleaning ear(s).
(2) Notify nurse if youth complains of pain or difficulty hearing.

Fever Blisters or Mouth Ulcers

(1) Instruct youth to gargle with warm salt water 4 times a day for 3–5 days (1 teaspoon of salt per 4 ounces of water).
(2) Apply Orabase® ointment to fever blisters or mouth ulcers on the lips, gums, or inside of mouth 2 times a day for up to 3 days.
(3) Instruct youth to change toothbrush at least every 2 months and more often if necessary.

Headache

(1) For youth who are alert and active, offer cool compress for 15 minutes or give acetaminophen (325 mg, 2 tablets) or ibuprofen (200 mg, 2 tablets) no more than 3 times a day for 24 hours.
(2) Notify the nurse if no improvement in symptoms, or if symptoms worsen, over a 24-hour period.
(3) Contact the nurse immediately or take youth to the ER if recent head injury or stiff neck with confusion, localized pain in eyes or ears, nausea, vomiting, dizziness, sensitivity to light, or other migraine symptoms (e.g., throbbing pain on one or both sides of the head; visual or sensory aura – seeing flickering lights, spots, or lines; numbness or tingling; double vision).

Indigestion (Upset Stomach)

(1) Give 2 Alcalak antacid tablets (may repeat 2 additional times, every 2–3 hours, for up to 24 hours if symptoms continue). Do not give with food and do not give if the youth is taking Zantac® (ranitidine).
(2) Notify the nurse immediately if pain persists; is associated with nausea, vomiting, sweating, or shortness of breath; and/or radiates to the back, chest, neck, or arm (especially if youth has a history of hypertension or cardiovascular disease).

Ingrown Toenail or Fingernail (Notify the nurse if youth is diabetic)

(1) Apply triple antibiotic ointment twice a day for up to 7 days (until redness is gone) and cover the affected area with Band-Aid® bandages or a dressing if indicated.
(2) Instruct youth to wear loose-fitting shoes if the affected area is a toenail.
(3) Notify nurse if no improvement in 3 days.
(4) Instruct youth to restrict activity, if indicated.
(5) Offer ibuprofen (200 mg, 2 tablets) twice a day for 2 days, as needed for pain, or acetaminophen (325 mg, 2 tablets) 3 times a day for up to 2 days as needed.
(6) Monitor for fever and contact the nurse for fever of 101°F or higher.

Injury

Wound – Non-Serious Injury (scrapes, abrasions, scratches, or minor cuts with no swelling, redness, or drainage)

(1) Rinse the cut or scrape with cool water to remove dirt and debris. Hold the area under running water or pour clean water over it from a cup. Use soap to clean the wound.
(2) Apply triple antibiotic ointment twice a day for 3 days and dress the wound with an appropriate bandage (Band-Aid®, 4x4, etc).

(3) Notify the nurse immediately if signs of infection develop (i.e., hot, red, swollen, yellow/green drainage, temperature of 101°F or higher), or if youth has loss of movement in affected area.
(4) Notify the nurse if youth's injury is not better within 1–2 days.

Musculoskeletal – Non-Serious Injury (sprains and strains)

(1) Apply cold pack/ice for 24 hours (20 minutes on and 20 minutes off), including during sleeping hours if the youth is awake and in pain.
(2) Elevate extremity.
(3) Immobilize extremity as much as possible (instruct youth not to put weight on the extremity).
(4) Contact the nurse for additional instruction.
(5) Give ibuprofen (200 mg, 2 tablets) up to 3 times a day for 3 days as needed or acetaminophen (325 mg, 2 tablets) 3 times a day for up to 3 days as needed.
(6) Provide crutches, if indicated.
(7) Restrict recreation and other activities, if indicated.

Serious Injury (passing out; severe pain; disorientation; difficulty breathing; swelling of the neck, head, or face; obvious fracture; cut with severe bleeding or dislocation; or snake bite)

(1) Transport youth to the ER immediately or call 911 for an ambulance.
(2) Notify superintendent, health services administrator, and TJJD director of nursing or medical director.

Nasal Congestion

(1) Give phenylephrine (Sudafed) (10 mg, 1–2 tablets) for nasal congestion (only 1 tablet if under 12 years of age). May give as a one-time dose or may repeat up to 3 times a day (every 4–6 hours) if needed for up to 3 days.
(2) Notify the nurse if there is no improvement within 48–72 hours (2–3 days), if fever develops, or if green nasal discharge is observed.

Nose Bleeds

(1) Instruct youth to hold chin to chest and apply pressure and/or cold (ice) compress to bridge of nose.
(2) Instruct youth not to blow nose or dislodge clot.
(3) If bleeding is profuse or continues for more than 30 minutes, contact the nurse.

Pain/Aches – Minor

(1) Give acetaminophen (325 mg, 2 tablets) every 4 hours as needed (maximum dose is 8 tablets a day). If no relief after 24 hours, give ibuprofen (200 mg, 2 tablets) every 4 hours for 1 day.
(2) Notify nurse if there is no relief from the ibuprofen after one day.

Pediculi (Nits or Lice)

Notify the nurse.

Penile Discharge or Burning on Urination

Notify the nurse.

Rash

(1) Notify the nurse if the youth has recently been started on a new medication, if the dosage has been increased, or if an allergic reaction is suspected.
(2) Instruct youth to apply hydrocortisone cream or calamine lotion to area twice a day for up to 7 days.
(3) Instruct the youth to keep skin dry and take cool showers (may also use cool compresses) to relieve itching.

(4) Instruct youth to use moisturizing soap until the condition improves and to avoid rubbing the skin vigorously with a towel after showering.
(5) Give Benadryl® (25 mg, 1 tablet) every 4 hours for up to 3 days, as needed for itching.
(6) Instruct the youth to trim nails to decrease skin damage.
(7) Contact the nurse if the condition remains or worsens or if the youth is unable to sleep during the night due to itching.
(8) Notify the nurse and call 911 if a serious allergic reaction is suspected (e.g., difficulty breathing, facial swelling). Refer to the allergic reaction protocol above.
(9) Instruct youth to wash hands frequently.

Ringworm (a single enlarged raised circular area, reddish in color, on any part of the body)

(1) Consult with the nurse.
(2) Apply antifungal cream 3 times a day for 30 days (wear disposable gloves and wash hands).
(3) Notify the nurse if the condition does not improve or worsens (e.g., open sores and/or signs of drainage or infection).

Note: Instruct youth to wash hands frequently and after each contact with affected site.

Seizures

Call EMS if there is no known seizure history, if the seizure lasts more than 5 minutes, or if multiple seizures (2 or more) occur consecutively.

Grand Mal Seizures (violent shaking of the entire body accompanied by temporary loss of consciousness, usually lasts from 2–5 minutes and may occur as often as one or more times a day or as infrequently as once a year or less.

(1) Remain calm.
(2) DO NOT force anything between the teeth.
(3) Remove surrounding objects to protect youth. If possible, help youth to lie down and gently turn to the side, put something soft under his/her head, remove his/her glasses, and loosen any tight clothing that may restrict movement or airway.
(4) Notify the nurse.
(5) Be sure to document all observations, reports, and actions taken. Document how long each seizure lasts.

Sore Muscles

(1) Apply analgesic balm 3 times a day for up to 3 days.
(2) Apply moist heat.
(3) May give ibuprofen (200 mg, 2 tablets) every 4 hours as needed for up to 3 days.

Sore Throat

(1) Take temperature.
(2) If no fever or temperature is below 101°F, instruct youth to gargle with warm salt water (1 teaspoon of salt to 4 ounces of water) 2 times a day for up to 2 days.
(3) Give acetaminophen (325 mg, 2 tablets) every 4 hours as needed for pain for up to 2 days.
(4) Notify the nurse if youth has a fever of 101°F or higher and/or a rash.

Tattoo Removal

For halfway-house youth receiving tattoo removal services through a TJJD-operated clinic:

(1) Do not remove the bandage until 24 hours after the procedure. The dressing should not get wet.
(2) Beginning the morning after removal:
  (a) gently wash the site with soap and water, then pat dry;
  (b) apply triple antibiotic ointment to the site(s) twice a day for 5 days; and
  (c) cover the site(s) with dry, non-stick dressing twice a day for 3 days.

For halfway-house youth receiving tattoo removal services through a community provider, follow the written medical protocol as directed by staff at the tattoo removal clinic.

For all halfway-house youth receiving tattoo removal services:

(1) If pain occurs:
  (a) apply ice wrapped in a soft cloth to treated area to reduce discomfort or swelling that may occur;
  (b) give acetaminophen (325 mg, 2 tablets) every 4 hours as needed (with a maximum dose of 8 tablets a day), and if no relief after 24 hours, give ibuprofen (200 mg, 2 tablets) every 4 hours for 1 day; and
  (c) notify the nurse if there is no relief from the ibuprofen after one day.

(2) Monitor daily for signs of developing infection (i.e., hot, red, swollen, yellow/green drainage, and/or temperature of 101°F or higher). Notify the nurse if signs of infection develop.
(3) Allow activity, as tolerated.
(4) Advise the youth not to pick, rub, or irritate the wound or scar area.

Vaginal Discharge, Itching, Pain, Redness, or Burning

(1) Call the nurse for consultation regarding initiation of Monistat® or doctor appointment.
(2) As directed by the nurse, give one Monistat® suppository every night for 7 nights.
(3) Instruct youth to keep the vaginal area clean.
(4) Instruct youth to take showers rather than tub baths.
(5) Instruct youth to wear cotton underpants with a cotton crotch and to avoid clothing made from non-ventilating materials (including most synthetic underclothing).
(6) Instruct youth to avoid wearing tight-fitting jeans or slacks.
(7) Instruct youth to sleep in a loose gown with cotton underpants.
(8) Instruct youth not to sit around in wet clothing, especially a wet bathing suit.
(9) Instruct youth to cleanse after urinating or bowel movements by wiping or washing from front to back (vagina toward anus).
(10) Notify the nurse again if symptoms persist after treatment is completed or if other symptoms are present in addition to those listed above.

Note: Vaginal discharge may appear thick, white, and curd-like.

Vomiting

(1) Provide clear liquid diet with no dairy products for 24 hours or as necessitated by the youth and notify kitchen by completing the Special Diet Order: Medical form, NFS-190.
(2) If youth vomits two or more times within 24 hours, notify the nurse for instructions.
(3) Contact the nurse immediately if youth has a fever of 101°F or higher, complains of dizziness/lightheadedness or headache, and/or emesis (vomit) appears bloody or looks like coffee grounds.
(4) Prepare to transport youth to the ER if symptoms of (3) above are evident.

FOR YOUR INFORMATION

Tylenol® (acetaminophen)

When used in small doses, no common side effects have been reported with acetaminophen.

Use caution with large doses in patients with liver disease, kidney disease, or anemia. Seek medical attention right away if any of these severe side effects occur when using Tylenol® (acetaminophen): severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); dark urine or pale stools; unusual fatigue; yellowing of the skin or eyes.

Motrin® (ibuprofen)

Okay for use with asthmatics who receive the medication in small doses.

Use caution with large doses in patients with asthma.
This medication can make skin more sensitive to sunlight and sunburn may result.
Patient should use sunscreen (minimum SPF 15) and wear protective clothing if he/she must be out in the sun.

The most frequent types of adverse reactions occurring with ibuprofen tablets are gastrointestinal symptoms.

As indicated by my signature, I have reviewed and approved the above protocols for implementation in TJJD-operated halfway houses.

Tushar Desai, MD
TJJD Medical Director

10/13/16
Date