

# Guidelines for writing protocols

Protocols are written instructions for caregivers to follow when individuals have specific problems from a health and/or safety concern. Some protocols can be general such as basic safety guidelines and documentation requirements. However most, especially those involving medical/health needs, must be specific for the individual as well as to the setting.

## Elements of any protocol include:

- A brief description of the problem and contributing factors
- Preventative measures in use
- Signs and symptoms to look for
- Interventions to be done by the caregivers
- When to seek other help such as notifying a physician or calling 911

The wording in protocols should be specific. It is not up to the staff to interpret vague terms such as “monitor often” or “check frequently”. If someone needs to be “monitored” or “checked”, exactly what that entails should be described. This could include anything from simply looking at the person to checking vital signs or oxygen saturations.

When it comes to timing it is even more important to be specific. The following are vague terms that can be interpreted differently:

- frequently
- often
- periodically
- intermittently
- at short intervals
- at times

If a specific time such as “every 10 minutes” is substituted, following the protocol exactly may not be possible due to unexpected factors or interruptions. Vague terms should be defined as specifically as possible to leave no room for misinterpretation. Using time guidelines such as “every 10 to 20 minutes” gives some leeway for interruptions but ensures that the person will be attended to within a specific amount of time.

## Guidelines for specific protocols

### Aspiration protocols:

Aspiration is the inhalation of food, fluid, saliva, medication, or other foreign material into the trachea and lungs. Material can be aspirated on the way to the stomach after swallowing or when stomach contents are refluxed back into the throat.

The health history will help identify each individual's risks for aspiration and could be helpful if included in the protocol. These include:

- past episodes of aspiration or aspiration pneumonia
- a diagnosis, such as cerebral palsy, muscular dystrophy, seizure disorder, gastroesophageal reflux, dysphagia (swallowing problems), or a hiatal hernia
- needing to be fed by others
- history of choking, coughing, or gagging while eating
- the need for modified food textures
- chronic dehydration or unexplained weight loss
- medications that may decrease voluntary muscle coordination or cause drowsiness
- unsafe eating or drinking practices, such as rapid eating or food stuffing

Mealtime behaviors can indicate that a person aspirates. These include:

- eating very slowly
- fear or reluctance to eat
- coughing or choking during meals
- refusing foods and/or fluids
  - food and fluid falling out the person's mouth
- eating in odd or unusual positions, such as throwing head back when swallowing or swallowing large amounts of food rapidly
  - refusing to eat except from a "favorite caregiver"

Protocols to help prevent or minimize the risk of aspiration may include:

- specific guidelines regarding consistency, texture, or temperature of foods or fluids
- positioning: sitting upright at a 90 degree angle with the head held in a neutral position while eating helps to prevent aspiration
- slower pace of eating
- smaller bites which are swallowed and then followed by sips of liquid

- portion sizes: some individuals require having only small amounts of food on the plate at a time so as not to eat too much too fast
- medications: giving one at a time with liquids or crushed in pudding or other foods
- verbal or physical cueing that may be needed
- location of meals (some individuals may need to eat alone in an environment with fewer distractions)
- gastroesophageal reflux precautions
  - i. elevation of the head of the bed to 45 degrees at night (this can be accomplished by placing blocks under the head of the bed)
  - ii. frequent small meals
  - iii. upright posture for 45 to 60 minutes after eating
- recognition of aspiration symptoms and how to respond to those symptoms

## Dehydration protocols:

Dehydration occurs when an individual does not drink enough fluids or loses more fluid than is replaced. Fluids are needed for temperature control, chemical balance, and for cells to make energy and get rid of waste products.

Factors that place a person at risk for dehydration can be included in the protocol. These factors include:

- inability to access fluids without assistance
- inability to communicate thirst
- requiring assistance to drink
- dysphagia (swallowing difficulties) with coughing and choking during meals
- frequently refusing food or fluids
- suppression of the thirst mechanism that results in the inability to recognize thirst
- medical conditions such as kidney disease or diabetes
- conditions where the person is losing body fluids such as drooling, diarrhea, vomiting, excess sweating or fevers
- taking medications that affect body fluid balance, such as diuretics

Signs and symptoms of dehydration should be included in the protocol. These can include:

- dry, sticky mouth
- lack of tears, sunken eyes
- low or decreased urination with strong, odorous or dark urine
- lethargy
- rapid weight loss
- dry skin, cracked lips, lack of sweating
- headache
- dizziness, lightheadedness
- low blood pressure or blood pressure that drops when the person stands up
- dizziness when going from lying to standing positions

Protocols to help prevent dehydration should include:

- clear guidelines regarding fluid requirements including an acceptable minimal amount of fluid intake in a day
- guidance for meeting fluid requirements by other means such as offering foods high in fluid content (gelatin, watermelon, soups,

puddings, yogurt, or ice cream) to someone who does not want to drink fluids

- what to do if dehydration is suspected

## **Pain protocols:**

Everyone should be able to be either pain free, or at the least, have pain controlled to a level that is acceptable to the person and allows the person to maintain the highest level of functioning possible. Evaluating pain is difficult especially if the person cannot articulate when, where, and how they hurt. Caregivers are left to interpret behaviors, gestures, vocalizations, and facial expressions as indicators of pain.

The significance of controlling pain is immense. Pain can have major implications for a person's health, functioning, and quality of life. If unrelieved, pain is associated with:

- impaired immune function and healing
- impaired mobility
- complications related to immobility such as blood clots or pneumonia
- depression, anxiety, sleep disturbances
- loss of function and increased dependency for activities of daily living
- exacerbation of cognitive impairment

Pain protocols should list generalized pain indicators as well as the signs and symptoms that are unique to the individual so that caretakers can respond to that person's needs. Nonverbal indicators for pain include:

- frowning, facial grimacing or gritting teeth
- clenched fists
- withdrawal or guarding
- loss of appetite
- clutching or rubbing the affected part
- restlessness or shifting position frequently
- aggression, agitation, depression
- vocalizations, moaning, or crying

Physiologic signs of pain can include a fast heart rate or breathing fast as well as an elevation of blood pressure. Sweating or pallor may be seen. Muscle tension and even nausea are also indications of pain.

Pain management often includes scheduled and prn medications. However nonpharmacologic pain management may also be important. This can include relaxation therapy as well as strategies to promote comfort such as heat or cold, or alteration of position. For example: elevation and icing of a limb in the case of a sprained ankle or helping someone with a back ache turn over at intervals. These should all be addressed in a pain protocol.

The protocol should also address communication between caregivers regarding how the person responded not only to medications but to other strategies to help control pain.

## Seizure protocols

Seizure disorders can place an individual at high risk for injury or death. Caregivers need clear guidelines as to what to expect if a seizure occurs and what they should do during and following a seizure.

It may be difficult to prevent seizures but some factors can increase the likelihood of one occurring and should be recognized. These include:

- missed doses of antiseizure medications. Generally missing a medication once in a short time frame is not harmful, but if someone has missed multiple doses, the blood level of that medication can fall and increased seizure activity can occur.
- illnesses or injuries or other factors that stress the person can result in more seizures
- certain foods or drinks such as alcohol or excess caffeine
- medications such as narcotics, some antidepressants, sedating antihistamines, antipsychotic medications, fluoroquinolones (a type of antibiotic: Cipro, Levaquin), and stimulants used to treat ADHD
- conditions such as low or very high blood sugars, low sodium levels, high thyroid levels, low oxygen levels, drug toxicity, or withdrawal of some drugs or alcohol

### Seizure protocols should include:

1. descriptions of the person's seizure(s) including
  - a. signs or symptoms that can indicate a seizure is about to occur
  - b. exactly what occurs during a seizure such as staring spells or descriptions of any abnormal body movements
  - c. symptoms following a seizure such as drowsiness, headaches, confusion
2. clear instructions for how the person is monitored for seizures including
  - a. what the monitoring involves such as "visually check the person"
  - b. how frequent this monitoring is to be done in specific language such as "every 15 to 20 minutes"
  - c. specific instructions for monitoring immediately after a seizure such as "keep in sight for two hours following a seizure"
3. instructions for monitoring during different environments such as water safety precautions when bathing or swimming

4. clear instructions regarding when to notify a health professional, when to call 911, and when to administer PRN medications if ordered