



PROTOCOL VS. PROCEDURE FE

- Protocols are written instructions for caregivers to follow when individuals have specific or frequent problems from a health concern that usually has a predictable outcome.
- a nearm concern that usually has a predictable outcome. **Protocols are problem oriented.** They explain what to do about a health problem. They contain a description of the problem, when and how to intervene, when to call 911 and who to notify. Protocols give guidance to caregivers on what signs and symptoms to look for.
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- Protocols need to be specific to the setting and the individual. For instance, if three individuals living in the same home have seizure protocols, they should all read differently. There will be some similarities, such as basic safety guidelines and documentation requirements.





consumption of non-food substances. The term pica originates from the Latin word for "magpie", a bird known to have an appetite for a diversity of objects, including inedible objects. Some common examples of pica include ingestion of dirt, dust, paper, paper clips, plaster, string, pencils, staples, clothes, plastic, and cigarette butts.



PICA TYPES

- Acuphagia- sharp objects
 Amylophagia- laundry starch
- Coprophagia-feces
- Cautopyreiophagia- burnt matches
- Cautopyreiophagia- burnt matche:
 Foliophagia- leaves, grass
 Geophagia- sand, clay, dirt
 Lignophagia- wood, bark, twigs
 Lithophagia stones and pebbles
 Pagophagia- ice, freezer frost
 Plumbophagia- lead items
 Tobaccophagia- cigarettes butts
 Trichophagia- hair





































Call poison control @ # 1-800-222-1222 if it is known or suspected that consumer has ingested toxic substances (See attached list of common harmful household chemicals). Concurrently call 911 and have consumer taken to the hospital/ER.

POISON



BRIEF DESCRIPTION OF THE PROBLEM

Reason why consumer is at risk.

Example; Mickey M. since October 1998 has had a history of consuming non-food items such as (note consumer's preferred non-food items). Mickey has demonstrated the following pica behaviors at/during.....etc (Describe environments, situations, activities where pica has occurred and is most likely to re-occur).



PREVENTIVE MEASURES



Prevention Is The Best Intervention

◆ TRAIN: Provide pica training to all staff/family (people who come in contact with consumer), in all locations where the consumer spends time. Make sure all caregivers understand the consumer's risk for engaging in pica.











INTERVENTIONS



- If consumer ingests a small non-toxic item such as a button, coin, bead without incident of choking monitor bowel movements for passage of object for four days, notify physician if object has not passed in feces during that time period
- If ingestion is suspected, monitor, bowel movements, assess the consumer for signs and symptoms of bowel obstruction, infection, poisoning or other adverse effects

WHEN TO NOTIFY THE **PHYSICIAN**

- Refusal of food or fluid
- Decreased food or fluid intake
- Lack of bowel movements or small watery stools · Complaints of abdominal pain or discomfort
- Vomiting
- Fever
- Hard abdomen
- Extended, protruding abdomen
- Stooped or hunched over walk (if not typical for consumer)
- Complaints of feeling ill, refusing to get out of bed, work, or participate in favorite activities ٠



INITIAL PICA BEHAVIOR

It is important to notify physician and include the following:

- Clear description of behavior, noting pica is a new behavior
- Data collection, if any, i.e. frequency, environments, preferred items



COMMUNICATING WITH HEALTH CARE PROVIDER

 Persons with pica are also at a higher risk for lead poisoning and parasitic infections due to the ingestion of items such as feces, lead paint, paper, clay and soil











TEMPLATE • All protocols should be individualized. The protocol should be developed by the person(s) who is most familiar with the consumer along with the treating physician and in conjunction with the behavioral analyst • All protocols should be developed by the person(s) who is most familiar with the consumer along with the treating physician and in conjunction with the behavioral analyst • All protocols should be developed by the person(s) who is most familiar with the consumer along with the treating physician and in conjunction with the behavioral analyst • All protocols should be developed by the person(s) who is most familiar with the treating physician and in conjunction with the behavioral analyst • All protocols physician difference of the person of the person difference of the person of the person difference of the perso

