

Keck School of Medicine of University of Southern California Street Medicine

Policy Outline

1. Policy# 001: Establishment of Care- see Keck School of Medicine of University of Southern California Street Medicine Policy for Establishment of Care
2. Policy #002: Clinical Services Rendered-see Keck School of Medicine of University of Southern California Street Medicine Policy for Clinical Services Rendered
3. Policy #003: Medical Record Storage- see Keck School of Medicine of University of Southern California Street Medicine Policy for Medical Record Storage
4. Policy #004: Medication Dispensing- see Keck School of Medicine of University of Southern California Street Medicine Policy for Medication Dispensing
5. Policy #005: Disability Evaluations- See Keck School of Medicine of University of Southern California Street Medicine Policy for Disability Evaluations
6. Policy #006: Co-signatures- See Keck School of Medicine of University of Southern California Street Medicine Policy for Co-signatures
7. Policy #007: Medication Storage- See Keck School of Medicine of University of Southern California Street Medicine Policy for Medication Storage
8. Policy #008: Standards for off-site Street Medicine Clinics- See Keck School of Medicine of University of Southern California Street Medicine Policy for Standards for off-site Street Medicine clinics
9. Policy #009: Threatening patients
10. Policy #010: Nursing visits
11. Policy #011: Patient with Suicidal Ideation
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Attachments

1. Appendix A- Street Medicine Medication and Supplies Formulary
2. Appendix B- Medication Log

REVISION:

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DISCLAIMER STATEMENT:

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	1		
SUBJECT:	Establishment of Care	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	All clinical staff	PAGE:	1	OF	1

PURPOSE

To provide a standard by which a patient can establish care with Keck School of Medicine of University of Southern California Street Medicine.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

Established patient- Any patient who has completed at least one medical visit by a clinician on Keck School of Medicine of University of Southern California Street Medicine team within three years.

II. GUIDELINE/INTERVENTION:

- No appointments are made in advance for outpatient visits. Patients are seen one at a time on a “first-come, first-served” basis if multiple patients are residing in a common location, unless an urgent issue is brought to the attention of the Clinical Staff or Provider on site by another street medicine team member.
- Clinical staff reserves the right to see patients out of order of presentation to meet the needs of a patient, based on clinical judgment.
- Patients may be seen in the inpatient units of LAC + USC hospital via referral from the inpatient team.

III. DOCUMENTATION:

EMR or Paper Chart: Patient information will be documented in a way that is consistent with the requirements of the institution.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	2		
SUBJECT:	Clinic Services	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	1	OF	1

PURPOSE

- To provide a standard for all clinical services offered by Keck School of Medicine of University of Southern California Street Medicine.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

II. GUIDELINE/INTERVENTION:

- All lab draws, requisitions, and handling of patient specimens and related equipment will follow USC Care institutional policy and procedure including policy pertaining to specimen testing, quality control, specimen collection and handling, laboratory complaints and communications, patient lab test management, and lab safety.
- Procedures not offered by Keck School of Medicine of University of Southern California Street Medicine include but not limited to gynecological exams for annual/wellness visits or gynecologic problem focused exams.

III. DOCUMENTATION:

- EMR or Paper Chart:**
 - Patient information will be documented in a way that is consistent with the requirements of the institution.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	3		
SUBJECT:	Medical Record Storage	EFFECTIVE DATE:	12/17/18		
PERSONNEL COVERED:	RN, LVN, MA	REVISED DATE:	12/17/18		
		PAGE:	1	OF	1

PURPOSE

- EMR is utilized as the preferred medical record system for Keck School of Medicine of USC Street Medicine.
- Paper Medical Records are stored in the Family Medicine Department with a double-locked system in a fire proof cabinet.

POLICY

I. KEY POINTS:

- EMR is utilized as the preferred medical record system for Keck School of Medicine of USC Street Medicine.
- Paper Medical Records are stored in the Family Medicine Department with a double-locked system in a fire proof cabinet.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

III. GUIDELINE/INTERVENTION:

- If technical difficulties prohibit or interfere in the use of EMR for documentation, a paper chart will be used to capture patient information.
- All paper charts will be transported via a Keck Medicine of USC approved HIPPA compliant coded lock box to a secured location in the Family Medicine department.
- Paper charts will be stored in a secure location with a double-locked system in a fire proof cabinet.
- All paper charts will be scanned into the EMR to ensure continuity of care.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	4		
SUBJECT:	Medication Distribution	EFFECTIVE DATE:	12/17/2018		
PERSONNEL COVERED:	RN, LVN, MA	REVISED DATE:	12/17/2018		
		PAGE:	1	OF	4

NEEDS REVISING

PURPOSE

- Identify who can prescribe and distribute medications and what medications maybe prescribed and distributed.

POLICY

I. KEY POINTS

- Street Medicine Employed Providers may prescribe benzodiazepines, controlled substances and psychotropic medications as delineated in the providers' Keck/LAC+USC practice agreement. Volunteer providers cannot prescribe benzodiazepines, controlled substances, and other psychotropic medications unless the volunteer provider is credentialed through the Keck Medicine Department of Psychiatry and Behavioral Sciences.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Street Medicine Provider- Provider employed by the Keck School of Medicine of University of California Street Medicine

Volunteer Provider- Provider who volunteers their time with Keck School of Medicine of University of Southern California Street Medicine without monetary compensation; A Provider not employed by Keck School of Medicine of University of Southern California Street Medicine

Clinical staff- MA, LVN, RN

III. GUIDELINE/INTERVENTION:

Medications

- All providers are required to practice within their scope of their license and within compliance of their Keck Medicine of USC or LAC+USC credential

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OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	4		
SUBJECT:	Medication Distribution	EFFECTIVE DATE:	12/17/2018		
		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	2	OF	4

- Narcotics, benzodiazepines and other controlled substances can be prescribed or refilled to Street Medicine patients by Street Medicine Providers.
- Keck School of Medicine of University of Southern California Street Medicine Volunteer Providers (Physicians & Advanced Practice Clinicians) cannot prescribe benzodiazepines, controlled substances and psychotropic medications unless the provider is credentialed through the Keck Department of Psychiatry and Behavioral Sciences or otherwise approved by a Keck School of Medicine of University of Southern California Street Medicine Provider.

Psychotropic medications include:

- Selective Serotonin Reuptake Inhibitors
 - Serotonin and Norepinephrine Reuptake Inhibitors
 - Tricyclic Antidepressants
 - Monoamine oxidase inhibitors
 - Antipsychotics
 - Buspirone
 - Trazadone
 - Wellbutrin
 - “Mood Stabilizers” (e.g. carbamazepine, valproic acid, lithium, lamotrigine)
 - Stimulants for Attention Deficit Hyperactivity Disorder (e.g. amphetamines, methylphenidate)
- Keck School of Medicine of University of Southern California Street Medicine employee providers are able to prescribe psychotropic medications in accordance with their license.
 - Only providers licensed to prescribe medications are able to dispense medications. This includes both counting pills and dispensing medication to the patients.
 - When appropriate, patients will receive prescribed medications from a Keck School of Medicine of University of Southern California Street Medicine provider. Medications dispensed to patients from a Keck School of Medicine of University of Southern California Street Medicine provider must be from the approved Keck School of Medicine of University of Southern California Street Medicine medication Formulary List. (Appendix A)

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		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	3	OF	4

- All medications are to be dispensed in tamper resistant containers/pill bottles.
 - If medications are unit dosed, they may be dispensed in a plastic zip lock bag with a Keck School of Medicine of University of Southern California Street Medicine medication label fixed onto the bag.
- All medications should be dispensed with a Keck School of Medicine of University of Southern California Street Medicine medication label with all the proper information filled in as indicated on the label sticker. The label includes RX #, date, date of birth, patient name, drug name, instructions, quantity, expiration date and prescriber.
- Prescriptions may be given to patients. Prescriptions can be filled at a location convenient to the patient or at the LAC+USC pharmacy. Street medicine teams may help facilitate the pickup and delivery of a medication for a patient who is unable to access their preferred pharmacy.
- If a patient has insurance, Keck School of Medicine of University of Southern California Street Medicine may opt to pay the insurance co-pay if the patient is not able to afford the co-pay at the time of service. If Keck School of Medicine of University of Southern California Street Medicine is paying the co-pay, it is indicated on the prescription.
- If a patient does NOT have insurance, prescriptions should be taken to the LAC+USC pharmacy. The cost of the medication will be covered by the Keck School of Medicine of University of Southern California Street Medicine or alternate payor source. The patient will not be responsible for payment or co-payment of the prescription(s).

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OPERATING POLICIES

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		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	4	OF	4

VACCINES

- Screen patient for any contraindications to the vaccine before administration.
- A Vaccine Information Sheet from the Centers for Disease Control (CDC) is provided to the patient prior to the immunization and documented in the medical record.
- Upon administration of the above-mentioned vaccines, the following information will be documented in the patient record:
 - i. vaccine
 - ii. dosage
 - iii. route
 - iv. site
 - v. time of administration
 - vi. lot number of vaccine
 - vii. manufacturer of vaccine
 - viii. nurse's signature
 - ix. date of vaccination information sheet from the CDC

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	5		
SUBJECT:	SSD/SSI Disability evaluation	EFFECTIVE DATE:	12/17/2018		
		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	MD, DO, PA-C, CRNP, Licensed Social Workers, Case managers	PAGE:	1	OF	1

PURPOSE

- Identify who can complete disability forms for a patient.

POLICY

I. KEY POINTS:

- Only Keck School of Medicine of University of Southern California Street Medicine providers and associated care managers may complete SSI/SSD forms for Keck School of Medicine of University of Southern California Street Medicine patients.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

Care Managers- Social Workers, Case managers

III. GUIDELINE/INTERVENTION:

- Only Keck School of Medicine of University of Southern California Street Medicine employed providers and associated care managers may complete SSI/SSD disability evaluations of any kind for Street Medicine patients.
- Copies of all disability forms must be included in the medical records.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	6		
SUBJECT:	Co-Signatures	EFFECTIVE DATE:	12/17/2018		
PERSONNEL COVERED:	MD, DO, CRNP, PA-C	REVISED DATE:	12/17/2018		
		PAGE:	1	OF	1

PURPOSE

- Identify those that need co-signatures on patient charts and how they are to be obtained.

POLICY

I. KEY POINTS:

- If preceptor is not a physician and is a CRNP or PA-C that requires a co-signature, the provider will need to obtain a co-signature.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

III. GUIDELINE/INTERVENTION:

- Charts completed in clinics that utilize the EMR will be co-signed per California State Law and the Delegation of Services Agreement between the supervising physician and the physician assistant or certified registered nurse practitioner.

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USC CARE AND AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	7		
SUBJECT:	Medication Storage	EFFECTIVE DATE:	12/17/2018		
		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	MD, DO, CRNP, PA-C	PAGE:	1	OF	1

PURPOSE

- Identifying proper medication storage safe medication storage and handling

POLICY

I. KEY POINTS:

- Medication storage requirements must be followed for patient safety.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

III. GUIDELINE/INTERVENTION:

Medications

- Medications are to be stored with a double-locked system in a fire proof cabinet.
- All medications are to be kept at room temperature: 68-77° F (20-25°C).
 - If medications are noted to be outside this temperature, pharmacy should be consulted for an appropriate expiration date.
- Medications are maintained in the original packaging.
- If medication is bulk packaged, an original open date should be written on the package upon opening. If the medication is unit dosed, the expiration is as noted on the unit dose packaging.
- Medications are only to be accessed by the prescribing/dispensing providers or pharmacists.

Vaccines

- Vaccine is maintained in the refrigerator at Vaccine is maintained in the refrigerator at 36-46° F (2.2-7.7°C).
 - Refrigerator temperature measurements will be taken twice a day

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services: Street Medicine	POLICY #:	8		
SUBJECT:	Standards for off-site	EFFECTIVE DATE:	12/17/2018		
		REVISED DATE:	12/17/2018		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	1	OF	1

PURPOSE

To provide standardization for off-site Keck School of Medicine of University Street Medicine locations of care.

POLICY

I. KEY POINTS:

- If preceptor is not a physician and is a CRNP or PA-C that requires a co-signature, the provider will need to obtain a co-signature.

II. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

III. GUIDELINE/INTERVENTION:

Guidelines:

- Charts completed in clinics that utilize the EMR will be co-signed per California State Law and the Delegation of Services Agreement between the supervising physician and the physician assistant or certified registered nurse practitioner.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	9		
SUBJECT:	Standards for management of a threatening patients	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	MD, DO, PA-C, CRNP, RN, LVN, MA	PAGE:	1	OF	1

PURPOSE

- To provide standardization for management of threatening patients being seen by Keck School of Medicine of University Street Medicine.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

Threatening behavior: conduct or comments that are inappropriate, demeaning or otherwise offensive behavior intended to create an uncomfortable, hostile or intimidating environment. Examples of threatening behavior include but are not limited to: violence or any act of aggression, threatening or abusive language including excessive swearing, offensive remarks, derogatory racial remarks or sexual remarks, malicious allegations related to members of the Street Medicine team and offensive sexual gestures or behaviors.

II. GUIDELINE/INTERVENTION:

- This policy applies to patients who are behaving in a way that is threatening to the safety and wellbeing of members of the Keck School of Medicine of USC Street Medicine team.
- Patients who display threatening behaviors will be asked to stop and offered the opportunity to explain their actions. De-escalation techniques will be used by team members to diffuse the situation.
- If the behavior continues, the clinician should safely retreat from the care of the patient to a previously designated location.
- If it is felt all members of the street team should evacuate an area due to any threat to personal safety, the impacted member will speak the words “Code Grey” loud enough that all team members can hear the instruction. All team members will immediately leave the area and meet at a previously designated location to regroup.

III. DOCUMENTATION:

- **EMR or Paper Chart:**
 - Patient information will be documented in a way that is consistent with the requirements of the institution.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	10		
SUBJECT:	Nursing visit protocol	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	LVN, RN	PAGE:	1	OF	2

PURPOSE

- To establish criteria in which an established street medicine patient may be seen by nursing without a provider being present.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- LVN, RN

Established patient: an individual who has previously been seen by a Street Medicine provider.

Supervising practitioner: a practitioner who is available by phone and immediately available to furnish assistance and direction. It does not mean that the practitioner must be present at the site of care when the visit is performed.

II. GUIDELINE/INTERVENTION:

1. The patient must have been seen by a Street Medicine practitioner before any subsequent nurse visits may take place. Nurse visits are for established patients only.
2. The ordering practitioner establishes the medical necessity for a nurse visit. Documentation in the medical record must make reference to the protocol and the date.
3. A supervising practitioner must be available by phone when a nurse visit/service is rendered. The practitioner ordering the nurse visit/service need not be the practitioner who is supervising the service.
4. An established patient may be seen for a subsequent nurse visit at the direction of the supervising practitioner if they have been diagnosed with any of the following medical issues:
 - Diabetes Type 1 & Type 2
 - Start of new diabetic medications
 - Blood Glucose follow up
 - Hypertension
 - Start of new hypertensive medications
 - Blood Pressure follow up
 - Hypotension
 - Start of new hypotensive medications
 - Blood Pressure follow up
 - Wound Care
 - Assessment/evaluation and dressing changes

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	10		
SUBJECT:	Nursing visit protocol	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	LVN, RN	PAGE:	2	OF	2

- Education Gaps related to diagnosis and/or medications
- And any other medical issues deemed appropriate by the Street Medicine practitioner

III. DOCUMENTATION:

- **EMR or Paper Chart:**
 - The documentation must include the reason for the nurse visit/service, as well as the diagnosis. The associated ICD 9 (10) must reflect the reason for the service rendered. In summary, the documentation needs to include the following:
 - Date of service provided, reference to the original protocol and date, diagnosis based on practitioner's order/protocol, brief note of the services provided by clinical staff and the patient's response, authentication by clinical staff and supervising practitioner.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	11		
SUBJECT:	Suicidal ideation management, outpatient	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	MD, DO, PA-C, CRNP, RN, LVN, MA	PAGE:	1	OF	3

PURPOSE

- To provide patients with suicidal ideation access to resources and emergency intervention as appropriate.
- Persons contemplating suicide may first choose to share suicidal thoughts with a trusted provider or caregiver. If a patient makes a statement that indicates or implies that he/she wishes to die or hurt themselves, it is important to follow-up with clarifying questions so that appropriate action may be taken.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

II. GUIDELINE/INTERVENTION:

Suicidal risk assessment should follow the tenets of active engagement, active rescue and collaboration.

A. If the patient states, indicates or implies suicidal thoughts by **phone**:

1. Identify if the patient is alone
2. Assess for suicidal desires:
 - Suicidal ideation, evidence of psychological pain, hopelessness, helplessness, perceived burden on others, feelings of being trapped, feeling intolerably alone
3. Assess for suicidal capability:
 - History of suicide attempts, exposure to someone else's death by suicide, history of/current violence to others, available means of killing self, currently intoxicated, current substance abuse disorder, recent/dramatic mood change, loss of sense of reality, extreme agitation/rage
4. Assess for intent:
 - Attempt in progress, plan/method defined, preparatory behaviors, expressed intent to die
5. Assess for buffers/connectedness
 - Access to immediate supports, social supports, planning for the future, engagement with helper, ambivalence for living/dying, core values/beliefs, sense of purpose
6. If it is felt that the patient is not in imminent risk:

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OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	11		
SUBJECT:	Suicidal ideation management, outpatient	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	MD, DO, PA-C, CRNP, RN, LVN, MA	PAGE:	2	OF	3

- Inform the patient “If anything should change or you feel like you might hurt yourself, this is the crisis numbery you can call. They will be able to help you any time, day or night.”
 - Provide the patient with the phone number for Crisis Services.
 - Notify the patient’s provider if the provider did not personally receive the phone call.
 - Follow up with the patient via phone or in person within 72 hours.
 - Document the call and intervention in the patient’s medical record.
7. If it is felt that the patient is in imminent risk:
- Continue active engagement by phone with the patient.
 - Street medicine team will take all action necessary to secure the safety of the patient by initiating emergency response via crisis or emergency services via 911 even if the patient is unwilling to take action on their own behalf.
- B. If the patient states, indicates or implies suicidal thoughts **in person**:
1. Assess for suicidal desires:
 - Suicidal ideation, evidence of psychological pain, hopelessness, helplessness, perceived burden on others, feelings of being trapped, feeling intolerably alone
 2. Assess for suicidal capability:
 - History of suicide attempts, exposure to someone else’s death by suicide, history of/current violence to others, available means of killing self, currently intoxicated, current substance abuse disorder, recent/dramatic mood change, loss of sense of reality, extreme agitation/rage
 3. Assess for intent:
 - Attempt in progress, plan/method defined, preparatory behaviors, expressed intent to die

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	11		
SUBJECT:	Suicidal ideation management, outpatient	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	MD, DO, PA-C, CRNP, RN, LVN, MA	PAGE:	3	OF	3

4. Assess for buffers/connectedness
 - Access to immediate supports, social supports, planning for the future, engagement with helper, ambivalence for living/dying, core values/beliefs, sense of purpose
5. If it is felt that the patient is not in imminent risk:
 - Inform the patient “If anything should change or you feel like you might hurt yourself, this is the crisis number you can call. They will be able to help you any time, day or night.”
 - Provide the patient with the phone number for Crisis Services.
 - Notify the patients provider if the provider did not personally receive the phone call.
 - Follow up with the patient via phone or in person within 72 hours.
 - Document the call and intervention in the patient’s medical record.
6. If it is felt that the patient is in imminent risk:
 - Continue active engagement with the patient
 - Street medicine team will take all action necessary to secure the safety of the patient by initiating emergency response via crisis or emergency services via 911 even if the patient is unwilling to take action on their own behalf.

III. DOCUMENTATION:

- **EMR or Paper Chart:**
 - Patient information will be documented in a way that is consistent with the requirements of the institution.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	12		
SUBJECT:	Wound care and dressing changes management	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	1	OF	3

PURPOSE

- Dressings act to protect the wound from mechanical injury, to splint or immobilize, to absorb drainage, to promote hemostasis (pressure dressing), to debride, to protect wound from contamination and secondary infection and to inhibit or kill microorganisms.

POLICY

I. DEFINITIONS:

Provider- MD, DO, PA-C, CRNP

Clinical staff- MA, LVN, RN

PPE: Personal Protective Equipment – Barriers used to prevent exposure from blood, body fluids, secretions, excretions and contaminated items. Barriers include gloves, gowns, masks, face shields, and protective eyewear (goggles).

II. GUIDELINE/INTERVENTION:

- Always follow standard precautions and use of appropriate PPE.
- If the patient has more than one wound in the same area, cover/dress each wound separately.
- If the patient is sensitive or allergic to adhesive tape, use paper or silk tape.

Patient Education:

- Pre-procedure: Pre-procedure patient education is reviewed prior to the start of the procedure and must include the introduction of those performing and assisting with the procedure, the purpose of the procedure, the steps of the procedure, duration of the procedure and recover and what the patient should expect during the procedure. Once complete, the patient’s understanding should be documented in the medical record.
- Post-procedure: Post-procedure patient education should be reviewed after the procedure before the conclusion of the patient encounter. This education should include information for future care of the wound. When to seek medical care and who to contact with questions regarding the procedure. Once complete, the patient’s understanding should be documented in the medical record.

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OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	12		
SUBJECT:	Wound care and dressing changes management	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	2	OF	3

Process/Interventions:

- Mandatory PPE:
 - Non-sterile gloves- when removing old dressings
 - Sterile gloves- when cleaning wound or applying new dressing
- Suggested PPE:
 - Fluid resistant gown- when there is the risk of blood or body fluid splash/spray
 - Face shield or mask with goggles- when there is the risk of blood or body fluid splash/spray
- Non-sterile general equipment:
 - Gloves, disposable bag, tape (type and size as indicated), protective pad, wound measuring guide, acetone free adhesive tape remover if needed
- Sterile general equipment:
 - Sterile gloves, 4"x4" gauze pads, cotton tipped swabs, large absorbent dressing if indicated, scissors, forceps, sterile saline or practitioner-ordered cleaning solution, antibiotics/topical medication as ordered by practitioner.

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USC CARE & AMBULATORY SERVICES
OPERATING POLICIES

MANUAL:	Clinical Services	POLICY #:	12		
SUBJECT:	Wound care and dressing changes management	EFFECTIVE DATE:	12/17/18		
		REVISED DATE:	12/17/18		
PERSONNEL COVERED:	RN, LVN, MA	PAGE:	3	OF	3

ACTION	RATIONALE
Preparation:	
- Identify patient using two identifiers (name/DOB) as stated by the patient	
- Review allergy list with patient	Avoid use of products patient is allergic to
- Explain procedure and position patient as necessary	Patient education.
- Expose dressing site	
- Sanitize hands	Infection control.
- Place dressing supplies on a clean, flat surface.	
- Cut or tear pieces of tape to be used.	
- Place a disposable bag nearby to collect soiled dressing.	Avoid contamination of surrounding area.
- Determine type and amount of dressings are needed.	
- Gather dressings and supplies.	
Removal of old dressing:	
- Don gloves (non-sterile).	Non-sterile gloves are sufficient if care is taken not to touch the wound.
- Gently pull tape toward wound to loosen. Moisten tape with acetone-free adhesive tape remover if necessary.	Protects newly formed tissue and prevents stress to the incision.
- Slowly remove old dressing one later at a time and place in disposal bag. If gauze adheres to wound, loosen dressing by moistening with sterile saline.	Hasty removal of dressing can cause wound trauma and drain dislocation.

III. DOCUMENTATION:

• **EMR or Paper Chart:**

- Patient information will be documented in a way that is consistent with the requirements of the institution and will include the date, time, and nature of procedure; type, color, odor (if present) and amount of drainage, presence and location of drain(s), wound appearance (size, alignment of margins, condition of the wound and surrounding skin); application of topical medication (if ordered), patient's tolerance to procedure and understanding of follow-up instructions.

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Appendix

1. Appendix A- Street Medicine Medication and Supplies Formulary
2. Appendix B- Medication Log

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Appendix A: Street Medicine Medication and Supply Formulary

Medication and Supplies Formulary	
Gloves (nitrile, large)	
Hand sanitizer	
Notepad	
Pen (Regular & Sharpie)	
Bio-hazard bag	
Blood pressure cuff	
Detox Protocol Sheet	
information cards	
Stethoscope	
Albuterol inhaler (<i>Ventolin</i>) Rx ONLY	
♥ Amlodipine 10mg (<i>Norvasc</i>) Rx ONLY	
♥ Amlodipine 5mg (<i>Norvasc</i>) Rx ONLY	
☠ Amoxicillin 500mg (<i>Amoxil, Tycil, Trimox</i>) Rx ONLY	
☠ Amoxicillin/Clavulanate 875mg/125mg (<i>Augmentin</i>) Rx ONLY	
☠ Azithromycin 250mg (<i>Zithromax, Z-Pack</i>) Rx ONLY	
☠ Cephalexin 500mg (<i>Keflex</i>) Rx ONLY	
☠ Ciprofloxacin 500mg (<i>Ciloxan, Cipro</i>) Rx ONLY	
☠ Clindamycin 150mg (<i>Cleocin, Dalacin</i>) Rx ONLY	
Diphenhydramine 25mg (<i>Benadryl</i>)	
☠ Doxycycline 100mg (<i>Doryx, Doxyhexal, Doxylin</i>) Rx ONLY	
♥ Furosemide 20mg (<i>Lasix</i>) Rx ONLY	
Guaifenesin 200mg (<i>Mucinex</i>)	
☠ Levofloxacin 500mg (<i>Levaquin, Tavanic</i>) Rx ONLY	
♥ Lisinopril 5mg (<i>Prinivil, Tensopril</i>) Rx ONLY	
♥ Lisinopril 10mg (<i>Prinivil, Tensopril</i>) Rx ONLY	
♥ Lisinopril 20mg (<i>Prinivil, Tensopril</i>) Rx ONLY	
Loratadine 10mg (<i>Claritin</i>)	
Prednisone 10mg (<i>Cortan, Deltasone</i>) Rx ONLY	
♥ Metoprolol 25mg Rx ONLY	
♥ Metoprolol 50mg Rx ONLY	
☠ Azithromycin 250mg (<i>Zithromax, Z-Pack</i>) Rx ONLY	
☠ Sulfamethoxazole/TMP 800mg/160mg(<i>Septra, Bactrim</i>) Rx ONLY	
Empty bags	
Glucometer kit with strips, lancets & alcohol swabs	
Glucose gel	
Otoscope & nozzles	
Pulse oximeter	
Sunscreen	
Thermometer (forehead)	
Tongue blades	
Betamethasone Dipropionate 0.05% cream Rx ONLY	
Clotrimazole 1% cream	
Ivermectin 3mg (<i>Stromectol</i>) Rx ONLY	
Hydrocortisone 1% cream (1 gm packets)	
Hydrocortisone 1% cream (1 oz tubes)	
Neomycin, Polymyxin B, HC Otic (<i>Cortisporin</i>) Rx ONLY	

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Mupirocin 2% ointment (<i>Bactroban</i>) Rx ONLY
Nix lice treatment
Permethrin 5% cream Rx ONLY
Tolnaftate 1% cream (<i>Tinactin</i>)
Tolnaftate Powder
Triamcinolone 0.1% cream Rx ONLY
Saline nasal spray (bottle or squeeze tube)
Acetaminophen 325mg (<i>Tylenol</i>)
Aspirin 325mg
Aspirin 81mg
Ibuprofen 200mg (<i>Advil, Motrin</i>)
Ibuprofen 600mg
Naproxen 220mg (<i>Aleve</i>)
Naproxen 500mg
Bacitracin Antibiotic ointment packets
Small Band-Aids
Eye drops (lubricating, non-Rx)
Tobramycin ophthalmic 0.3% Rx ONLY
Antacid, calcium carbonate
Bismuth 262mg (<i>Pepto Bismol</i>)
Docusate sodium (<i>Ex-Lax</i>)100mg
Fluconazole 150mg (<i>Diflucan</i>) Rx ONLY
Loperamide 2mg (<i>Imodium</i>)
Multivitamin
Ranitidine 150mg (<i>Zantac</i>)
MVI
Senna 8.6mg
Folic Acid 1mg
Vitamin B-1 100mg (<i>Thiamine</i>)
Albuterol inhaler (<i>Ventolin</i>) Rx ONLY

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WOUND / ORTHO PACK
ITEM DESCRIPTION
Pocket #1
Gloves (nitrile, large)
Hand sanitizer
Pen (regular & Sharpie)
Pocket #2
Bio-hazard bag
CPR pocket mask
Goggles
Shears
Pocket #3
Loose Items
#11 blades
Chlorhexidine (<i>Hibiclens</i>)
Hydrogen Peroxide 3%
Lidocaine 1% Solution
Povidone Iodine Antiseptic (<i>Betadine</i>)
Safety Syringe 3cc
Sharps containers, miniature
Mesh Pocket
Calamine Lotion
Cold compress
Hot Compress
N95 masks
Nail Clippers
Saline 30mL
Pouch 1 (WOUND CARE)
Alcohol prep pads
Band-Aids and antibiotic ointment
Cotton swabs (sterile)
Cotton Rayon balls
Hand sanitizer packets
Forceps
Lip balm
Povidone iodine prep pads
Staple removal kit
Suture removal kit
Wound closure strips + benzoin tincture
Vitamin A + D ointment
Pocket #4
Pouch 1 (BANDAGING)
Ace wraps
Athletic tape (elastic fabric tape)
Cloth tape (non-elastic fabric tape)
Coban (<i>self adhering tape</i>)
Paper tape (<i>Micropore</i>)
Plastic tape (<i>Transpore</i>)
Rolled gauze (<i>Kerlix</i>)

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<i>Pouch 2 (DRESSING AND SPLINTING)</i>
2x2 gauze, sterile
4x4 gauze, sterile
4x4 gauze, non-sterile
Abdominal Pads (Combine Pads)
Emergency Blanket
Eye pad
Chux drapes
Moleskin

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