WHO DO I CALL?



<u>Directions: Using the following scenario, decide whom you would call and what you would say.</u>

- You are in the kitchen cooking lunch. You have your back to Margaret. Margaret says that she is going into the family room to watch TV. You hear her fall and start to scream.
- You immediately run to her side. You find her lying on the floor in the family room, clutching her leg and screaming. Margaret is unable to get up from the floor.

• Who would you call?
• Who you are:
• Where you are:
• What has happened?
• When it happened:
DSP should refer to the homes Emergency Numbers and Medical Protocols to complete

S&S Activity 1 2/25/2009

WHAT DO I DO?



<u>Directions: Read the following scenario and answer the questions.</u>

John, 57, complained of chest pain to Tom, the DSP on shift. Tom advised him to "take it easy." To be safe, Tom observed him more closely than usual throughout the morning. He also looked at John's record and saw he had a history of obesity and high cholesterol. He had been to the doctor three times in the last six months for "aches and pains," and no problems were found.

After John had eaten only part of his lunch, he again complained of pain and pressure in his chest. John went to watch TV in the living room. Tom went with him to make sure he was okay. After about 15 minutes, Tom observed that John was pale, sweating, and short of breath.

- What are John's signs and symptoms?
- What should Tom do next?

• In this scenario, did Tom do the right thing?

S&S Activity 2 2/25/2009

^{*}DSP should refer to the home's Emergency Numbers and Medical Protocols*

^{*}Trainer should review with the DSP to assure that the person knows the location of all phone numbers, who to call and protocols for all individuals*



WHAT WOULD YOU DO?



For each sign or symptom listed in the left column, decide if you should respond by calling 911, placing an urgent call to the doctor, or providing routine treatment at home. Check the appropriate box on the right columns.

Sign or Symptom

Your Response

	U	rgent	Routine	
	911	Dr. Call	Dr. Call	Treatment
Onset of fever of 101 degrees or higher				
New or sudden onset of incontinence				
Rash lasting several days or getting worse				
Bleeding that can't be controlled				
Severe sore throat/difficulty swallowing				
Infection at injury site				
Sleeping most of the day; unusual difficulty in arousing; unusual fatigue				
Scratching/holding one or both ears				
Holding abdomen				
Diarrhea or vomiting lasting more than four hours				
A seizure lasting five minutes or continuous seizures				
Paralysis, numbness, confusion				
Onset of limping, inability to walk, or difficulty in movement				
Mosquito bite				
Trouble breathing or is breathing in a strange way				
Visible swelling with doctor's order to elevate the leg				
Minor cut				
Is or becomes unconscious not related to a seizure				
No pulse				
Any evidence of pain or discomfort				
Chest pain or pressure				
Severe injuries, such as broken bones				
Choking (not breathing and not coughing)				
Injuries to the head, neck, or back				
Has gone into shock				

TEST YOUR UNDERSTANDING DESCRIPTIVE VERSUS EVALUATIVE

Read each of the statements below and decide whether it is DESCRIPTIVE (D) OR EVALUATIVE (E). Record your answers by putting a (D) or an (E) next to the appropriate number.

	(D) or (E)	Statements
1.		Louise is withdrawn.
2.		Louise would not leave her bedroom until after breakfast.
3.		John cut himself with a knife.
4.		John is suicidal.
5.		Gary falls down at least once a day.
6.		Gary has brain damage.
7.		Harry is very motivated.
8.		Harry works at least ten hours a day.
9.		George finishes his work assignments every day.
10.		Mary shuffles her feet when she walks.
11.		Joe is a behavior problem.
12.		Jane seems happy.
13.		Larry yells and screams at others.
14.		Fred is having another temper tantrum today.
15.		Ruth appears to be angry.