

**Peripheral Neuropathy Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing unknown or serious injury.

**Desired Outcome:**       will be aware of and avoid environmental hazards and remain safe in all environments. Staff will monitor environment for hazards and respond as trained to any injury.

**Why at risk/History:**

**Peripheral neuropathy** is the inflammation and deterioration of the peripheral nerves, or nerves outside of the brain and spinal cord causing a loss of nerve function. It usually affects the hands and feet, but can also affect other areas of the body. The peripheral nervous system communicates information between the brain/spinal cord (central nervous system) and the rest of the body. Peripheral neuropathy can result from traumatic injuries, infections, metabolic problems, inherited causes, and exposure to toxins.

**Supports and interventions:**

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* Staff will encourage      , as needed, to regularly exercise and eat a healthy diet in order to reduce neuropathy pain, improve and maintain healthy skin, muscle, and nerves tissue.
* Staff will assist      , as needed, in checking daily for blisters, cuts, calluses, burns, or any other injuries.
* Staff will assist      , as needed, with adjusting and checking water temperature each time water is used.
* Staff will assist      , as needed, to wear weather/terrain appropriate clothing and shoes.
* Staff will provide assistance and physical support, as needed, when walking up/down steps, walking on uneven terrain, or while getting on and off the transportation vehicles.
* Staff will monitor for and address environmental hazards that may present a risk of falling such as poor lighting, clutter, uneven surfaces, slippery surfaces, stairs, or throw rugs.
* If fall or harm occurs, assess       for injury and administer medical attention as necessary.

**Monitor:**

* Gradual onset of numbness, prickling or tingling in feet or hands, which can spread upward into legs and arms
* Sharp, jabbing, throbbing or burning pain
* Extreme sensitivity to touch
* Pain during activities that shouldn't cause pain, such as pain in feet when putting weight on them or when they're under a blanket
* Lack of coordination and falling
* Muscle weakness
* Feeling as if you're wearing gloves or socks when you're not
* Paralysis if motor nerves are affected
* Heat intolerance
* Excessive sweating or not being able to sweat
* Bowel, bladder or digestive problems
* Changes in blood pressure, causing dizziness or lightheadedness
* Any change in stability
* Any change in condition

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any symptoms of peripheral neuropathy, injuries, falls, changes in condition or stability, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of peripheral neuropathy, injuries, falls, changes of condition or stability, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Peripheral Neuropathy** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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