

**Pica Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing adverse effects of ingesting non-food items.

**Desired Outcome:**       will not ingest any non-food items. Staff will respond as trained if symptoms of pica are exhibited.

**Why at risk/History:**

**Pica** is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips. This increases the risk of bowel blockage, poisoning, stomach ulcers, choking, and malnutrition.

**Supports and interventions:**

* Staff will encourage      , as needed, to stay busy and participate in activities.
* Staff will monitor environment for non-food items that may present a pica hazard.
* Staff will assist       to seek medical attention, as needed, to monitor for deficiencies or malnutrition.

**Monitor:**

* Symptoms of vitamin or mineral deficiency or malnutrition
* Signs that a non-food item has been consumed:
  + Visual signs, such as, paint, dirt, etc. on hands, clothes, or in or around mouth
  + Monitor bowel movements for abnormal objects in stool
  + Damage to teeth
  + Infections or symptoms of organisms or parasites inside the body
  + Stomach pain or nausea
  + Vomiting
  + Blood in the stool, which may be a sign of an ulcer that developed from eating non-food items
  + Constipation, diarrhea, or other bowel issues that may indicate a bowel blockage or irritation
* Change in mental status, physical ability, behavior, or condition

**Notify:**

* **Call 911 if exhibiting severe symptoms, ingests and/or exposed to a toxin or trigger known to cause a severe reaction, 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, Health and Safety Tech and/or Nurse of any symptoms of pica, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of pica, change of condition, 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.

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