

Appendix D: Pacific College of Oriental Medicine Guide to Medical Red Flags and Referrals

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- I. GENERAL RED FLAGS INDICATING NEED FOR MEDICAL CONSULT/REFERRAL
 - a. Severe unremitting pain
 - b. Pain anywhere unaffected by medication or change in body position
 - c. Severe pain with no history of trauma
 - d. Severe muscular spasm
 - e. Suicidal ideation
 - f. Shortness of breath
 - g. Unwarranted fatigue
 - h. Swelling and/or redness with no history of trauma
 - i. Fluctuations in body temperature or unabated fever of any degree for more than five days.
 - j. Fluctuations in weight (unexplained)
 - k. Chest pain and/or palpitations with or without radiation
 - l. Severe headache (acute) or persistent headache of any degree either diffuse or focal.
 - m. Blood (any amount) in stool, sputum, or genital excretions.
 - n. Blood Pressure –increased or decreased. (See Blood Pressure Addendum)
 - o. Skin burns of 2nd /3rd degree
 - p. Loss of balance and or muscular weakness, including fainting spells
 - q. Skin rash/swelling/discoloration
 - r. Visible jaundice/icterus
 - s. Subjective feeling of obstruction, including difficulty swallowing, passing gas, stool, urine, sputum, or inhalation /exhalation
 - t. Unusual changes in movement patterns, e.g. tremors, weakness, reduced range of motion, un-coordination, difficulty in initiation/termination of movement, pain/discomfort with movement.
 - u. Unusual patterns of perspiration
 - v. Persistent cough (productive or unproductive) of more than three months
 - w. Any disturbances/discomfort in menstruation or associated with menstrual flow or/and intercourse
 - x. Recent changes in bowel habits.

II. CANCER

- a. Persistent fixed pain, especially at night
- b. Generalized unexplained pain
- c. Unexplained weight loss
- d. Unexplained anorexia, nausea and/or vomiting
- e. Unexplained temperature fluctuations
- f. Unwarranted fatigue
- g. Unusual lumps and growths

III. CARDIOVASCULAR

- a. Shortness of breath
- b. Cyanosis (central or peripheral)
- c. Edema (symmetrical or general)
- d. Dizziness
- e. Feeling of obstruction/heaviness/tightness/pain in the chest
- f. Pulsating pain anywhere in the body
- g. Persistent and/or severe pain in the lower leg(s) or arms
- h. Discolored/painful feet
- i. Swelling with no suspicion/history of trauma
- j. Acute changes in blood pressure
- k. Expansion of the neck veins
- l. Altered vital signs

IV. RESPIRATORY

- a. Shortness of breath
- b. Cyanosis
- c. Clubbing of fingers
- d. Persistent cough
- e. Wheezing/stridor
- f. Edema
- g. Altered vital signs
- h. Trachea deviation
- i. Paradoxical chest wall movement
- j. Pleuritic pain
- k. Uneven breath sounds
- l. Sudden unwarranted “panic attack” due to breathing difficulty

V. GI/GU

- a. Acute, persistent and/or severe abdominal pain
- b. Persistent heartburn/indigestion
- c. Persistent nausea/vomiting
- d. Persistent fluctuations in bowel habits (alternating diarrhea with constipation)

- e. Any blood/pus in stool, urine or genital excretions
- f. Changes in urination patterns
- g. Unusual changes in menstrual cycle
- h. Positive peritoneal signs

VI. NEUROLOGICAL

- a. Any changes in special senses or general somato-visceral sensations of acute/insidious onset
- b. Persistent headaches of any severity and location
- c. Sudden changes in balance/coordination
- d. Changes in swallowing/speech
- e. Sudden weakness
- f. Exaggerated or diminished peripheral reflexes
- g. Positive meningeal signs
- h. Positive signs of increased intracranial pressure

VII. IMMUNE SYSTEM/INFECTIONS

- a. Persistent fever of any degree within past five days
- b. Skin rash/swelling/dyscoloration
- c. Persistent upper /lower respiratory infections
- d. Persistent GI/GU infections
- e. History of opportunistic infections or/and generalized *Candida albicans* infections
- f. History of flea, tick, mosquito, dog or other animal bite
- g. History of wound contamination
- h. History of untreated trauma, e.g. laceration with rusty metal, stepping on a rusty nail
- i. History of recent travel to a foreign country associated with any deteriorative change in health
- j. History of recent contact with infectious human/animal
- k. History of sexual promiscuity or/and one or more episodes of STD, IV drug use
- l. History of UTI in pregnant female
- m. Suspicion of Rubella contact for pregnant female
- n. History of needle stick or blood contact in health care professional

Appendix E: Blood Pressure Addendum

PCOM Clinic Policy on treating patients with high blood pressure.

Background:

Normal Blood Pressure is defined as less than 120 Systolic and less than 80 diastolic.

The American Heart Association (AHA) recommendation for healthy blood pressure is reflected in the chart below¹:

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
Hypertensive Crisis (Emergency care needed)	Higher than 180	or	Higher than 110

What to do in instances of a patient presenting with elevated Blood Pressure:

Blood Pressure reading of 160/100 or higher

- You may treat patient, however you must refer patient to Primary Care Physician for evaluation and management

Blood Pressure reading of 180/100 or higher

- DO NOT TREAT PATIENT
- Refer patient to Primary Care Physician/Urgent Care or ER

Low Blood Pressure should be evaluated by the patient's primary care physician.

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http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/Understanding-Blood-Pressure-Readings_UCM_301764_Article.jsp#.V8X5mDUvz-M