

sondasmcschatter
MULTICHEMICAL SENSITIVITIES

MCS & SIGNS & MCS PROTOCOL

Posted on [February 20, 2013](#)

Multiple Chemical Sensitivity (MCS) is basically a subset of Environmental Illness (EI), which is caused by living in a toxic world. The chemicals that were synthesized after World War II (including, pesticides, synthetic fragrances, cleaning products, detergents, etc.) are mostly “petro-chemicals” (petroleum based) and are quite toxic to humans. There have been virtually no studies done on the majority of these chemicals to see how they affect humans – the industry just placed the chemicals in the environment with the assumption that they are “safe, till proven toxic”, instead of the other way around. One of the biggest offenders is **PERFUME** and other scented products. Did you know that many of the ingredients in your perfume are the exact same ingredients found in **GASOLINE**??!! I didn’t either! The scary thing is that the perfume industry is NOT REGULATED at all – they can put any number of chemicals in fragrance without revealing what those chemicals are – or how they affect humans. We humans are all participating in a giant “lab experiment” against our knowledge and against our will, and it’s making some of us VERY sick.

Those of us who are becoming chronically ill from these chemicals are similar to the “canaries in the coal mine”. Coal miners would take a canary into the mines with them to warn them when the air became toxic. They knew that when the canary stopped singing or died, it was time to get out before it affected them as well. We “human canaries” are here to warn the rest of you that, unless you start making changes and avoid as many toxic chemicals as possible, you too may become very sick. Non toxic living is actually much simpler and cheaper!

Don’t be fooled, these chemicals are affecting ALL of us in some way or another. Think about the last time you got a headache for no apparent reason. Could it be possible that someone had recently sprayed perfume or pesticides near you without you knowing it? Had you recently used scented laundry detergent or Clorox to clean with? Do you get headaches or feel nauseous from being around people wearing perfume or cologne? Do you feel you need to hold your breath when you go down the detergent aisle at the grocery store? All these things are your body’s way of telling you something is wrong with the air you’re breathing. While an MBA in health care may help you understand the whys and wherefores of the medical issues it doesn’t take a masters degree to listen to your body and know that things are not right.

It’s like playing “Russian Roulette” – you never know how long your immune system can hold out before breaking down. Some people may never reach the point of “chronic illness” that I did – but most people are being affected, possibly without realizing it. Cancer has increased dramatically since World War II (after all the chemicals came out). Attention Deficit Disorder is on the rise (more and more of our children are being put on toxic, brain-altering drugs like Ritalin when simply cleaning up their environment could solve their problems). Chronic Fatigue Syndrome, Alzheimer’s Disease, Allergies, Asthma, Lupus, Fibromyalgia, and Multiple Sclerosis are also increasing. All these illnesses could very well have a chemical connection to their cause or, at the very least, these patients would benefit from using less-toxic products. Pretty much any “immune system” disorder could be helped

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cleaner environment and by using safer products.

The products we use on our skin are absorbed directly into the bloodstream (the reason why nitroglycerine, nicotine, and hormone patches work). The chemicals we breathe (such as perfumes, formaldehyde, pesticides, etc.) all go straight to our brains and can cause low-level to severe damage – similar to how someone can snort cocaine or glue to get a “high”. Start reading labels – check for petro-chemicals, formaldehyde, and fragrance, and avoid them as much as possible. A clue that an ingredient may be a petro-chemical is the “prop” prefix. A clue that an ingredient releases formaldehyde is “Quaternium”. Be careful about products labeled “fragrance free” or “unscented”. Don’t trust them! Read the label and be sure they don’t list “fragrance” or “masking fragrance”. Don’t put anything on your skin you’d be afraid to eat, because the end result is the same!

Before I got sick, I had no clue that I was slowly being “poisoned” by products that I assumed were “safe” since they were on the market! If this could happen to me – **YOU COULD BE NEXT.**



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NO SMOKING
VIOLATORS WILL BE LIT ON FIRE



WE SHARE THE AIR

To prevent HARM to people who suffer from respiratory difficulties,

PLEASE

AVOID USING SCENTED PRODUCTS

Please try not to use scented deodorant, after-shave, hair-spray, cologne, shampoo, soap or other scented personal care products as they release toxic chemicals which harm sensitive people.

THANK YOU

For RESPECTING other peoples

Right To BREATHE!

Scent & Chemical
Free Zone

Please leave your fragrance and hair products at home

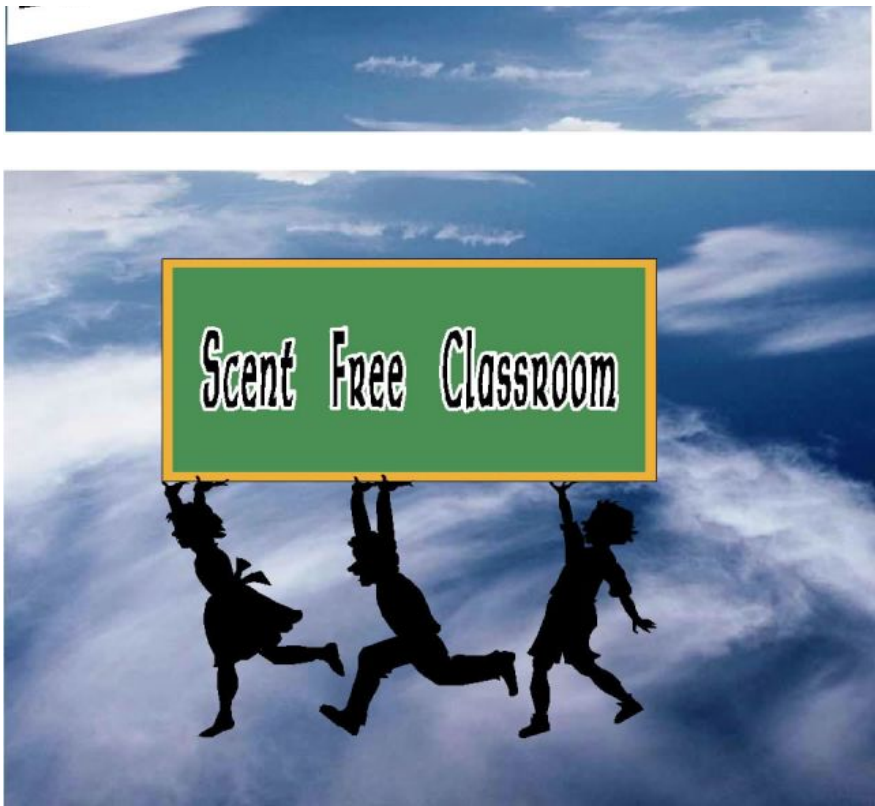
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PLEASE LEAVE YOUR FRAGRANCES AND NEW PRODUCTS AT HOME...

Thanks!



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IMPORTANT NOTICE

FRAGRANCE FREE ENVIRONMENT

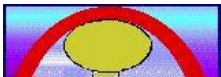
Please do not enter if you are wearing perfume/cologne or any of the following **SCENTED** products:

Deodorant	Shampoo/Conditioner
Body Lotions/Creams	Hair Spray
Cosmetics	Laundry Detergent
Aftershave	Fabric Softener

All these products are available **UNSCENTED**.



FRAGRANCE FREE LIVING.COM



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The Ten Commandments of Being a Good Neighbor

(Excerpt from The Ostrich Syndrome)

Thou Shalt Not Kill Thy Neighbor

Toni Temple, President Ohio Network for the Chemically Injured

While this statement may seem a little far-fetched for typical suburbia, read on, re-think and react!.

1. Thou shalt not run thy vehicle when not in use to prevent carbon monoxide from entering thy neighbor's domicile and thus thy neighbor's lungs. (Spares thy pocketbook too!)
2. Thou shalt not use thy barbecue grill near thy neighbor's windows. (More carbon monoxide and a lot of dirty smoke!)
3. Thou shalt not place thy garbage cans near thy neighbor's windows.
4. Thou shalt not operate thy gas-powered lawnmower on hot humid days to keep from "ozoning" thy neighbor. (Hint: electric mowers do not emit exhaust; and better yet, hand mowers are not a threat to air pollution and provideth much needed exercise.)
5. Thou shalt not poison thy neighbors, family, friends, pets and wildlife by using toxic chemicals on your lawn. It's not for the birds either. (Some lawn chemicals currently in use were used as nerve toxins in the Viet Nam War.)
6. Thou shalt carefully read directions and instructions when using swimming pool chemicals for maintenance (chlorine is a deadly gas that produces further harm when mixed or stored with other chemicals, and it can even cause explosions. (Chlorine and ammonia are incompatible so check thy makeup ingredients containing ammonia.)
7. Thou shalt not pollute thy clothes dryer, neighborhood, and clothing with toxic exhaust from fabric softeners or dryer sheets and perfumed detergent residues. (They contain benzene, toluene and other petroleum chemicals which become even more harmful when heated.)

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8. Thou shalt not pollute thy neighborhood air with toxic smoke coming from burning newspapers, chemical starter logs (use untreated wood and twigs), garbage and petroleum products, plastics and the like, in thy fireplace. (They all cause pollution, especially plastics, which release dioxin.)

9. Thou shalt not cause thy neighbor undue stress with unnecessary noise and pollution from leaf blowers, motorcycles, power tools or loud music and parties.

10. Thou shalt be considerate and notify thy neighbor — so windows can be closed — when creating dust, stirring up pollen, painting or using toxic chemicals and pesticides. (Thou wilt be helping thyself too by using VOC-free paints, less toxic cleaning methods and safer products, and alternatives to pesticides and herbicides.)

I WAS ASKED IF I WOULD RE-POST THE MCS PROTOCOL FOR EMERGENCY VEHICLES & MCS HOSPITAL PROTOCOL- & THE SITES I HAD LISTED NOW HAVE VIRUSES ON THEM—DOES ANY ONE HAVE THE ORGINAL COPIES OF THE PROTOCOL THAT I E-MAILED OUT OVER 2 OR 3 YEARS AGO TO MY MCS SISTERS????????????????IT WAS A VERY SIMPLE- COW ATE THE CABBAGE- PROTOCOLS FOR HOSPITAL & EMERGENCY CARE FOR MCS ILLNESS!!WHEN 1 IN 3 DIE FROM WRONG HEALTH CARE & CARE THE IN HOSPITALS NOW- MANY OF MY MCS SISTERS HAVE POINTED OUT TO ME- WE SHOULD ALL HAVE COPIES OF THIS PROTOCOL- FOR US & OUR FAMILIES!!!ONE OF MY MCS SISTERS TOLD ME ABOUT HER HUSBAND HAVING A HEART ATTACK WHILE THEY WERE TRAVELING- & THE HOSPITAL & THE DOCTORS KNEW NOTHING ABOUT MCS- OR MCS PROTOCOL- WHICH I AM POSITIVE IS THE NORMAL FROM MY PAST EXPERIENCE!!!!!!!!!!!!!! THIS MCS SISTER SAID SHE NOW HAS IN HER HOME & IN HER RV AN EMERGENCY BAG — WITH PRINTED OUT (AT LEAST 12 COPIES EACH OF EMERGENCY & HOSPITAL MCS PROTOCOL & TONS OF INFORMATION ABOUT MCS FACTS PRINTED OUT & IN FILE FOLDERS IN HER EMERGENCY BAG-SHE SAID- SHE KEEPS FILTERED WATER BOTTLES & SOME MONEY & FLASH LIGHT & PROTIEBARS & COPIES OF CURRENT INSURANCE CARDS- AN ADDRESS BOOK WITH PHONE NUMBERS & BOOK LIGHT- & -FACE MASK & NOTE PAD & PENS & SMALL BIBLE & &&&& (WHAT WOULD BE YOUR EMERGENCY NEEDS?)SHE SAID- I WOULD RECOMMEND EVERYONE KEEP AN EMERGENCY BAG- THAT CAN BE GRABBED & GO- WITH THE PROPER INFO THAT WOULD BE NEEDED- TO EDUCATE ABOUT MCS PROTOCOL!!!GOOD IDEA!!!!!!!!!!!!!!

Hospitalization for the Chemically Sensitive Patient*

In Loving Memory of Selene Anema, RN

GENERAL CONSIDERATIONS

All members of the medical team should be fragrance-free, especially in regard to perfumes and colognes.

Please use rooms without carpet whenever possible.

Keep the use of plastic to a minimum. Use paper tape instead of plastic tape. Test Betadine, tape, and suture material 48 hours prior to surgery to observe any adverse reaction. Avoid latex gloves.

 Follow

Improve the air quality. Patient may request permission to seal the air ducts. Open windows if possible. Utilize available air filters. Do not allow open containers of chemicals to sit in room. Wash down the operating room with a water and baking soda solution to remove disinfectant and pesticide odors. This patient is extremely pesticide sensitive.

Oxygen: ceramic mask is preferred over plastic.

The patient has prepared for surgery by lowering her total load of chemical exposures and increasing her intake of antioxidants, vitamins, and minerals. High levels of vitamin C before and during surgery (1 to 4 grams every 4 hours) helps to tolerate chemical overload.

Please use the bed linens brought by the patient.

Please allow the patient to use her own purified water for drinking. Also, please inform the dietecian that the patient has food sensitivities. Only pure food which does not contain preservatives, dyes, colorings, MSG, aspartame or other chemicals are allowed.

The following post-op complications may be due to unrecognized sensitivities and/or inciting agents: phlebitis, pulmonary embolism, edema, petechiae, increased drug reactivity, muscle spasm, nervousness or depression, myalgia, arthralgia, headaches, bloating.

DRUGS AND THE CHEMICALLY SENSITIVE PATIENT

Keep medications as simple and minimal as possible. 1/4 to 1/2 the usual dosage of the drug may be adequate.

DRUG REACTIONS are very common in chemically sensitive patients. Observe for symptoms such as spastic muscles, pulling parathesias, hyperesthesia or hypoesthesia, and jitteriness. Also, observe for local swelling, hives, syncope, hyperventilation, seizures, asthma, severe anaphylaxis, site inflammation, severe fatigue, increased sensitivities.

0.2 mEq/kg of magnesium over a 4 hour period daily may relieve spasms.

PRE-OP MEDICATIONS

No oral medication if possible. Avoid antihistamines and steroids if possible. Benadryl or an injection of 0.4 to 0.6 ml of IM atropine may be used to prevent excess secretions. Also, Atarax is usually safe. Usually, atropine or morphine-demerol compounds are sufficient for pain control. To alkalinize stomach contents to reduce problems with aspiration pneumonitis, use Alka Seltzer in gold foil (without aspirin). For intravenous fluids, use IV 0.45 normal saline in glass bottles, not plastic. Soft plastics such as those used for IV drips and blood bags contain phthalates, which include many toxic chemicals such as hormone disrupters. These chemicals leach into the IV solution and can cause reactions in the sensitive person. Glass bottled 45 NS available from Merit Pharmaceuticals, 800-696-3748. If dextrose or Ringer's solution is used, please observe for a reaction due to its corn content. For fructose and invert sugars, contact company beforehand to check formulations and sources.

ANESTHESIA

A rectangular button with a blue plus icon and the word "Follow" in a sans-serif font.

Do not test anesthetic drugs before use. Use local anesthetics, such as preservative-free and epinephrine-free xylocaine or carbocaine whenever possible. No halogenated hydrocarbons (Fluothane, Ethrane, Penthrane). The chemically sensitive patient can get dramatically worse with gas anesthetics. If recovery does occur, can take days to return to normal state. Inhaled anesthetic is avoided if at all possible since the fluorinated hydrocarbons and nitrous oxide are known to be immunosuppressants. If required, nitrous oxide only in as limited levels as possible.

Check all drugs for preservatives. The basis for anesthesia that works well is: 1. The patient inhales 100% oxygen for 5 minutes

2. Bolus of sodium pentothal or other short-acting barbiturate is used for induction.

3. Followed by curare (a long-acting morphine compound) and a long-acting scopolamine compound. Succinyl choline chloride (Anectine) may also be used to paralyze. Sublimaze and Innovar can be used to obliterate memory. Sodium pentathol, Versed, Phentanyl (long acting opioid) are recommended drugs for induction and maintenance of anesthesia. For shorter procedures, the patient may use the Brevitol drip. Diprovan is recommended for induction and/or regional anesthesia.

SURGERY

Do not use any dyes, as discussed prior to surgery. Safe sutures: Silk, Cotton, Gut-lamb. Avoid synthetics.

POST-SURGERY

Antibiotics given intravenously provoke fewer reactions than when given orally. In-line intravenous filters should be used for higher tolerances. Post-surgery, use TENS unit or acupuncture for pain control. Vicodan may be OK for pain.

RECOMMENDED LABWORK FOR SURGERY

CBC

Urinalysis

SMA 20

Liver function

T and B Lymphocyte function (may include function of cell-mediated immunity, blastogenesis, phagocytic index, and migratory inhibitory factor). If on 2nd or 3rd day post-op, patient has a sudden purulent drainage, check serum levels of opsonins.

REFERENCES:

Rea, William, MD, *Chemical Sensitivity*, Volume IV.

Recommendations also from Jeffry Anderson, MD.

See Green Guide #42 on hormone disrupters (888-ECO-INFO).

** Note: Selene Anema's article was written in 1997, so the specific anesthetics have probably changed. Please t*

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for general recommendations only.

Selene Anema passed away in late 2008.

***Caution:** *The information on this page is not intended to be a substitute for a physician's care or treatment. Please consult with your doctor before acting on any of the recommendations.*

For example, a large percentage of MCS/EIs have porphyria. It is important to test or determine whether or not you have acute or non-acute porphyria, and the safe and unsafe drugs for this condition. Please discuss the risks with your doctor and anesthesiologist before surgery.

Additional Considerations from the Editor

MCS Compliant Hospital. Windham Hospital. 112 Mansfield Ave., Willimantic, Connecticut 06226. MCS person visited her husband at this hospital for 2 days. From her experience there, she has no fears of going there herself for knee replacement surgery, primarily because of the responsiveness of the staff for eliminating scents. The head nurse was allergic to Clorox, so she used **Quaternary Ammonium** for disinfectant. She noticed no smell from this product. In another instance, when she asked the woman in charge of information about a troublesome scent, within 15 minutes she was visited by person in charge of environment, a nurse, and maintenance staff. They discovered the problem and it was taken care of. <http://www.windhamhospital.org/index-flash.htm>

Healthier Hospitals. by Toni Temple. A 28 page booklet written by the combined efforts of the author, an MCS victim, and two greater Cleveland, Ohio, area hospitals. The book educates hospital administration, staff and medical personal on proper care and consideration for the special needs of MCS patients. It improves access for those hospital patients who suffer from this disability. Order from **NEEDS 1-800-634-1380**, booklet not available on website.

Safer Medical Tape and Bandages. *Johnson & Johnson* paper tape has a well tolerated adhesive. *Johnson and Johnson "Steripads"* are 100% cotton. Order in advance through the hospital.

Surgical Tape Safeguard. *Submitted by Anonymous MCS.* A safeguard for surgery is that MCS patients must convince the hospital to take allergies to surgical tape seriously. They didn't in my case, and I suffered the consequences. The last thing I heard the nurse say was something about a tape allergy, but it was ignored. The hospital needs one person who actually reads the patients history taken down at registration...and who sees to it that the staff takes it seriously. **Editor's Note:** *It may be beneficial for the doctor who treats your MCS, to write a letter about chemicals and their serious impact on your health, to be mailed in advance for the administration, and another copy to have with you at the time of your stay.*

Health Care Without Harm. Educate your own doctors and nurses and administrative staff, whether with an HMO or in private practice. <http://www.noharm.org> The page on pesticides and cleaning agents is <http://www.noharm.org/pesticidesCleaners/issue>

Healthy Hospitals Report. Click on Issues- and Healthy Hospitals. Download Healthy Hospitals report. www.beyondpesticides.org/main.html

Pest Management in New York State Hospitals: Risk Reduction and Health Promotion. Attorney General of New York State, December 1995. <http://www.oag.state.ny.us/environment/hospital95.html>

 Follow

NIEHS's Common Air Pollutants (*National Institute of Environmental Health Sciences*). Educate your healthcare folks, educational facility, or workplace. Print out a copy of NIEHS's Common Air Pollutants: Pesticides & Cleaners, Fragrances, and Cleaners & Disinfectants. NIEHS has listed "formaldehyde, fragrance products, pesticides, solvents, cleaning agents" under "volatile organic compounds." <http://www.niehs.nih.gov/external/fac/indoor.htm>

MCS/EI Hospitalization and Anesthesia – based on personal experience. <http://www.immuneweb.org/articles/anesthetics.html>

For more information on safe anesthetics for porphyria,

see <http://members.tripod.com/~PorphBook/4.html> Note especially, the information listed at the bottom of this referenced page, concerning the complexity of this situation.

CIIN. Chemical Injury Information Network. *Hospitals & Chemical Exposures*. To obtain a *complete topic list* of the studies and articles from Chemical Injury Information Network's in-house library, specify the topic(s) and write to CIIN, P.O. Box 301, White Sulphur Springs, MT 59645; call 406-547-2255; or fax 406-547-2455.

E-mail request (members preferred, see instructions) <http://www.ciin.org/email.htm>

Library page: <http://www.ciin.org/library.htm#gen%20mcs%20anchor>

Fragrance Control and Health Care Facilities. HEAL. Human Ecology Action League. *The Human Ecologist*. "Fragrance control and health care facilities: An interview with Marlene Freeley, R.N., M.S., Director, Occupational Health Services, Brigham and Women's Hospital, Boston, Massachusetts," by Louise Kosta. Issue Number 96, Winter 2002. Order this issue or subscribe to quarterly publication. Phone: 404-248-1898 <http://members.aol.com/HEALNatnl>

For extended stays. It would be helpful to "code" MCS or label the patient's bed or room to alert all hospital personnel. Submitted by an MCS/EI.

Detoxification from anesthesia. Vitamin C IV, if tolerated. 25 grams in glass bottle. May administer before and after surgery. Repeat if necessary. This is most effective. Needs prescription, of course.

MCS/EI Hospital Experiences

Unfortunately, the experience I've had lately with anesthesiologists, is that my MCS issues were easily dismissed. The lack of research and education about this illness, makes our journey steep and arduous. But, we have a good chance when MCS/EIs, kindly and consistently, do what they can to bring about awareness. *Post script: One year later, I requested the records for my surgery. The anesthesiologist reported the I had "multiple allergies." In the "Other" box on the same form, he added, "multiple phobias." He stated on the form that he would comply with patient requests. The fact is, that he did not comply with my request for no gas. He advised against a spinal block, as he was wheeling me into the operating room. I agreed to the gas. I was tired and not prepared to stand my ground. Next time, I will submit my doctor's request in writing for no gas anesthesia along with my MCS diagnosis to discourage the suggestion that I have "multiple phobias."*

Editor, Mary Kempf

Wanted: Safe hospital suggestions. Please submit to: bhima@citlink.net Please put red ink in subject line

We all have such different sensitivities . . .

Please consult with your doctor and choose what applies to you.

 Follow

Make your own:

Hospital Protocol Guidelines

Permission was granted to share this hospital protocol.

See: <http://www.lassentech.com/eimcspro.html>

MERCY MEDICAL CENTER

PROCESS STANDARD

MULTIPLE CHEMICAL SENSITIVITY PROTOCOL

APPROVED FOR All Patients with Multiple Chemical Sensitivities

DISTRIBUTED TO All Patient Care Areas, Admitting, Environmental Services, Nutritional Services and Governance/Administrative Policy/Procedure Manual

PURPOSE To outline the management of patients with multiple chemical sensitivities.

LEVEL Independent (requires nursing order only)

SUPPORTIVE DATA Patients with a history of allergy to chemicals found in perfume, pesticides, detergents, household cleaners, etc. may have multiple chemical sensitivities.

- All supplies used to clean patient room (where the patient is to be housed) and in the care of the patient should be chemical free.
- Staff caring for the patient should not wear scented products.
- Do not use air fresheners or furniture polish in patient room.
- Use only non-toxic cleaning products: Vinegar, Bon AMI, Borax, baking soda, Planet Solutions cleaning solution.
- Use only 100% cotton blankets, towels, sheets.
- Patient allergy is marked in demographics on patient's permanent record; this comes up on re-admission.
- Patient may have multiple food allergies.
- Rinse all equipment before taking into patient room.

KIT CONTENTS – FOR PATIENT CARE AREA'S USE AND EMERGENCY ROOM

- Yellow arm band . Butterfly cotton batting
 - Suction kit (without gloves) . Stopcock
 - Non-latex surgical gloves . Paper Tape
 - Non-latex powder-free exam gloves . Butterfly for IV access
 - Planet Solution cleaning solution . Velcro Tourniquet/ BP cuff
- (Planet Solution catalogue included in kit) . Ivory liquid soap for staff

 Follow

- IV solution 5% Dextrose in water 1000 cc . 3M Mask R-95 Dust Mist mask
- Porcelain oxygen mask, tygon tubing . Normal Saline 0.9% 1000 (glass
- 5% Electrolyte Travert Solution 1000 cc (glass bottle)
- 2 Yellow Multiple Chemical Sensitivity allergy signs
- Soda Bicarbonate solution 500 cc (IV solutions are order from Baxter)
- Codan IV administration kit (ordered from Codan Pharmaceuticals 1-800-332-6326)
- Sterile cotton sheets, towels, blankets, wash cloths, cotton pillows, gowns washed with non-perfumed detergent and no fabric softener.

Supplies for MCS patients may be ordered from this foundation: (catalog included in MCS kit.)

American Environmental Health Foundation 1-800-428-2343

KIT CONTENTS – FOR OBOR, OR, OPSC, NICU

Each unit has a latex-free cart specific to their area to which this protocol is added (refer to Unit Specific Manual).

SPECIAL PROCEDURES.

30 MIN TO 1 HR/DAY

LSU:

- Listen to the patient. Reassure the patient that you understand they are chemically sensitive and that you will work with them in providing care.
- Use all methods to minimize exposure of the patient to exhaust fumes. Avoid idling the ambulance. Turn off the motor when loading and unloading the patient.
- Refrain from wearing perfumes, cologne, or smoking while on duty.
- Remove the patient from hostile environment. If they are having a reaction, move them out into fresh air.
- Use the patient's own medical equipment whenever possible.
- Wear non-latex gloves.
- Avoid the use of IV and medications, if at all possible, until patient is transported to their destination, unless in a life-threatening situation.

EMERGENCY ROOM:

- Immediately contact MCS patient's physician for special instructions and review any medical alert identification the patient may be wearing or carrying, as well as any existing hospital computer records on the patient. No treatments, IVs, tests, or medications should be administered to a MCS patient without prior approval of patient's private physician, unless a life-threatening emergency exists.
- Immediately isolate MCS patient from all other patients and visitors.
- Patient should not be wait in the waiting room.
- Patient should be placed in Prompt Care Room One ASAP (remove latex products from the room and request Environmental Services to clean with approved cleaner for that purpose prior to placing patient in the room, if at all possible).
- Obtain MCS kit from Central Supply for caring for this patient.

PRIOR TO ADMISSION OF PATIENT TO ROOM

PATIENT SERVICES SUPERVISOR:

- Notify Environmental Services and Pharmacy of MCS and place the patient in private room.

ENVIRONMENTAL SERVICES:

- Remove all latex products and cubicle and window curtains from the patient room.
- Clean the patient room with Planet Solutions cleaning solution. Another recommended product is

 Follow

Solutions-4-You. <http://www.solutions-4-you.com> Do not use products with chemicals or wear latex gloves to clean the room. Hang cotton cubicle curtains. Make bed with cotton bed linen that is washed in non-perfumed detergent and no fabric softener.

- Install new sharps container in room.
- Place air filter (HEPA Plus activated carbon liner) in patient room and turn on. (Obtain filter from Central Supply with the MCS kit).

PHARMACY:

- Use glass bottles for IV solutions.
- Do not use any substitutions or generic drugs for the MCS patient without checking with the physician.
- Patients with MCS may react to dyes, preservatives, and artificial sweeteners and flavorings, cornstarch, or any other excipient.
- Capsules may be safer than tablet form.
- Monitor MCS patient medications by listing MCS patient under heading “Highly Allergic Code”

ADMISSION ASSESSMENT

- Assess all patients on admission to the hospital for allergies, and have Epinephrine available.
- Patient who has MCS should be in a private room; follow procedure for preparing room
- Obtain MCS kit from Central Supply.
- Place yellow arm band on patient; mark with Multiple Chemical Sensitivity
- Place Multiple Chemical Sensitivity sign on patient’s bed and outside door.
- Place Multiple Chemical Sensitivity under “isolation” on the Patient Profile OC (prompt F4); this will print on the order sheet on receiving department.
- Patient should be provided distilled drinking water in a glass container.
- Notify Nutritional Services of the patient’s special needs. Patient needs to be interviewed by Nutritional Services as soon as possible.
- Ask the patient to describe all beneficial procedures that have helped reduce the severity of reactions in the past. List this information in the medical record. Patient suggestions may include items such as administering oxygen, drinking water, eating fresh fruit, and other tolerated foods. Drinking a solution of baking soda and water (one teaspoon to 1/2 cup water). Showering or shampooing.

RD: DIET MODIFICATION

NUTRITIONAL SERVICES:

- Patient with MCS will require a special diet. The diet should include no processed foods of any kind, including instant oatmeal, instant mashed potatoes, and other prepackaged mixes (such as gravies, sauces and flavor packets). Use no dyes, preservatives, artificial flavorings, artificial sweeteners, or MSG. Provide patient with chlorine-free distilled water, decaffeinated coffees (which have not been processed with chemicals), and lactose-free milk. Food and drink should be provided in glass containers. Allow patient to select plain, non-processed foods from meats, vegetables, fruit, and grain list.
- On physician orders, permit patient to supply his/her own tolerated food products and dietary supplements.
- Retain patient’s dietary requirements in the patient’s medical record for future reference.

ROUTINE SAFETY

- All hospital employees and visitors are to check with the patient’s nurse prior to entering patient’s room.
- Patient should be isolated from other patients and their visitors at all times. In the event that the patient must be transported elsewhere in the hospital, the patient should wear a R-95 mask.



- Staff caring for the patient should not wear perfumed products, hair spray, or perfume.
- Hospital personnel are to wash their hands with unscented or ivory soap and apply non-latex gloves prior to touching the patient.
- No live plants and flowers are permitted in the patient's room.
- No latex balloons
- Alcohol swabs should not be used on the patient. Food grade alcohol is OK.
- Remove tops of vials before drawing up medications.
- Do not inject through any latex ports.
- Patient should bathe using products they are familiar with that do not cause a reaction.
- Petroleum products, i.e. K-Y jelly should not be used.
- Patients with MCS going to surgery alert Anesthesia well ahead of time in order for the physician to discuss what anesthesia and pain control will be used.

TEACHING: DISEASE PROCESS

- If patient has not been aware of Multiple Chemical Sensitivities prior to admit, alert them to the fact that they may be allergic to many things.
- If patient would like more information about Multiple Chemical Sensitivities, they may contact the following:

Environmental Health Network of California

P.O. Box 1155

Larkspur, California 94977-1155

Support and information line (SAIL) 415-541-5075

<http://www.ehnca.org> or <http://users.lmi.net/wilworks>

See [Toxic Chemicals](#) to submit info if you have experienced harmful effects from perfume.

Chemical Injury Information Network

P.O. Box 301

White Sulphur Springs, MT 59645

(406) 547-2255

(406) 547-2455 Fax

<http://www.ciin.org/>

American Environmental Health Foundation

1-800-428-2343

(Supplies for MCS patients may be ordered from this foundation). Catalog included in MCS kit.

DOCUMENTATION

- Document Multiple Chemical Sensitivity in the patient's medical record, in the front of the chart, PCP, PCS, MAR, and computer profile.
- Record implementation/modification/discontinuation of protocol in PCP/PFS.
- Record evaluation of effectiveness of care in the EOSS on the NPR as related to the nursing diagnosis/patient outcome.

REFERENCES

- * Healthier Hospitals, Toni Temple, Ohio Network for the Chemically Injured, 1996.
- * The Environmental Illness Syndrome, Sherry A. Rogers, M.D., Syracuse, N.Y. 1997.
- * Human Ecology Research Foundation, 8345 Walnut Hill Lane, Dallas, TX 7523 1.

APPROVAL Clinical Standards Development Committee 10/99

 Follow

Hospital Standards of Clinical Practice Committee
AUTHOR Cathy Carl, RN, BS, CIC

Product Description:

Only recently has significant concern and attention been focused on ‘Sick Buildings’, ‘Desert Storm Mystery Illness’, ‘Multiple Chemical Sensitivity (MCS)’, ‘Indoor Air Pollution’, increasing cases of asthma and allergies (especially in children and the elderly), immune system compromise and many other disorders associated with poor air quality and chemical toxicity. Health problems have been escalating and there is no known cure for many of these disorders. However, there is a direct parallel with the rising cost of health care and the increasing numbers of people getting sick. We need to ask “Why this increase in illness?” – “Why all the ‘new’ illnesses?” and “What can we do to prevent illness?”.

The general purpose of this publication is to educate hospital staff who care for us so they are more aware of medical problems caused by poor air quality and exposure to common chemicals (including disinfectants, formaldehyde and latex). Knowing this, attention can then be given not only to recognition of diseases caused by chemicals, but to preventing them as well.

This text will better familiarize hospital staff and administration of the needs of those with Multiple Chemical Sensitivities (MCS) disability. The Social Security Administration, Housing and Urban Development (H.U.D.) and other governmental agencies have recognized MCS as a valid disability and those with MCS are covered under the Americans with Disabilities Act.

In the past, those with MCS were further harmed by improper medical care. It would be impossible to convey all the pain and suffering experienced by those with MCS, know how many are suffering and remain undiagnosed, or know how many have been misdiagnosed and placed on psychiatric and anti-depressant drugs.

Many diagnostic opinions are rendered by hospital staff and medical treatment is then based on these opinions. Many times these uninformed ‘opinions’, based on personal attitudes and beliefs, cause further harm to patients instead of helping them. This manual, Healthier Hospitals, offers factual representation of the needs of MCS patients in a hospital setting. We strongly encourage MCS education and hospital staff orientation in efforts to dispel the many myths about chemical sensitivity.

As a person disabled with MCS several years ago, I quickly learned that dealing with my disease included facing the blatant discrimination, unkind remarks, and a lack of support, cooperation and understanding of others, especially the medical profession. It is difficult, at best, to be forced to look ahead to any and all possible situations, foods and environments which may harm your health. It is yet quite another to have to deal with those who will place roadblocks in your way due to a lack of knowledge.

I am hoping all hospitals will make an effort to remove some of these roadblocks. By implementing the suggestions in this manual you will help those with MCS as well as those suffering from other illnesses caused by environmental factors. You will help those working in hospitals and reduce hospital liability. You will promote good will and greater understanding. You will reduce health problems and thus health care costs. And, unlike many other improvements in society these days, most of the suggested recommendations do not cost anything to implement.

Let’s all work together for a ‘healthier’ hospital environment.

-Toni Temple



I WAS ASKED IF I WOULD REPOST THE MCS PROTOCOL FOR EMERGENCY VEHICLES

& MCS HOSPITAL PROTOCOL— & THE SITES I HAD LISTED NOW HAVE VIRUSES ON THEM—DOES ANY ONE HAVE THE ORIGINAL COPIES OF THE PROTOCOL THAT I E-MAILED OUT OVER 2 OR 3 YEARS AGO TO MY MCS SISTERS???????????? IT WAS A VERY SIMPLE— COW ATE THE CABBAGE— PROTOCOLS FOR HOSPITAL & EMERGENCY CARE FOR MCS ILLNESS!! WHEN 1 IN 3 DIE FROM WRONG HEALTH CARE & CARE THE IN HOSPITALS NOW— MANY OF MY MCS SISTERS HAVE POINTED OUT TO ME— WE SHOULD ALL HAVE COPIES OF THIS PROTOCOL— FOR US & OUR FAMILIES!!! ONE OF MY MCS SISTERS TOLD ME ABOUT HER HUSBAND HAVING A HEART ATTACK WHILE THEY WERE TRAVELING— & THE HOSPITAL & THE DOCTORS KNEW NOTHING ABOUT MCS— OR MCS PROTOCOL— WHICH I AM POSITIVE IS THE NORMAL FROM MY PAST EXPERIENCE!!!!!!!!!!!!!! THIS MCS SISTER SAID SHE NOW HAS IN HER HOME & IN HER RV AN EMERGENCY BAG — WITH PRINTED OUT (AT LEAST 12 COPIES EACH OF EMERGENCY & HOSPITAL MCS PROTOCOL & TONS OF INFORMATION ABOUT MCS FACTS PRINTED OUT & IN FILE FOLDERS IN HER EMERGENCY BAG—SHE SAID— SHE KEEPS FILTERED WATER BOTTLES & SOME MONEY & FLASH LIGHT & PROTIEN BARS & COPIES OF CURRENT INSURANCE CARDS— AN ADDRESS BOOK WITH PHONE NUMBERS & BOOK LIGHT- & -FACE MASK & NOTE PAD & PENS & SMALL BIBLE & &&&& (WHAT WOULD BE YOUR EMERGENCY NEEDS?) SHE SAID— I WOULD RECOMMEND EVERYONE KEEP AN EMERGENCY BAG— THAT CAN BE GRABBED & GO— WITH THE PROPER INFO THAT WOULD BE NEEDED— TO EDUCATE ABOUT MCS PROTOCOL!!! GOOD IDEA!!!!!!!!!!!!!!

HERE IS ONE COPY I FOUND OF PROTOCOL——

TO: All service providers RE: _____ **The above named patient has a condition known as Multiple Chemical Sensitivities (MCS). Kindly read this carefully and do your best to comply as fully as possible. You may already know that hospitals and service providers are required to accommodate special needs under the Americans with Disabilities Act. Please note that MCS can be life-threatening even though the usual signs of a medical crisis aren't always apparent until extensive damage has already been done.** **BASIC STEPS TO ENSURE THIS PATIENT'S SAFETY DURING TREATMENT:**

1. 1. Pure air

Assign patient to a secluded room or small enclosed area as quickly as possible, isolated from other people, and when possible, a small room with a window that opens to fresh air. An isolation room is often a good choice.

Avoid new furnishings, paint, freshly shampooed carpet, air fresheners, new plastics and latex. Avoid alcohol. (Zephiran is the preferred alternative to alcohol for skin antisepsis; hydrogen peroxide is sometimes adequate). Anything with fumes or odor that you can smell will most likely be problematic for this patient.

 Follow

Assign staff to this patient who are not wearing cologne or after-shave and tend to use fragrance-free (f.f.) products. (Note: most shaving creams contain fragrance.

Make oxygen available as soon as possible. (Patient may have brought tubing; if not, older tubing is preferable to newer.)

2. Expedite treatment.

MCS patients are seriously compromised in public buildings.

3. Don't judge patient based on your own sense of smell.

Healthy people often can't smell chemicals that harm MCS patients.

4. Write down any instructions you want the patient to remember.

Chemicals impair brain function and memory in MCS patients. Don't expect the patient to remember, no matter how clearly you give the instructions.

5. Approach the patient in a calm and supportive manner.

Chemical exposures can cause MCS patients to become anxious, depressed, confused, or even panicky and disruptive. Pay attention to what the patient tells you about immediate needs.

Repeat back the main points of what you heard and explain what is being done to accommodate the situation.

6. Flag patient's chart as an MCS reactor.

If patient is to be hospitalized or undergo surgery, assign a patient advocate or social worker to coordinate the extremely daunting preparations for ensuring optimal safety from chemical assaults.

PRIMARY DRUG SENSITIVITIES:

When you choose to use fragrances, chemicals, or



pesticides, You are not simply making a choice for yourself, You are making a choice for everyone around you!!!!

Researchers Confirm Multiple Chemical Sensitivity is Poisoning, Not Allergy

Researchers from Japan have confirmed that multiple chemical sensitivity (MCS) is not an allergy. Rather, MCS is a condition in which individuals suffer with symptoms when exposed to low levels of toxic chemicals in the environment. Several studies have shown that people with MCS are unable to break down these toxicants efficiently, a function the liver normally serves. Researchers suggest that patients having allergic diseases may easily suffer from MCS at the same time or MCS may strengthen symptoms of allergic diseases. And though MCS and allergies may both occur in some people, they do not both occur in all people with one or the other condition.

Individuals who visited a specially built facility for Sick House Syndrome were examined in the study. Allergic rhinitis was the most popular allergic disease in the possible cases of MCS.

The key is understanding which is which so that proper targeted treatments may be selected. Testing is critical to making a proper diagnosis.

There are two types of reactions that may occur to the same chemical in different individuals:

Chemical Allergy

Toxicity (MCS)

In chemical allergy, the individual is actually allergic to the chemical and immunoglobulin E (IgE) is elevated. This is the type of reaction that would most readily respond to treatments such as low dose antigen therapy (LDA), nambudripad allergy elimination technique (NAET), and other allergy desensitization techniques.

In MCS, IgE is not elevated and the reaction is not allergic in nature. Often the reaction is of a toxic nature and results in neurological symptoms as opposed to typical allergy symptoms such as sneezing, itching, watery eyes, and inflammation.

This neurological effect is what makes MCS disabling. The lack of IgE (allergy) renders MCS irresponsive to such treatments as LDA and NAET. Avoidance of chemical triggers is essential to maintaining functional capacity. This is often difficult to achieve as fragrances and chemicals which have neurotoxic effects are all around us.

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It may appear that MCS is improving from allergy treatments in individuals who suffer from both allergies and MCS. When the allergic condition improves, it is not impacting the MCS condition as severely. The converse may also be true.

The most important information this study provides is confirmation that MCS symptoms are not easily treatable with allergy remedies. This also negates the perception that individuals with MCS overreact to what ails everyone. MCS is, based on studies showing impaired detoxification, quite literally, more attuned to chronic poisoning.

Multiple Chemical Sensitivity (MCS) is basically a subset of Environmental Illness (EI), which is caused by living in a toxic world. The chemicals that were synthesized after World War II (including, pesticides, synthetic fragrances, cleaning products, detergents, etc.) are mostly “petro-chemicals” (petroleum based) and are quite toxic to humans. There have been virtually no studies done on the majority of these chemicals to see how they affect humans – the industry just placed the chemicals in the environment with the assumption that they are “safe, till proven toxic”, instead of the other way around. One of the biggest offenders is PERFUME and other scented products. Did you know that many of the ingredients in your perfume are the exact same ingredients found in GASOLINE??!! I didn’t either! The scary thing is that the perfume industry is NOT REGULATED at all – they can put any number of chemicals in fragrance without revealing what those chemicals are – or how they affect humans. We humans are all participating in a giant “lab experiment” against our knowledge and against our will, and it’s making some of us VERY sick.

Those of us who are becoming chronically ill from these chemicals are similar to the “canaries in the coal mine”. Coal miners would take a canary into the mines with them to warn them when the air became toxic. They knew that when the canary stopped singing or died, it was time to get out before it affected them as well. We “human canaries” are here to warn the rest of you that, unless you start making changes and avoid as many toxic chemicals as possible, you too may become very sick. Non toxic living

is actually much “simpler” and cheaper!

Don’t be fooled, these chemicals are affecting ALL of us in some way or another. Think about the last time you got a headache for no apparent reason. Could it be possible that someone had recently sprayed perfume or pesticides near you without you knowing it? Had you recently used scented laundry detergent or Clorox to clean with? Do you get headaches or feel nauseous from being around people wearing perfume or cologne? Do you feel you need to hold your breath when you go down the detergent aisle at the grocery store? All these things are your body’s way of telling you something is wrong with the air you’re breathing. While an MBA in health care may help you understand the whys and wherefores of the medical issues it doesn’t take a masters degree to listen to your body and know that things are not right.

It’s like playing “Russian Roulette” – you never know how long your immune system can hold out before breaking down. Some people may never reach the point of “chronic illness” that I did – but most people are being affected, possibly without realizing it. Cancer has increased dramatically since World War II (after all the chemicals came out). Attention Deficit Disorder is on the rise (more and more of our children are being put on toxic, brain-altering drugs like Ritalin when simply cleaning up their environment could solve their problems). Chronic Fatigue Syndrome, Alzheimer’s Disease, Allergies, Asthma, Lupus, Fibromyalgia, and



Multiple Sclerosis are also increasing. All these illnesses could very well have a chemical connection to their cause or, at the very least, these patients would benefit from using less-toxic products. Pretty much any “immune system” disorder could be helped by a cleaner environment and by using safer products.

The products we use on our skin are absorbed directly into the bloodstream (the reason why nitroglycerine, nicotine, and hormone patches work). The chemicals we breathe (such as perfumes, formaldehyde, pesticides, etc.) all go straight to our brains and can cause low-level to severe damage – similar to how someone can snort cocaine or glue to get a “high”. Start reading labels – check for petro-chemicals, formaldehyde, and fragrance, and avoid them as much as possible. A clue that an ingredient may be a petro-chemical is the “prop” prefix. A clue that an ingredient releases formaldehyde is “Quaternium”. Be careful about products labeled “fragrance free” or “unscented”. Don’t trust them! Read the label and be sure they don’t list “fragrance” or “masking fragrance”. Don’t put anything on your skin you’d be afraid to eat, because the end result is the same!

Before I got sick, I had no clue that I was slowly being “poisoned” by products that I assumed were “safe” since they were on the market! If this could happen to me – YOU COULD BE NEXT.

LATER—— GATORS——

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About sondasmcschatter

I was encouraged to start a blog as I suffer from MCS /multi chemical sensitivities & other health problems & I have helped several hundred others who suffer from MCS set up "Safe Homes" & given them encouragement & HOPE & share information & lots of laughs along the way also. When you choose to use fragrances, chemicals, or pesticides, You are not simply making a choice for yourself, You are making a choice for everyone around you!!!! What makes me an expert on MCS-- not a darn thing-- BUT have lived with it for years-& years- & have learned lots the HARD WAY-- by experience!! And want to give others help & HOPE & encouragement -- as I know there are not many who understand what it is to live with this illness- & ALL THAT GOES WITH IT!!! Internet has been my way of communication with many who we are confined to their "safe homes" all over the USA & other countries!! I have communicated with many HUNDRED by e-mail-- phone & letters & internet forums-- I hope this blog will help in a better way to share laughter-- hope & information!!! As for many are not any longer able to even leave their homes-- & communication is soooo important & sharing & encouragement & GIVING HOPE!!!

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