

FOUNDATION FOR Health & Wellness

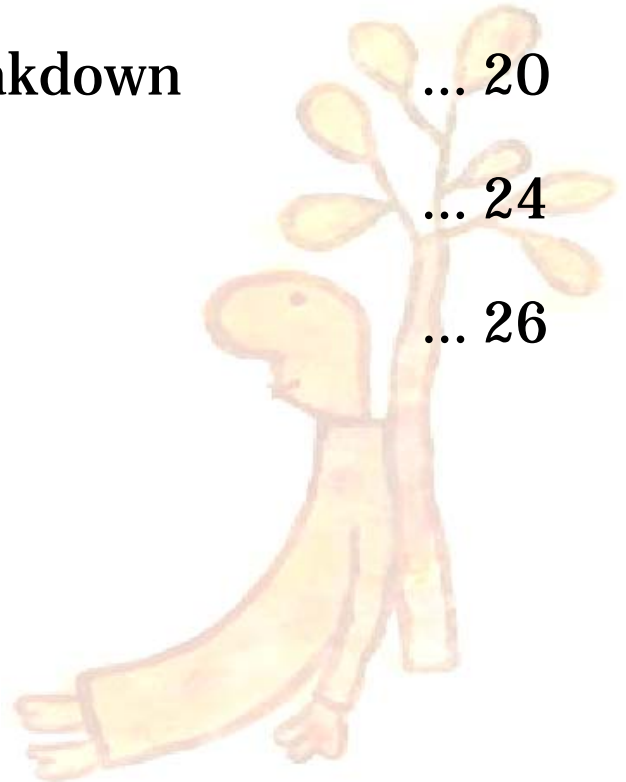


Participant Workbook Part 1



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Welcome To

Foundation for Health and Wellness!

INTRODUCTION

- ◆ This course is divided into two parts. This is Part I, which is an on-line, self-paced course.
- ◆ Please be sure that you are on the following website to begin the course: <http://cdd.unm.edu/dhpd/introfound.asp>
- ◆ Part II of the course is classroom-based. In this part of the course, you will apply what you've learned in Part I, do group exercises and have the opportunity to talk to the trainer about any questions you may have had from Part I.
- ◆ If you are not currently working for an agency, you can go to www.trainnewmexico.com to find out when Part II is being offered and to register for the course.

Be sure to save your workbook and bring it with you to Part II of the course!

WHAT DO I DO IF I HAVE QUESTIONS WHILE I'M TAKING PART I?

If you have a question you would like to ask a trainer as you go through Part I of the course, click on the "Ask a Question" button on your screen. An e-mail will appear addressed to:

DDSDTrainer@salud.unm.edu.

Please note that the "Ask a Question" function is intended for questions related to course content only. If you have agency specific questions, please ask your agency.

Type in your question(s) and send the e-mail. A certified trainer for the course will get back to you with an answer as soon as possible, usually within 1-2 business days.

ACKNOWLEDGEMENTS

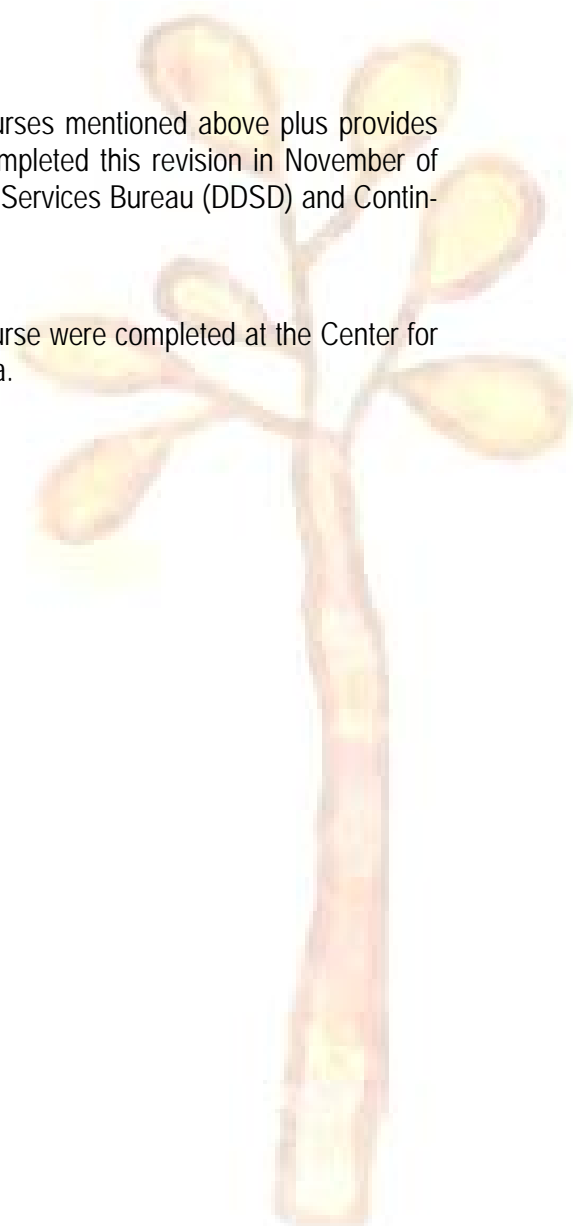
Community Support Alliance at the Center for Development and Disability [formerly NET New Mexico Adult Services] and Continuum of Care worked in collaboration to create earlier versions of Basic Health Information (Pre-Service) 1998, Orientation Health Information 1999 and the later *Across Waivers* revisions of both courses (1999 and 2000).

Southwest Alliance for Training at TRESKO, completed the Pre-Service and Orientation Health Information course revision in 2001 which combines and refines the earlier courses.

Jenny Allison (ARCA), Richanne Cunningham, RN, CDDN (ARCA), Kristin Hansen (Adelante), David Cunningham (ARCA), completed an agency-specific Pre-Service and Orientation Health Information course revision in 2007 which refined the earlier courses.

Foundation for Health and Wellness revises the content of the courses mentioned above plus provides additional information on aspiration. Brianne Conner of DDSD completed this revision in November of 2010 with input and support from the Training Unit (DDSD), Clinical Services Bureau (DDSD) and Continuum of Care.

Additional modifications to content and the design of the on-line course were completed at the Center for Development and Disability by Dr. Anthony Cahill and Christina Baca.



Individual Health Information

→ Medical Reports or Assessments

→ The Individual Service Plan (ISP) — This is a plan written by the individual's Interdisciplinary Team (IDT) to identify services and supports to help the individual reach their vision.

Health-related documents in the ISP may include:

- Medical Emergency Response Plan (MERP)
- Healthcare Plan
- Aspiration Risk Management Plan

Key Words:

Emergency - A health situation which presents an immediate risk to a person's life or well being and requires immediate attention.

→ The individual, family members, friends and past support staff

→ Face sheet, Fact sheet, Medical book, Health Passport— These are agency-specific forms that contain emergency health information. These forms vary across agencies, but all agencies have the following emergency health information:

- ◆ Emergency contacts (including guardian)
- ◆ Current Medication(s)
- ◆ List of chronic conditions and diagnoses
- ◆ Known drug allergies
- ◆ Primary Care Provider's name
- ◆ Baseline vital signs specific to individual



Primary Care Provider - A health care practitioner who manages the person's overall health (usually a family physician, pediatrician, internal medicine physician, Certified Nurse Practitioner [CNP], or Physician's Assistant [PA]).

If you are unsure of where individual health documents are located, **ASK YOUR AGENCY!**

Notes/Questions:



Medical Emergency Response Plan

Individuals with a medical condition that can **suddenly escalate to be life-threatening** and **need emergency attention** should have a Medical Emergency Response Plan (MERP).

All support staff will be trained on the MERP(s) for each person they support.



Can you think of other conditions that may need a MERP?

Seizure disorder, diabetes, asthma..._____

A MERP should:

- ◇ Give a brief **description of the condition**
- ◇ Explain what **symptoms to watch for**
- ◇ Give steps to **prevent the medical crisis or emergency**
- ◇ Give steps to follow in the **event the medical crisis or emergency occurs**
- ◇ List **emergency contact information**
- ◇ Refer to **Advance Directives**, if they are in place
- ◇ List **who needs to be trained** on the plan

Key Words:

Advance Directive
- any written or oral statement in which a person expresses his or her wishes regarding medical care should he or she lose the ability to make such decisions.



Epilepsy & Seizures

What is Epilepsy?

Epilepsy is a condition that interrupts the brain's normal electrical activity.

There are commonly **two types** of seizure activity—

Partial Seizures:

(sometimes called Petit Mal)

- ◇ Localized in one part of the brain.
- ◇ May or may not lose consciousness.
- ◇ Often associated with a warning symptom (an aura), which may be sensory (visual, auditory or olfactory).



Partial seizures start in one part of the brain. They may cause staring, twitching of the hands and feet, or repeated movements on one side of the body.



Generalized seizures spread through the brain. They may cause stiffness, loss of consciousness, and convulsions.

Generalized Seizures:

(sometimes called Grand Mal)

- ◇ Involve both sides of the brain.
- ◇ Involve a loss of consciousness.
- ◇ Do not usually have warning symptoms that a seizure is going to happen.

Epilepsy & Seizures

Here are the facts...

- ⇒ **You can't catch epilepsy.** It's never contagious. It is a condition, NOT a disease.
- ⇒ **The cause is unknown for 70% of people who have epilepsy** – the remaining cases are caused by head injury, stroke, brain tumors, infections, lead poisoning, genetic conditions, problems in brain development before birth, or during birth.
- ⇒ **Every year 200,000 Americans will develop seizures and epilepsy for the first time.** It can develop at any age, but 45,000 children under 15 develop epilepsy each year.
- ⇒ **Epilepsy affects both men and women equally.**
- ⇒ **Seizures are a symptom of epilepsy,** but other things (i.e. high fever) can affect the brain enough to cause a seizure.
- ⇒ **Some factors can be “triggers” for people with seizure conditions:** missed medication, alcohol, strong emotions, intense exercise, flashing lights, loud music, illness or fever, lack of sleep, stress, or menstrual period.
- ⇒ **Seizures are typically not painful,** although a person may be disoriented or very tired after having a seizure.
- ⇒ **During or after a seizure the person may lose control of their bowel or bladder,** they may also vomit.



Epilepsy & Seizures



Seizure First Aid Procedures:

Remember to follow any specific first aid guidelines in the ISP/Healthcare Plan:

The ISP/Healthcare Plan may include seizure-related information, guidelines, strategies, and/or a protocol for taking the person to the emergency room.

If you or the person senses an upcoming seizure, you may be able to help the person lie down before it starts.

If a person is having a generalized seizure, follow these steps:

1. **Stay calm**—talk with the person softly and rub the person's arm or back gently if not prohibited in the ISP or Plan of Care.
2. **Time the seizure**—if possible look at a watch or clock to time the duration of the seizure.
3. **Attempt to turn the individual on his/her side** (preferably the left side) to allow saliva or other substances to drain from the mouth and keep the airway open.
4. **Move any nearby objects away from the person** that could lead to injury if they hit the object—or see if the person can be moved if they are near hard objects too heavy to move. You may place a pillow, towel, coat or other soft object underneath the person's head to protect it.
5. **Loosen clothing around neck when jerking is over.** Remove glasses, if the person wears them.
6. **If breathing stops, start CPR.** You must be certified in CPR.
7. **Help the person find a place to rest and reorient** after the seizure ends.



Epilepsy & Seizures



Seizure First Aid Procedures:

When someone is having a seizure, there are some things you DO NOT want to do:

- ◇ **DO NOT restrain the person** – the seizure will end naturally.
- ◇ **DO NOT try to force the mouth open with any object.**
A person having a seizure **CANNOT** swallow their tongue. Efforts to hold the tongue down can injure the teeth or jaw.

It's a Seizure Emergency—Call 911 (or your local EMT) if:

- ◇ The ISP identifies this as a seizure emergency.
- ◇ The seizure has happened in water.
- ◇ There is no medical I.D. and no way of knowing whether the seizure is caused by epilepsy.
- ◇ The person is pregnant, diabetic or injured.
- ◇ The seizure continues for more than five minutes.
- ◇ A second seizure starts shortly after the first has ended.
- ◇ Consciousness does not start to return after the shaking has stopped.
- ◇ This is the first seizure a person has ever had.

Notes/Questions:



Medication



Medication Basics:

1. What must be obtained for a person to take over-the-counter drugs (including vitamins and herbal supplements)?

2. Who is responsible for monitoring and reviewing medication interactions and side effects? Who is responsible for reporting and/or documenting and side effects observed?

3. What could happen when a person takes many different medications at one time?

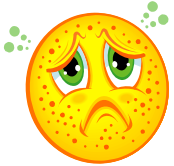
4. Why must a physician be aware of the medications an individual is currently taking when prescribing new medication?

5. What unwanted effects may result from a drug interaction?



Key Words:

Anaphylactic Shock - a severe allergic reaction involving the cardiovascular system (heart and blood vessels) and the respiratory system. Anaphylactic shock can lead to death.



Medication

Side Effects:

A side effect is any response the body has to a medication that is not the reason the medication was prescribed.

A side effect can be positive or negative. Negative side effects are also known as adverse reactions, or adverse side effects.



There are three important reasons to understand the expected effects and side effects of the medications a person takes.

1. You will know if the medication is working properly. Whether or not the desired effect is occurring, sometimes there are side effects. *For example*, if a person takes Tylenol for a headache, it is important to check in later to ensure that the Tylenol relieved the headache as intended.
2. You will know what potential side effects to watch for. Common side effects include rash, diarrhea, vomiting, fainting/dizziness, nausea, drowsiness, moodiness, excitability. *Remember*, side effects can be both physical or behavioral.
3. You will know what to do if a potential side effect is observed. After taking a medication, it is important to ask the individual how they are feeling—especially if he/she is experiencing a side effect that you can see. Depending on severity, follow the individual's Medical Crisis Prevention Plan, call the Agency Nurse and/or contact the Physician. Document what is happening (using an internal incident report or other agency specific form). Ensure that other staff are alerted to the situation.



Proactive Health

Your Role in Assisting People to Maintain Good Health

Everyone can actively promote their own health by following a few simple guidelines.

Individuals receiving long-term supports may need some assistance to carry out these activities.

Sometimes the best support is *setting a good example!*

Proactive Health

Your Role in Assisting People to Maintain Good Health

Directions: Fill in the blanks on how you support an individual in these areas.

GET SUFFICIENT REST

About eight hours a night
with naps to refresh.

WASH HANDS FREQUENTLY

GET AN ANNUAL CHECK-UP

Make sure vaccines are up-
dated and get preventative
health checks.

LOOK FOR SIGNS OF ILLNESS

CREATE A CLEAN AND PLEASANT ENVIRONMENT

Less germs and lifts spirits!

NURTURE EMOTIONAL AND SPIRITUAL NEEDS

Improves physical health as
well!

HAVE FUN!

Proactive Health

Your Role in Assisting People to Maintain Good Health

Directions: Fill in the blanks on how you support an individual in these areas.

PRACTICE SAFE SEX

Intimate relationships are very important, and so is health in this area.

TAKE GOOD CARE OF TEETH AND MOUTH

DEVELOP POSITIVE COPING MECHANISMS

EXERCISE REGULARLY

With doctor's guidance, enjoy!

EAT A BALANCED DIET

DON'T ABUSE DRUGS OR ALCOHOL

Alcohol doesn't mix with many meds.

USE MEDICATION ONLY AS ORDERED

Proactive Health

Special Diets

- **A special diet may be necessary for the maintenance of disease control and well-being:**

For example, if someone has diabetes, they have to be cautious about eating too many sweets.

- **A special diet may be necessary for weight reduction or maintenance:**

For example, if someone is overweight or obese, their diet might allow them smaller portions to help them lose weight.

- **A special diet may be necessary for supplemental feedings:**

Supplemental feedings are often used if someone is underweight or their metabolic demands exceed mealtime intake.

- **A special diet may be necessary for someone's specific likes and dislikes.**

- **A special diet may be necessary to take into account cultural preferences:**

For example, it's important to take into consideration an individual's specific comfort food, or the food they grew up with. A vegetarian or kosher diet may be considered culture specific, or a personal preference.

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Proactive Health

Why are fluids important?



- Fluids prevent dehydration and electrolyte imbalance, which, in extreme cases, can lead to heart arrhythmia and even death.
- Fluids help prevent constipation—a common, chronic problem in many people with developmental disabilities, especially those who have difficulty walking.
- Fluids help prevent pressure sores and skin breakdown.
- Even mild dehydration can decrease energy level and mental functioning and increase stress to the body.

Key Words:

Arrhythmia - an irregular heart beat.

Constipation - Abnormally delayed or infrequent passage of dry hardened stools which is typically painful and a cause of generalized discomfort.



Proactive Health

Fluid Intake Guidelines:

- A rule of thumb is to divide the individual's weight in half; that number equals the number of ounces of fluid needed each day. For example, a 150lb person should drink 75oz of fluid per day.
- People who live or work in hot environments, like New Mexico, or who perspire heavily, need to drink even more hydrating fluids. Athletes or others who exercise intensely also need to consider their fluid intake.
- Take into consideration the size of the person, how physically active the person is, and taste preferences to encourage adequate fluid intake.
- Drinking water at a rate faster than it is being excreted from the body can cause water intoxication and results in an imbalance of electrolytes. Individuals commonly at risk for water intoxication include infants, athletes and individuals with psychiatric conditions.
- Urine should be a pale yellow. If urine is dark yellow, it is a sign that the body is dehydrated and concentrating the urine in an effort to conserve water.



Proactive Health

How can we encourage fluid intake?

- Fill a pitcher or several bottles with a daily allotment of fluids and take some to work. Drink them all before the end of the day.
- Model good fluid intake. Drink appropriate fluids when supporting individuals.
- Choose decaffeinated beverages.
- Take a water bottle with you when you go out.

Fluid Restrictions

Individuals on fluid restrictions should follow recommendations from their physician or dietician.

Effectiveness of some medications can be reduced from too much fluid.

If levels are not within a therapeutic range (too high/toxic or too low/sub therapeutic), a fluid intake protocol may be developed.

Notes/Questions:



Skin Care

Why is proper skin care important?

- **Observe signs of abuse or neglect**—unusual bruising, prolonged or unusual odor.
- **Avoid excess exposure to the sun**—Some individuals may be more sensitive to sun exposure due to medications they take.
- **Identify sores, cuts, bruises, and abrasions before they become infected**—Some conditions and/or medication may cause bruising or may cause small cuts/abrasions to take longer to heal.
- **Identify rashes that could be part of other diseases**—Some rashes are caused by an underlying disease such as chicken pox or eczema.
- **Avoid pressures sores that can become infected.**
- **To know what is typical for an individual** so it is easy to identify any changes.
- **Identify signs of skin breakdown**—Some signs of skin breakdown include: redness, swelling, cracking, dryness, and/or cuts.

REMEMBER!

What is it like to wear shoes that are too tight? An itchy sweater? Drive a car with a hot steering wheel?

Some of the individuals we support may feel these things differently than you do, or may not be able to physically feel them at all. We all need to watch for signs of skin irritation, skin breakdown and pressure sores.

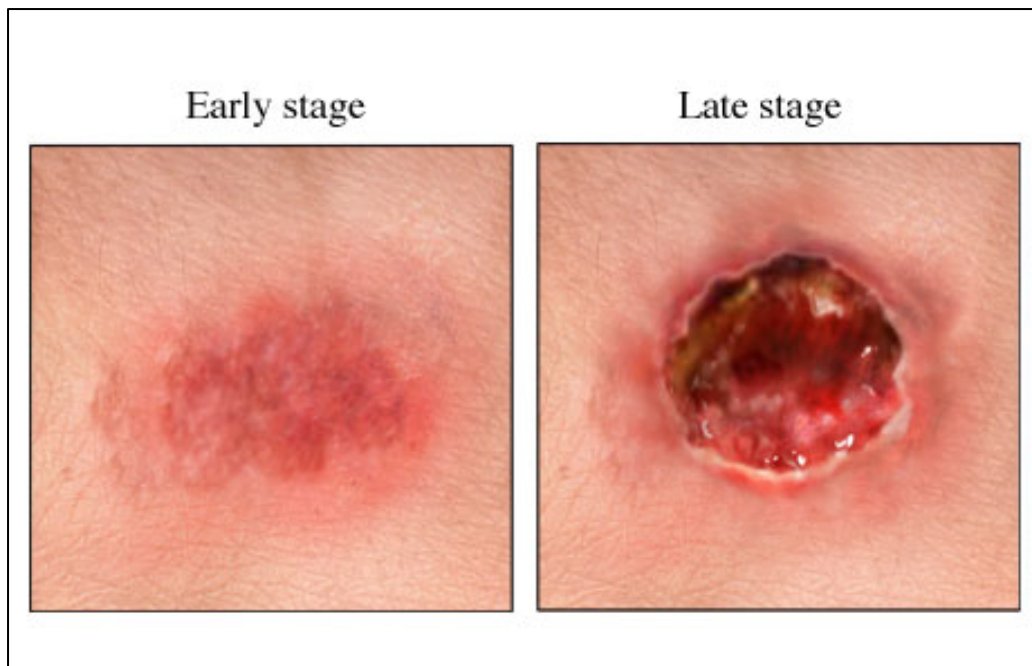


Skin Care

A Little More About Pressure Sores

What a pressure sore is:

- ◇ An injury to the skin and underlying tissue caused by unre-
lieved pressure.
- ◇ Blood vessels become shut and tissue begins to die.
- ◇ Sores range from stage 1 (change in skin color) to stage 4
(deep, severe wound).



Skin Care

Techniques to prevent skin breakdown:

Directions: Fill in the blanks with answers from the online information.

1. Use sunscreen with _____ and _____ to protect skin.
2. Replace _____ shoes or braces.
3. Set the hot water heater at _____ to avoid burns from scalding water.
4. Avoid rough or hot surfaces (i.e. car upholstery and metal seatbelts).
5. Encourage _____ with mild cleansing agent and clean skin when soiled, followed by, as recommended, lubricants, dressings, protective padding, and moisturizers.
6. Keep nails _____. How should toenails be clipped?

7. Minimize skin exposure to _____ (urine, perspiration, wound drainage).
8. Implement proper _____, _____, and _____ techniques with adaptive equipment as recommended.
9. Follow recommended _____ (and Meal Time Procedures, if applicable) with adequate intake of fluids, vitamins, minerals, proteins and calories.
10. Maintain appropriate _____ and range of _____.
11. Massage only as directed in the _____ and avoid massage over bony prominence, because the friction could make pressure sores (decubitus ulcers) worse.
12. Inspect skin routinely—report skin breakdown problems or concerns _____.
13. Ice and heating pads should be used with _____ and only as directed.

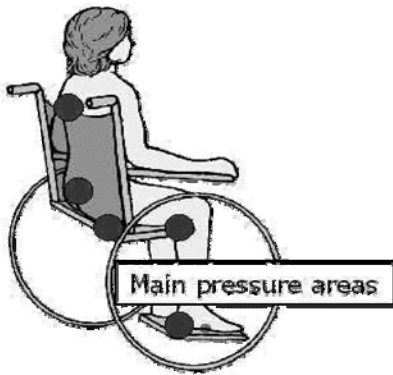


Skin Care

Repositioning

Many individuals with developmental disabilities have decreased mobility due to a condition (for example, Paraplegia, Quadriplegia, Cerebral Palsy, etc.).

With decreased mobility, some individuals have very limited control over their body positioning and need additional supports.



Why should an individual with decreased mobility be repositioned?

- Avoid pressure sores
- Enhance respiratory function
- Make the person comfortable

FREEZE!

Sitting in your chair, lift your legs so that your feet are hovering above the ground. Stay this way for 3 min.

What is the longest or maximum time a person with decreased mobility can be left in one position?

How did you feel after holding your legs up for 3 minutes? This is the same for the individuals we support. The amount of time between repositioning would be specific to each individual, check frequently for comfort and safety—see their plan.

Key Words:

Paraplegia - Paralysis of both lower legs due to a brain or spinal disease or injury.

Quadriplegia - Paralysis of both arms and legs due to a brain or spinal disease or injury.

Bowel and Bladder

Effective Bowel Monitoring...

- ◇ Identifies constipation early. Constipation can lead to an acute abdominal condition such as bowel obstruction and can even trigger seizures or challenging behaviors.
- ◇ Changes in bowel functions can alert the individual and staff to the possibility of gastro-intestinal disease.
- ◇ Watches for new onset incontinence, which is the inability to control the bowel or bladder.

Key Words:

Acute - A health situation which will not improve until treated, but can wait a short time. A sudden or rapid onset of signs and symptoms.

Incontinence - inability to prevent the discharge of urine or feces.

Effective Bladder Monitoring...

- ◇ Assures that fluid intake is adequate and avoids dehydration.
- ◇ Monitors for urinary tract infections.
- ◇ Monitors for blood in the urine or other abnormal appearances, which could signal a serious medical condition. Remember, if urine is a dark yellow, that may be a sign that the individual is dehydrated.
- ◇ Monitors for new onset incontinence, which could be caused by infection, but could also be caused by a spinal cord or pelvic disease.

Notes/Questions:

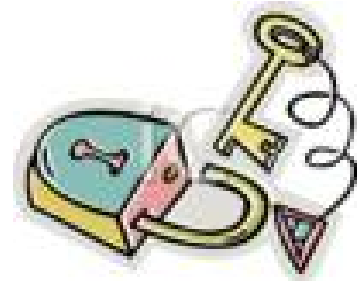


Bowel and Bladder

How do you respect a person's privacy?

- Build an equal, person-centered partnership with the person for how to keep track of these functions. For example, brainstorm with the person how you could approach this.
- Educate the person about bowel and bladder information, including warning signs.
- Support the person to learn how to self-monitor and report problems.

What other ideas do you have from your experience?



Notes/Questions:
