Agenda

- Course Outcomes
- Proactive Health
- Individual Health Information
- Medical Emergency Response Plans
- Seizures
- Medication
- Aspiration
- Mealtime Supports
- Personal Care
  - Oral Hygiene
  - Skin Care/Skin Breakdown
  - Bowel and Bladder
- Case Scenarios
- Emergency, Acute, Health Maintenance
- Emergency Care Tips
- Concept Review
- Competency
Outcomes

Participants will…

☑️ Understand their role in assisting individuals to maintain good health

☑️ Have a general awareness and knowledge of health issues to better support individuals with developmental disabilities

☑️ Know what types of individual specific information they may be trained on and where to find associated plans

☑️ Have a better understanding of aspiration and how to support people at risk for aspiration

☑️ Be able to explain the appropriate response to a health emergency, acute or health maintenance situation
Promoting & Maintaining Good Health

Healthy personal hygiene habits
Regular exercise & physical activity
Good dietary habits
Get sufficient rest

Use medications as ordered
Look for signs of illness
Don't abuse drugs or alcohol
Regular medical checkups

Empower people to take control of their own health
Practice safe sex
Create a clean & pleasant environment
Healthy stress management & coping strategies

Nurture emotional & spiritual needs
Look for opportunities for leisure & enjoyment
Follow healthcare plans
What else?
# HEALTHY OR ILL?

### SIGNS OF GOOD HEALTH

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

### SIGNS OF ILLNESS

1. 
2. 
3. 
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10.
Where Do You Find Individual Health Information?

❖ Health Passport, Medication Administration Record (MAR), Consultation form, Medical book, or other forms of documentation for emergency health information might include:
  ➢ Emergency contacts (including guardian)
  ➢ Current medication(s)
  ➢ List of chronic conditions and diagnoses
  ➢ Known drug allergies
  ➢ Primary care physician’s name and contact information
  ➢ Baseline vital signs specific to the individual

❖ Individual Service Plan (ISP): This is the plan written by the individual’s Interdisciplinary Team (IDT) to identify services and support the individual to reach their vision.

The ISP may include:
  ➢ Face sheet
  ➢ Medical Emergency Response Plan
    ▪ Have you received training on the plans for the people you support?
    ▪ Do you know what to do during a medical emergency?
    ▪ Where are the plans kept?
  ➢ Healthcare Plans
  ➢ Aspiration Risk Management Related Plans
  ➢ Health and Safety Section

❖ Medical Reports or Assessments

❖ Where else?
Medical Emergency Response Plans (MERP)

**SHOULD:**

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

Who is qualified to develop a MERP?

- The individual’s primary care physician
- A nurse at the agency or doctor’s office
- A specialist for the specific medical condition

Family members and others who know the individual best should also be consulted during the formation of a MERP.

Who needs a MERP as part of their ISP?

Individuals with a medical condition that can suddenly escalate to be life-threatening and need emergency attention should have a MERP in place. All support staff will be trained on the plan(s) for each person they support.

What conditions do you think need a Medical Emergency Response Plan?

_____________________________________________________________________________
Epilepsy & Seizures

Epilepsy is a condition that interrupts the brain's normal electrical activity. This disturbance can result in mild to severe convulsions, falling and/or clouding of consciousness, massive muscle spasms, staring, stiffening, twitching, and other manifestations. There are commonly two types of seizure activity:

**Generalized Seizures:**
- Affect both sides of the brain.
- Involves an alteration of consciousness.
- Do not usually have warning symptoms that a seizure is going to happen.

**Focal Seizures:**
- Localized in one part of the brain.
- May not involve an alteration of consciousness.
- Often associated with a warning symptom (an aura), which may be sensory (visual, auditory, or olfactory).

**Some Facts about Epilepsy**
- You can’t catch epilepsy. It’s never contagious. It is a condition, NOT a disease.
- The cause is unknown for 70% of the 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 injury during birth.
- Every year 150,000 Americans will develop epilepsy for the first time. It can develop at any age, but new cases are most common among children and the elderly.
- 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.

Source: Epilepsy Foundation website (2019), [www.epilepsy.com](http://www.epilepsy.com)
Seizure First Aid Procedures

Note: You will be certified in First Aid as part of the orientation to your job. This information supplements/reviews what you will learn there.

Follow any specific first aid guidelines in the ISP/Healthcare Plan:
The ISP/Healthcare Plan may include seizure-related information, guidelines, strategies, and/or 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:

- **Remain calm**
- **Time the seizure**
- **Attempt to turn the individual on her/his side** (preferably the left side)
- **Keep the person safe**
- **Loosen clothing around neck when convulsions are over.**
- **Help the person find a place to rest and reorient** after the seizure ends.
- **If breathing stops, start CPR. You must be certified to provide CPR.**

DO NOT:

Restrain the person – the seizure will end naturally.

Try to force the mouth open with any hard implement or with fingers. Efforts to hold the tongue down can injure the teeth or jaw.

A person having a seizure CANNOT swallow their tongue.

It’s a Seizure Emergency – Call 911 (or your local EMT) – if:
- The ISP identifies this as a seizure emergency.
- The first seizure a person has ever had.
- The seizure continues for more than five minutes
- A second seizure starts shortly after the first has ended
- The seizure occurred in water
- There’s no medical ID and no way of knowing whether the seizure is caused by epilepsy
- Consciousness does not start to return after the shaking has stopped
Brainstorm the answers with your partner and write the correct answers during the discussion.

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

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

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

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

- What unwanted effects may result from a drug interaction?
Medication Effects

Here are three important reasons to understand the expected effects and side effects of the prescription medication the person takes.

We need to know:

1) Is the medication having the desired effect?

2) What potential side effects should we watch for related to specific medications?

3) What should we do if a potential side effect is observed?

Remember:

- **WATCH FOR ANY CHANGE** (physical or behavioral), especially during the first few days when a new medication is introduced. That new medication may have caused the change.

- As a staff member you can best observe individuals for any behavioral or physical changes and make sure all factual information about the situation is communicated to the physician.

If you see any adverse side effects or negative changes:

Who do you contact? _____________________________

Where do you document this information? _____________________

YOU MUST SUCCESSFULLY COMPLETE THE **ASSISTING WITH MEDICATION DELIVERY COURSE & INDIVIDUAL SPECIFIC TRAINING BEFORE ASSISTING ANYONE WITH THEIR MEDICATION!**
Aspiration & Dysphagia

What is Aspiration?
- Aspiration is when the contents of the mouth or the stomach enter the airway and move into the lungs.
- Anything that can go into the mouth or nose can be aspirated.
- Other words people use to describe aspiration are “swallowed wrong” or “went down the wrong tube/pipe”.

What is Dysphagia?
- Dysphagia is an inability to swallow or experiencing difficulty swallowing.
- Individuals with dysphagia may experience pain, fear or no obvious signs when swallowing.
- Dysphagia may be temporary or permanent.
- Dysphagia may make it difficult to take in enough calories and fluids to nourish the body.

What is Aspiration Pneumonia?
- Aspiration pneumonia occurs when the contents of the mouth or stomach are aspirated into the lungs, causing an infection or inflammation.

Aspiration is more likely to occur if you have one or more of these risk factors:

- History of recurrent pneumonia
- Dysphagia
- Tube feeding
- Scoliosis
- Seizures
- Frequent vomiting or rumination
- Unable to feed self
- Rapid eating pace, large bite size and/or limited chewing of food
- Poor head control and/or not able to remain alert during meal
- Stroke or other neurological condition
- GERD (Gastroesophageal Reflux Disease)
Aspiration Symptoms

- Coughing, choking and/or gagging on food or liquid during or after meals
- Frequent, repetitive swallowing and/or throat clearing
- A need to “wash down” solid foods
- Gurgling sounds in the throat while breathing
- Coughing on saliva during non-eating activities
- Weak or absent cough; lack of a purposeful cough
- Wet or “gargly” sounding voice
- Increased mucus (especially clear mucous with bubbles)
- Very slow eating, fearful eating or refusal to eat/drink
- 10% or more weight loss
- Bluish lips or fingernails
- Watery eyes during eating or drinking
- Recurring unexplained low-grade fevers

Who do you tell if you observe any signs of dysphagia, aspiration or aspiration pneumonia?

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

How do you document any observed signs or symptoms?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Silent aspiration could happen without any observable symptoms or risk factors.
Comprehensive Aspiration Risk Management Plan

Individuals who may be at risk for aspiration will be screened to determine whether they are at a low, moderate or high risk.

If an individual is at moderate or high risk for aspiration, you will be trained by a nurse and/or therapist on their CARMP.

Here is a layout of some strategies you may find in a CARMP:

- How to Recognize and Report Signs and Symptoms of Aspiration (Individual Specific)
- Mealtime Strategies/Tube Feeding Strategies
- Positioning Strategies
- Nutritional Strategies
- Oral Hygiene Strategies
- Behavior Support Strategies during mealtime
- Medical Emergency Response Plans

➤ You will not be responsible for implementing any of the plans or strategies in place for an individual at risk for aspiration until you have been trained.

➤ When questions or concerns arise regarding the plan or the individual does not want to follow the plan, contact your supervisor, nurse and/or SLP immediately.
Mealtime Supports

Mealtime Plans and Procedures may include:

➤ **Adaptive Eating Equipment:**

- Spoons That Make Eating Easier
  - Built-up Handle
  - Angled Spoons
  - Weighted Handles

- Spoons That Increase Eating Safety
  - Coated to Protect Teeth
  - Heavy Plastic to Use with Individuals Who Have a Bite Reflex (i.e. maroon spoon)
  - Spoons To Help Regulate Bite Size

- Cups and Glasses That Increase Eating Safety
  - “Nosey” Cups to Help Promote Correct Head Positioning
  - Cups That Control the Rate of Flow of Liquids
  - Use of Straws or Squeeze Bottles

➤ **Diet Texture, Medications and Assisted Eating Techniques:**

- Food texture (pureed, chopped, soft, moistened) and liquid consistency (i.e. Thick-It)
- Medication to assist with digestion or prevent reflux
- The presentation of the food:
  - How the spoon is placed in the mouth
  - Rate the person is assisted to eat (how fast or slow,) including bite size
  - The direction that fluids are introduced into the mouth
  - Amount of food or liquid

**Aspiration risk is a 24-hour condition, not just something to think about during mealtime.**
Special Diets

- **Avoidance of Specific Foods**
  - Intolerant
  - Interacts with medications
  - Allergic to certain foods
    - There are eight foods that account for 90% of all food allergies:
      - Eggs
      - Milk
      - Peanuts
      - Fish
      - Shellfish
      - Soy
      - Wheat
      - Tree nuts (cashews, walnuts, etc…)

- **Disease Specific Diets**
  - Maintenance of disease control and well-being

- **Weight Reduction or Maintenance Diets**
  - Obesity

- **Supplemental Feedings**
  - Underweight
    - Metabolic demands exceed mealtime intake

- **Likes and Dislikes**

- **Cultural Preferences**
Fluids

Why are they 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 are non-ambulatory.
- Fluids help prevent pressure sores and skin breakdown.
- Even mild dehydration can decrease energy level and mental functioning and increase stress to the body.

Follow These 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. (e.g. a 150-pound individual should drink 75 oz. of fluid per day)
- People who live or work in hot environments and who perspire heavily need to drink even more. 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 is concentrating the urine in an effort to conserve water.
What Counts As Fluid?

- Water
- Milk
- Juice
- Sports drinks
- Decaffeinated tea or coffee
- Foods that become fluid at room temperature such as Jell-O and Popsicles
- Soup can be counted, but be aware that high salt content can decrease the amount of fluid our body actually uses.

Fluids to Be Used in Moderation

These drinks may not hydrate as effectively as water and due to other ingredients may be counterproductive to hydration or lead to other health concerns.

- Caffeinated sodas
- Caffeinated tea
- Caffeinated coffee
- Alcoholic beverages
- Beverages with a high sugar content

How Can We Encourage Adequate 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.

Caution!

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.
Oral Hygiene

What does oral hygiene have to do with aspiration?

Saliva can be aspirated just like food and liquid

If there is too much bacteria in the mouth, the saliva aspirated is MUCH more likely to progress to pneumonia

This bacteria grows even if the person does not have teeth – the gums and tongue must be kept clean as well

Proper positioning during oral care may decrease an individual’s risk for aspiration

Individuals who receive nutrition using a g-tube, j-tube or ng-tube still need support with oral hygiene

Good oral hygiene is essential to preventing aspiration pneumonia and promoting overall health!

"Proper oral hygiene has been shown to significantly reduce illness and death in vulnerable populations."

Dr. Ray Lyons, DDS

In addition to preventing aspiration pneumonia, good dental care helps individuals:

✓
✓
✓
Skin Care

Why is Proper Skin Care Important?

- Observe for signs of abuse or neglect
- Avoid excess exposure to the sun
- Identify sores, cuts, bruises, and abrasions before they become infected
- Identify rashes that could be part of other diseases
- To know what is typical for an individual so it is easy to identify any changes
- Avoid pressure sores that can become infected
- Identify signs of skin breakdown
  ✓
  ✓
  ✓
Techniques to Prevent Skin Breakdown

- Use sunscreen with SPF 15 or higher and hats to protect skin.
- Replace tight-fitting shoes or braces.
- Set the hot water heater at a safe setting (100-102 degrees) to avoid burns from scalding water.
- Avoid rough or hot surfaces (for example: car upholstery and metal seatbelts).
- Encourage regular bathing with a mild cleansing agent; clean skin when soiled; followed by lubricants, protective films, dressings, protective padding, and moisturizers as recommended.
- Keep nails short – toenails should be clipped straight across to prevent in-grown toenails. Follow doctor’s orders for trimming toenails for people with diabetes; some individuals see the podiatrist for this.
- Minimize skin exposure to moisture (urine, perspiration, wound drainage).
- Implement proper positioning, turning, and transferring techniques with adaptive equipment as recommended.
- Follow recommended diet (and mealtime procedures, if applicable) with adequate intake of fluids, vitamins, minerals, proteins and calories.
- Maintain appropriate activity and range of motion.
- Massage only as directed in the ISP – avoid massage over bony prominence because the friction could make pressure sores (decubitus ulcers) worse.
- Inspect skin routinely – report skin breakdown problems or concerns immediately to supervisor and nursing staff.
- Ice and heating pads should be used with caution and only as directed.

All techniques must be tailored to the individual!
See the ISP and all individual specific plans.
Repositioning

Some individuals with developmental disabilities have decreased mobility due to specific conditions (i.e. 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

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

In addition to following ISP instructions and therapy plans, check with the person frequently for comfort and safety.
Bowel & Bladder Monitoring

Why is it Important to Monitor Bowel and Bladder Functions?

How Do You Respect the Person’s Privacy?

**Bowel Considerations**

Identify constipation early. Constipation can lead to an acute abdominal condition such as bowel obstruction, and can even trigger seizures or challenging behavior.

Changes in bowel functions can alert the individual and staff to the possibility of gastrointestinal disease.

Watch for new onset incontinence, which is the inability to control the bowel or bladder.

**Bladder Considerations**

Ensure that fluid intake is adequate and avoid dehydration.

Monitor for urinary tract infection.

Monitor for blood in urine or other abnormal appearance, which could signal a serious medical condition.

Remember, if urine is dark yellow that may be a sign the individual is dehydrated or not getting enough fluids.

Strong or foul smelling urine may indicate an infection.

Monitor for new onset incontinence, which could be caused by infection but also by spinal cord or pelvic disease.

**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 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?*
Case Scenario - Josie

Josie is a woman in her 50’s. She loves to travel and listen to classical music. She considers herself a spiritual person. She loves baking and spending time in nature. Over the past few years her medical condition has become fragile, and last year she had a stroke. Her medications changed significantly following her stroke. She has been recovering, but needs the support and assistance of staff throughout her day.

Josie Scenario 1 – For several days, Josie has seemed “out of sorts,” sluggish and uninterested in even her favorite activities. She is irritable and seems like she is in a bad mood. She does not seem sick, has no fever, no cough and no vomiting.

Josie Scenario 2 – Josie is a fair eater, but it is very difficult to get her to drink fluids. Staff has been making an extra effort to increase her fluid intake. Sometimes Josie coughs and seems to choke on milk, juice or water. Within two weeks of the onset of these symptoms staff note that she is looking a little sick and a nurse finds her temperature is 101 degrees. She has a wheezy cough.

From what you have learned today, what do you think could be wrong in each scenario?

What could have been done to prevent this problem? What should you do to follow-up?
Case Scenario – Harold

Harold is a 40-year-old man. He likes to listen to his iPod and look at pictures of animals on his computer. Harold has spina bifida and uses a wheelchair to get around in the community. Harold knows exactly what he wants and what he likes, but sometimes he has difficulty getting people to understand him. Due to his spina bifida he is prone to allergies.

Scenario 1 – When staff assisted Harold with personal care recently, they noticed some red areas on his buttocks.

Scenario 2 – Harold is on a special diet that restricts bananas, avocados, chestnuts, kiwis and strawberries due to allergies. In May, Harold went to a Cinco de Mayo celebration. There was music and dancing; Harold was having a lot of fun. Someone noticed that Harold was scratching his neck and that his lips were red and swollen.

From what you have learned today, what do you think could be wrong in each scenario?

What could have been done to prevent this problem? What should you do to follow-up?
Job Tool: Emergency, Acute, and Health Guidelines and Steps (See Specific Guidelines In The Person’s ISP)

<table>
<thead>
<tr>
<th>Emergency: Requires immediate attention at an Emergency Room (ER) or hospital.</th>
<th>Acute: Will not improve until treated. Will be seen at the PCP’s office or urgent care.</th>
<th>Health Maintenance or Follow-Up: Can be arranged in advance with PCP, lab or specialist.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Severe Allergic Reaction/Anaphylactic Shock: to new medication, insect bite or sting, or certain foods</td>
<td>• Suspected Broken Bone (during office hours)</td>
<td>• Moderate Change: in appetite, mood, sleep patterns, or behavior (i.e. usually quiet but suddenly “hyper”, only picking at food or suddenly gorging, reduced attention to hygiene or other signs that something is bothering the individual)</td>
</tr>
<tr>
<td>• Head Injury: a fall with loss of consciousness</td>
<td>• No fluid intake for 12-24 hours</td>
<td>• Check Blood Levels</td>
</tr>
<tr>
<td>• Human Bites or Animal Bites that are severe</td>
<td>• Persistent Dizziness</td>
<td>• Annual Check-up: including gynecological check-up, mammogram for women, prostate exam for men over 50, hearing test, age-appropriate preventative healthcare</td>
</tr>
<tr>
<td>• Bleeding: from wound/injury that cannot be controlled</td>
<td>• Ear or Eye Drainage</td>
<td>• Chronic Minor Complaints: frequent headaches, nervous stomach, itching, allergies, dry mouth, painful warts, heartburn</td>
</tr>
<tr>
<td>• Obvious Broken Bone (after hours)</td>
<td>• Fever: Over 101 degrees during office hours or lasting for multiple days</td>
<td>• Dental Cleaning and Exam</td>
</tr>
<tr>
<td>• Severe Burn: 2nd or 3rd degree, damage to skin layers with blistering or dead skin</td>
<td>• Flu Symptoms: nausea, aching, congestion; call PCP for advice</td>
<td>• Eye Exam</td>
</tr>
<tr>
<td>• Foreign Body in Eye or Eye Trauma</td>
<td>• Symptoms of Illness: fever, persistent cough (with chest pain and/or fever), nausea and vomiting</td>
<td>• Immunizations: including flu shots and tetanus boosters</td>
</tr>
<tr>
<td>• Fever: Over 102 degrees and after hours</td>
<td>• Lethargy/Irritability: unusually severe and occurring after hours</td>
<td>• Nails Clipped by Podiatrist</td>
</tr>
<tr>
<td>• Difficulty Breathing (more than congestion): rapid breathing, gasping or blue lips/finger nails</td>
<td></td>
<td>• Prescription Needs Renewal</td>
</tr>
<tr>
<td>• Cardiac Arrest or Severe Chest Pain</td>
<td>• Obvious Broken Bone (after hours)</td>
<td>• Desire to Lose Weight, Stop Smoking, Begin Exercise, Begin/End Using Birth Control</td>
</tr>
<tr>
<td>• Lethargy/Irritability: unusually severe and occurring after hours</td>
<td>• Seizure: the seizure crisis plan identifies it as an emergency; longer than 5 minutes; the second seizure starts shortly after the first has ended, the first seizure a person has had; not regaining consciousness; the seizure happened in water</td>
<td>• Unexplained Weight Loss/Gain Over a Period of Time</td>
</tr>
<tr>
<td>• Alleged Sexual Abuse: requiring administration of rape kit</td>
<td>• Attempted Suicide</td>
<td></td>
</tr>
<tr>
<td>• Seizure: the seizure crisis plan identifies it as an emergency; longer than 5 minutes; the second seizure starts shortly after the first has ended, the first seizure a person has had; not regaining consciousness; the seizure happened in water</td>
<td>• Suspected Poisoning</td>
<td></td>
</tr>
<tr>
<td>• Unconscious</td>
<td>• Unconscious</td>
<td></td>
</tr>
</tbody>
</table>

THESE ARE GUIDELINES ONLY - IF YOU ARE IN DOUBT OR NEED ADVICE ABOUT OTHER MEDICAL ISSUES CALL:

Your organization’s nurse (or PCP*): ___________________________ Phone: ________________

*The individual’s Primary Care Provider
### Job Tool: Emergency, Acute, and Health Guidelines and Steps (See Specific Guidelines in the Person’s ISP)

<table>
<thead>
<tr>
<th>Steps for Effective Emergency Care:</th>
<th>Steps for Effective Acute Care:</th>
<th>Steps for Effective Advance Appointments (Health Maintenance or Follow-Up):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure safety of individual</td>
<td>1. Arrange with primary care provider’s office; ask for same day appointment during office hours, or for instructions if after hours (use your agency’s protocol).</td>
<td>1. Contact agency nurse/healthcare coordinator. (ensure you are following agency specific protocol)</td>
</tr>
</tbody>
</table>
| 2. Call 911 for immediate response or transport the individual to the Emergency Room.  
   • Make the person as comfortable and safe as possible.  
   • Follow the individual’s crisis plan/medical emergency response plan | 2. Take the medical book or Health Passport. Provide the following information:  
   • Symptoms observed  
   • When symptoms began  
   • What improves/worsens symptoms  
   • Have these symptoms happened before  
   • Temperature  
   • Respiratory rate  
   • Describe special needs (see #4 in Emergency Steps Column) | 2. State reason for needed appointment. |
| 3. Call supervisor to notify of trip to the emergency room and reasons.  
  Note: follow agency protocol | 3. Ask for sufficient time. | 3. Ask for sufficient time. |
| 4. Take medical book, Health Passport or all of the following information:  
   • Emergency contacts (including guardian).  
   • Current medication(s).  
   • List of chronic conditions.  
   • Known drug allergies.  
   • Primary care physician’s name and contact info.  
   • Baseline vital signs if abnormal. | 4. Describe relevant special needs (see #4 in Emergency Steps column). | 4. Describe relevant special needs (see #4 in Emergency Steps column). |
| 5. Tell the triage nurse or front desk at the ER any special needs (i.e. suicidal, feeding tube, seizure precautions, expected behavior, allergy)  
  Note: paid staff are not authorized to sign a DNR | 5. Write down date and time. | 5. Write down date and time. |
| 6. Afterward:  
   • Get copies of emergency room documentation of treatment (discharge diagnoses and instructions). Provide copy to agency nurse/healthcare coordinator.  
   • Communicate with other team members to update the medical record and/or Health Passport.  
   • Follow-Up as instructed by E.R. physician.  
   • File a GER within 24 hours for use of emergency services. | 6. Write down any special instructions (e.g. come in back door, bring a urine specimen, do not let the person eat anything two hours prior to the appointment). | 6. Write down any special instructions (e.g. come in back door, bring a urine specimen, do not let the person eat anything two hours prior to the appointment). |
| 7. Share date, time and special instructions with all other support providers. | 7. Share date, time and special instructions with all other support providers. | 7. Share date, time and special instructions with all other support providers. |
| 8. Afterward:  
   • Update the medical record and/or Health Passport.  
   • Follow-Up as instructed by primary care provider.  
   • Share results with agency nurse/healthcare coordinator, other staff and team members. | 8. Afterward:  
   • Update the medical record and/or Health Passport.  
   • Follow-Up as instructed by primary care provider.  
   • Share results with agency nurse/healthcare coordinator, other staff and team members. | 8. Afterward:  
   • Update the medical record and/or Health Passport.  
   • Follow-Up as instructed by primary care provider.  
   • Share results with agency nurse/healthcare coordinator, other staff and team members. |

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If you suspect abuse or neglect, report immediately to DHI.
Emergency Care Tips

Primary Care Provider

- If you are needing additional support while at the Emergency Room—call your agency nurse or the individuals PCP, sometimes they can:
  - Give the ER special information: recent treatment, history, or diagnosis.
  - Arrange for alternative treatment if necessary.

Staff Can Advocate

- Take key medical information with you using the medical book, face sheet, Health Passport, or other record format that’s kept handy for use during emergencies.
- Remember: you cannot sign any paperwork or authorize medical decisions.
- Let ER staff know what to expect up front (e.g. if the person might exhibit unusual or uncooperative behavior due to a long wait).
- Tell ER doctor what to expect once it’s the individual’s turn (e.g. aspiration risk, phobia about shots, etc.).
- Help the individual feel comfortable and safe. Support the individual to communicate effectively with the ER staff and the doctor. Bring comfort items for the individual to feel comfortable.

What other ideas do you have to advocate?
Emergency Care Follow-up

What needs to be done after leaving the emergency room?

♦ Inform other staff and agency nurse of any treatments administered and instructions given during the emergency room visit.

♦ Make sure prescriptions are filled.

♦ Make sure follow-up appointments are made with appropriate physician(s). Follow up on any recommendations.

♦ Document the ER visit and make sure the medical record and/or Health Passport is updated. Complete any other agency documentation or paperwork.

♦ Complete a GER within 24 hours for use of emergency services.

Who Is Responsible?

Filling prescriptions: ________________________________

Updating medical records (e.g. Health Passport, face sheet, MAR, etc.):

_________________________________________________

Scheduling doctor appointments: ____________________
Concept Review

What is your role in assisting individuals to maintain good health?

Why is it important to monitor bowel & bladder functions?

What are some things to consider when preparing food for an individual or assisting an individual with their food/drink?

Skin Breakdown

- Symptoms?
- Prevention?
- Repositioning?

Seizures

1. Describe the difference between generalized and partial seizures.
2. What do you do for seizure first aid?
3. What makes a seizure an emergency?

Medication

* Side effects vs. desired effects
* Over-the-Counter Medications (including vitamins and remedies)

How would you know someone you support might be aspirating?

Why is proper dental & skin care important?

Can you identify the following situations?

- Emergency
- Acute Condition
- Health Maintenance

Foundation for Health & Wellness
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