

Chapter 9

Healthcare and Healthcare Management

Reporting and Documenting Changes

Regardless of what action you take when you notice a change, you must report (tell it) and document (write about it) in some way.

- Medical emergencies that involve emergency medical personnel must be: 1) documented in the individual's record; and, 2) submitted in an incident worksheet report per your agency's policies.
- Any call to the health care professional must be documented in the individual's record.
- Any treatment provided in accordance with a written health care professional's order or simple First Aid must also be documented in the individual's record.

Sometimes the correct response is simply to document the change that you have identified. This is important as you and other DSP staff may identify a pattern or trend over time, and provide valuable information in the diagnosing of a health problem. For example: through continuous documentation of your observations, you may discover that an individual is losing interest in activities, which may be a sign or symptom of illness or injury.

Many changes occur slowly over time and will only be identified if you and other DSP staff consistently document and share observations. You may be reporting changes (or signs and symptoms) to a number of different people, including a health care professional, dentist, behavior specialist, and your supervisor. All of these contacts must be documented.

If you believe that signs and symptoms may be an indication of possible abuse or neglect, you are mandated to report to the appropriate protective service agency.

Always report and document changes as soon as possible. Follow your agency's procedure for notifying your supervisor.

Making the Most of Health Care Professional Visits

Here are some tips to assist you and the individual you support to prepare for a visit to the health care professional or other professionals, and to make the most of your time together:

- It is important the individual be accompanied by a staff they are familiar with if at all possible.
- Staff accompanying needs to be familiar with the individual and their overall health needs.
- Ensure transportation is arranged.

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- Check with health care professional to be sure they are willing and able to provide any special accommodations needed in the office, including in the waiting room. If the person has trouble waiting, ask if there is anything they can do to expedite the visit. If helpful, bring items to occupy the individual.
- Bring good complete records with you to the appointment. Be sure to include:
 - ✓ the person's insurance card,
 - ✓ list of current medication and medication history,
 - ✓ forms for the doctor to complete,
 - ✓ family/guardian information,
 - ✓ name location and phone of pharmacy,
 - ✓ directions to the appointment
- Talk with the individual and others involved in his or her health care to identify and health concerns. Do this prior to the visit.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Assist with the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the visit maintaining a positive, supportive environment.
- Make sure you understand what the health care professional is saying, and don't be afraid to ask for clarification.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- Bring a written list of all the medications the individual is taking.
- When the health care professional writes a prescription, ask questions about the medication, side effects and contraindications.
- Ask about next steps in treatment, and be sure you understand the expected results of the treatment and what the health care professional wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.
- Document the outcome of the appointment in the individual's record in accordance with your agency's policies. It is important all staff working with the individual know the results of the appointment so their support is designed around the information.

Personal Health Advocacy

With busy health care professionals who have limited time to spend with patients, personal health advocacy is often needed if those in your care are to receive the best possible health services. An additional reason for health advocacy is that, historically, the general population has often devalued people with disabilities.

Here are some things you can do to be a health care advocate:

- Believe every person is entitled to quality care.
- Be persistent in getting the care the person needs.
- It's never too early or too late to provide the best possible care.
- Be an active partner or get the assistance of someone who can help.
- Don't be afraid to ask for help (information, advice, assistance.)
- Be prepared for the appointment, and tell the health care professional the reason for the appointment early in the appointment.

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- Choose a health care professional with a good reputation, ideally one who has hospital privileges at the community hospital.

Advocating for the best possible health care often means working in partnership with health care professionals and other professionals. Most health care professionals want their patients (and those who assist their patients) to be active partners, providing information, asking questions, discussing and weighing options, and checking for understanding.

Working in partnership with health care professionals calls for the following:

- A common goal (good quality care)
- A shared effort (each one doing the right thing)
- Good communication

Such an approach makes better use of the health care professional's time and can improve the quality of care.

Germ

Everyone comes in contact with millions of germs (microorganisms) each day. Germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, such as an infected cut, or it can be systemic (throughout the whole body), such as food poisoning or pneumonia.

Three Ways Germs Are Spread

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. Direct Contact. This refers to germs spread from one infected person to another. An example of direct contact is when the person infected with a cold puts his hands to his mouth while coughing or sneezing and then touches or contacts another person before he has washed his hands.
2. Indirect Contact. This refers to germs spread from one infected person to an object to another person. The germ from the infected person contaminates the object, and the next person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work, and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, Salmonella); handling soiled linens and soiled equipment; using soiled utensils and cups; and drinking or using contaminated water.
3. Droplet Spread. This refers to germs spread through the air from one infected person to another person. The germs are airborne and are carried over short distances. When people talk, cough, or sneeze, they are spreading germs through the air. The germs of the common cold, flu, and tuberculosis travel from one person to another by droplet spread.

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. You can protect yourself and the individuals you support from germs or contamination by observing the following:

- Know and practice universal precautions, especially hand washing and gloving.
- Keep you, the individual, and the environment clean.
- Be aware of the signs and symptoms of illness and infection and accurately record and report them to the health care professional.

IDENTIFYING AND PREVENTING HIGH-RISK HEALTH PROBLEMS

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Skin Breakdown and Other Skin Conditions

Skin breakdown is a serious and constant concern for individuals who use wheelchairs and/or who do not change positions. Pressure sores are skin breakdown over bony spots such as tailbone and hips.

Individuals who use wheelchairs and/or people with mobility challenges are at high risk for skin breakdown. Reference your agency policies or protocols for individuals who are at risk.

Ways to prevent skin breakdown:

- Frequently moving and/or changing positions
- Keeping the skin dry and clean

What to do if skin breakdown occurs:

- Make sure the individual is examined by a health care professional immediately.

Athlete's foot (*tinea pedis*) and jock itch (*tinea cruris*) are very common fungal infections that can cause skin breakdown. Like bacteria, fungi grow best in warm, moist areas of the skin, such as between the toes or in the groin. Fungus problems can be prevented by thorough drying of skin; wearing sandals or shoes that breathe; wearing cotton underclothes and socks; and using talcum powder. You should assist individuals with cleaning and drying both areas of the toes and groin.

Some skin problems are very serious. Others are uncomfortable and passing. Some skin problems can be prevented or at least minimized through diet, proper clothing, and other actions. Some skin problems may be spread by contact, so remember to use hand washing and other infection control techniques. Always seek advice and treatment from the individual's health care professional when new problems arise or the existing problem continues.

Constipation

Each individual has a pattern of bowel movements that are "normal" for him. Once the normal pattern of bowel movements is established, you should look for any indication of a change. When an individual is not able to tell you that he had a bowel movement, or the health care professional has determined that the individual is at risk for problems in this area, the plan for that individual may include keeping a record of bowel movements.

Changes that are often signs and symptoms of constipation:

- A change in the normal pattern of bowel movements (smaller amounts of stool, watery stool or diarrhea, unusual accidents)
- Loss of appetite
- Increase in sleepiness and fussiness
- Abdominal bloating
- Persistent abdominal pain
- Change in behavior

Individuals who are at a higher risk for constipation include persons who:

- Have mobility challenges
- Get very little regular exercise
- Do not drink enough fluids
- Do not eat enough fiber
- Take medications whose side effects include constipation

Ways to prevent constipation:

- Eating a healthy diet with lots of fiber (fruits, vegetables, and whole grains)

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- Exercising regularly
- Drinking plenty of fluids, especially water

Untreated constipation can lead to serious consequences, including: the need for surgical removal of the impacted fecal matter; rupture of the bowel; and even death. If you identify any of these signs, call the individual's health care professional to seek medical assistance.

Sun and Heat-Related Illnesses

Overexposure to sun and heat can cause many problems—from mild sunburn to fatal sunstroke. Individuals are at risk of heat-related illness starting at temperatures as low as 80 degrees, depending upon length of exposure and level of physically activity.

It is your responsibility to protect each individual from sunburn, heat cramps, heat exhaustion, and heat stroke.

Risk factors for sun and heat-related illnesses

In general, children, the elderly, and individuals with developmental disabilities are at the greatest risk for sunburn and heat-related illness. Increased risk is also associated with taking certain medications and having certain characteristics, including but not limited to:

- Antihistamines used in cold and allergy medications
- Antibiotics (sulfa drugs, tetracycline)
- Antidepressants
- Antipsychotics
- Cardiovascular drugs
- Oral medications for diabetes
- Non-steroidal, anti-inflammatory drugs used to control pain and inflammation
- Anti-dandruff shampoos
- Fair hair or skin
- Low fluid intake
- Low fiber diet
- Medications that interfere with the body's ability to regulate its temperature

Ways to prevent sunburn and heat-related illness

To prevent sunburn, use sunscreen with an SPF of 15 or more. Individuals with fair hair or skin who burn easily should use a sunscreen with SPF 30. Apply sunscreen to all exposed skin surfaces 20 minutes prior to going out in the sun. Reapply throughout the day and after the skin comes in contact with water. Use of sunscreen should be documented in the individual's record.

When temperatures rise, make sure the individuals you are supporting observe the following precautions:

- Wear a hat with a wide brim and lightweight and light colored clothing or use an umbrella.
- Wear long-sleeved, light cotton clothing.
- Drink plenty of water each day. Drink even more if the individual is working or exercising in hot weather. Avoid caffeinated or alcoholic beverages.
- Take it easy! Limit physical activity during the hottest parts of the day.
- Stay inside if possible during extreme heat times.
- Assess the person's home for adequate ventilation. If the home cannot be cooled to the point that it will be safe for the individuals, contact your supervisor.
- If you must be outdoors for long periods of time, stay in a shady spot or bring a sunshade with you.
- For individuals with impaired movement, avoid temperatures above 95 degrees if at all possible.

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- In the event of a power outage, consider going to a cool building or air-conditioned car.

Never leave a child, an individual with a disability, or someone who cannot exit on his own, in a car on a hot day. In as little as 10 minutes, the car can become a fatal furnace.

Sunburn is caused by exposure to the sun's ultraviolet rays.

An individual can burn within 15 minutes any day of the year. Sunburns can occur even on an overcast day. People of color can also burn very easily. The degree to which someone burns or tans depends on the intensity of the sun's rays and the individual's unique response to the exposure. Typical symptoms of sunburn are redness and pain in the skin. In severe cases there is also swelling, blisters, fever, and headaches. In addition to sunburn, individuals with frequent exposure to the sun's ultraviolet rays have a high risk of developing skin cancer. Skin cancer is the most common form of cancer in the United States.

Sleep Apnea

Obstructive sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts during sleep. Several types of sleep apnea exist, but the most common type is obstructive sleep apnea, which occurs when your throat muscles intermittently relax and block your airway during sleep. The most noticeable sign of obstructive sleep apnea is snoring, although not everyone who has obstructive sleep apnea snores.

Anyone can develop obstructive sleep apnea, although it most commonly affects older adults. It's also especially common in people who are overweight. Obstructive sleep apnea treatment may involve using a device to keep your airway open or undergoing a procedure to remove tissue from your nose, mouth or throat.

Signs and symptoms of obstructive sleep apnea include:

- Excessive daytime sleepiness (hypersomnia)
- Loud snoring
- Observed episodes of breathing cessation during sleep
- Abrupt awakenings accompanied by shortness of breath
- Awakening with a dry mouth or sore throat
- Morning headache
- Frequent urination at night
- Difficulty staying asleep (insomnia)

When to see a doctor: consult a medical professional if you experience, or if someone observes the following:

- Snoring loud enough to disturb your sleep or that of others
- Shortness of Breath that awakens you from sleep
- Intermittent pauses in your breathing during sleep
- Excessive daytime drowsiness, which may cause you to fall asleep while you're working, watching television or even driving a vehicle

Choking

Choking is a blockage of the airway that prevents an individual from breathing. Choking will result in death unless the airway is cleared immediately.

Many individuals with developmental disabilities or a chronic health condition may experience choking episodes.

Common risk factors include the following conditions and situations:

- Cerebral palsy, which is often associated with difficulty chewing and/or swallowing.

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- Individuals who have difficulty chewing and or swallowing. They need close observation when eating and drinking to help avoid choking incidents.
- Individuals with other conditions who have trouble with foods of different textures. Individuals taking certain medications. They may have dry mouth, which makes it harder to swallow.

Choking is common for individuals who eat or drink too fast. Individuals should be reminded not to talk or laugh with food in their mouths or eat lying down. Individuals who frequently put too much food in their mouths may need to be cued to eat smaller bites or be provided with smaller amounts of food. It is especially important to closely monitor an individual who takes food from others, as the individual may put too much food in their mouth to avoid being caught.

Common Causes of Choking:

- Trying to swallow large portions of poorly chewed food
- Eating while talking excitedly or laughing
- Eating too fast
- Eating and walking, playing, or running with food or objects in the mouth
- Eating certain foods like hot dogs, whole grapes, and hard candies
- Taking medications that decrease alertness and muscle tone or cause dry mouth
- Poor oral motor skills
- Difficulty swallowing
- Eating foreign objects
- Vomiting
- Aspiration (inhaling vomit, saliva, food, or a foreign object)

Signs of Choking:

- Clutching the throat with one or both hands
- Inability to speak, cough forcefully, or breathe
- Turning blue in the face
- High-pitched wheeze

Aspiration occurs when food (liquids, saliva or other items) enters into the person's airway (either going into the lungs instead of the stomach, or by moving back up through the esophagus from the stomach).

Most people cough up food or drink, but some people cannot, due to the following conditions and habits:

- Missing teeth
- Seizures
- Lack of awareness
- Fatigue
- Medication side effects
- Poor muscle function
- Poor eating habits such as stuffing or rapid eating
- Some medical conditions
- Poor posture when eating
- The aging process

Aspiration can be life threatening and may result in:

- Damaged lungs that can become infected (the more frequent the aspiration, the more damage that may occur)
- Life-threatening pneumonia

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- Infection spreading to the blood stream and other areas of the body
- Shock

If you observe the following activities or signs in the person you are supporting, s/he may be at risk aspiration or have aspirated:

- Coughing before swallowing
- Excessive drooling, especially during meals
- Pocketing food inside the cheek
- Choking on soft foods such as white bread or harder foods not cut into small enough pieces, or taking big bites
- Talking while eating, not paying attention
- Runny nose or sneezing during eating time
- Trouble swallowing certain types of fluids or foods
- A gurgling voice during or after eating or drinking
- Repeated episodes of choking, frequent colds, a history of pneumonia or allergies

If an individual appears to be at risk for aspiration:

- Document what you see.
- Tell other staff about your concerns.
- Tell your supervisor what you see.
- Offer foods that the person seems to swallow easily.
- Have the person eat at a slower pace.
- Stop the meal if the person is having difficulty.
- Tell the health care professional what you see.

If an individual has aspirated, an infection may develop in the lungs. Look for signs of infection, document and report to the individual's health care professional and your supervisor. *Call 9-1-1 if the person is blue, having difficulty breathing or looks very ill.*

Eating

The following are general tips when assisting an individual to eat:

- Never feed an individual who is lying down, reclining, or very sleepy.
- Make sure the individual's head is forward and his/her chin is down. Put a small amount of food on the spoon or fork.
- Give the individual plenty of time for chewing and swallowing. Never rush.
- Tell the individual what food is on the fork or spoon before putting it in his/her mouth.
- Treat the individual as an adult not a child.
- Encourage the individual to remain upright for at least 20 - 30 minutes after finishing a meal.

Individuals who have difficulty with eating

Difficulty chewing

Chewing problems can be due to dentures or other mouth pain. Encourage an individual to visit his/her dentist since many problems are treatable. Encourage an individual to try cooking all foods until soft and tender; cutting food into small bites and eating slowly.

Serve:

- fruit and vegetable juices;

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- soft canned fruit;
- creamed and mashed vegetables;
- substituting ground or finely cut meats in place of whole meats;
- eggs, yogurt, puddings and soup (never use raw eggs);
- cooked cereals, rice, bread pudding and soft cookies;
- foods with sauces to make them moist and easy to chew.

No appetite

An individual may not feel like eating due to a reduced ability to taste and smell, medications, depression, denture pain, or constipation. Encourage the individual to try:

- talking with his/her doctor;
- eating 4-6 smaller meals during the day;
- increasing his/her activity level (if able);
- choosing healthy, high calorie, high protein foods or adding nutritionally balanced drinks;
- eating the biggest meal when his/her appetite is best;
- adding more spices and/or herbs to food to increase the flavor.

Dysphagia

Food Preparation:

Foods that are difficult for individuals with dysphagia to eat include:

Foods that fall apart	Bulky or sticky foods
Dry bread; crackers	Fresh white bread
Chips and nuts	Peanut butter
Thin, pureed applesauce	Plain mashed potatoes
Plain rice	Bananas
Thin, hot cereal	Refried beans
Plain ground meats	Bran cereals
Cooked peas or corn	Chunks of plain meat
Raw vegetables and some fruits	

Foods can be thickened or thinned to individual requirements. Many foods can be used to change a liquid to a different consistency. The amount of thickening agent needed to reach a certain food consistency varies depending on the food being thickened and on the thickening agent used.

To Thicken Foods Add:

Baby cereal
Bread crumbs
Cornstarch
Cooked cereals (cream of wheat or rice)
Custard mix
Graham cracker crumbs
Gravy
Mashed potatoes/instant potato flakes
Plain unflavored gelatin powder
Baby foods: fruits, meats, vegetables
Saltine cracker crumbs

To Thin Foods Add:

Broth
Bouillon
Gravy
Juice
Liquid flavored gelatin
Melted hot butter/margarine
Milk (hot or cold)
Plain yogurt
Strained pureed soups

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Plain sauces (white, cheese, tomato)

Tips to make foods easier to chew and swallow:

- To avoid forming a hard crust on the top of a food or around the edges, cook the food in a covered casserole dish. To make soft scrambled eggs, cook the eggs in the top of a double boiler.
- To keep meat or fish moist, cook in tomato juice or tomato soup.
- To make pureed meat, first drain soft, cooked meat. Place meat in a food processor or blender to make a paste. Add hot liquid (broth) to the paste and thin to desired consistency.

General tips when assisting an individual with dysphagia to eat:

- Let the person see, smell, and taste the food to encourage saliva to flow and to improve his/her appetite before he/she starts eating.
- Avoid having the individual talk while eating.
- Place food in the middle of the front third of the tongue, and push the tongue down (this stops the tongue falling back into the mouth and getting in the way of the swallow).
- Watch for pocketing of food. If this happens, remove the pocketed food and have individual slow down or ask the individual to do a "tongue sweep" if he/she is able.
- You may need to prompt the swallowing process with statements like "chew thoroughly", "swallow again", "hold your breath while you swallow", and "clear your throat".

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