

Developmental Disabilities Administration

+ Beyond First Aid

*Recognizing and Responding
to Emergencies*



2019
Resource Manual



Washington State
Department of Social
& Health Services

Transforming lives

WELCOME to Beyond First Aid Training: A Direct Support Professional's guide to managing the emergent healthcare needs of individuals with developmental and intellectual disabilities.

This is your Resource Guide to keep. You will need this to complete certain activities.

Purpose

Direct support professionals can save lives and prevent harm when they understand how changes in a person's behavior, habits and physical condition can be a sign of a greater healthcare crisis. Direct support professionals are often not medically trained and need guidelines and tools to know when to proactively protect and advocate for an individual's health and safety.

Outcome

After completing the training, participants:

- Will demonstrate **proactive strategies** when protecting an individual's health and wellness
- Will demonstrate appropriate **responsiveness** to changes in an individual's baseline condition
- Will articulate what constitutes a medical emergency and how they would intervene in an urgent situation.
- Will demonstrate strong **follow-through/follow-up** with appointments and activities that protect an individual's health and well-being.

+ Beyond First Aid

CHAPTER 2

Signs and Symptoms of Acute Medical Conditions

TEACH BACK ACTIVITY

In small groups, you will be assigned 1-3 medical conditions to study and teach back to the class. Teach the class the signs and symptoms of each medical condition

- *Demonstrate some of the signs and symptoms*
- *Demonstrate the appropriate intervention*
- *Lead a discussion about prevention techniques that could avoid or reduce the risk of a medical emergency.*

+ Pulmonary Aspiration



TEACH BACK #1

Pulmonary aspiration is the entry of material (such as pharyngeal secretions, food or drink, or stomach contents) from the oropharynx or gastrointestinal tract into the larynx (voice box) and lower respiratory tract (the portions of the respiratory system from the trachea—i.e., windpipe—to the lungs).

Who is vulnerable?

- Those who eat too fast or overfill their mouths
- People with swallowing disorders
- People with feeding tubes
- Those with GERD (chronic heartburn/acid reflux)
- People who don't tuck their chin to swallow
- People who have seizures

What does it look like?

- Loss of ability to breathe or labored breathing
- Look of panic or distress, coughing, gasping, inability to vocalize
- Turning pale or dusky in color, especially with respiratory changes
- Wet aspiration – especially when eating
- Drop in blood oxygen saturation while eating
- Waking up choking, gasping, or coughing
- Experiencing these symptoms during/after an episode of vomiting or a seizure

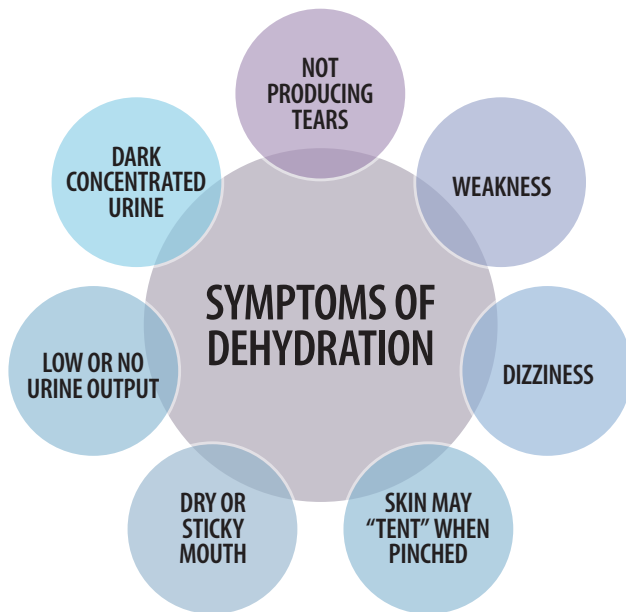
What to do:

- If breathing is compromised, immediately call 911 and initiate rescue procedures for respiratory distress.
- If there are signs of micro aspiration (wheezing, bronchospasm, noisy breathing, choking, gagging, coughing, excessive salivation, hoarseness, sore throat, chest discomfort) – refer for a medical assessment.
- Determine if Nurse Delegator or Primary Care Physician needs to be contacted. (Have data about the changes and duration available.)
- Leave note in communication log for other staff about these changes and what needs to be observed.

Prevention:

- Have person upright when eating
- Provide food textures and fluid consistencies that the person can handle
- Slow the person eating and encourage appropriately sized bites
- Provide smaller, more frequent meals for persons with reflux
- Manage seizures – Have protocol that includes how to handle aspiration events that happen during seizures

+ Dehydration



TEACH BACK #2

Dehydration dehydration is a deficit of total body water, with an accompanying disruption of metabolic processes. It occurs when free water loss exceeds free water intake, usually due to exercise, disease, or high environmental temperature.

Who is vulnerable?

- The elderly and young children, particularly with fever or diarrhea
- People on medications with dehydration listed as a side effects
- People with disabilities who have swallowing difficulties or require assistance to eat
- People who don't like to drink – or who drink mostly fluids containing caffeine or alcohol or have fluid restrictions
- People with high fever, vomiting, or diarrhea
- People exposed to hot temperatures causing excess sweating

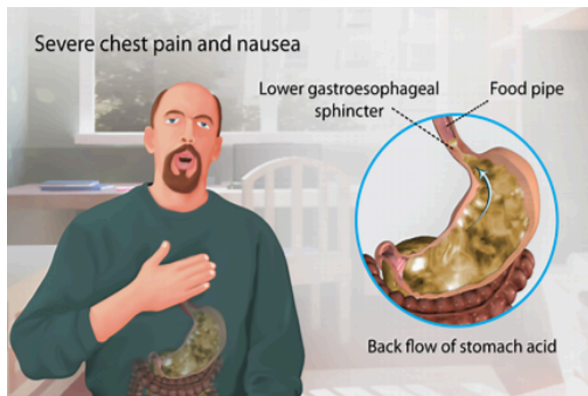
What does it look like?

- Bad breath, white coated tongue, dry cracked lips
- Urinary output may decrease, have a strong smell and urine may be dark honey or tea colored
- Skin will tint, may be crinkly and itchy
- Person may complain of headache, light headedness, have confusion or lethargy
- Constipation
- Eyes may be sunken back in head and may produce few tears if crying
- May have muscle cramping

What to do:

- Offer fluids every hour or two and document
- Offer foods with high fluid content like watermelon, pears, Jell-O, Popsicles, and ice cream
- Monitor hydration status daily or more often if needed
- Determine if Nurse Delegator or Primary Care Physician needs to be contacted (Have data about changes and duration available.)
- Leave note in communication log for other staff about current symptoms, what is being done, and for staff to record duration of event.

+ GERD



TEACH BACK #3

Gastroesophageal reflux disease (GERD) refers to the stomach and esophagus. Reflux means to flow back or return. Therefore, gastroesophageal reflux is the return of the stomach's contents back up into the esophagus. In normal digestion, the lower esophageal sphincter opens to allow food to pass into the stomach and closes to prevent food and acidic stomach juices from flowing back into the esophagus.

GERD

is a chronic disease that affects 20% of the general population and up to 48% of individuals with intellectual and developmental disabilities. It is often referred to as heartburn, epigastric pain, indigestion or acid reflux.

Eating too fast, taking too large of bites, eating high fat/spicy foods and lying down after eating can cause GERD symptoms.

What to do:

- Maintain a healthy body weight
- Avoid foods and drinks that are high in fat, spicy, acidic, carbonated or caffeinated
- Avoid lying down within two to three hours of eating - particularly at night
- Pace mealtimes and encourage slow eating with small bites.

Prevention:

- Position person upright when eating
- Provide food textures and fluid consistencies that the person can handle
- Slow the person eating and encourage appropriately-sized bites
- Provide smaller, more frequent meals for persons with GERD
- Manage seizures – Have protocol that includes how to handle aspiration events that happen during seizures.

Treatment:

- Generally, treatment begins with over-the-counter medication to control stomach acid.
- Modifying the diet (especially if specific foods cause the symptoms) may help within days.
- If the pain prolongs for a few weeks, the doctor may prescribe other treatments, which may include medications and/or surgery.

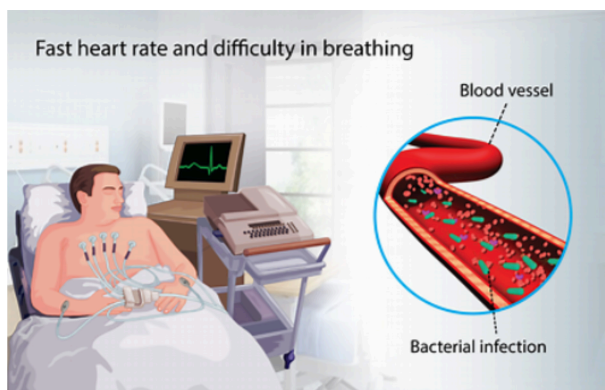
Medication:

- Antacids: Acts by neutralizing stomach acids thereby providing quick relief.
- Acid reducing medications stop acid production, but may take hours or days.
- Individuals with severe epigastric pain unresponsive to antacids need to see a medical professional.

Actions:

- Determine if Nurse Delegator or Primary Care Physician needs to be contacted. (Have data about the changes and duration available.)
- Leave note in communication log for other staff about these changes and what needs to be observed.

+ Sepsis



TEACH BACK #4

Sepsis is a life-threatening condition that occurs when the body's response to infection causes injury to its own tissues and organs. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion. 28-50% of people who get sepsis will die from it.

Who is at Risk?

- The elderly and young people are most susceptible
- People who have become insensitive to antibiotics due to overuse
- Persons with immune system disorders

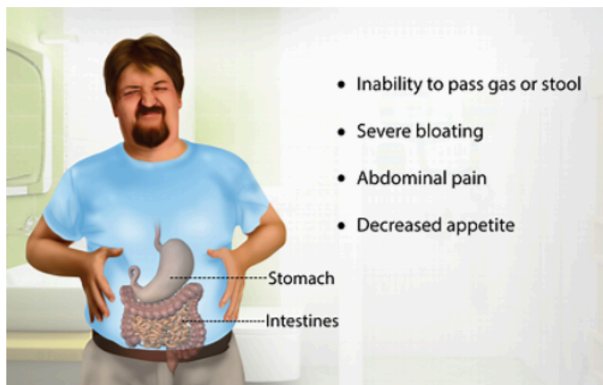
Sepsis could present as?

- High or low temperature
- Rapid heart rate (pulse)
- Chills
- Low blood pressure
- Confusion or lethargy
- Increased breathing rate
- Pain unrelated to an injury such as a swollen, painful joint
- Skin color changes such as redness or darker

What to do:

Contact Primary Care Physician with report of symptoms and duration. If symptoms persist or worsen - take to the emergency room or Urgent Care.

+ Bowel Obstruction



TEACH BACK #5

Bowel obstruction, also known as intestinal obstruction, is an obstruction of the intestines, which prevents normal digestion. The small or large bowel may be affected. Signs and symptoms include abdominal pain, vomiting, bloating and not passing gas. Mechanical obstruction is the cause of about 5 to 15% of cases of severe abdominal pain of sudden onset requiring admission to hospital.

Who is affected?

- People who had a previous obstruction, abdominal surgery or an abdominal injury
- People on multiple medications
- People who need thickeners for liquids.
- People who have limited mobility
- People who do not get enough fiber and fluid in their diet
- People who eat non-food items (cloth, paper, etc.)

What does it look like?

- None or small bowel movement in two or more days
- Bloating abdomen that may or may not hurt
- Nausea, vomiting, cramping, meal refusal
- Unusual behavior – withdrawal or acting out
- Diarrhea with chunks of hard stool

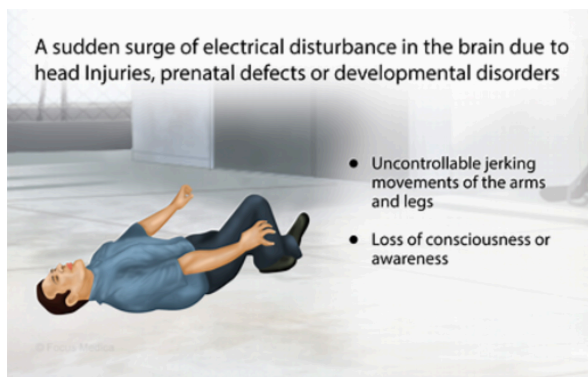
What to do:

- If not vomiting, increase fluid intake immediately
- Notify Nurse Delegator, or Primary Care Physician immediately
- If vomiting more than once, have person evaluated immediately

Prevention:

- Talk to Primary Care Doctor about dietary changes that can prevent bowel obstruction
- Strictly follow protocol for bowel medications and/or interventions
- Work with GI specialist to determine root cause of GI issues

+ Epileptic Seizure



TEACH BACK #6

An **epileptic seizure** is a brief episode of signs or symptoms due to abnormally excessive activity in the brain. The outward effect can vary from uncontrolled jerking movement to a momentary loss of awareness. Diseases of the brain characterized by an enduring predisposition to generate epileptic seizures are called epilepsy.

One percent of the population has a seizure disorder.

The more severe the disability, the more likely the person will have a seizure disorder and the more difficult it may be to control.

Most new onset seizures occur in those under one year of age and the elderly

Seizure types:

- Focal – affects one side of the brain and body
- Generalized – affects both sides of the brain and body
- Each person's seizure signs are specific to them and should be documented and understood by staff
- Persons often have more than one seizure type

What to do:

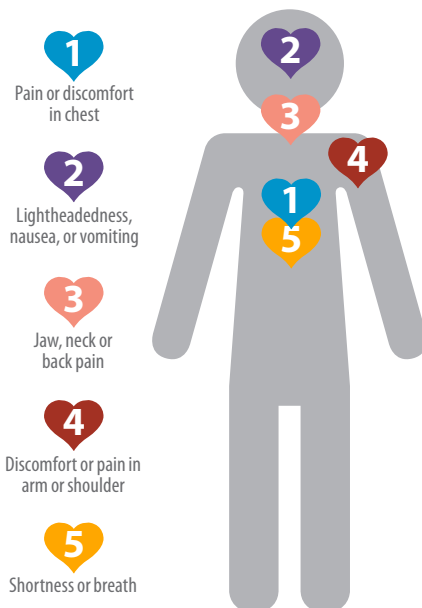
- Protect the person by ensuring nothing near them can cause harm
- Place something soft under the head and neck if possible
- Do NOT put anything in their mouth
- Turn them to their side if they are lying down
- Note the duration of the seizure, and the time after movements stop until they are able to respond
- Describe what happened before and during the seizure
- Follow protocol for medical follow up
Seizures lasting longer than five minutes or back-to-back seizures with no return to baseline or a prolonged postictal phase—lasting longer than 30 minutes. Require emergency medical intervention -911
- Determine if Nurse Delegator or Primary Care Physician needs to be contacted. (Have data about the changes and duration available.)
- Leave note in communication log for other staff about the changes and what needs to be observed.

Prevention:

- Ensure anti-convulsing medications are given on time and at prescribed intervals.
- Record each seizure for duration, behavior before and during the seizure, and length of postictal period.
- Take seizure record to all visits with health-care providers .

+ Heart Attack

Common Heart Attack Warning Signs



TEACH BACK #7

Symptoms of a possible heart attack:

- Chest discomfort: Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or lightheadedness

What to do:

- Remain calm
- Call 911
- If the individual stops breathing, perform CPR
- Use AED machine if available, to shock the heart

+ Stroke

TEACH BACK #8

Symptoms of a possible stroke:

SUDDEN numbness or weakness of face, arm or leg, especially on one side of the body

SUDDEN confusion, trouble speaking, or understanding

SUDDEN trouble seeing in one or both eyes

SUDDEN trouble walking, dizziness, loss of balance or coordination

SUDDEN severe headache with no known cause

What to do:

Learn the warning signs of a stroke. Act **FAST** and **CALL 911 IMMEDIATELY** at signs of a stroke.

Use **FAST** to remember the warning signs:

F FACE: Ask the person to smile. Does one side of their face droop?

A ARMS: Ask the person to raise both arms. Does one arm drift downward?

S SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

T TIME: If you observe these signs, call 911 immediately.

+ Allergic Anaphylaxis

TEACH BACK #9

Symptoms of possible allergic anaphylaxis:

There is no single symptom of severe allergy reactions. Symptoms of reactions can include a combination of the following:

- Confusion or disorientation
- Shortness of breath
- High heart rate
- Swelling in the face, skin or other body parts
- Extreme pain or discomfort
- Clammy or sweaty skin

Get medical help immediately if you suspect a severe allergy reaction, especially if there are any respiratory symptoms.

Severe allergic reaction:

People with allergies typically have mild to moderate symptoms such as watery eyes, a runny nose, or a rash. Sometimes people can have severe allergic reactions known as anaphylaxis. This happens when an over-release of chemicals puts the person into shock. Allergies to food, insect stings, medications and latex are most frequently associated with anaphylaxis.

What to do:

Call 911 at the first sign of anaphylaxis, even if you have already administered epinephrine (epi-pen). Symptoms can occur suddenly and progress quickly.

Symptoms of anaphylaxis:

- Trouble breathing
- Hives or swelling
- Tightness of the throat
- Hoarse voice
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Dizziness
- Fainting
- Low blood pressure
- Rapid heart beat
- Feeling of doom
- Cardiac arrest

People who have had a severe allergic reaction are at risk for future reactions. Document this information in their record.

+ Diabetic Emergency

TEACH BACK #10

Symptoms of a diabetic emergency:

Extremely high or low blood sugar can lead to a diabetic coma if left untreated for too long

High blood sugar (hyperglycemia) symptoms:

- Increased thirst
- Frequent urination
- Fatigue
- Nausea and vomiting
- Shortness of breath
- Stomach pain
- Fruity breath odor
- Extremely mouth
- A rapid heartbeat

Low blood sugar (hypoglycemia) symptoms:

- Shakiness or nervousness
- Anxiety
- Fatigue
- Weakness
- Sweating
- Hunger
- Nausea
- Dizziness or light-headedness
- Difficulty speaking
- Confusion

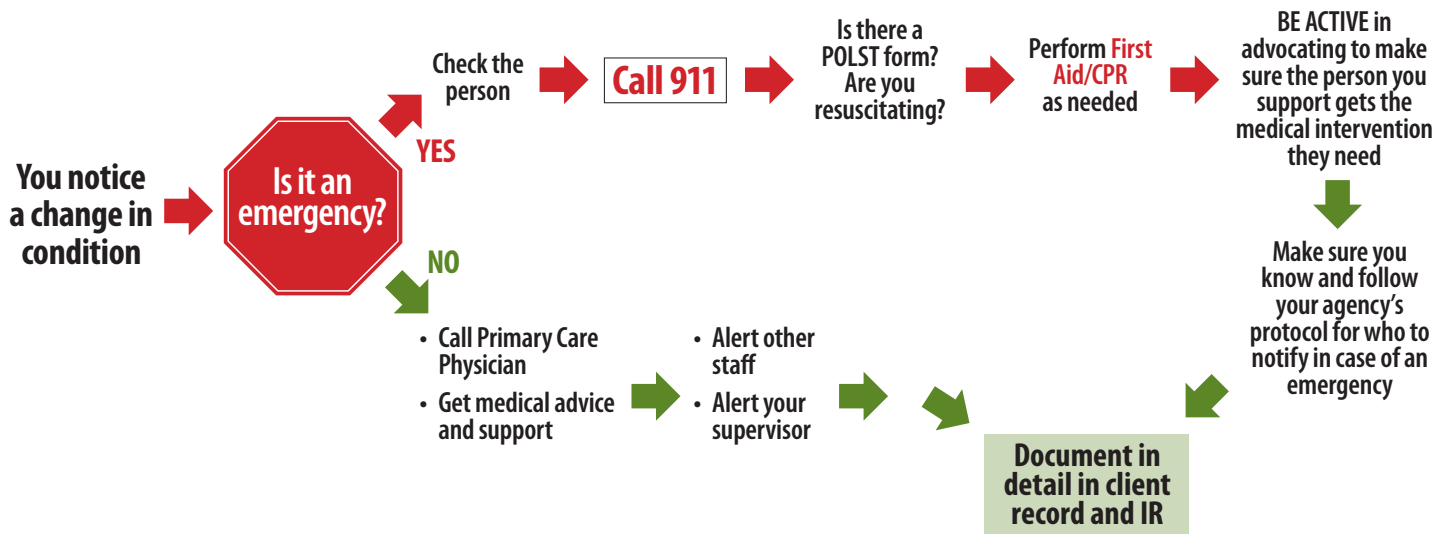
What to do:

If a person is experiencing extremely high or low blood sugar symptoms, call 911.

+ More Information

- American Heart Association, Warning Signs of a Heart Attack:
www.heart.org/HEARTORG/Conditions/HeartAttack/WarningSignsofaHeartAttack/Warning-Signs-of-a-Heart-Attack_UCM_002039_Article.jsp#.WyqphXmWyUk
- American Stroke Association, Stroke Warning Signs:
www.support.stroke.org/acute_site/symptoms/
- Centers for Disease Control and Prevention, Sepsis Basic Information:
www.cdc.gov/sepsis/basic/index.html
- Centers for Disease Control and Prevention, Protect Yourself from Sepsis:
www.cdc.gov/sepsis/pdfs/Consumer_fact-sheet_protect-yourself-from-sepsis-P.pdf
- American College of Allergy, Asthma & Immunology, Anaphylaxis Overview:
www.acaai.org/allergies/anaphylaxis
- Mayo Clinic, Diabetic Coma:
www.mayoclinic.org/diseases-conditions/diabetic-coma/symptoms-causes/syc-20371475

Take immediate action when changes in condition occur



+ Beyond First Aid

Final Activity Resource Guide

Direct Support Professional Resource Guide

- ✓ Reading Doctor's Orders
- ✓ Filling Prescriptions
- ✓ Quality Documentation

The Latin root to the word doctor is “teacher,” - teaching individuals about how to care for their bodies and increase their overall wellness is core to a doctor's role in supporting their patients. A big way they teach and impart necessary information is through doctor orders and discharge plans.

As a caregiver, your ability to read, follow and interpret a doctor's order or discharge plan can be the difference between life and death for the person you support.

There is a general template for doctor's orders and discharge plans. Each template may have a slightly different order but should include the following elements:

Demographics

The Proactive Approach: Ensure this information is accurate and up-to-date. Sometimes demographic information can be out of date or contain incorrect information. This is the first information a healthcare professional will see so it is important that it is accurate.

Primary Diagnosis, allergies, etc.

The Proactive Approach: It is critical that you are aware of the person's allergies and can advocate when allergies are not listed or are listed and the wrong medicine is prescribed. Also check to see if the diagnosis is correct.

Primary language they speak, read and write

The Proactive Approach: Individuals in our programs are diverse, not only in the languages they speak, but also in how they communicate. If they use adapted sign language or American Sign Language, list that as well other communication needs.

Family member/emergency contact information

The Proactive Approach: List the correct person(s) is.

Medications

List meds currently being taken and newly- prescribed medication. Also, document special instructions, how long the medication should be taken, next refill dates, etc.

The Proactive Approach: Check the list against the MAR and allergy list; sometimes doctors mistakenly prescribe medications the person is allergic to. Alert the doctor right away if there is a mistake.

Diet

List special dietary considerations.

The Proactive Approach: Is this accurate? Are there food allergies that were missed? Are all dietary considerations included with clear instructions in the IISP?

Advanced Directives

The Proactive Approach: Does the individual have a POLST order? Has that been updated? Whenever possible, keep a copy of this so you can give it to healthcare professionals assisting the individual.

Mental status

This can be related to mental health or cognitive concerns (confusion, delirium, etc.).

The Proactive Approach: Does this accurately reflect if the person is confused or have other cognitive or psychological concerns?

History of falls

The Proactive Approach: Alert the medical staff to falls in the last six months, especially any that resulted in an injury. Let them know if the person has had a fall risk assessment and what adaptations were made to the home environment. If an increase in falling is occurring, request a fall risk assessment.

Skin integrity

If an individual has risk factors such as limits to their mobility, healthcare professionals are required to assess for pressure injuries. They will often ask questions and provide treatment, education and/or awareness.

The Proactive Approach: Pressure injuries are dangerous to individuals if they are not monitored and treated. Follow recommendations around skin checks, referrals to treatment or preventative procedures closely.

Assistive/protective devices

Including glasses, cane, walker, etc.

The Proactive Approach: If an individual needs an assistive device but declines to use this (example – walker), make sure the healthcare professional can note this on the order. This would also be a good time to empower the individual you support to advocate for a different assistive device if they are declining to use the one prescribed. You may need to have a “medical device with known health safety risk” plan and/or a refusal plan depending on the device and the individual’s use of it.

Activities of daily living (ADL) status

This notes what personal care needs an individuals has (assistance with dressing, bathing, medication management, etc.).

The Proactive Approach: If the person is having increased difficulty tending to activities of daily living such as dressing, bathing, walking, etc., it should be communicated with the healthcare professional and noted in the order. If ADLs are listed in the doctor’s order, follow that protocol closely and ensure the directions in the IISP are clear.

Special instructions

This is a significant part of the order. There will often be advice about how the person needs to recover (light activities, no weight on knee after surgery for 14 days).

The Proactive Approach: This is a significant part of the order. There will often be advice about how the person needs to recover (light activities, no weight on knee after surgery for 14 days).

Follow-up care

It is often recommended after an ER visit that an individual follow up with their Primary Care Physician. Notes about what to do if symptoms worsen are also included.

The Proactive Approach: Plan for this. Set appointments up as soon as possible, note the action plan around scheduling appointments if it is a weekend, etc.

Additional information

- Pain score
- Last vital signs
- Time of last medication
- Date of last menstruation
- Patient's communication style/device
- Patient preferences for care

Filling prescriptions

Filling prescriptions promptly and correctly is an important part of the follow-up to keep people safe.

If medications are prescribed or discontinued because of the medical visit, the medication change should begin right away.

Get prescriptions filled promptly following a medical visit

- If your regular pharmacy is unable to fill the medication promptly you may need to obtain it from a different pharmacy.
- If the medication will be on-going, ask for two prescriptions; one to fill immediately and one to give to the pharmacy.

Update the Medication Administration Record (MAR) to reflect new / changed prescriptions

For each of the situations below, choose which of the actions you would take (more than one appropriate for many):

- Fill prescription before coming home
- Send prescription to regular pharmacy after returning home
- Update the Medication Administration Record
- Notify supervisor of medication change after returning home
- Notify supervisor prior to leaving health care setting
- Contact regular pharmacy regarding the medication change
- Seek guardian consent before starting medication
- Notify guardian of medication change
- Leave a note in the staff log
- Put prescription in file / box for supervisor
- Ensure the client's regular doctor is notified of the medication change

Situations

- Antibiotics prescribed for an ear infection
- Seizure medication increased
- Psychoactive medication discontinued
- Blood pressure medication increased
- Injectable insulin added to medications

When a healthcare professional makes a change to the client's medication – you need to ensure that the change is implemented timely and accurately. This may involve contacting supervisors, guardians and/or pharmacies.

If the medication change was made by someone other than the person's regular doctor, it is important that doctor be notified of the change to properly manage the client's overall healthcare needs.



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