

Trainer Resource Guide

8. Signs & Symptoms of Illness or Injury



Trainer Guide: SESSION 8

Materials

- LCD projector and computer
- Flash Drive
- Seizure video
- Chart paper
- Colored markers
- Masking tape

Show Slide #1: Signs and Symptoms of Illness or Injury



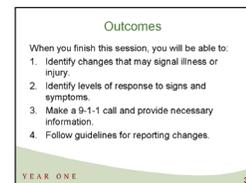
Show Slide #2: Practice and Share, Session 7

- Review the assignment.
- Ask for volunteers who would like to share their experience.
- In the last session, you learned about supporting individuals to maintain good dental and oral health.
- In this session, you will learn about changes you may observe that might tell you of an illness or injury of an individual you are supporting.



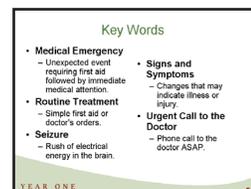
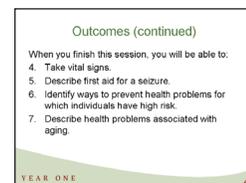
Show Slides #3 and #4: Outcomes

- Review outcomes for the session.



Show Slide #5: Key Words

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.



Student Resource Guide: Session 8

Signs and Symptoms of Illness or Injury

OUTCOMES

When you finish this session, you will be able to:

- Identify changes that may be signs and symptoms of illness or injury.
- Identify the appropriate level of response based on an individual's signs and symptoms.
- Make a 911 call and provide necessary information.
- Follow the guidelines for reporting and documenting changes that may be signs and symptoms of illness or injury.
- Take an individual's vital signs including pulse and temperature.
- Describe how to provide first aid for an individual having a seizure.
- Identify ways to prevent health problems for individuals at risk.
- Describe health problems associated with aging.

KEY WORDS

Key Word	Meaning	In My Own Words
Medical Emergency	An unexpected event, illness or injury calling for first aid followed by immediate medical attention to protect an individual's life or safety.	
Routine Treatment	Giving simple first aid or following doctor's orders in response to signs of injury or illness.	
Seizure	An unusual rush of electrical energy in the brain.	
Signs and Symptoms	Changes observed by the DSP or reported by the individual that may indicate disease, illness, or injury.	
Urgent Call to Doctor	A phone call made as soon as possible to the individual's doctor to report serious signs or symptoms of illness or injury.	

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ACTIVITY: What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

.....
What do you **already know** about recognizing signs and symptoms of illness or injury?

.....
What do you **want to know** about recognizing signs and symptoms of illness or injury?

.....
To be answered at the end of the session, during review:
What **have you learned** about recognizing signs and symptoms of illness or injury?

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Recognizing Changes

Show Slide #6: Recognizing Changes

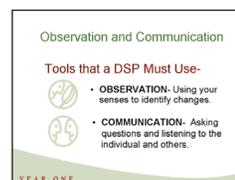
- Sessions 3 and 4 addressed how to mitigate and respond to risks to the health and safety of individuals. This session will focus on identifying signs and symptoms that may help identify illness and injury for early treatment and the prevention of more serious conditions. **Prevention is the number one priority.**
- Early identification of changes in an individual can save his or her life.
- You get to know a person by spending time with him or her and learning what is usual for them.
- If you don't know what is normal for a person, you won't know when something has changed.
- You also need to know a person's health history.
- In Session 7, we learned about places to get information about individuals' health histories. What are those places? *Physician's Report, Health History, and the Individual Program Plan (IPP).*



Observation and Communication

Show Slide #7: Tools that the DSP Must Use

- Define "observation"
 - Using all of your senses: sight, hearing, touch and smell.
 - Review how DSPs might use their senses to recognize change.
- Define "communication"
 - Includes asking questions and listening to answers.
 - Review how DSPs might use communicating to recognize change.
- A good listener attends to words as well as other ways of communicating, including behavior.
- Other ways to collect information about an individual are to:
 - Talk to other staff at shift change and at the individual's day program.
 - Read documentation kept at the facility.
- The individuals you support rely on you to identify changes that may be the signs and symptoms of an illness or injury and to ensure that they receive treatment.



Recognizing Changes

In this session we will talk about how to use the DSP's tools of observation and communication when looking for **signs and symptoms**, or changes that may tell you of an illness or injury. Early identification of an illness or injury can save an individual's life.

As a DSP you get to know an individual by spending time with him or her and learning what is usual for that individual, such as his or her daily routines, behavior, way of communicating,

appearance, usual mood, and physical health. If you know what is normal for an individual, you will know when something has changed or is different.

You also need to know an individual's health history. This will help you to notice a change in his or her health and to decide what to do. You will know if the change is something that has happened before and what was done, and you will have some clues as to what you need to do next.

Observation and Communication

To identify changes and gather information that will help you decide what you should do, you will use your tools of observation and communication.



Observation means using all of your senses: sight, hearing, touch, and smell. You may see a physical change, such as tears, redness or swelling of the skin, or cloudy urine. You may hear noisy breathing, crying, moaning, coughing, or screaming. You may feel hot, moist, or cold skin. You may smell an unusual or unpleasant odor coming from the individual's mouth, body, clothing, or body fluids.



Communication includes asking questions and listening to answers from the individual and others. A good detective asks a lot of questions. For example, if an individual tells you that her stomach hurts, you might ask, "When did it start hurting?" or "Can you show me where it hurts?" If you see an individual holding her stomach, frowning, and crying, you might ask the individual, "Does your stomach hurt?"

If the individual is unable to use words to tell you, your detective skills—observation, and communication—become even more important. The individual in the example above is holding her stomach, frowning, and crying. These behaviors provide clues that something is wrong. A good observer notices both words and other ways of communicating, including behavior.

You may also want to ask others. Talking to other staff who know the individual, reading the documentation kept at your facility, such as the facility log, individual logs, or medication records, are good ways of collecting information.

It may be challenging to detect a change. Many individuals with intellectual/developmental disabilities have difficulty communicating. Some may "tell" you that they are in pain by crying, withdrawing, pointing, or screaming, while others may say, "I hurt," or "My stomach hurts." The clues may not always be so obvious and easy to detect. The individuals you support rely on you to identify changes that may be the signs and symptoms of an illness or injury and to see that they receive appropriate treatment.

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Learning More About Changes

Show Slide #8: ACTIVITY: Observation and Communication

- Read the scenario aloud and pose the questions to the large group.
- Assure that students perceive that there appears to be a change in behavior, manner, or mood.
- Ask the students how they can learn more about what is going on with Rachel. Students may suggest:
 - Look to see if Rachel has any scratches or bruises.
 - Listen to Rachel.
 - Ask Rachel a variety of questions to see if you can find out why she is crying.
 - Ask the staff at Rachel’s school and the bus driver if anything unusual happened.
 - Observe Rachel for any other possible changes.
 - Read the log at the facility to find out what happened in the morning and previous evening.



ACTIVITY: The Good DSP Detective

Show Slide #9: The Good DSP Detective

- Groupings: small groups of no more than four students.
- Read directions aloud and give small groups time to complete the activity.
- Ask for student volunteers to share a change that they noticed and how they identified it.
- Information on identifying changes relates to a session outcome and may appear on the quiz.

Outcome: Identify changes that may be signs and symptoms of illness or injury.



Show Slide #10: What Kind of Changes Should the DSP Look For?

- Refer students to pages S-4 through S-6.
 - There are different types of changes that DSPs may observe
 - Review types and give examples:
 - Daily routine
- Continue on next page



A C T I V I T Y**Observation and Communication**

Directions: *As a class, discuss the scenario below.*

Scenario: Rachel usually comes home from school in a good mood, humming, and happily goes to her room to play with her toys. Today, she came home from school crying and, when offered a favorite toy, ignores it.

- Do you recognize a change? If so, what?
- How else could you find out what is bothering Rachel?

Learning More About Changes

So now you know that you identify changes by using your observation (see, hear, feel, and smell) and communication (listen and question) skills. Let's learn some more about the types of changes you may observe or learn about.

What Kind of Changes Should the DSP Look For?

Remember, changes may be in an individual's daily routine, behavior, way of communicating, appearance, usual mood, and physical health. The following are some examples of changes that you may observe in each of these areas and some questions that may help you think about the reasons for the changes.

Daily routine: an individual refuses to get out of bed; gets up at a different time; sleeps more or less; eats more or less; changes food preferences (starts eating salty foods); changes grooming habits (likes to brush his/her teeth but one day refuses); has new toileting accidents; has trouble feeding and dressing himself/herself.

- You may want to ask, "Is the individual behaving differently than yesterday?" "Why is the individual refusing to eat his/her favorite foods?" "What is causing the individual to have trouble sleeping?"

A C T I V I T Y**The Good DSP Detective**

Directions: *Get into groups of no more than four. Think about a time that you had to use your observation skills to figure out why there was a sudden change in an individual you support. Tell your group about that time:*

- What was the change that you noticed?
- How did you identify it?

Share one example from your group with the class.

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Learning More About Changes (cont.)

Show Slide #10: What Kind of Changes Should the DSP Look For? (cont.)

- Refer students to pages S-4 through S-6.
- There are different types of changes that DSPs may observe
- Review types and give examples:
 - Behavior
 - Ways of Communicating
 - Appearance
 - General manner of mood
 - Physical Health



Show Slide #11: Physical Health

- Review signs and symptoms listed on page S-5 that may indicate illness or injury in different areas of the body.



Behavior: an individual who is usually calm starts hitting and kicking; appears more or less active than usual.

- You may want to ask, “Why is the individual acting aggressively to himself or to others?” “What is the individual trying to tell us with this new behavior?”

Ways of communicating: an individual who usually talks a lot stops talking; speech becomes garbled or unclear.

- You may ask, “Has the individual’s ability to talk or communicate changed like this before?”

Appearance: an individual who is usually very neat in appearance has uncombed hair and is wearing a dirty, wrinkled shirt; changes in color or appearance of skin, (a sudden redness on the hands or an ashy tone and clammy feel to the skin); any changes in weight, up or down.

- You may ask, “Does it seem like the individual has lost interest in things?” “Is the individual taking less care in his or her personal appearance?”

General manner or mood: Someone who is usually very talkative and friendly becomes quiet and unfriendly; an individual who usually spends time with others suddenly withdraws and wants to be alone.

- You may ask, “Why has the individual’s mood changed?” “Does the individual want to be alone all the time or at a specific time?”

Physical Health

Changes in physical health often involve a particular part of the body. Some are changes you may observe, and others are changes an individual may tell you about. For example, you may observe that an individual is pulling his/her ear or an individual may tell you that it hurts.

- You may want to ask, “Is there any apparent change to the individual’s skin, eyes, ears, nose, or any other part of the body?”

Some physical changes to pay attention to include:

- **Skin:** Bleeding, swelling, spots or bumps, changes of skin color (blue, gray, red). The individual may scratch or rub their skin.
- **Eyes:** Redness, yellow or green drainage, swelling of the eyelid, excessive tearing. The individual may say that their eyes burn or hurt; they may rub their eyes.
- **Ears:** Redness, fever, drainage from the ear. The individual may say they are dizzy or their ear hurts. They may hear ringing in their ears.
- **Nose:** Clear, cloudy, colored fluid running from the nose. The individual may rub the nose.
- **Mouth and throat:** Redness or white patches at the back of the throat, hoarse voice, fever or skin rash around mouth, facial or gum swelling, gum bleeding. Individual may say they have pain in a tooth or when swallowing or they may refuse to eat.
- **Muscles and bones:** Inability or difficulty moving a leg or an arm that the individual could previously move, stiffness, swelling. Individual may say they have pain in the arms, legs, back.
- **Breathing (lungs):** Cough, phlegm or mucous (fluid) in the lungs, shortness of breath, wheezing, stuffy nose. Individual may say they have pain in nose or chest, dizziness.
- **Heart and blood vessels:** Cold or blue hands or feet, swelling of ankles. Individual may say they have chest pain or shortness of breath or that their hands or feet are numb.

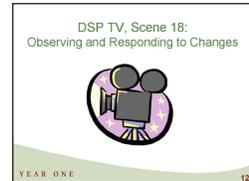
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Learning More About Changes (cont.)

- Review:
 - Change is anything that is different about an individual's daily routine, behavior, way of communicating, appearance, general manner or mood and physical health.
 - The DSP must know what "normal" is for the individual.
 - Identify changes by using your observation and communication skills.
 - The people you support rely upon you to identify changes and to respond to those changes appropriately.

Show Slide #12: DSP TV, Scene 18: Observing and Responding to Changes

- Click on the icon to show the video.
- Discuss and answer questions at end of Scene 18.



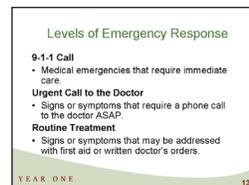
Answers

- What signs and symptoms did you observe? **Bestamor was breathing heavily, clutching her chest and moaning in apparent pain.**
- Did the DSP respond appropriately? **No. The DSP did not use observation to notice the signs and symptoms, and did not use communication to listen to Bestamor and ask her questions about how she feels. The DSP put off taking action until it may have been too late for Bestamor.**
- What are possible consequences of the DSP's actions? **Bestamor could sustain serious physical damage or even die.**

Assessing What To Do When You Learn About A Change

Show Slide #13: Levels of Emergency Response

- Many changes the DSP observes in an individual require the DSP to take action.
- After the DSP has identified a change he or she must assess whether the change is a potential sign or symptom of illness or injury and decide the appropriate level of response required.
- **Show Levels of Emergency Response**
- Review:
 - 911 call
 - Urgent call to a doctor
 - Routine treatment



911 Call

- A 911 call involves medical emergencies that require immediate attention.
- Read the bolded statement at the bottom of page S-6 aloud and ensure that students understand.
- This information relates to a session outcome and may appear on the quiz.
Outcome: Make a 911 call and provide necessary information.

Learning More About Changes (cont.)

- **Abdomen, bowel, and bladder (stomach, intestines, liver, gallbladder, pancreas, urinary tract):** Swollen, hard stomach; vomiting; loose bowel movement or diarrhea; constipation; blood in vomit or bowel movement; fruity smelling breath or urine; difficult, painful and/or burning urination; changes in urine color (clear to cloudy or light to dark yellow). Individual may say they have pain on one or both sides of the mid-back or stomach; chills or a fever.
- **Women’s reproductive organs:** Vaginal discharge, itching, unusual odor, burning, changes in menstrual cycle, such as how often a period occurs, how long it lasts, and how heavy the flow of blood is.
- **Men’s reproductive organs:** Discharge from penis, pain, itching, redness, increased frequency of urination, difficulty urinating, burning.
To review, a change is anything that is different about an individual’s daily routine, behavior, way of communicating, appearance, usual mood, and physical health. In order to recognize a change, you must first know the individual and what is “normal” for that individual. You identify changes by using your observation and communication skills. The individuals you support rely upon you to identify changes and to respond to those changes appropriately.

Assessing What to Do When You Learn About a Change



Many changes in an individual’s daily routine, behavior, way of communicating, appearance, mood, and/or physical health, require the DSP to take action. The following information will help you to assess, or think about and decide, the appropriate action in each situation.

After you have identified a change, you must decide whether the change is a potential sign or symptom of illness or injury. Making the right decision involves thinking about the information that you have and making a judgment. Knowledge of the person and his or her health history, including current medications and doctor’s orders, are essential.

Different signs and symptoms of illness or injury will require different levels of response, including:

Levels of Emergency Response:

- **911 Call:** Medical emergencies that require immediate medical attention.
- **Urgent Call to Doctor:** Serious signs or symptoms that require a phone call to the individual’s doctor as soon as possible.
- **Routine Treatment:** Signs or symptoms that are addressed by simple First Aid or written doctor’s orders.

911 Call

A 911 call involves a **medical emergency** that requires immediate medical attention.

If you think you need to call 911, do it! Don’t call someone to ask if you should. If you have any question in your mind, make the call. Quick action in recognizing signs and symptoms that require emergency medical treatment can be the difference between life and death.

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Assessing What To Do When You Learn About A Change (cont.)

Show Slide #14: Always Call 911 If an Individual...

- Review the times it is necessary to call 911.
- If an individual appears to have been poisoned, call Poison Control first and then call 911.



Show Slide #15: When you call 911, tell them...

- Review what to tell the 911 dispatcher when you call:
 - Who you are
 - Where you are
 - What has happened
 - When it happened



Show Slide #16: Urgent Call to a Doctor

- Review.



Always call 911 if an individual:

- Has bleeding that can't be controlled
- Is or becomes unconscious (not related to a seizure, seizures will be explained later in this session)
- Has no pulse
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Has severe injuries such as broken bones as a result of an accident
- Is choking (not breathing and not coughing)
- Has injuries to the head, neck, or back
- Has gone into shock (a life-threatening condition where the body doesn't have enough blood flow)
- Has a seizure lasting five minutes or has continuous seizures
- Has suffered electrical shock
- Is drowning or near drowning
- Experiences paralysis (the inability to move all or part of the body), numbness, confusion
- Suffers severe burns (burns that cover more than one part of the body or on head, neck, hands, feet, or genitals)
-

If an individual appears to have been poisoned, first call the Poison Control Center at 1-800-222-1222 to get advice and then call 911.

When you call 911, tell them:

- Who you are
- Where you are
- What has happened
- When it happened

Stay on the phone until the 911 dispatcher tells you to hang up.

While waiting for medical help to arrive, stay calm and help the individual stay calm, stay with him or her, and do necessary first aid and/or CPR. If possible, send another person to watch for and guide the emergency personnel

to the scene. When the emergency personnel arrive, provide them with additional information including all medications, allergies, insurance information, and the name and phone number of the individual's primary doctor, that is, the doctor who usually provides care for this individual. It is a good idea to also call the primary doctor as soon as you can.

Urgent Call to Doctor

An **urgent call to a doctor** is needed when serious signs or symptoms require a report be made to the individual's doctor as soon as possible.

Some signs and symptoms indicate a need for immediate medical care. In these situations, the DSP should call the individual's doctor and report the signs and symptoms so that the doctor can assess the person's condition and decide what should be done next. While the person's life may not be in immediate danger, the signs and symptoms listed below are serious, and the DSP must report them to the individual's doctor as soon as they are identified. The following are examples of changes that may be signs and symptoms of illness or injury and that require an urgent call to the doctor:

- Rapid change in behavior or an increase in challenging behavior such as aggression or self-injurious behavior
- Sleeping most of the day; unusual difficulty in waking; being unusually tired
- Scratching or holding one or both ears
- Holding abdomen, or stomach area
- Noticeable change in facial expression or behavior
- Evidence of pain or discomfort that is not easily explained
- New or sudden incontinence (inability to control urination)

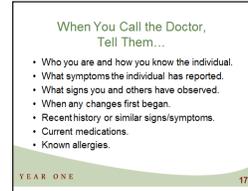
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Assessing What To Do When You Learn About A Change (cont.)

Urgent Call to a Doctor (cont.)

Show Slide #17: When you call the doctor, tell them...

- Review what to tell the doctor when you call:
 - What symptoms the individual has reported to you.
 - What signs you have observed.
 - What signs others have observed.
 - When the change first began or was noticed.
 - Any recent history of similar signs and symptoms.
 - Current medications.
 - Known allergies.
- Always report these changes to the doctor as soon as possible.
- If you think the doctor did not understand how serious the situation is, or if it gets worse, call 911.



ACTIVITY: Who Do I Call?

Show Slide #18: ACTIVITY: Who do I call?

- Groupings: individual, pairs, small group, large group.
- Read directions aloud and instruct students to write the information in the spaces provided.
- Ask for volunteers to share what they wrote.
- This activity relates to a session outcome.

Outcome: Identify the appropriate level of response.



Assessing What to Do When You Learn About a Change (cont.)

- Fever of 101 degrees or higher
- Diarrhea or vomiting lasting more than four hours
- Rash lasting several days or getting worse
- Increase in seizure activity
- Sudden limping, inability to walk, or difficulty in movement of any body part
- Severe sore throat/difficulty swallowing
- Infection of an injury such as a cut.
- Swelling
- Monitor temperature below 101 degrees

When you call the doctor, tell them:

- Who you are and how you know their patient
- What symptoms the individual has reported to you
- What signs you have observed
- What signs others have observed
- When the change first began or was noticed
- Any recent history of similar signs and symptoms
- Current medications
- Known allergies

Always report these changes to the doctor as soon as possible. *When in doubt, call the doctor.* When you call the doctor, stay on the phone until you get assistance. If you think the doctor did not understand how serious the situation is, or if the individual gets worse, call 911. Your actions can save a life.

ACTIVITY

Who Do I Call?

Directions: *Using the following scenario, decide whom you would call and what you would say.*

You are in the kitchen cooking lunch. You have your back to Margaret. Margaret says that she is going into the family room to watch TV. You hear her fall and start to scream. You immediately run to her side. You find her lying on the floor in the family room, clutching her leg, and screaming. Margaret is unable to get up from the floor.

- **Who would you call:** _____
- **Who you are:** _____
- **Where you are:** _____
- **What has happened:** _____
- **When it happened:** _____
- **What you see:** _____

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Assessing What To Do When You Learn About A Change (cont.)

Routine Treatment

- Signs and symptoms that can be addressed by simple First Aid or written doctor's orders are considered routine and can be treated in the home. For example, *a minor scratch on the finger may be treated in the home.*
- DSPs must be familiar with the individual, his or her health history, medications, and any written doctor's orders before deciding what to do.

Assessing What to Do When You Learn About a Change (cont.)

Routine Treatment

Signs or symptoms that may be addressed with simple First Aid or for which there are written doctor's orders are considered to be **routine treatment** and can be treated in the home. For example, a DSP may provide minor First Aid in the home for a small scratch on the finger. Some symptoms reported by

the individual, such as a headache or swelling of the ankles, may be treated in the home if there are written doctor's orders that specify what to do. The DSP must be familiar with the individual, his or her health history, medications, and any written doctors' orders before deciding what to do.

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ACTIVITY: What Would You Do?

Show Slide #19: ACTIVITY: What Would You Do?

- Groupings: individual, pairs, small group, large group.
- Read directions aloud.
- Review answers with large group.

Answers:

- Onset of fever of 101 degrees or higher: **Urgent Doctor Call**
- New or sudden onset of incontinence: **Urgent Doctor Call**
- Rash lasting several days or getting worse: **Urgent Doctor Call**
- Bleeding that cannot be controlled: **911**
- Severe sore throat/difficulty swallowing: **Urgent Doctor Call**
- Infection at injury site: **Urgent Doctor Call**
- Sleeping most of the day; unusual difficulty in arousing; unusual fatigue: **Urgent Doctor Call**
- Scratching/holding one or both ears: **Urgent Doctor Call**
- Holding abdomen: **Urgent Doctor Call**
- Diarrhea or vomiting lasting more than four hours: **Urgent Doctor Call**
- Has a seizure lasting 5 minutes or continuous seizures, paralysis, numbness, confusion: **911**
- Sudden inability to move, numbness, confusion: **911**
- Onset of limping, inability to walk, or difficulty in movement: **Urgent Doctor Call**
- Mosquito bite: **Routine Treatment**
- Has trouble breathing or is breathing in a strange way: **911**
- Visible swelling with doctor's orders to elevate leg: **Routine Treatment**
- Minor cut: **Routine Treatment**
- Is or becomes unconscious not related to seizure: **911**
- Has no pulse: **911**
- Any evidence of pain or discomfort: **Urgent Doctor Call**
- Has chest pain or pressure: **911**
- Severe injuries as a result of accidents such as broken bones: **911**
- Choking (not breathing and not coughing): **911**
- Has injuries to the head, neck, or back: **911**
- Has gone into shock: **911**



ACTIVITY

What Would You Do?

Directions: For each sign or symptom listed in the left column, decide if you should respond by calling 911, placing an urgent call to the doctor, or providing routine treatment at home. Check the appropriate box on the right columns.

Sign or Symptom	Your Response		
	911	Urgent Doctor Call	Routine Treatment
Fever of 101 degrees or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New or sudden incontinence (inability to control urination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash lasting several days or getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding that can't be controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe sore throat/difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection of an injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping most of the day; unusual difficulty in waking; unusually tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scratching/holding one or both ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding abdomen (or stomach area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea or vomiting lasting more than four hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A seizure lasting five minutes or continuous seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden inability to move, numbness, confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden limping, inability to walk, or difficulty in movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquito bite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble breathing or is breathing in a strange way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible swelling with doctor's order to elevate the leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is or becomes unconscious not related to a seizure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No pulse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any evidence of pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe injuries as a result of an accident, such as broken bones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choking (not breathing and not coughing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries to the head, neck, or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has gone into shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trainer Guide: SESSION 8

Measuring Vital Signs

Show Slide #20: Vital Signs: Temperature and Pulse

- The four vital signs are the person's temperature, pulse, respiration, and blood pressure.

Temperature

- Temperature is the amount of heat in one's body and is normally 98.6
- To take a person's temperature with a digital oral thermometer:
 - Use a plastic slip to cover the thermometer.
 - Press the button to set the thermometer.
 - Place the thermometer under the tongue, with mouth closed (breathing through the nose) for several minutes.
 - Take the thermometer out of the person's mouth to read when the temperature indicator lights.
- If a person is unable to keep the thermometer under the tongue, take their temperature under their armpit, waiting five minutes.
- Do not take a temperature by mouth for an individual who has a history of seizures, breathes through mouth, has just had oral surgery, or is unconscious.

Pulse

- The pulse is the beat of the heart felt at an artery.
- The easiest and most common place to take a pulse (heart beats per minute) is on the inside of the thumb side of the wrist, using your first two fingers pressed against the skin (not your thumb). Count the number of beats over a 15 second period and multiply by four.

Show Slide #21: Activity: Taking a Pulse

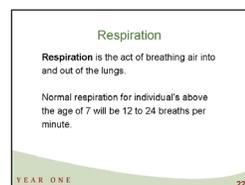
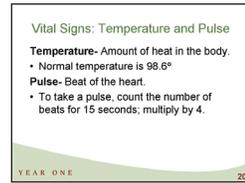
- Groupings: pairs.
- Instruct students to get into pairs and practice taking each other's pulse and to compare their readings with other pairs.
- Ensure that students know to count the pulse and watch the clock at the same time.
- This activity relates to a session outcome.

Outcome: Take an individual's vital signs, including pulse and temperature.

Respiration

Show Slide #22: Respiration

- Define "respiration."
 - The act of breathing air into the lungs and out of the lungs.
- One respiration is an inhale (taking breath into the lungs) and an exhale (letting the breath out).



Measuring Vital Signs

You may be called upon to take an individual's vital signs. The four vital signs are the individual's temperature, pulse, respiration, and blood pressure. Temperature and pulse are vital signs that you will most commonly use as a DSP.

Temperature

Temperature is the amount of heat in the body. Normal temperature is 98.6 degrees F. Anything within one degree lower or higher (97.6 to 99.6) is considered normal.

There are various ways of taking a person's temperature. Determine which method is preferred by the individual you are supporting:

- 1) Digital - mouth, ear or armpit
- 2) Temperature sensitive "tongue strips"

Digital thermometers are easy to read and hard to break. To take an individual's temperature by mouth using a digital thermometer:

- Use a plastic slip to cover the thermometer.
- Press the button to set the thermometer.
- Place the thermometer under the individual's tongue; have individual close their mouth (breathing through the nose), for several minutes.
- Take the thermometer out of the individual's mouth; read the temperature when the indicator lights.

If the individual is unable to keep the thermometer under their tongue, you may take a temperature under the armpit (with tip of the thermometer against dry skin and held in place by the arm), waiting five minutes (not four). Exercise raises an individual's temperature, so temperature should be taken at rest.

Do not take a temperature by mouth for an individual who has a history of seizures, breathes through his or her mouth, has just had oral surgery, or is unconscious.

Pulse

Arteries carry blood from the heart to all parts of the body. A pulse is the beat of the heart felt at an artery as a wave of blood passes through the artery. You can feel a pulse every time the heart beats. The easiest and most common place to take a pulse is on the inside of the thumb side of the wrist, using the first two fingers pressed against the skin. Count the number of beats over a 15-second period and multiply by four—this will provide a pulse reading (beats per minute). Repeat the process to check to see if the result is the same. Don't use your thumb because you could end up "counting" your own heart beats when you feel your pulse through your thumb. A normal pulse will be about 70 beats per minute. Anything from 50 to 90 is within normal range for an adult.

Taking a pulse:

- Inside thumb side of wrist.
- Use first two fingers pressed against the skin.
- Count the number of beats over a 15-second period and multiply by four.

Respiration

Respiration is the act of breathing air into and out of the lungs. When counting respiration, pay close attention not only to the breathing rate, but also to wheezing, other sounds, and ease or difficulty breathing.

Trainer Guide: SESSION 8

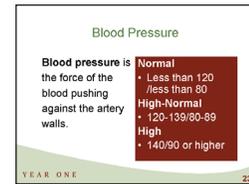
Measuring Vital Signs (cont.)

Respiration (cont.)

- Normal respiration for individual's above the age of 7 will be 12 to 24 breaths per minute.

Show Slide #23: Blood Pressure

- Define “blood pressure.”
 - The amount of force pushing against the walls of an artery by the blood.
- Review what is considered normal, high-normal, and high for adults over 18.
 - Normal – Below 120/80
 - High-Normal – 120-139/80-89
 - High – 140/90 or higher
- The first number is called the Systolic measure.
- The second number is the Diastolic measure.
- Blood pressure is affected by:
 - Time of day
 - Emotions
 - Weight
 - Activity
 - Excess sodium (salt) intake
 - Excess alcohol consumption



Measuring Vital Signs (cont.)

Respiration is best counted without telling the individual what you are doing. If the individual knows you are counting her breath, it may change how she breathes. Count the rise or the fall of the chest for one minute. One respiration is an inhale and an exhale. Remember respiration is an inhale and exhale. Normal respiration rate is 12 to 24 breaths per minute for individuals above the age of 7.

Blood Pressure

Blood pressure is the force or push of the blood against the walls of an artery. A blood pressure device measures blood pressure by tightening a band on the arm (or leg) and then detecting when blood begins to flow again through the arteries in that arm (or leg). The measure of blood pressure is shown using two numbers separated by a slash mark, like this: 120/80. The first number is the systolic measure, where the device used to measure pressure shows blood flowing through the tightened blood vessels. The lower number is the diastolic measure that records when the blood is no longer heard. Blood pressure for adults 18 years of age and older falls in the following categories:

- *Normal:* Less than 120/less than 80
- *High-normal:* 120–139/80–89—pre-hypertension (high blood pressure)
- *High:* 140/90 or higher—hypertension*

Blood pressure is affected by time of day (low at night; peak about eight hours after awakening); emotions (stress increases blood pressure); weight (obesity typically increases blood pressure); activity level; excess sodium (salt) intake; excess alcohol consumption; and use of certain drugs, including birth control pills, steroids, decongestants, and anti-inflammatory medications.

High blood pressure (hypertension) is often called a “silent killer” because symptoms of any kind are rare. If untreated, high blood pressure can harden arteries and result in serious heart problems. If high blood pressure is suspected or has been diagnosed, the doctor may ask the DSP to monitor the individual’s blood pressure. This means the blood pressure should be measured with the same device, at the same time of day, on the same arm (or leg), and with the individual in the same position (for example, sitting up) over a period of time. Anything that might have affected the blood pressure, such as exercise (for example, the individual came in 10 minutes after riding a bike) should be noted. In these situations, the DSP will follow the doctors instructions for taking blood pressure and documenting blood pressure readings.

*Source: American Heart Association, Inc., 2012, <http://www.heart.org/HEARTORG/>

Trainer Guide: SESSION 8

Reporting and Documenting Changes

- All types of changes must be reported and documented in some way.
- Review reporting and/or documentation requirements for medical emergencies, calls to the doctor, and treatments provided.
- Remind students that Special Incident Reporting was covered in Session 3.
- Sometimes the DSP will simply document a change he or she has identified. This is important because many changes occur slowly over time and will only be identified if DSP's consistently document and share observations.
- Signs or symptoms of changes reported to others (doctors, dentists, the regional center service coordinator) must also be documented.
- Signs or symptoms may be an indication of possible abuse or neglect which you are mandated to report to the appropriate protective service agency as was discussed in Session 3.

Show Slide #24: Reporting and Documenting Changes

- Review documentation guidelines presented as bulleted statements on page S-13.
- This information relates to a session outcome and may be covered on the quiz.

Outcome: Follow the guidelines for reporting and documenting changes that may be signs and symptoms of illness or injury.





Reporting and Documenting Changes



Regardless of what action you, as the DSP take, you **must report** (tell it) **and document** (write about it) in some way.

- Medical emergencies must be (1) documented in the individual's record and (2) reported to the regional center, Community Care Licensing and other protective services agencies.
- Urgent calls to the doctor must be (1) documented in the individual's record and (2) may require a special incident report.
- Routine treatment provided in accordance with a written doctor's order or simple first aid must be (1) documented in the individual's record and (2) completed in accordance with a written doctor's order.

Sometimes the correct response is simply to document the change that you have identified. This is important as, over time, you and other DSPs may identify a pattern or trend 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 DSPs consistently document and share observations.

You may be reporting changes (or signs and symptoms) to a number of different people, including a doctor, dentist, regional center service coordinator, behavior specialist, and your administrator. All of these contacts must be documented. Also, remember that signs and symptoms may be an indication of possible abuse or neglect that you are mandated to report to the appropriate protective service agency.

Always report and document changes as soon as possible. Some types of documentation, such as special incident reporting, have regulatory and statutory time-lines that must be followed. For example, special incidents must be reported by phone to the regional center within 24 hours and in writing within 48 hours.



Here are some guidelines to add to your DSP toolbox and to use when reporting and documenting changes that may be signs or symptoms of illness or injury:

- Write down what the individual said or did to communicate the change. For example, Bill said, "My stomach hurts," or "Fred walked up to me and pointed to his stomach, frowning and moaning."
- Do not try to make a diagnosis. The DSP is not a health care professional. Describe identified changes only.
- Do not document your personal opinion; for example, "Bill said his arm hurt, but I don't think there is anything really wrong."
- Be specific when reporting and documenting observed changes. For example, "I heard Jane screaming. She was sitting on the couch in the living room. The screaming lasted for about two minutes."
- When reporting and documenting answers to questions, report and document both the question and the response. For example, "Bill told me 'my stomach hurts.' I asked him, 'how long has it hurt?' Bill said, 'Since breakfast, and it really hurts bad.'" In the case where an individual does not verbally respond, the DSP should report and document the individual's response; for example, "I heard Jane screaming. When I asked Jane, 'What's wrong?' she put her hands on her head and began rocking."

Trainer Guide: SESSION 8

ACTIVITY - Signs and Symptoms

Show Slide #25: ACTIVITY: Signs and Symptoms

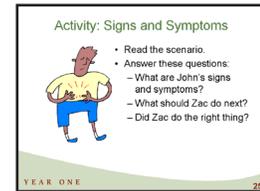
- Groupings: individual, pairs, small groups, large group.
- Read the directions aloud and remind the students to use the guidelines discussed on page S-14 when documenting the changes.
- Review answers with the large group.

Answers:

- What are John's signs and symptoms? **John complained of chest pain and pressure, only ate part of his lunch, had a pale complexion, was sweating, and was short of breath.**

Note to instructor: If the students answer "heart attack," this is an opportunity to remind them that they are not to diagnose, but to identify changes by observing and communicating.

- What should Zac do next? **Call 911 immediately.**
- In this scenario, did Zac do the right thing? **No. Zac should have called 911 immediately when John first complained of chest pain.**



A C T I V I T Y**Signs and Symptoms**

Directions: *Read the following scenario and answer the questions.*

John, 57, complained of chest pain to Zac, the DSP on shift. Zac advised John to “take it easy.” To be safe, Zac observed him more closely than usual throughout the morning. He also looked at John’s record and saw that he had a history of obesity and high cholesterol. He had been to the doctor three times in the last six months for “aches and pains,” and no problems were found.

After John had eaten only part of his lunch, he again complained of pain and pressure in his chest. John went to watch TV in the living room. Zac went with him to make sure he was okay. After about 15 minutes, Zac observed that John was pale, sweating, and short of breath.

.....

What are John’s signs and symptoms?

.....

What should Zac do next?

.....

In this scenario, did Zac do the right thing?

Trainer Guide: SESSION 8

Managing Chronic Health Care Conditions

Show Slide #26: Managing Chronic Health Care Conditions

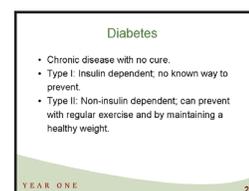
- The best possible support DSPs can provide to individuals with chronic health conditions is to talk to their administrator, the individual's doctor, and planning team, and review the individual's health records.
- "Protocols" or health care guidelines for most chronic health conditions requiring specialized care can be obtained from regional center nurses.



Diabetes

Show Slide #27: Diabetes

- Diabetes is a chronic disease with no cure. People with diabetes need to manage their disease to stay healthy.
- Review the two types of diabetes.
 - Type I: No known way to prevent. Must inject insulin every day.
 - Type II: Preventable. Can control blood sugar through weight control, regular exercise, and a sensible diet.
- Type II diabetes can be prevented with regular exercise and maintaining a healthy body weight.



Show Slide #28: Who Is At Risk for Diabetes

- Review risk factors.
 - Overweight, don't exercise and over age 40.
 - Family history of diabetes.
 - African-American, Latino, Asian American, Pacific Islander, and Native American.



Show Slide #29: Common Symptoms of Diabetes

- Review



Managing Chronic Health Care Conditions

In this section you will learn guidelines for supporting individuals with certain long lasting, or chronic, health conditions. Since this curriculum is designed for *all* DSPs, it is impossible to review proper care and management guidelines for all the chronic health conditions that DSPs may see in the individuals they support. DSPs are encouraged to talk to their administrator, the individual's doctor, and the service

coordinator, and review health records to learn how to provide the best possible support to individuals with any chronic health conditions. The regional center nurse may also be helpful and should have health care guidelines, called *protocols*, for most chronic health conditions requiring specialized care. Each individual is unique, and care plans can be very different for individuals with the same chronic health condition.

Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Diabetes occurs when:

- The body does not produce any insulin (Type I diabetes), or
- The body produces very little insulin (Type II diabetes).

Diabetes is a chronic disease with no cure. Individuals with diabetes need to take medication and monitor their disease to stay healthy.

Type I diabetes, or insulin dependent diabetes, is usually diagnosed in childhood or adolescence but can develop at any age. People with Type I diabetes must monitor their blood sugar (also known as glucose) levels and inject insulin every day. There is no known way to prevent Type I diabetes.

Type II diabetes, or non-insulin dependent diabetes, is the most common form of diabetes. People with Type II diabetes can often control their blood sugar through weight loss, exercise, and careful meal planning. Some may need insulin injections or oral medication to lower blood sugar.

Prevention of Type II Diabetes

Factors such as age, family history and ethnicity cannot be changed. However, a lifestyle that includes a healthy diet, regular exercise, maintaining and monitoring a healthy body weight, and yearly physical exams can reduce the risk of Type II Diabetes.

Who Is at Risk

- People who are overweight, don't exercise, and are over the age of 40.
- People with a family history of diabetes.
- African-Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders.

Common Symptoms of Diabetes

The symptoms of diabetes often seem harmless and may be mistaken for symptoms of other illnesses. The DSP should observe the individual carefully and report these symptoms to the doctor. Diabetes can be diagnosed with a simple blood glucose test. The DSP should observe all individuals carefully and report the following symptoms to the doctor:

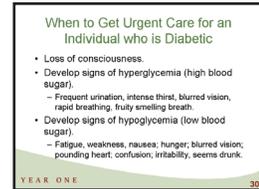
- Excessive thirst
- Frequent urination
- Extreme hunger

Trainer Guide: SESSION 8

Diabetes (cont.)

Show Slide #30: When to Get Urgent Care for an Individual Who Is Diabetic

- Review using the bullets on page S-16.



Diabetes (cont.)

- Unexplained weight loss
- Increased fatigue
- Itchy skin
- Yeast infections
- Slow-healing wounds
- Dry mouth
- Blurred vision
- Irritability
- Leg pain

Problems that May Come with Diabetes

Hyperglycemia and hypoglycemia may happen to individuals who have diabetes. Hyperglycemia means ‘high blood glucose’ (a high level of sugar in the blood); hypoglycemia means ‘low blood glucose’ (a low level of sugar in the blood). If hyperglycemia is not treated, a diabetic coma could occur.

Signs and symptoms of hyperglycemia include:

- High levels of sugar in the urine
- Frequent urination
- Increased thirst
- High blood glucose

Individuals with diabetes must check their blood glucose often. The individual’s doctor will tell them how often they should check and what their blood glucose levels should be. The DSP should check the individual’s medical profile and talk to the individual’s doctor to find the safest way to lower the individual’s blood glucose level. The doctor may recommend exercise, changes in diet, or changes to the amount or timing of medication. Diabetic coma is life-threatening and needs immediate treatment.

When to Get Urgent Care for an Individual who is Diabetic

Get urgent care if an individual with diabetes:

- Loses consciousness.
- Shows signs of high blood sugar:
 - Frequent urination
 - Intense thirst
 - Blurred vision
 - Rapid breathing
 - Fruity smelling breath
- Shows signs of low blood sugar that continue after the person has eaten something containing sugar:
 - Fatigue
 - Weakness
 - Nausea
 - Hunger
 - Double or blurred vision
 - Pounding heart
 - Confusion
 - Irritability
 - Appearance of drunkenness

Preventing Problems

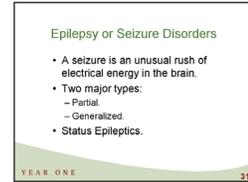
Once again, **Prevention is the #1 Priority**: To prevent hyperglycemia and hypoglycemia, support individuals with diabetes to practice good diabetes care. The idea is to watch for and treat problems early -- before they can get worse.

Trainer Guide: SESSION 8

Epilepsy or Seizure Disorders

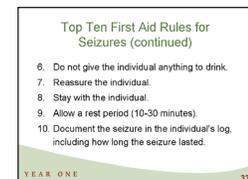
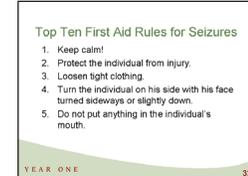
Show Slide #31: Epilepsy or Seizure Disorders

- A seizure is an unusual rush of electrical energy in the brain.
- There are two major categories of seizures:
 - Partial: occurs locally (in a specific part) in the brain. Used to be called petit mal seizures.
 - Generalized: encompasses the entire brain. Used to be called grand mal seizures.
- Status Epilepticus is repetitive tonic-clonic convulsions (without recovery) or a single, prolonged seizure. This type of seizure can be life threatening.
- When a seizure occurs, observe the event carefully and document what occurred, including how long the person was unconscious.
- If it is the individual's first seizure, and it lasts for five minutes or more, call 911.
- If a person has a history of seizures, consult with his or her neurologist.



Show Slides #32 and #33: Top 10 First Aid Rules for Seizures

- Review.



Epilepsy or Seizure Disorders

Of the over 278,000 people currently being served by regional centers, about 16 percent are identified as having epilepsy.

Epilepsy is a medical condition that produces seizures. A **seizure** is an unusual rush of electrical energy in the brain. There are two major types of seizures, partial and generalized, referring to the part of the brain where the seizure happens. If a seizure begins locally in the brain, it is partial. If a seizure happens to the entire brain, it is generalized. Knowing general types of seizures is important for the physician to choose the right medication to prescribe.

Status Epilepticus coming from either a partial or generalized seizure can be life threatening. It is defined as either repetitive seizures or a single, prolonged seizure. Brain damage can occur after about 20 minutes of continuous seizure activity.

When a seizure occurs, observe carefully and document what happened, including how long the person was unconscious (if loss of consciousness occurred). The DSP's documentation of a seizure is critical to the individual's doctor, especially if there is something new to report. Details are helpful in making a proper diagnosis and choosing a treatment, for example, a particular medication or class of medications.

If it is the individual's first (known) seizure, the DSP should place an urgent call to the doctor. If a seizure lasts for five minutes or more, call 911.

The individual's doctor may want to examine spinal fluid to rule out infection or do other tests. If a person has a history of seizures, the doctor may consult with a neurologist. The doctor may prescribe an "as needed" medication for repetitive seizures on a given day or ongoing medication for seizure control. Remember to check the individual for any signs or symptoms of injury; document any injuries that may have occurred during the seizure.

Top 10 First Aid Rules for Seizures

1. Keep calm! The individual is usually not suffering or in danger.
2. Protect the individual from injury by clearing the area of hard or sharp objects. Prevention is the number one priority!
3. Loosen tight clothing. Do not restrain movements.
4. Turn the individual on his/her side with his/her face turned gently sideways or slightly down.
5. Do not put anything into the individual's mouth.
6. Do not give the individual anything to drink.
7. Reassure the individual.
8. Stay with the individual until consciousness returns and confusion goes away.
9. Allow a rest period (10–30 minutes for most people).
10. Document the seizure in the individual's log. Include the amount of time the seizure lasted.

Trainer Guide: SESSION 8

ACTIVITY: Understand Seizures and Seizure First Aid

Show Slide #34: ACTIVITY: Understand Seizures and Seizure First Aid

- Groupings: individual, pairs, small groups, large groups.
- Inform them that a video will be shown and that following the video, they are to answer the questions about the information in the video.
- Click on the icon to show the Seizure video.
- Allow students time to answer the questions and discuss the answers in class.
- Information discussed in this activity relates to a session outcome and may be covered on the quiz.

Outcome: Describe how to provide first aid for an individual having a seizure.

- Note to Trainer: This video is fairly new to the DSPT curriculum. It does not directly address question #3. Discuss the answer with the students, clarifying that first aid is essentially the same: Stay calm, reassure the individual, make sure they are safe from harm, and stay with them until they recover.

Answers:

1. When a seizure occurs, what is happening inside the person's brain? **A part or all of the brain is experiencing a surge in electrical energy.**
2. To assist a person having a generalized seizure, what should you do? Not do? Why? **Keep calm and reassure the individual. If the individual is falling, ease him or her to the ground. Protect the individual's head by removing objects and putting something soft under his or her head. Turn the individual on his or her side, if possible, to avoid choking on saliva or prevent the tongue from blocking his or her airway. Do not restrain the individual's movements and do not put anything in his or her mouth.**
3. To assist a person having a partial seizure that doesn't generalize, what should you do? Not do? Why? **Keep calm and reassure the individual. Minimize physical interaction with the individual. Head off any danger (for example, walking into traffic). Stay with the individual until he or she recovers.**
4. Under what circumstances would it be appropriate to seek medical care right away? **If it is the first seizure and/or the person is unconscious for 5 minutes or longer and/or the seizure is the result of injury.**



A C T I V I T Y**Understand Seizures and Seizure First Aid**

Directions: Answer the following questions about the information in the video.

1. When a seizure occurs, what is happening inside the individual's brain?
2. To assist an individual having a generalized seizure, what should you do? Not do? Why?
3. To assist an individual having a partial seizure that doesn't generalize, what should you do? Not do? Why?
4. Under what circumstances is it appropriate to seek medical care right away?

This video about seizures (You Can Do This: Seizure First Aid) is used with the generous permission of its producers: Finding a Cure for Epilepsy and Seizures (faces) at New York University Medical Center. For more information, visit their Website at <http://faces.med.nyu.edu>.

Trainer Guide: SESSION 8

High Risk Health Problems

Show Slide #35: High Risk Health Problems

- People with developmental disabilities have a higher risk of serious health problems such as skin breakdown, constipation, choking, sun and heat-related illness, and the early onset of age-related health conditions.
- DSPs need to know what preventative actions to take and to identify changes that may be signs and symptoms of these conditions.
- This information relates to a session outcome and may be covered on the quiz.

Outcome: Identify ways to prevent health problems for individuals at risk.



Skin Breakdown

Show Slide #36: Skin Breakdown

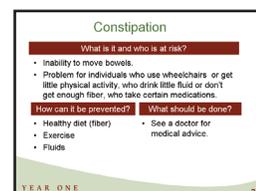
- Skin breakdown is a serious and constant concern for people who use wheelchairs and/or do not move about or change positions.
- Ask them how many of them support people with mobility challenges? What do they do to prevent and/or treat skin breakdown?
- Review how to prevent skin breakdown.
 - Frequent moving about and/or changing positions.
 - Keeping the skin dry and clean.
- If skin breakdown occurs or is expected, make sure the person is examined by a doctor immediately.
- Review common fungal infections like Jock Itch and Athlete's Foot and ways to prevent them.
- Review how skin problems can be prevented or at least minimized.



Constipation

Show Slide #37: Constipation

- Untreated constipation can lead to serious consequences.
- Review list of bulleted list of risk factors for constipation (pages S-17 through S-18).
- Ask students to say what they think an individual can do to prevent constipation given the above risk factors? List students' answers on a flip chart. Possible answers include: *healthy diet with lots of fiber (fruits, vegetables and whole grains), regular exercise (people with mobility challenges can often participate in many modified types of exercise), and drink plenty of fluids especially water (eight glasses per day).*



Cont. on next page

High-Risk Health Problems

Individuals with intellectual/developmental disabilities have a higher risk for serious health problems. They may be prone to skin breakdown, constipation, choking, sun and heat-related illness. Also age-related health

conditions may begin early due to specific developmental disabilities or the treatment of certain conditions. DSPs need to know what preventive actions to take and how to identify changes that may be signs and symptoms of serious health problems.

Skin Breakdown

Of the over 278,000 people currently being served by regional centers, 17 percent are identified as using wheelchairs or needing assistance to walk. Skin breakdown is a serious and constant concern for individuals who use wheelchairs and/or do not change positions. Skin breakdown describes changes to an individual's skin, including scrapes and sores over bony spots such as tailbone and hips.

Individuals who are at High Risk for Skin Breakdown

Individuals who use wheelchairs and/or individuals who do not move around or change positions.

How to Prevent Skin Breakdown

- Assist individual to move and/or change positions every hour.
- Keep the skin dry and clean.

What to Do If Skin Breakdown Occurs

Make sure the individual is seen by a doctor immediately.

Athlete's foot (*tinea pedis*) and jock itch (*tinea cruris*) are very common fungal infections that can cause skin breakdown. Fungus grows best in warm, moist areas of the skin, such as between the toes or in the groin area. Fungus problems can be prevented by drying off skin well after washing, wearing sandals or shoes that allow air to move around the feet, wearing cotton underclothes and socks, and using talcum powder. DSPs should assist individuals to clean and dry foot and groin areas.

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 doctor when new problems arise or the existing problem continues.

Constipation

Untreated constipation can lead to serious consequences including the need for surgery, tearing of the bowel, and even death.

Individuals who are at a higher risk for constipation:

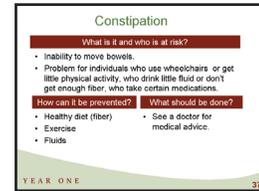
- Use wheelchairs or sit for long periods
- Get very little physical activity

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Constipation (cont.)

Show Slide #37: Constipation (cont.)

- Review ways that constipation can be prevented.
 - Healthy diet with fiber.
 - Regular exercise.
 - Plenty of fluids.
- DSPs should be aware of individual's normal pattern of bowel movements so that they can observe for changes.
- Review changes that are often signs and symptoms of constipation on page S-19 and S-20.
- If DSPs identify any of these changes they should call the individual's doctor to seek medical assistance.



Risks from Exposure to Sun and Heat

Show Slide #38: Exposure to Sun and Heat

- Overexposure to the sun and heat can lead to many problems – anything from mild sunburn to fatal sunstroke.
- Overexposure and prolonged physical activity in temperatures as low as 80 degrees can place people at risk for heat-related illness.
- Community Care Licensing requires that facilities be kept at a comfortable temperature between 65 and 85 degrees at all times.



Individuals Who Are At Higher Risk

- 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. Review the list on page S-20.

Constipation (cont.)

- Drink small amounts of fluids
- Don't eat enough fiber in their diet
- Take certain medications

Preventing Constipation

- Eat a healthy diet with lots of fiber (fruits, vegetables, and whole grains)
- Exercise regularly
- Drink plenty of fluids, especially water (eight glasses per day)

Each individual has a pattern of bowel movements that is “normal” for him or her. Once the normal pattern of bowel movements is known, the DSP should look for changes that may be signs of constipation. If an individual is not able to tell you that he had a bowel movement, or if the doctor or other health care professional finds that the individual is at risk for problems in this area, the

individual program plan (IPP) for that individual may include keeping a record of bowel movements.

Changes that are often signs and symptoms of constipation are:

- 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
- Abdominal bloating
- Abdominal pain
- Irritability

Constipation can have serious consequences. If you identify any of these changes, call the individual's doctor to seek medical assistance.

Risks from Exposure to Sun and Heat

Overexposure to sun and heat can cause many problems—anything 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 physical activity.

Community Care Licensing requires all homes to maintain a comfortable temperature between 65 and 85 degrees at all times. In areas that are extremely hot, the maximum temperature must be 30 degrees less than the outside temperature. [Referenced Title 22, 80088.]

Individuals Who Are at Higher Risk from Exposure to Sun and Heat

In general, children, the elderly, and individuals with developmental disabilities are at the greatest risk for sunburn and heat-related illness. Individuals with fair hair or skin are at higher risk as well. Increased risk is also associated with taking certain medications, including but not limited to:

- Antihistamines used in cold and allergy medications
- Antibiotics (sulfa drugs, tetracyclines)
- Antidepressants
- Antipsychotics
- Cardiovascular drugs
- Oral medications for diabetes
- Non-steroidal, anti-inflammatory drugs used to control pain and inflammation
- Anti-dandruff shampoos

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Risks from Exposure to Sun and Heat (cont.)

Show Slide #39: Sunburn

- Define “sunburn:” redness, pain and inflammation caused by exposure to radiation from the sun.
- Use Sunscreen with an SPF of 15 or more.
- People with fair hair or skin who burn easily should use a sunscreen with an SPF of 30.
- Use of sunscreen should be documented in the individual’s record.
- Ask the students to identify ways to prevent sunburn and heat-related illnesses. Review the class list and make sure it includes all of the ways identified in the list of things to do when temperatures rise.
- Review treatment tips for sunburn.



Show Slide #40: Heat Cramps

- Never leave a child, a person with a disability, an elderly person, or an animal in a car on a hot day. In as little as 10 minutes the car can become a fatal furnace.
- Define “heat cramps:” painful muscle spasms usually in the legs or abdomen. The person usually experiences heavy perspiration or sweating.
- Review treatment tips for heat cramps.



Show Slide #41: Heat Exhaustion

- Define “heat exhaustion:” serious illness caused by excessive heat and dehydration.
 - Causes a person to be weak and sweat heavily. Other symptoms include:
 - Cold, pale and clammy skin
 - Weak and shallow pulse
 - Fatigue, confusion, nausea, fainting and vomiting may also occur
- Review treatment tips for heat exhaustion.



Preventing Sunburn

Sunburn is redness, pain and inflammation caused by exposure to the sun's ultraviolet rays. An individual can burn within 15 minutes any day of the year in California. 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 person'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 ultra-violet rays have a high risk of developing skin cancer. Skin cancer is the most common form of cancer in the United States.

To prevent sunburn, use sunscreen with a sun protection factor (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.

Treatment Tips: Have the individual drink lots of water. Aloe vera gel and certain other topical Over-the-Counter (OTC) moisturizers help reduce the pain. Contact the doctor immediately if severe blistering occurs, the individual feels very ill, or the individual's temperature is 102 degrees or more.

Preventing Heat-Related Illness

When temperatures rise:

- Wear a hat with a wide brim or use an umbrella.
- Wear light-weight, light-colored, loose fitting cotton clothing.
- Drink 8 to 10 glasses of water a day. Drink even more if you are working or exercising in hot weather. Avoid sugary, caffeinated or alcoholic beverages.

- Take it easy! Limit physical activity during the hottest parts of the day.
- Stay inside if possible.
- 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.
- 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, an elderly person, or an animal in a car on a hot day. In as little as 10 minutes, the temperature in the car can rise almost 20 degrees; anyone left in the car could die.

Heat cramps are painful muscle spasms, usually in the legs or abdomen, caused by over-exposure to heat. The individual usually experiences heavy perspiration or sweating.

Treatment Tips: Have the individual move to a cooler place and rest in a comfortable position. Give him a glass of cool water every 15 minutes, but don't let him drink too quickly. Remove or loosen tight clothing and apply cool wet cloths to the skin. Do not give salt tablets. Call a doctor if the symptoms persist more than two hours.

Heat exhaustion, a serious illness brought on by excessive heat and dehydration, causes an individual to be weak and sweat heavily. At the same time the skin is cold, pale, and clammy. The individual's pulse is weak and shallow. Fatigue, confusion, nausea, fainting, and vomiting may also occur.

Treatment Tips: Call 911 or go to the Emergency Room if:

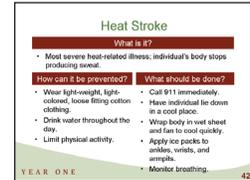
- The individual's skin is dry even under the armpits and bright red or flushed.
- Body temperature reaches 102 degrees.

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Risks from Exposure to Sun and Heat (cont.)

Show Slide #42: Heat Stroke

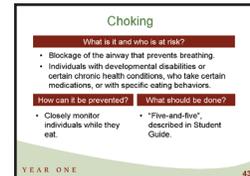
- Define “heat stroke:” severe illness that occurs when a person’s temperature control system has stopped producing sweat, which cools the body. Signs and symptoms include:
 - High body temperature (102 degrees and up)
 - Hot, dry skin
 - Strong, rapid pulse
 - Person may become unconscious
- Review treatment tips for heat stroke.



Choking

Show Slide #43: Choking

- Choking is a blockage of the airway that prevents a person from breathing.
- Choking will result in death unless the airway is cleared immediately.
- Choking is a frequent safety hazard for:
 - People with developmental disabilities.
 - Individuals with chronic health conditions and those with cerebral palsy who have difficulty with swallowing are at highest risk and need to be observed closely when eating.
 - Other persons may have trouble with foods of different textures.
 - People taking certain medications may have dry mouth and have a hard time swallowing.
 - People who eat or drink too fast, talk and laugh while eating, or eat while lying down.
 - People who take food from others and may put too much food in their mouths to avoid being caught.
- Ask students to identify common causes of choking. List student answers on a flip chart. Make sure the list includes the common causes of choking.
- Review Signs of Choking.



Risks from Exposure to Sun and Heat (cont.)

- The individual is confused, seems to be imagining unreal things, or becomes unconscious.

Otherwise, get the individual to a cooler place and in a comfortable position. Give half a glass of cool water every 15 minutes but don't let the individual drink too quickly. Remove or loosen tight clothing and apply cool wet cloths to the skin, or sponge the body in a bath with cool water.

Heat stroke, also known as sunstroke, is severe illness that occurs when the

individual's body has stopped producing sweat, which cools the body. Signs and symptoms of heat stroke are a high body temperature (102 and above), hot dry skin, and a strong rapid pulse. The individual may become unconscious.

Treatment Tips: Call 911 immediately. Move the individual to a cooler place and quickly cool the body by wrapping it in a wet sheet and fanning it. Put ice packs on the individual's ankles, wrists, and armpits to cool the large blood vessels. Keep the individual lying down and check his or her breathing.

Choking

Choking is a blockage of the airway that prevents an individual from breathing. Choking will result in death unless the airway is cleared quickly. Choking is a frequent safety hazard for individuals with developmental disabilities.

Individuals Who Are at Higher Risk

Many individuals with developmental disabilities experience choking related to other chronic health conditions. For instance, individuals with cerebral palsy may have a hard time with chewing and swallowing. These individuals need close observation to help avoid choking. Individuals with other conditions may have trouble with foods of different textures. Individuals taking certain medications may have dry mouth, which makes it harder to swallow. Be aware of individuals who eat or drink too fast. Individuals should be reminded not to talk or laugh with food in their mouths or to eat lying down. Individuals who frequently put too much food in their mouths may need to be provided with smaller amounts of food.

It is especially important to closely monitor individuals who take food from others. These individuals often 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 or laughing
- Eating too fast
- Walking, playing, or running with food or objects in the mouth
- Certain foods like hot dogs, whole grapes, and hard candies
- Medications that decrease alertness and muscle tone or cause dry mouth
- Poor oral motor (mouth movement) skills
- Difficulty swallowing
- Eating objects that aren't supposed to be eaten
- Vomiting
- Aspiration (inhaling vomit, saliva, food, or a small 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

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Choking (cont.)

- Review treatment tips for choking. Thoroughly explain “Five-and-five” technique for assisting someone who is choking.

Health Problems Associated with Aging

Show Slide #44: Aging

- Aging is the normal process of time-related changes that occur throughout life.
- Many individuals with developmental disabilities experience age-related changes earlier than the general population. Give examples from the text.
- It is the responsibility of the DSP to identify changes that may indicate an early onset of an age-related health condition and to report these changes to the individual’s doctor.
- This information relates to a session outcome and may be covered on the quiz.

Outcome: Describe health problems associated with aging.



Symptoms and Signs of Age-Related Health Conditions

- Ask students to identify signs and symptoms that they think might be related to aging. List student answers on a flip chart. Make sure the list includes all of the signs and symptoms of age-related health conditions listed in Student Guide.

Physical Health Changes of Aging

- Review the physical health changes of aging.

Choking (cont.)

Treatment Tips: It is strongly recommended that every DSP take a **Cardio Pulmonary Resuscitation (CPR) class to learn the abdominal thrusts, an emergency procedure used to clear the airway when choking occurs. Classes are widely available. Check with your local Red Cross or Fire Department. By doing so, you may save a life.**

If someone is choking, remember “five-and-five”. First, lean the person forward and give them five quick hits on

the back between the shoulder blades. If the object does not come out, stand behind them and reach your arms around their waist. Place your fist, thumb side in, just above their navel and grab the fist tightly with your other hand. Pull your fist quickly upward and inward to increase airway pressure behind the object and force it from the windpipe. Do these ‘abdominal thrusts’ five times, quickly. Continue the back hits and abdominal thrusts until the person can breathe or cough forcefully, the object comes out, or the person becomes unconscious. If the person becomes unconscious, call 9-1-1.

Health Problems Associated with Aging

Aging is the normal process of time-related changes that occur throughout life. Many individuals with developmental disabilities experience age-related changes early, especially those individuals with cerebral palsy, Down syndrome and metabolic diseases and some individuals who have a mental illness in addition to a developmental disability. It is the responsibility of the DSP to watch for changes that may be signs of an early age-related health condition and to report these changes to the individual’s doctor. Early detection permits early treatment that often adds to the individual’s length and quality of life.

Signs and Symptoms of Age-Related Health Conditions

Again, DSPs should use their tools of observation and communication to identify changes in:

- **Daily routines:** Memory loss, inability to perform self-care and other activities they could perform before.
- **Behavior:** Confusion, weakness, unsteadiness, or fatigue.
- **Communication:** Change in ability to respond or initiate communication.
- **Appearance:** Sudden or progressive weight gain or loss.
- **General manner or mood:** Mood change, loss of interest in daily activities.

Physical Health Changes of Aging

Skin: Dry, flaky skin that bruises or tears easily, abnormal hardness, or visible lump on body.

Eyes: Dry eyes, squinting, holding things close to the face or other signs of vision loss.

Ears: Not seeming to pay attention, not responding to questions, or other signs of a hearing loss.

Throat and mouth: Difficulty swallowing, choking or coughing with meals, cracked or loose teeth, trouble chewing, mouth sores or other signs of decreased oral health.

Muscles and bones: Loss of motor control; slowness of movement; unsteady walking; falling; curving of spine; inability to stand up straight; pain without visible injury, especially in joints.

Lungs (breathing): Frequent colds, slow recovery from illness.

Heart and blood vessels: Numb or cold hands or feet, swelling of ankles, chest pain, shortness of breath.

Abdomen, bowel, and bladder (stomach, intestines, liver, gallbladder, pancreas, urinary tract): Constipation, “gassy” or black stools, bleeding, frequent or difficult urination.

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Summary

- Ask students to turn back to the “**What Do You Want To Know?**” activity at the beginning of the session. Give students 5 minutes to think about what they learned and answer the third question.
- Ask for volunteers to share their answers.
- Review summary in box on page S-24.

Show Slide #45: Practice and Share

- Direct Students to Practice and Share directions.
- Read the directions and make sure students understand the assignment.

Practice and Share

If there is an individual with a seizure disorder living in the home where you work, find out:

1. What, if any, seizure medication is the individual taking?
2. What are the medication side effects?
3. Does the individual have an emergency alert bracelet or necklace?

You will report back what you find out.

YEAR ONE 45

S U M M A R Y

In summary, the DSP learns about changes through observation (using all of his or her senses) and communication with the individual and others. Knowing how to identify changes in an individual's daily routines, behavior, ways of communicating, appearance, mood, and physical health and knowing what to do when you have identified a change enables you to protect individual health and safety and may save a life.

P R A C T I C E A N D S H A R E

If there is an individual with a seizure disorder living in the home where you work, find out:

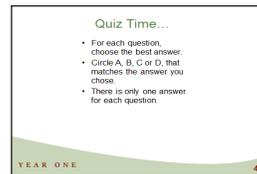
1. What, if any, seizure medication is the individual taking? What are the side effects?
2. Does the individual have an emergency alert bracelet or necklace?

Trainer Guide: SESSION 8

Quiz: Signs and Symptoms of Illness or Injury

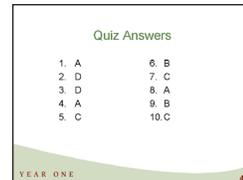
Show Slide #46: Quiz Time

- Give students 20 minutes to take the quiz.



Show Slide #47: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers

1. A
2. D
3. D
4. A
5. C
6. B
7. C
8. A
9. B
10. C

End of Session 8

Session 8 Quiz

Signs and Symptoms of Illness or Injury

- 1. An example of a change in a person's daily routine is:**
 - A) Sleeping much later than usual
 - B) Being aggressive to other people
 - C) Speaking less than usual
 - D) Being mad about something
- 2. In order to recognize a change that may be a sign of illness, the DSP must:**
 - A) Take the individual's temperature
 - B) Know if there are any other sick individuals in the home
 - C) Take the individual's blood pressure
 - D) Know the individual and what is normal for them
- 3. Which one of the following would be most likely to require an urgent call to the individual's doctor?**
 - A) Choking
 - B) Uncontrolled bleeding
 - C) Minor cut
 - D) Infection of an injury
- 4. Which one of the following may be treated at home, using routine treatment?**
 - A) A minor cut
 - B) An infection of an injury
 - C) Choking on food
 - D) Uncontrolled bleeding
- 5. Why should you not try to feel for an individual's pulse using your thumb?**
 - A) Your thumb isn't sensitive enough to feel a pulse
 - B) Your thumb could hurt the individual's wrist
 - C) You will feel your own pulse through your thumb
 - D) You will need your thumb to count the pulse beats
- 6. When reporting and documenting changes that may be signs of illness or injury, the DSP must record:**
 - A) The diagnosis, as you see it.
 - B) What the individual said or did that communicated the change
 - C) Your opinion about the individual's behavior
 - D) What all the individuals and staff were doing when the change was noticed
- 7. Who is at risk for skin breakdown?**
 - A) Individuals who don't bathe very often.
 - B) Individuals who are very active in recreational sports
 - C) Individuals who use wheelchairs or who don't change positions often.
 - D) Individuals who eat unhealthy food
- 8. To assist an individual who is having a generalized seizure, you should:**
 - A) Place the individual on their side to prevent choking
 - B) Restrain the individual's movements
 - C) Place something in the individual's mouth to prevent the tongue from being bitten.
 - D) Leave the room to give the individual their privacy
- 9. A high body temperature (102 degrees and above), hot dry skin, and a strong rapid pulse are symptoms of what heat-related condition?**
 - A) Sunburn
 - B) Heat stroke
 - C) Heat exhaustion
 - D) Heat cramps
- 10. Why is it important for DSPs to watch for early signs of aging?**
 - A) Treatment of age-related conditions is not usually included in the IPP
 - B) Individuals with developmental disabilities don't usually have age-related conditions
 - C) Early treatment may add to the individual's length and quality of life
 - D) Individuals with developmental disabilities don't know they are getting older