

PULMONARY ASPIRATION

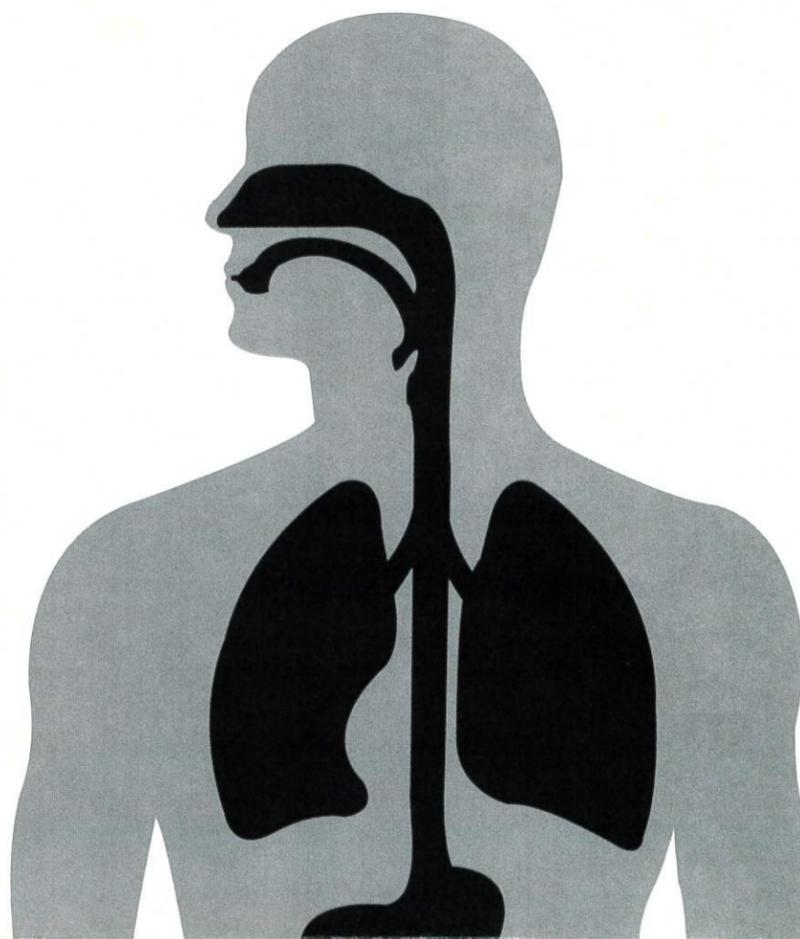
CAN BE IMMEDIATELY LIFE-THREATENING OR OCCUR OVER A LONG PERIOD



INHALING FOOD, FLUIDS OR FOREIGN OBJECTS INTO THE UPPER AIRWAY OR LUNGS

WHO IS VULNERABLE?

- ▶ Those who eat too fast or over-fill their mouths
- ▶ Individuals with diagnosed swallowing disorders
- ▶ People with feeding tubes
- ▶ Those with GERD (chronic heartburn/acid reflux)
- ▶ People who can't or won't tuck their chin to swallow
- ▶ Individuals who are aging
- ▶ People who have seizures
- ▶ Individuals on multiple medications



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 inspiration, especially while 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

HOW CAN WE PREVENT IT?

- ▶ Make sure the person is appropriately positioned while eating. Seek the advice of a physical or occupational therapist if necessary
- ▶ Provide food textures and fluid consistencies that the person can handle
- ▶ Slow the person down when eating and encourage appropriately-sized bites
- ▶ Provide smaller, more frequent meals for individuals who experience frequent reflux
- ▶ Manage seizures appropriately. Have a seizure-response protocol that includes instructions on how to handle aspiration events that occur during seizures
- ▶ Work with prescribers to decrease or discontinue use of non-essential medications

HOW DO WE RESPOND?

- ▶ If breathing is compromised or labored immediately call 911 and initiate rescue procedures for respiratory distress
- ▶ If there are signs of microaspiration (small amounts of material entering lungs) refer the person for assessment

**WHEN IN DOUBT,
SEND THEM OUT!**

BOWEL OBSTRUCTION

REMAINS A
DANGEROUSLY
OVERLOOKED
CONDITION



A BLOCKAGE OF THE INTESTINES THAT SLOWS OR PREVENTS THE PASSAGE OF DIGESTING FOOD

WHO IS VULNERABLE?

- ▶ People who had a previous obstruction, abdominal surgery or an abdominal injury
- ▶ Individuals on multiple medications
- ▶ Those who don't move very much
- ▶ People with poor diets (lacking fiber & adequate liquid)
- ▶ Individuals who ingest non-food items (pica) like cloth, paper, plastic or metal

WHAT DOES IT LOOK LIKE?

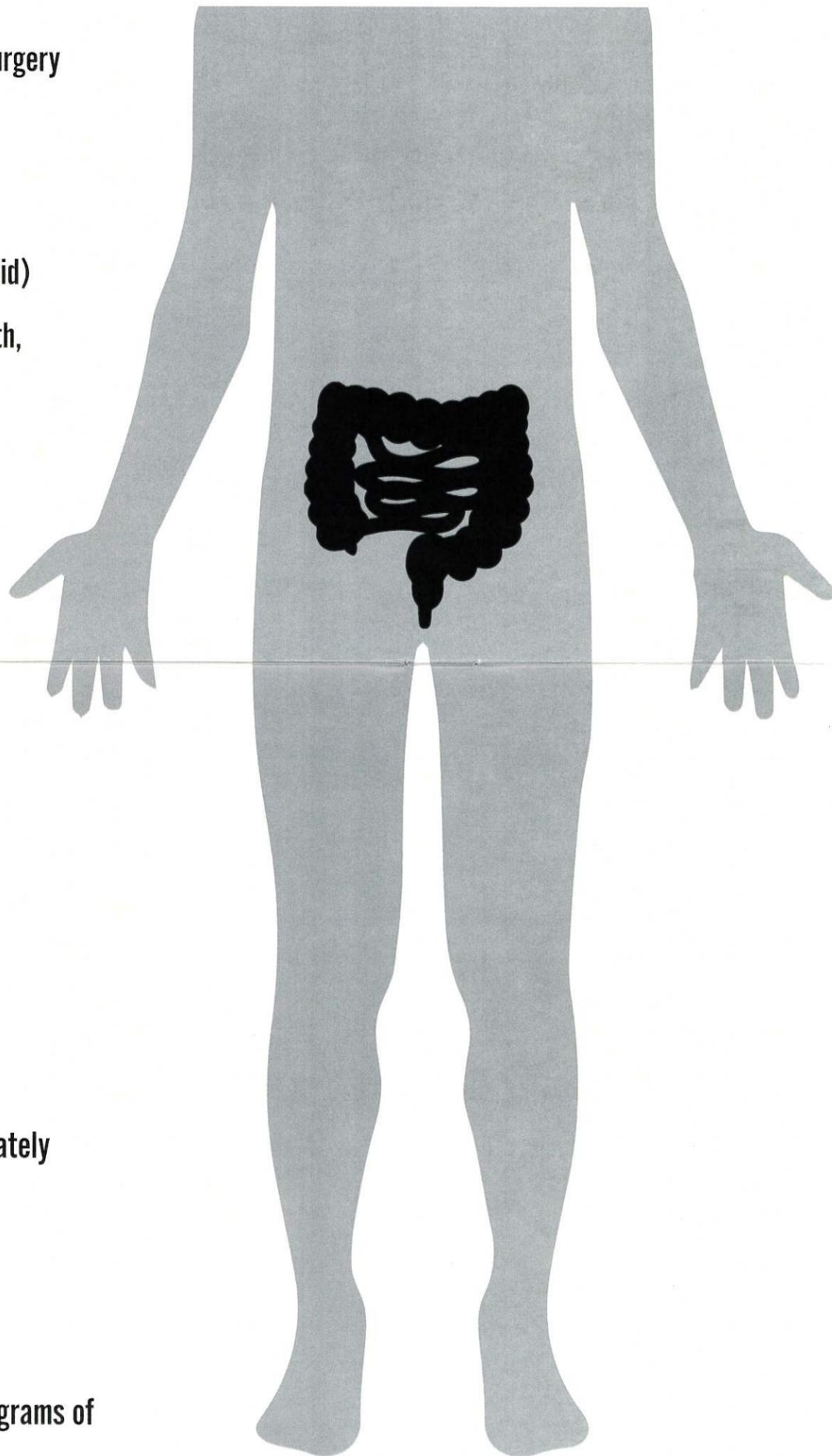
- ▶ No or very small BM in 2 or more days
- ▶ Bloating abdomen that may or may not hurt
- ▶ Nausea, vomiting, cramping, meal refusal
- ▶ Unusual behavior – withdrawal or acting out
- ▶ Diarrhea with chunks of hard stool

HOW DO WE RESPOND?

- ▶ If not vomiting, increase fluid intake immediately
- ▶ Notify nurse or physician immediately
- ▶ If vomiting > 1x have the person evaluated immediately
- ▶ Document, document, document!

HOW CAN WE PREVENT IT?

- ▶ 25-35 grams of dietary fiber daily. Increase by 6-7 grams of fiber per week
- ▶ At least 8 ounces of liquid for each 6-7 grams of fiber
- ▶ Increase activity – walking, prone positioning, adequate turning
- ▶ Decrease or discontinue use of non-essential medications
- ▶ Supplement diet with probiotics
- ▶ Seek specialty consultation to determine root cause



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GERD: GASTROESOPHAGEAL REFLUX DISEASE



FOODS AND FLUIDS WITH STOMACH ACIDS BACKING UP INTO THE ESOPHAGUS

GERD AFFECTS UP TO 48% OF PEOPLE WITH IDD

WHO IS VULNERABLE?

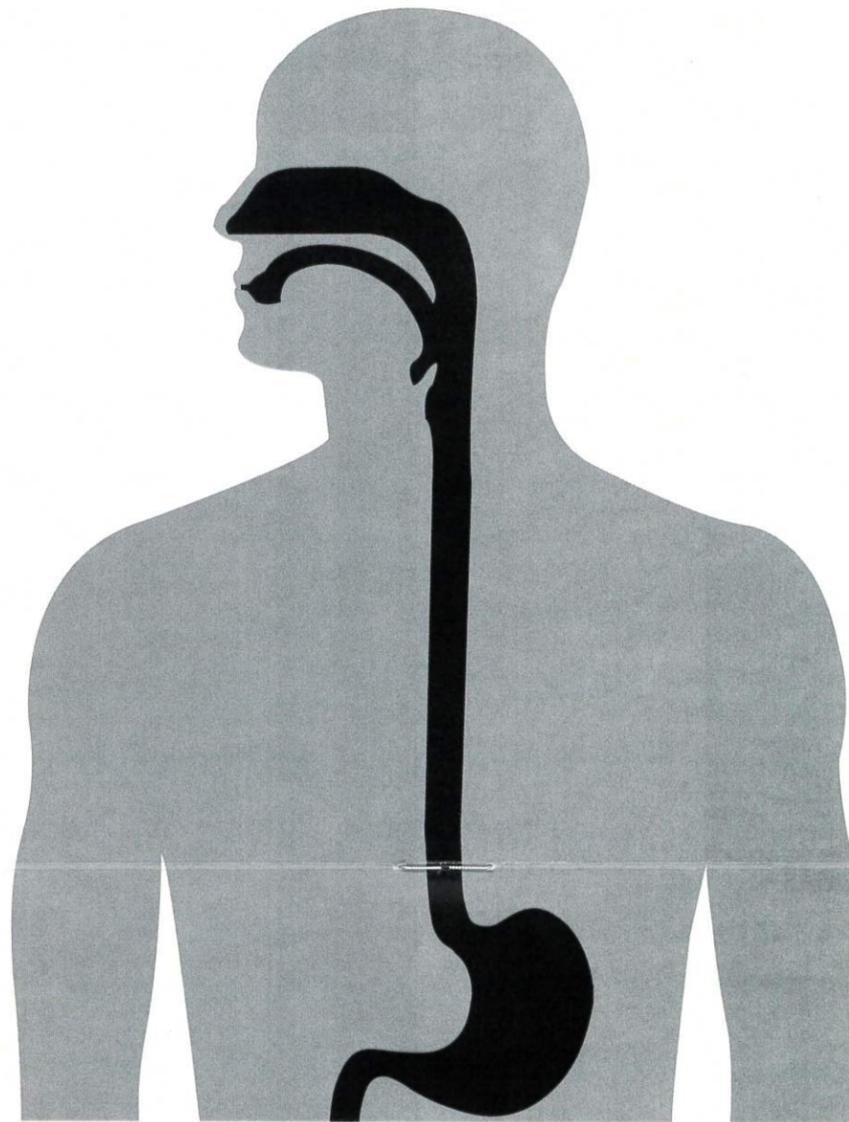
- ▶ GERD is a chronic disease that affects 20% of us but estimated in up to 48% in persons with IDD
- ▶ Persons who are on medications that may affect stomach emptying and relax muscles
- ▶ Persons who eat too fast or take bites that are too large
- ▶ Persons who lie down too soon after eating
- ▶ Persons who are overweight and eat a high fat diet

WHAT DOES IT LOOK LIKE?

- ▶ Pain or burning in the mid-chest within about 30 minutes of mealtime or in the middle of the night
- ▶ Can mimic a heart attack
- ▶ Tooth erosion or bad breath
- ▶ Unexplained weight loss along with anemia (low iron)
- ▶ Unexplained behavior especially pica (eating non-food items) & hand mouthing (placing hands in mouth past lips)
- ▶ Meal refusals
- ▶ Coughing or crying in the middle of the night
- ▶ Re-swallowing within 30 minutes of mealtime

HOW DO WE RESPOND?

- ▶ Avoid foods and drinks that aggravate the condition, such as high fat, acidic foods and carbonated, caffeinated beverages among others
- ▶ Do not lie down within 2-3 hours of eating particularly at night
- ▶ Do not treat behaviors, such as self-harm, pica or meal refusals with behavioral drugs without ruling out GERD first
- ▶ Person may need to sleep with the head elevated to at least 30 degrees
- ▶ Person may need to lose weight
- ▶ When in doubt, send them out to ER or Urgent Care preferably with a caregiver that is familiar with them and the current situation



HOW CAN WE PREVENT IT?

- ▶ Maintain a healthy weight
- ▶ Avoid eating too rapidly or overloading the eating utensil
- ▶ Avoid drugs with strong anticholinergic (dehydrating) properties
- ▶ Pace mealtimes to allow adequate time for stomach to empty
- ▶ GERD drugs should be used cautiously and for only a limited time
- ▶ Serve well balanced meals, limiting fried and high fat or spicy foods

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SEIZURES



AN ALTERATION IN BEHAVIOR OR CONSCIOUSNESS
DUE TO EXCESSIVE UNCONTROLLED ELECTRICAL
ACTIVITY IN THE BRAIN

THERE ARE
AS MANY AS
40 TYPES OF
SEIZURES

WHO IS VULNERABLE?

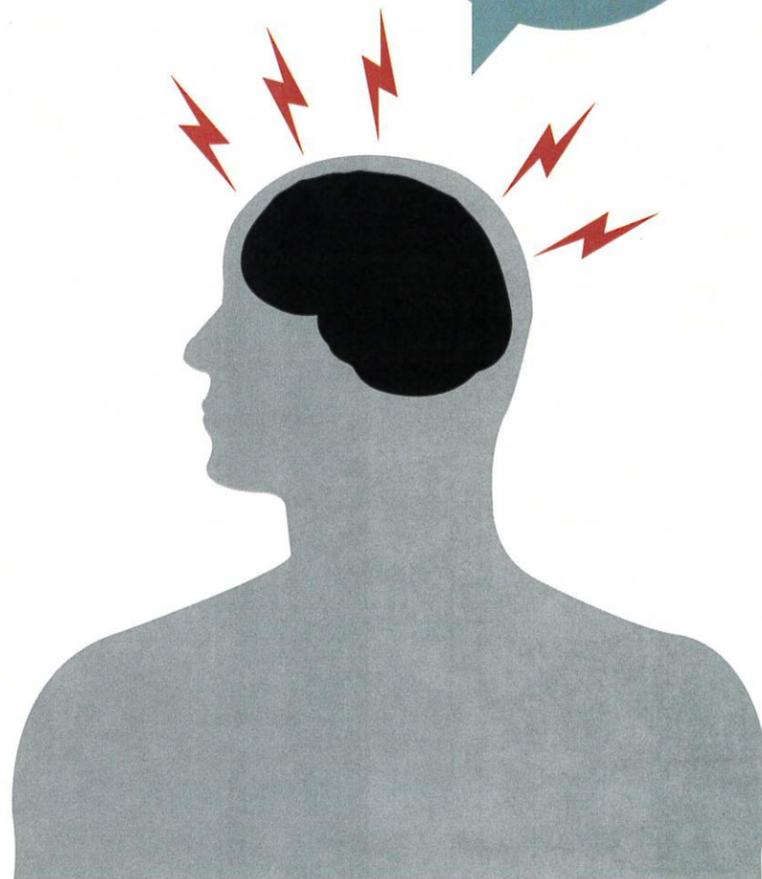
- ▶ 1% of the population with or without disabilities has a Seizure Disorder
- ▶ The more severe the disability, the more likely that the person will have a seizure disorder and the more difficult it may be to control
- ▶ Most new onset seizures occur in those under 1 year of age and the elderly

WHAT DOES IT LOOK LIKE?

- ▶ Divided into Focal and Generalized
 - ▶ 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 and caretakers
- ▶ Persons often have more than one seizure type

HOW DO WE RESPOND?

- ▶ Protect the person by making sure there is nothing around them that could cause harm
- ▶ Protect the head if on the floor or ground by placing a pillow, jacket or something soft under the head to protect them from injury
- ▶ DO NOT put anything into their mouth
- ▶ Turn them onto their side when the seizing has stopped if they are lying down
- ▶ Note the time the seizure started and stopped
- ▶ Observe and document what you saw before, during and after the event
- ▶ Follow agency policy and protocol for follow-up
- ▶ When in doubt, send them out to ER or Urgent Care preferably with a caregiver that is familiar with them and the current situation



HOW CAN WE PREVENT IT?

- ▶ Make sure medication and treatments are given in a timely fashion
- ▶ Control lifestyle factors such as diet and hydration, rest and stressors, low blood sugar and alcohol withdrawal
- ▶ Provide records and seizure documentation to the treating health care provider at every visit

STATUS EPILEPTICUS

- ▶ This is always an emergency!
- ▶ It is defined as a seizure lasting longer than 5 minutes OR back-to-back seizures with no return to baseline OR a prolonged postictal (span of time following seizure) phase usually lasting longer than 30 minutes

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SEPSIS

WILL KILL
28-50% OF THE
PEOPLE WHO
GET IT



ALSO KNOWN AS BLOOD POISONING, CAUSED BY AN INFECTION OR ITS TOXIN SPREADING THROUGH THE BLOODSTREAM

WHO IS VULNERABLE?

- ▶ People who are very old or very young
- ▶ Those with developmental disabilities who are medically fragile
- ▶ Persons who have become insensitive to antibiotics due to overuse
- ▶ Almost anyone if a drug insensitive bacteria invades the bloodstream
- ▶ Persons with immune system disorders or are taking medications that weaken the immune system

WHAT DOES IT LOOK LIKE?

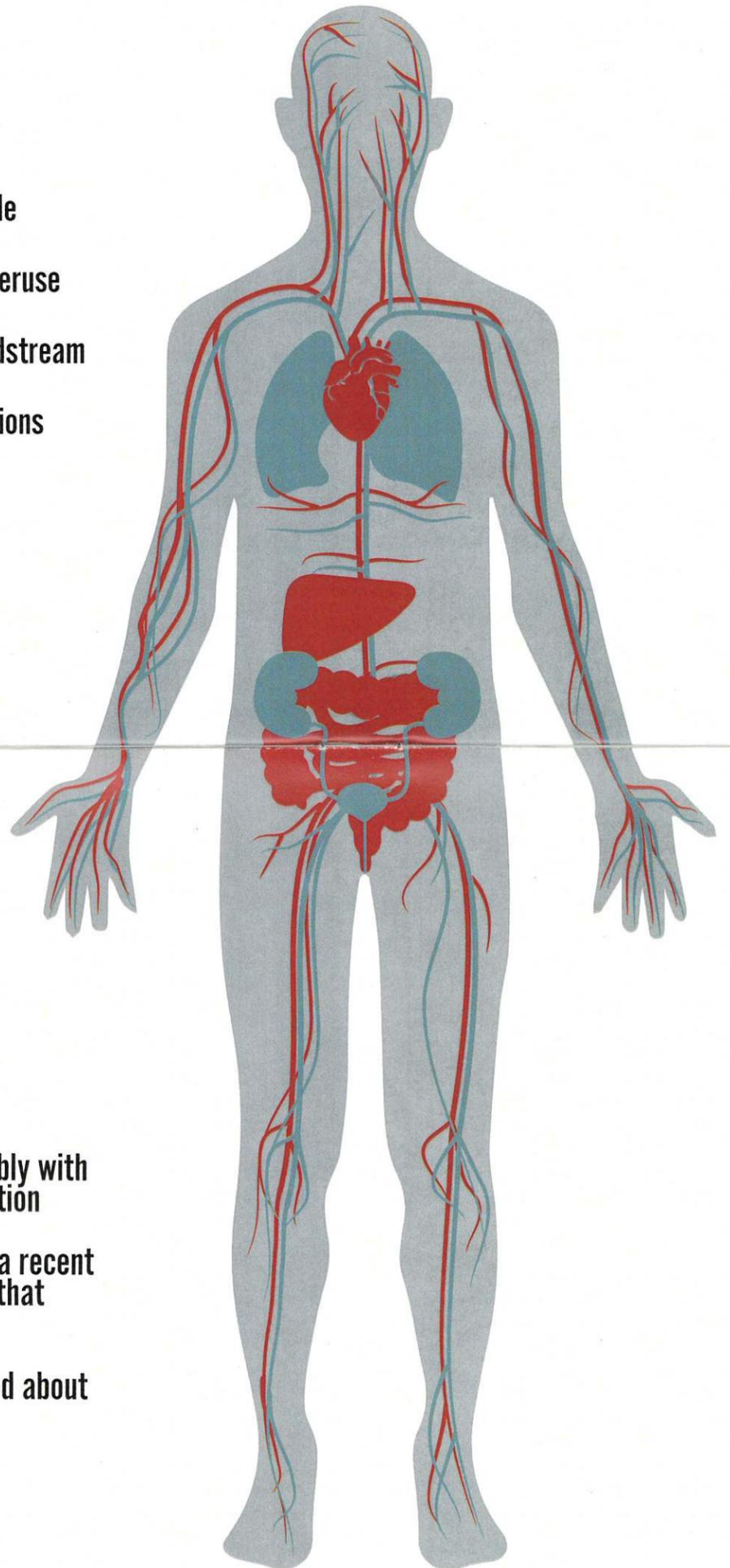
- ▶ Either high temperature or subnormal temperature
- ▶ Rapid pulse
- ▶ Chills
- ▶ Low blood pressure
- ▶ Altered mental status such as confusion or lethargy
- ▶ Increased respirations

HOW DO WE RESPOND?

- ▶ When in doubt, send them out to ER or Urgent Care preferably with a caregiver that is familiar with them and the current situation
- ▶ Tell the treating health care provider if the person has had a recent infection, has an immune disorder or is taking medications that weaken the immune system
- ▶ Tell the treating health care provider that you are concerned about sepsis

HOW CAN WE PREVENT IT?

- ▶ Avoid antibiotics without evidence of a bacterial infection
- ▶ Protect and nurture the immune system
- ▶ Know the persons you serve well so that sepsis symptoms can be picked up as early as possible
- ▶ Prevent infections with immunizations, thoroughly cleansing and monitoring wounds and practicing good hygiene



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DEHYDRATION



OCCURS WHEN THE PERSON LOSES MORE FLUID THAN THEY TAKE IN CAUSING A PROBLEM IN MANY METABOLIC FUNCTIONS

THE HUMAN BODY IS AS MUCH AS 75% WATER

WHO IS VULNERABLE?

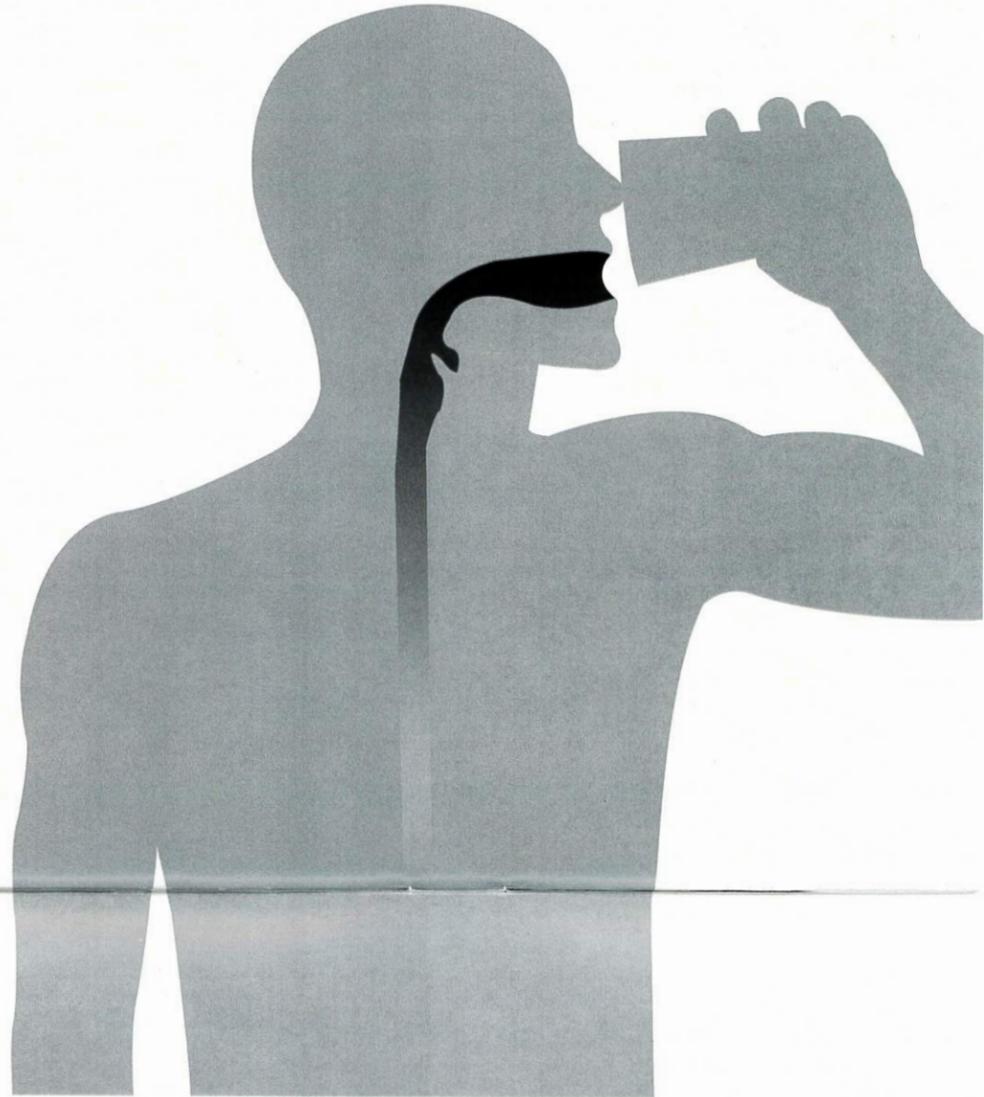
- ▶ The elderly and young children, particularly with fever or diarrhea
- ▶ People on medications with anticholinergic (dehydrating) side effects
- ▶ Those with disabilities who require assistance to eat or have swallowing difficulties
- ▶ Ones who don't like to drink, who drink mostly fluids containing caffeine or alcohol or have a fluid restriction
- ▶ People with high fever, vomiting and/or diarrhea
- ▶ Increased exposure to hot temperatures causing excess

WHAT DOES IT LOOK LIKE?

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

HOW DO WE RESPOND?

- ▶ Offer fluids every hour or two
- ▶ Offer foods with high fluid content like watermelon, pears, Jell-O®, Popsicles® and ice cream
- ▶ Monitor hydration status daily or more often if needed
- ▶ When in doubt, send them out to ER or Urgent Care preferably with a caregiver that is familiar with them and the current situation



HOW CAN WE PREVENT IT?

- ▶ As a general guideline give at least 1/2 ounce of fluid per pound of body weight (100 pound person needs 50 ounces of fluid)
- ▶ When outdoor or physical activity activities are happening, provide extra fluids
- ▶ Determine preferred fluids and make them available
- ▶ When increasing fiber intake, increase fluid by 8 ounces for each increase of 6-7 grams fiber
- ▶ Be aware of medications the person may be taking that may contribute to dehydration

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