

Special Needs Considerations

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Objectives:

Apply a fundamental knowledge of growth, development, aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.

Enhance communication techniques with special needs patients.

Strengthen patient advocacy practices.

Standard Competencies

Abuse

Neglect

Homelessness

Poverty

Bariatrics

Technology Dependent

Hospice/terminally ill

Sensory deficit/loss

Developmental disability

Communication is the
key to a productive
encounter with a
patient.

ASK AS MANY OPEN-ENDED QUESTIONS AS POSSIBLE
USE CLOSED-ENDED QUESTIONS TO CLARIFY POINTS

Today, more
people with
chronic
diseases live
at home.

- Patients with diseases resulting in altered body function
- Patients with sensory deficits
- Geriatric patients with chronic diseases
- Children who were born prematurely
- Infants or small children with congenital heart disease
- Patients with neurologic disease
- Patients with congenital or acquired diseases

Some patients depend on mechanical ventilation, intravenous pumps, and other devices.

Do not be distracted by the equipment and focus on the patient!

DEVELOPMENTAL DISABILITY

Refers to insufficient development of the brain, resulting in some level of dysfunction or impairment

Can include intellectual, hearing, or vision impairments

May appear slow to understand, have limited vocabulary or behave immaturely.

May not have the ability to care for themselves, communicate, understand or respond to surroundings.

May have difficulty adjusting to change or break in routine.

People have varying levels of impairment.

Rely on patients and family members for information.

Make every effort to respect the patient's wishes and concerns.

INTELLECTUAL DISABILITY

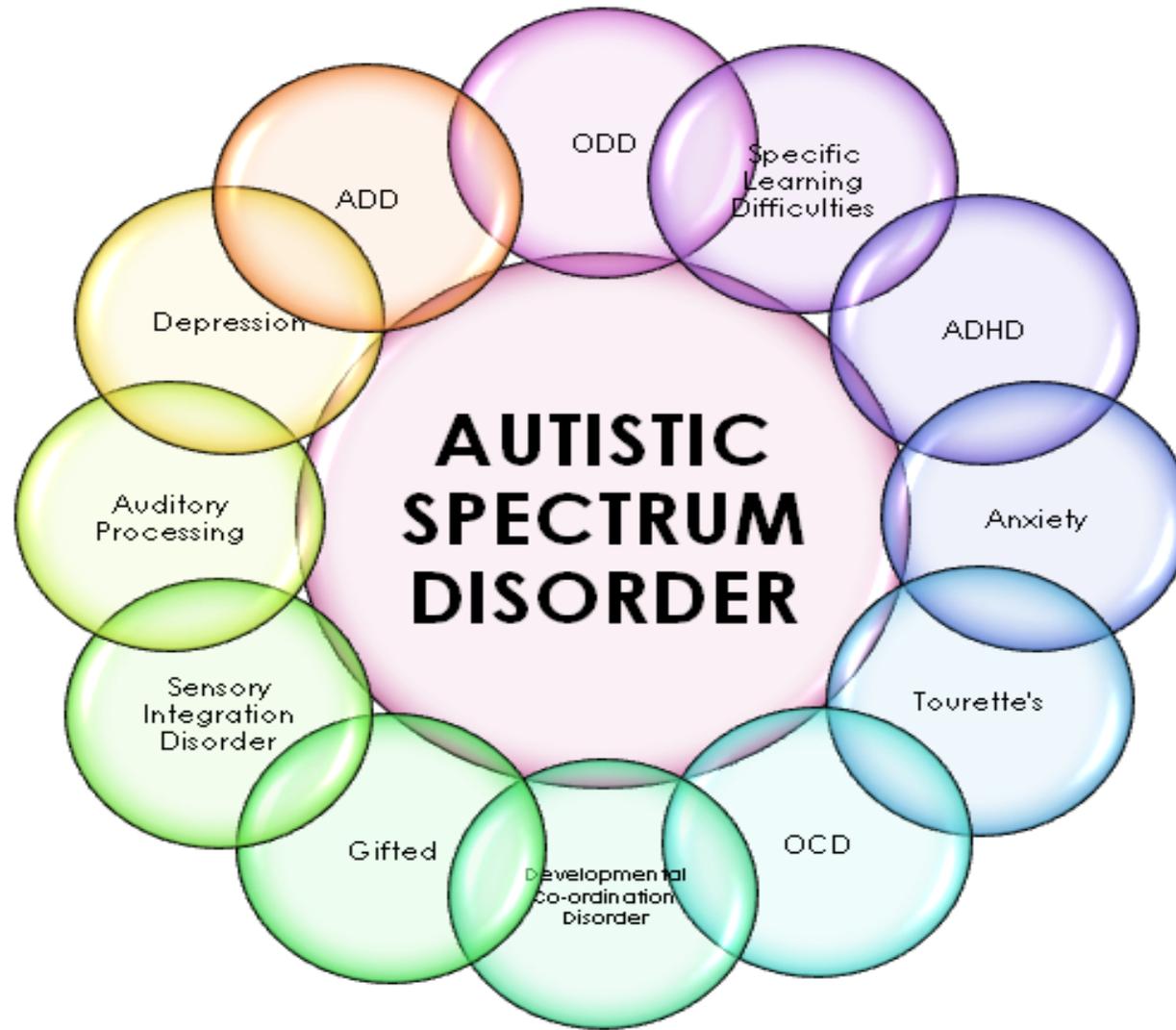
Results in the inability to learn and socially adapt at a normal developmental rate

Possible causes

(sometimes the cause is unknown)

- Genetic factors
- Congenital infections
- Malnutrition
- Environmental factors
- Fetal alcohol syndrome/prenatal drug use
- Traumatic brain injury
- Poisoning

Specific Disorders



Complex disorder that varies greatly in signs and symptoms

- Pervasive developmental disorder characterized by impairment of social interaction.
- Severe behavioral problems, repetitive motor activities, and verbal and nonverbal language impairment.
- Spectrum of disability is wide.
- Patients with autism generally have medical needs similar to their peers without autism.
- Many patients with autism confuse pronouns.
- A small percentage of patients with autism do not speak at all.
- No simple explanation exists as to why autism develops in children.
- Four to five times more prevalent in boys than girls. 1 in every 68 children diagnosed.

ASD is a general term used to describe a group of complex disorders of brain development that vary greatly in signs and symptoms.

May exhibit impairment in verbal and nonverbal skills.

Sometimes hyper- or hyposensitive to sensory stimuli.

May show pain in unusual ways: humming, singing, removing clothes

Often do best with simple, one-step directions.

Older adults may not have an ASD diagnosis or may have been misdiagnosed.

Move slowly, stay calm, and perform physical examinations from distal to proximal.

Demonstrate on a parent or caregiver first to show what the patient can expect.

Be honest!

Down Syndrome (trisomy 21)

Characterized by a genetic chromosomal defect that can occur during fetal development.

Occurs when the two 21st chromosomes fails to separate. Results in mild to severe intellectual impairment.

Increased maternal age and a family history of Down syndrome are known risk factors.

Physical abnormalities:

round head with a flat occiput

enlarged, protruding tongue

slanted, wide-set eyes

folded skin on either side of the nose

small face and features

congenital heart defects

short, wide hands

misalignment of teeth and other dental anomalies

speech abnormalities

epilepsy

hearing and vision problems

thyroid problems

Increased risk for medical complications

- 40% may have heart conditions and hearing and vision problems

Intubation may be difficult due to large tongues and small oral and nasal cavities.

- Mask ventilation can be challenging
- Jaw-thrust maneuver or a nasopharyngeal airway may be necessary

Management of seizures is the same for any other patient

The atlantoaxial joint is unstable in approximately 15% of patients with Down syndrome.

- Increased risk of complications when they experience trauma

Special Considerations

Brain Injury / TBI

Patients with a prior brain injury may be difficult to treat.

Talk with patient and family. Establish early what is considered normal for the patient.

Explain procedures and reassure the patient frequently.

Obtain a complete medical history from the patient, family, and friends.

Talk in a calm, soothing tone, and watch closely for signs of anxiety or aggression.

Do not expect the patient to walk to the stretcher or ambulance – be mindful of balance issues

Treat the patient with respect!

Sensory Disabilities

Visual Impairment:

- Possible causes – congenital defect, disease, injury, infection, degeneration
- Degree of impairment ranges from partial to total.
- Look for signs that indicate visual impairment – may be hard to recognize.

Patient interaction

- Make yourself known when you enter.
- Introduce yourself and your team.
- Retrieve any visual aids and give them to your patient.
- Patient may feel vulnerable and disoriented.
- Describe the situation and surroundings to the patient.



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Take cane or walker, if used.

Make arrangements for care or accompaniment of service animal.

Patients should be gently guided, never pulled or pushed.

Communicate obstacles in advance.

Hearing Impairment

- Impairment may range from a slight hearing loss to total deafness.
 - May have difficulty with pitch and/or volume
- Most common forms of hearing loss
 - Sensorineural deafness (nerve damage)
 - Conductive hearing loss (faulty transmission of sound waves)
- Clues that a person could be hearing impaired
 - Presence of hearing aids
 - Poor pronunciation of words
 - Failure to respond to your presence or questions

Communication



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Face the patient while you communicate.

Do not exaggerate your lip movements or look away.

Position yourself approximately 18" directly in front of the patient.

Never shout if the patient seems to have difficulty hearing you.

American Sign Language, finger spelling, write notes.

If indoors, adjust the lighting so the patient can see you.

Try the "reverse stethoscope" technique.

Change the pitch/tone of your voice or have someone else try.

Utilize an interpreter.

Ask the patient how they would like to communicate.

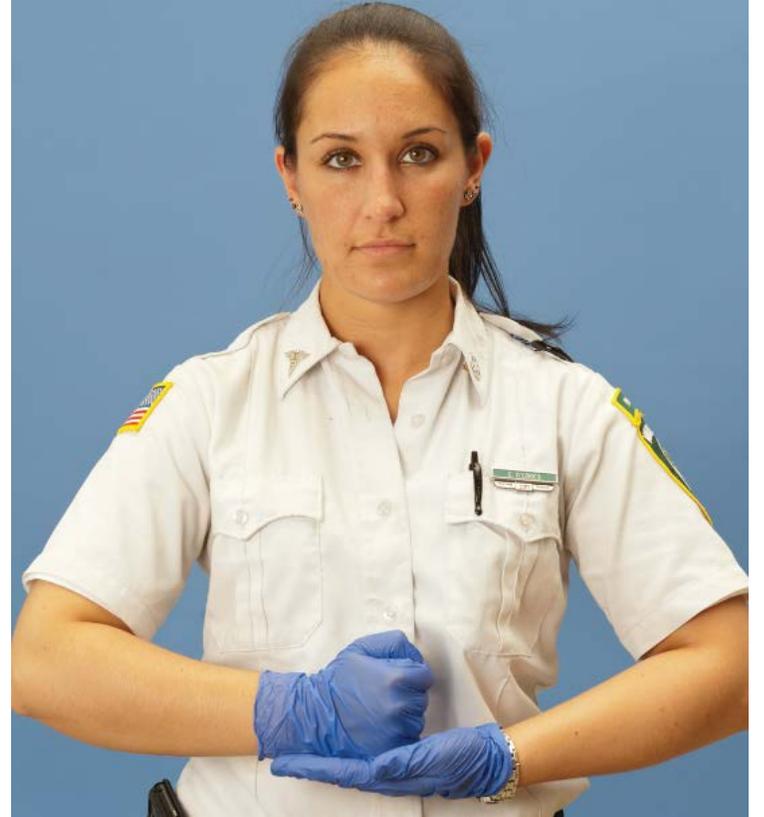
Speak slowly and distinctly into a less-impaired ear.



Sick



Hurt



Help

Abuse and Neglect

Scene Safety

Assure safety of all responders.



Professionalism

Remain calm and professional – do NOT be accusatory or confrontational!



Rapport

Approach patients with a relaxed and non-threatening demeanor to establish trust.



Reassurance

Speak softly and calmly to lessen anxiety, reassure that you are there to help.



Body Language

Pay close attention to body language and nonverbal communication.

Cerebral Palsy

group of disorders characterized by poorly controlled body movement

POSSIBLE CAUSES

Damage to developing brain in utero

Oxygen deprivation at birth

Traumatic brain injury

Infection such as meningitis during early childhood

SYMPTOMS/ASSOCIATED CONDITIONS

Spastic movement of the limb(s)

Inability to maintain posture

Visual and hearing impairments

Epilepsy (~25% of CP patients)

Various levels of mobility.

Do NOT assume all patients with cerebral palsy have an intellectual disability.

Considerations



- Observe airway closely and suction as needed.
- Do not assume intellectual disability.
- Underdeveloped limbs are prone to injury.
- Ataxic or unsteady gait makes patients prone to falls.
- Patient may have special pillow or chair.
- Pad the patient to ensure comfort.
- Never force extremities into position.
- Whenever possible, take walkers or wheelchairs along during transport.
- Be prepared for a seizure and keep suctioning available.
- Continuously communicate with the patient.

Muscular Dystrophy and other Neuromuscular Disorders

Causes a slow, progressive degeneration of the muscle fibers

- Severe manifestations of certain specific diseases in this group include cardiomyopathy, cognitive impairment, and respiratory compromise.
- EMS treatment is primarily limited to careful positioning, supportive treatment, and assisted ventilation in severe cases.

Communicate with the patient, family and caregivers to determine “normal”.
Be as communicative as possible with the patient.

Transport needed assistive devices with the patient – be careful and try not to damage them as they can be quite expensive.

Hospice or Home Care Patients

may have varying levels of communication difficulties

HOSPICE / TERMINALLY ILL

Establish baseline “normal”.

Terminally ill may receive hospice care at a hospice facility or at home.

Comfort care

- Palliative care (pain medications)
- Improves quality of life before patient dies

Follow local protocol, patient’s wishes, legal documents.

Show compassion, understanding, and sensitivity.

Ascertain the patient’s and the family’s wishes regarding transport.

Allow family member to accompany the patient.

HOME CARE / TECHNOLOGY DEPENDENT

Establish baseline “normal”.

Occurs within home environment

Represents a spectrum of populations

- Infants, older adults, chronic illness, developmental disabilities
- Services: delivering meals, cleaning, laundry, maintenance, physical therapy, personal care

EMS may be called to residence by home care provider.

Obtain baseline health status and history from home care provider.

Bariatric Patients

Obesity: person has excessive body fat

Obese: 30% over ideal body weight

Severe obesity: 2–3x over the ideal weight

Imbalance between calories consumed and calories used

May be attributed to low metabolic rate or genetic predisposition

Quality of life is negatively affected

Associated health problems

- Mobility difficulties
- Diabetes
- Hypertension
- Heart disease
- Stroke

Patient may be embarrassed. Be professional and reassuring.

Treat the patient with dignity and respect and keep them involved.

Plan early for extra help or equipment.

Ask patient how it is best to move him or her before attempting to do so.

Coordinate and communicate all moves to all team members and the patient prior to starting to lift.

If the move becomes uncontrolled at any point, stop, reposition, reassure and resume.

Large patients may have difficulty breathing if you lay them in a supine position, talk them through the position changes.

Homelessness and Poverty

Be respectful and compassionate! Do NOT be rude!

Disease prevention strategies are absent leading to increased probability of disease.

May not be able to afford medications, healthy diets or other treatments.

Encourage the patient to be open and honest about their situation so you can help them.

Advocate for all patients and be familiar with available resources.

Remember many of the homeless population suffer from:

- Mental illness or prior brain trauma
- Domestic violence
- Addiction
- Impoverishment leading to homelessness



Patient Interactions

Remember, it is normal to feel uncomfortable.

Treat the patient as you would any other patient.

Approach in a calm, friendly manner and establish rapport.

Introduce yourself and all team members.

Explain what you are going to do in appropriate terminology.

Move slowly but deliberately and at eye level if possible.

Soothe the patient's anxiety and watch for signs of fear.

Establish trust and communication.

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Questions

Resources

Jones & Bartlett Learning, Emergency Care and Transportation of the Sick and Injured, Eleventh Edition

Jones & Bartlett Learning, Advanced Emergency Care and Transportation of the Sick and Injury, 3e

Google Images