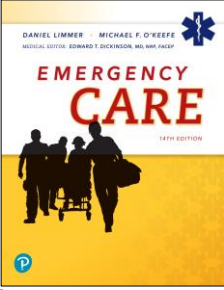


## Emergency Care

Fourteenth Edition



**Chapter 37**  
Emergencies for Patients with Special Challenges

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## Topics

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## Patients with Special Challenges

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### Patients with Special Challenges— Disability (1 of 4)

- When working with patients with special challenges, use empathy and respect
- It can be difficult to know the correct terminology to use when working with these patients
  - The term disability refers to a condition that interferes with the ability to engage in activities of daily living
  - The term handicapped should not be used

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### Patients with Special Challenges— Disability (2 of 4)

- A developmental disability is a chronic impairment beginning at any age up to 22 years
  - Cerebral palsy
  - Down syndrome
- Other disabilities are the result of traumatic injury or a medical condition
  - Multiple sclerosis
  - Parkinson disease
  - Stroke
  - Traumatic brain or spinal cord injury

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### Patients with Special Challenges— Disability (3 of 4)

- Many patients live independently with accommodations
- Some patients live at home but require special assistance
- Other patients with more severe disabilities may live in institutional settings

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## Patients with Special Challenges— Disability (4 of 4)



A blind patient may wish to touch the EMT's face. © Michal Heron



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## Patients with Special Challenges— Terminal Illness

- Terminally ill patients have conditions like end-stage cancer, heart failure, and Lou Gehrig disease
- They may prefer to stay at home under the care of family with assistance from hospice providers
- They may rely on technology to sustain life or relieve pain
- Advance directives specifying the types of emergency care the patient will accept are common
- Patients and their families have special emotional needs



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## Patients with Special Challenges— Obesity (1 of 2)

- Obesity is a body mass index (BMI) of 30 or more
  - $BMI = (\text{weight in pounds} / \text{height in inches}^2) \times 703$
- Patients are at an increased risk for multiple diseases
- It is a significant, growing problem among adults and children in the United States



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## Patients with Special Challenges— Obesity (2 of 2)

- Special measures to care for obese patients
  - Allow the patient to assume a position of comfort
  - Monitor oxygen saturation and provide oxygen and ventilator assistance as needed
  - Use the ramp position to maintain an open airway
  - Use gentle pressure when ventilating
  - Have enough assistance to lift or move the patient
  - Be mindful of the maximum load of your stretcher
- Bariatric surgery can result in postoperative complications and hypoglycemia



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## Patients with Special Challenges— Homelessness and Poverty

- Homelessness is a state of not having a regular place to live, often because of an inability to afford housing
  - Health problems include pneumonia, mental health issues, malnutrition, substance abuse, and HIV/AIDS
  - Lack of access to care means conditions often go untreated until they become emergencies
  - Homeless women may be victims of abuse
  - Emotional problems are common in homeless children
- Poverty is a common cause of homelessness that occurs when income is not adequate for the standard of living



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## Approaches to Care of Patients with Special Needs

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## Approaches to Care of Patients with Special Needs—Autism (1 of 5)

- Autism spectrum disorders (ASD) are developmental disorders that affect the ability to communicate
- Traditional assessment techniques and treatment protocols may need to be adjusted for a patient with ASD
- Use the mnemonic ABCS when treating a patient with ASD
  - Awareness
  - Basic
  - Calm
  - Safety



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## Approaches to Care of Patients with Special Needs—Autism (2 of 5)

- Awareness:
  - Disruption of routine is not well tolerated by patients
  - Literal perceptions make communication challenging
  - Some patients are nonverbal or struggle to speak under stress
  - Patients may have involuntary escalation or meltdown
    - May be due to overstimulation, social skill deficits, excessive demands, and unpredictable situations
    - The patient may know they are out of control but be unable to regain control effectively



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## Approaches to Care of Patients with Special Needs—Autism (3 of 5)

- Basic:
  - Keep your instructions basic and use clear, simple, precise directions
  - Ask basic questions
  - Use less stuff, like radios and other noisy devices
  - Keep your treatment basic
  - Assess carefully because the patient may not offer typical complaints



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## Approaches to Care of Patients with Special Needs—Autism (4 of 5)

- Calm:
  - Remain calm if the patient escalates or melts down
  - Use one-to-one contact accompanied by a caregiver
  - Keep a clear, controlled tone of voice
  - Offer empathy and compassion
  - Allow the patient to express concerns and frustrations
  - Take extra time
    - If the situation is not life-threatening, follow the patient's timeline



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## Approaches to Care of Patients with Special Needs—Autism (5 of 5)

- Safety:
  - Begin treatment where the patient is found
  - Remove things that may aggravate the patient
  - Do a toe-to-head survey, one step at a time
  - Tell the patient what you will assess next
  - Allow time for the patient to ask questions
  - Consider taking breaks during the exam
  - Let the patient tell you when they are ready to move on
  - Avoid restraining the patient



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## Approaches to Care of Patients with Special Needs—Medical Challenges

- Children with lung disease, heart disease, and neurologic disease may live at home with their parents
- These children often use medical technologies like tracheostomy tubes and artificial ventilators
- Parents and caregivers are a valuable source of information about these devices
- Care of these patients is complicated by the lack of history information readily available to the EMT



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## General Considerations in Responding to Patients with Special Challenges

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## General Considerations—Advanced Medical Devices in the Home (1 of 2)

- When called to a patient with special challenges, you must understand their challenge as well as the chief complaint
- Medical advances have enabled many patients with serious conditions to live and work outside of the hospital
  - As a result, EMTs see many conditions and devices they did not previously encounter
- Calls may be related to a problem with the patient's device or for a medical or traumatic problem unrelated to it



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## General Considerations—Advanced Medical Devices in the Home (2 of 2)



EMTs are increasingly called to assist patients who rely on advanced medical devices at home. This patient has a feeding line and a home ventilator connected to a tracheostomy.



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## General Considerations—Variety of Health Care Settings

- EMT may respond to calls at private residences, nursing homes, and specialized care or rehabilitation facilities
- Become familiar with any special health care settings in your community to be prepared for these kinds of calls
- Meet and develop plans with facility representatives
- Check whether your community has a program through the dispatch system that identifies people with special devices



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## General Considerations—Knowledgeable Caregivers (1 of 2)

- Caregivers are often trained on and very familiar with the devices used by family members
- Questions to ask caregivers:
  - Has problem occurred before? What fixed it?
  - Have you been taught how to fix this problem?
  - Have you tried to fix this problem? What happened?
- Family may also provide insight into the best way to transport the patient



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## General Considerations—Knowledgeable Caregivers (2 of 2)

- Assign a member of the EMS team to work with a family member on the medical device
- Remember that a family member's training may fail when faced with a loved one's emergency
  - A little gentle coaching may help them overcome their initial stress response
  - A calm, stable demeanor along with their expertise will lead to a positive outcome



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## General Considerations—A Knowledgeable Patient (1 of 2)

- The patient may be of help regarding their condition, the need for a device, and the operation of the device
- Ask about the device and any problems with it
- Your approach depends greatly on the patient's mental status and baseline level of functioning
- Always explain what you are doing, regardless of the patient's mental status or condition



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## General Considerations—A Knowledgeable Patient (2 of 2)



The patient is often an expert on the device or devices she depends on. Enlist the patient's advice as you discuss her condition, special devices, and the assessments and care you plan to perform.



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## General Considerations—Following Protocols

- An EMT's actions fall under specific regional and state scopes of practice
- Confer with medical direction if the skill required is not something you are trained or allowed to do
- Considerations include:
  - Is the problem with the device life threatening?
  - Do I have the knowledge to fix this problem?
  - Do I have supplies needed to fix this problem?
  - Is it within my protocols or within medical control authorization?



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## General Considerations—Establishing a Baseline (1 of 2)

- Baseline for patients with special care needs often falls outside traditional norms
  - Determine what normal expectations are for the patient
  - Determine what changed to make EMS necessary
- Patients are often the best source of baseline information
  - Ask what is different today
  - Ask why they felt the ambulance was needed



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## General Considerations—Establishing a Baseline (2 of 2)

- Family and caregivers can also fill in assessment details
  - They are often well versed in emergency procedures
  - They can do things outside of your scope of practice
- Use other resources to gather information about a disease or condition
  - Conduct research when the patient is nonemergent
  - Consult medical control for additional information



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## General Considerations—Don't Forget Routine Care

- Differentiate a patient's unique, ongoing challenges from routine problems of everyday life
  - Routine problems may exacerbate chronic conditions
  - Don't focus so much on the chronic problem that you miss the routine problem
- Conduct a standard patient assessment
  - Life threatening primary assessment problems are a treatment priority
  - The secondary assessment will help better define the nature of that day's problem



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## Diseases and Conditions

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### Diseases and Conditions (1 of 2)

- A congenital disease or condition is present at birth that may or may not be genetic
  - Congenital heart disease
  - Cleft palate
  - Congenital deafness
- An acquired diseases or condition occurs after birth and may be cause by exposure, trauma, or a medical condition
  - COPD
  - AIDS
  - Traumatic spinal cord injury



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### Diseases and Conditions (2 of 2)

- Some diseases can be either congenital or acquired depending on how they occur
- A patient with a chronic disease may experience sudden worsening of the disease
- A patient may also develop an acute illness
  - Acute illnesses may be more devastating because of coexisting chronic disease



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## Advanced Medical Devices

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### Advanced Medical Devices—Respiratory Devices (1 of 8)

- Noninvasive positive pressure ventilation devices (NIPPV)
  - Continuous positive airway pressure (CPAP) devices blow oxygen under constant low pressure
    - They prevent collapse of airway passages
    - They are often prescribed for sleep apnea
  - Biphasic continuous positive airway pressure (BiPAP) devices provide inhalation and exhalation assistance



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### Advanced Medical Devices—Respiratory Devices (2 of 8)

- Noninvasive positive pressure ventilation devices (NIPPV)
  - EMT assessment and transport
    - Patients that use a CPAP at night are unlikely to have emergencies related to the machine
    - The patient may bring the machine to the hospital
    - Alert hospital personnel of the use of a CPAP device during sleep



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## Advanced Medical Devices—Respiratory Devices (3 of 8)



A continuous positive airway pressure (CPAP) device provides constant pressure to keep airway passages open. It may be prescribed to adults.



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## Advanced Medical Devices—Respiratory Devices (4 of 8)

- Tracheostomy tubes
  - A tracheostomy is a surgical opening through neck (stoma) into the trachea
  - A tracheostomy tube (trach) is inserted in to the opening to allow the patient to breathe
    - A bag-valve mask (BVM) fits on end of tube
    - An obturator is used to help insert the tube



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## Advanced Medical Devices—Respiratory Devices (5 of 8)

- Tracheostomy tubes
  - A long-term tracheostomy may be done for conditions that affect breathing and airway patency
  - A tracheostomy tube (trach) is inserted in to the opening to allow the patient to breathe
    - The patient may or may not use a ventilator
    - The patient may or may not be able to speak
  - Mucus buildup is a frequent problem
    - Dislodgement and stoma infection may also occur



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## Advanced Medical Devices—Respiratory Devices (6 of 8)

- Tracheostomy tubes
  - EMT assessment and transport
    - Check the tube for blockage
    - If blocked, insert whistle-tip catheter into the stoma
    - Determine depth using the obturator or resistance
    - Suction as the catheter is withdrawn
    - Cleanse the catheter with sterile water between use
    - Use a BVM between suction for ventilator patients
    - Transport with the patient head slightly elevated



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## Advanced Medical Devices—Respiratory Devices (7 of 8)

- Home ventilators
  - A ventilator is a device that breathes for the patient
  - It is programmed to take over inhalation, exhalation, timing, and rate of breathing
  - It is attached to ventilator circuit that enters the trachea
  - Common problems
    - Mucus plugs and secretions
    - Infections or respiratory distress
    - Power or mechanical failures



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## Advanced Medical Devices—Respiratory Devices (8 of 8)

- Home ventilators
  - EMT assessment and transport
    - Use the DOPE mnemonic
      - Displacement of the tube
      - Obstruction or mucous plug
      - Pneumothorax or pneumonia
      - Equipment problems or failure
    - Ensure there is no mucus build-up in the tube
    - Use a BVM while moving to the ambulance
    - Secure the ventilator if you are transporting it



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## Advanced Medical Devices—Cardiac Devices (1 of 7)

- Implanted pacemakers and cardiac defibrillators
  - Pacemakers are implanted under the skin with wires attached to the heart
    - They are designed to prevent the heart rate from becoming too slow
    - They detect patient activity and modify heart rate accordingly
    - They deliver a series of low-energy impulses at set intervals to stimulate a faster heart rate
    - The patient does not feel the impulse



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## Advanced Medical Devices—Cardiac Devices (2 of 7)

- Implanted pacemakers and cardiac defibrillators
  - Automatic implanted cardiac defibrillator (AICDs) are placed under the skin with wires inserted into the heart
    - They are usually implanted in the upper left chest
    - They detect life threatening cardiac rhythms
    - A single shock is delivered when a life threatening rhythm is detected; other shocks may follow
    - The patient will feel and may be upset by the shock



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## Advanced Medical Devices—Cardiac Devices (3 of 7)

- Implanted pacemakers and cardiac defibrillators
  - EMT assessment and transport
    - The nature of the call may necessitate ALS
    - Provide high-concentration oxygen and frequently reassess the patient
    - If the patient goes into cardiac arrest, use CPR and an AED as indicated



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## Advanced Medical Devices—Cardiac Devices (4 of 7)

- Wearable cardioverter defibrillators (WCDs)
  - Patients at risk for dysrhythmias who do not have an AICD may have a WCD
  - The WCD works like an AICD to sense dysrhythmias and deliver a shock
  - The WCD issues various voice commands to the wearer and bystanders
  - CPR can be performed on the patient unless the device issues a voice command indicating otherwise



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## Advanced Medical Devices—Cardiac Devices (5 of 7)

- Ventricular assist device (VADs)
  - VADs are implanted mechanical pumps that take over pumping action of the ventricles of the heart
    - They move blood from the left ventricle through a tube to a pump implanted in the abdomen
    - The blood is pressurized and sent back into the circulation
    - VADs run off of external battery packs connected via a tube through the abdominal wall
    - Infection, battery failure, and air leakage may occur



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## Advanced Medical Devices—Cardiac Devices (6 of 7)

- Ventricular assist devices (VADs)
  - EMT assessment and transport
    - The external battery back should be secured
    - Battery failure should be addressed by connecting the pump to an AC source
    - If the pump fails, it may have a hand or foot backup
    - VADs may not generate a pulse
      - Listen for pump sounds and asses patient appearance and mental status
    - VAD failure may result in cardiac arrest



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## Advanced Medical Devices—Cardiac Devices (7 of 7)



This patient holds one of the two batteries that powers his implanted left ventricular assist device. The LVAD's controller is attached to his belt.

© AP Photo/George Widman



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## Advanced Medical Devices—Gastrourinary Devices (1 of 15)

- Feeding tubes are used in patients who are unable to feed themselves or cannot swallow
  - Nasogastric tube (NG-tube)
    - Inserted through the nose into the stomach
    - Provides nutrients and removes stomach contents
  - Gastrostomy tube (G-tube)
    - Inserted through the abdominal wall into stomach
    - Longer-term nutrient delivery than an NG-tube
  - Common problems include dislodgement, infection, and clogging



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## Advanced Medical Devices—Gastrourinary Devices (2 of 15)

- EMT assessment and transport with a feeding tube
  - Use tape to secure the tube to the patient's body prior to transport
  - Keep the nutrient source higher than the tube
  - Put the protective cap in place to prevent leakage
  - Do not replace a dislodged tube
  - Place the patient in a seated position if possible



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## Advanced Medical Devices—Gastrourinary Devices (3 of 15)



In her home kitchen, this mother is administering a liquid cornstarch solution to her child through an implanted gastric feeding tube. The child has a rare disease that requires him to ingest cornstarch every four hours to avoid seizures and hospitalization. © AP Photo/ The Charlotte Observer,

David T. Foster III



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## Advanced Medical Devices—Gastrourinary Devices (4 of 15)

- Urinary catheters are used by patient who have lost the ability to urinate or control when they urinate.
  - Indwelling Foley catheters are the most common type
  - Most are inserted into the bladder through the urethra and use a balloon to hold the tubing in place
  - External tubing drains to a leg bag or a down drain
  - Problems include infection, blockages, urine discoloration, and dislodgement.



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## Advanced Medical Devices—Gastrourinary Devices (5 of 15)

- EMT assessment and transport with a urinary catheter
  - During transport, keep the catheter bag lower than the patient (not on the floor)
  - Do not damage the bag with the stretcher
  - Document any urine discoloration or odor
  - Empty the bag if it is one-third to one-half full
  - Document the amount emptied



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## Advanced Medical Devices— Gastrourinary Devices (6 of 15)



This patient has a urinary catheter that is connected to a collection bag.



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## Advanced Medical Devices— Gastrourinary Devices (7 of 15)

- Ostomy bags are connected to the site of a colostomy or ileostomy
  - Usually not visible through clothing
  - Common problems include infection at the stoma site, blockage, or dislodgement
- EMT assessment and transport with an ostomy bag
  - Use care when transporting the patient
  - The objective is to prevent breakage or dislodgement of the bag



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## Advanced Medical Devices— Gastrourinary Devices (8 of 15)

- Dialysis is required by patients who have renal failure
  - It replaces the functions of the kidneys by removing toxins, filtering blood, and regulating fluid levels
- Hemodialysis
  - Performed by an external machine (dialyzer)
  - Usually performed at a dialysis center
  - Large needles and tubing remove and return blood
  - Complications include bleeding from the A-V fistula, infection, and hypovolemia



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## Advanced Medical Devices— Gastrourinary Devices (9 of 15)

- Peritoneal dialysis
  - Requires a permanent catheter implanted through the abdominal wall into the peritoneal cavity
  - Dialysis solution runs into the abdominal cavity and is ultimately drained back into dialysis the bag
  - Solution absorbs wastes from the body
  - Complications include dislodging the catheter and infection (peritonitis)



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## Advanced Medical Devices— Gastrourinary Devices (10 of 15)

- EMT assessment and transport of a dialysis patient
  - Do not take blood pressure on any arm with A-V shunt, fistula, or graft
  - Rupture of shunt, fistula, or graft causes fast, significant blood loss
    - Use direct pressure to control bleeding from a shunt
    - Treat for shock, transport, and monitor the patient carefully



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## Advanced Medical Devices— Gastrourinary Devices (11 of 15)

- Central IV catheters are surgically inserted for long-term delivery of medications or fluids
  - Often used for IV chemotherapy or parenteral nutrition
  - Inserted via a surgical puncture to introduce medications or fluids into central circulation
- Peripherally inserted central catheter (PICC)
  - Has an external tube slightly larger than IV tubing
  - Inserted in a peripheral vein and threaded into central circulation
  - Often found in the arm



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### Advanced Medical Devices— Gastrourinary Devices (12 of 15)

- Central venous line
  - Inserted through a subclavian, jugular, or femoral vein
  - May have one, two, or three external IV tubes attached to a patient's chest
- Implanted port
  - Has no external tubing
  - A needle called a Huber is needed to access the port



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### Advanced Medical Devices— Gastrourinary Devices (13 of 15)

- EMT assessment and transport with a central IV catheter
  - Use of the catheter is restricted to hospital personnel
  - Be aware of the catheter to avoid tugging or contamination
  - Do not place an AED pad over a central line venous catheter
  - Have a high index of suspicion for sepsis



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### Advanced Medical Devices— Gastrourinary Devices (14 of 15)

- Ventriculoperitoneal (VP) shunts are drainage devices from the brain to the abdomen or atrium of the heart
  - Used to relieve excess cerebrospinal fluid
  - Common in children with special health needs
  - If the shunt malfunctions, pressure in the skull rises
    - This may cause altered mental state
    - Altered mental state may also be due to infection
  - Patients are prone to seizures and respiratory issues



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### Advanced Medical Devices— Gastrourinary Devices (15 of 15)

- EMS assessment and transport with a VP shunt
  - Manage medical problems as you would for any other patient
  - Manage airways and prevent hypoxia
  - Transport and consult medical control for specific instructions



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### Advanced Medical Devices—Physical Impairments (1 of 4)

- Take extra time and care to help patients with hearing, sight, or speech impairments adjust
- Remember that physical impairment does not mean mental impairment
- Hearing loss
  - Ascertain the patient's abilities
  - Write questions and explanations on paper
  - Use TDD/TTY phones if available



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### Advanced Medical Devices—Physical Impairments (2 of 4)

- Impairments to sight
  - Determine whether vision is poor or there is no vision
  - Carry a small flashlight in case lights have burned out
  - Carefully replace any objects you move
  - Transport a guide dog with a patient unless it is a threat
- Aphasia
  - Allow the patient to write or type answers
  - Use a TDD/TYY phone if available



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## Advanced Medical Devices—Physical Impairments (3 of 4)

- Difficulty walking or standing
  - Carefully assist the patient
  - Bring along any helping devices the patient wants
  - A wheelchair may make assessment difficult
    - If the patient is moved to a stretcher, transport the wheelchair safely or secure it from loss



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## Advanced Medical Devices—Physical Impairments (4 of 4)

- EMT assessment and transport with physical impairments
  - Provide whatever assistance the patient needs
  - Assess to determine whether the impairment is the baseline or is a new problem
  - Determine comfort levels and any tools needed to compensate
  - Explain your actions and treatments
  - When transporting, bring aids required by the patient



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## Abuse and Neglect

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## Abuse and Neglect (1 of 2)

- Patients with special challenges are more vulnerable to abuse and neglect due to their dependence on others
- Be alert to this possibility during scene size-up, history taking, and assessment
- Watch for:
  - Stories that are inconsistent with injuries
  - Multiple injuries in various stages of healing
  - Repeated injuries
  - Caregivers' indifference to the patient



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## Abuse and Neglect (2 of 2)

- Do not make accusations
- Do your best to get the patient out of the environment
- Report your suspicions according to the requirements of your jurisdiction



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## Abuse and Neglect—Child Abuse and Neglect (1 of 8)

- Child abuse can take several forms, often in combination:
  - Psychological (emotional) abuse
  - Neglect
  - Physical abuse
  - Sexual abuse
- What constitutes neglect is a serious legal question
  - Lack of food, shelter, and a safe environment rarely trigger emergency calls
  - Signs of neglect detected during calls for other reasons should be report to the receiving physician



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## Abuse and Neglect—Child Abuse and Neglect (2 of 8)

- Physical and sexual abuse are the types most commonly seen by EMTs
  - Physical abusers use many objects as weapons
    - They may beat with a hand or other object
    - They may burn children with thermal sources
    - They may shake, throw, or push children
  - Sexual abusers may expose themselves or engage in intercourse or torture
    - This may result in serious physical injuries
    - It also causes unseen issues



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## Abuse and Neglect—Child Abuse and Neglect (3 of 8)

- Patient assessment for physical abuse
  - Common findings
    - Slap marks, bruises, lacerations, and abrasions
    - Broken bones, fractures, and fracture complications
    - Head injuries (concussion, skull fracture)
    - Abdominal injuries (rupture spleen, blunt trauma)
    - Bite marks
    - Burn marks
    - Indications of shaking in infants



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## Abuse and Neglect—Child Abuse and Neglect (4 of 8)

- Patient assessment for physical abuse
  - Common indicators of abuse
    - Repeated visits to the same child or children
    - Indications or past injuries
    - Poorly healing wounds and fractures
    - Indications of past burns or fresh bilateral burns
    - Many different injuries to both sides of the body
    - Unusual behavior by the child
    - A caregiver who refuses to leave you alone



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## Abuse and Neglect—Child Abuse and Neglect (5 of 8)

- Patient assessment for physical abuse
  - Observe the adult as you treat the child
    - Do they seem inappropriately unconcerned?
    - Do they struggle to control their anger?
    - Do you fear a sudden emotional explosion?
    - Does the adult appear to have deep depression?
    - Are there indicators of drug or alcohol abuse?
    - Do any of the adults speak of suicide or seek mercy for their unhappy children?



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## Abuse and Neglect—Child Abuse and Neglect (6 of 8)

- Patient assessment for sexual abuse
  - Rearrange or remove clothing only as needed to determine and treat injuries
  - Examine genitalia only if there is obvious injury
  - Be calm and reassuring
  - Common signs
    - Obvious signs of sexual assault
    - Unexplained genital injury
    - Seminal fluid on the body or clothes



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## Abuse and Neglect—Child Abuse and Neglect (7 of 8)

- Patient assessment for sexual abuse
  - Remain professional and control your emotions
  - Protect the child from embarrassment
  - Do not say anything that makes the child feel blame



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## Abuse and Neglect—Child Abuse and Neglect (8 of 8)

- Patient care for sexual abuse
  - Dress and provide other injury care as needed
  - Preserve evidence of sexual abuse if suspected
  - Discourage the child from using the bathroom
  - Give nothing to the patient by mouth
  - Do not have the child wash or change clothes
  - Transport the child



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## Abuse and Neglect—Elder Abuse and Neglect (1 of 3)

- Elders may be physically, psychologically, or financially abused or neglected
  - Physical abuse includes pushing, shoving, hitting, shaking, and sexual abuse
  - Physical neglect includes improper feeding, inadequate hygiene care, and inadequate medical care
  - Psychological abuse and neglect include threats, insults, and ignoring the elder
  - Financial abuse and neglect include exploitation or misuse of belongings or money



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## Abuse and Neglect—Elder Abuse and Neglect (2 of 3)

- Dependent adults outside of pediatric and geriatric populations may also fall victim to abuse and neglect
  - These adults may have developmental disabilities, physical challenges, or other dependent situations
  - The approach to recognizing abuse is similar to that used for children and elder adults
  - Clues come from physical signs like cleanliness and caregiver interaction



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## Abuse and Neglect—Elder Abuse and Neglect (3 of 3)

- Specific warning signs of adult abuse
  - Unexplained absence of caregivers or potentially harmful periods of abandonment
  - Signs of hunger, malnourishment, or improper toileting
  - Improper or unusual interactions with caregivers
  - Caregiver interference with assessment, treatment, or transport
- Reporting mandates for dependent adults differ from state to state



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## Abuse and Neglect—The Role of the EMT in Cases of Suspected Abuse or Neglect (1 of 2)

- Gather information from the caregiver away from the patient without expressing judgment
- Talk with the patient separately about how an injury occurred
- Control your emotions and provide appropriate care
- Do not indicate suspicions of abuse
- If an MOI is suspicious, transport the patient even if the severity of the injury does not warrant it



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## Abuse and Neglect—The Role of the EMT in Cases of Suspected Abuse or Neglect (2 of 2)

- EMTs are mandated reporters in some states
  - Usually reporting requires contacting the state's social service reporting hotline
  - Notifying hospital personnel or law enforcement may not be sufficient
  - Even if not legally required, reporting is a professional obligation
- Always refer to abuse as suspected or possible, remain objective, and report only the facts



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## Abuse and Neglect—Intimate Partner Violence (1 of 3)

- Intimate partner violence is a pattern of behavior used to gain control over an intimate partner
  - It is a pattern of behavior, not an isolated incident
  - Abusers use physical, emotional, economic, and sexual tactics
- EMTs often see the same patients multiple times
  - EMTs may be the most sophisticated medical care the patient receives
  - They are also often the only outlet to social service referral



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## Abuse and Neglect—Intimate Partner Violence (2 of 3)

- Assessment of the patient should take place away from the partner and any children
- Signs of intimate partner violence
  - Physical signs of abuse
  - Victim fear of talking to EMS or law enforcement
  - Reluctance to accept treatment or transport
  - Obvious isolation of the victim
  - Delays in seeking treatment
  - History inconsistent with injuries
  - Unusual interaction with the partner



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## Abuse and Neglect—Intimate Partner Violence (3 of 3)

- Always attend to medical issues first
- Patients often refuse transport due to calculated decisions about their personal safety
- Try to be an advocate for the patient
  - Let them know community organizations can help
  - Note that these services are free and confidential
  - Point out 24-hour toll-free hotlines
- The EMT's role is to gather information, document statements, and objectively report facts



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## Abuse and Neglect—Human Trafficking (1 of 4)

- Human trafficking is the exploitation of a person for compelled labor or a commercial sex act through force
- It is a public health issue because it exposes victims to abuse, malnutrition, STIs, and mental health issues
- EMTs are uniquely positioned to observe environmental situations that other care providers cannot



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## Abuse and Neglect—Human Trafficking (2 of 4)

- Clinical presentations of human trafficking
  - Bruises in various stages of healing
  - Scars, mutilations, or infections due to improper care
  - Urinary difficulties, pelvic pain, or pregnancy
  - Chronic back, cardiovascular, or respiratory problems
  - Poor eyesight or eye problems
  - Malnourishment or serious dental problems
  - Disorientation, confusion, phobias, or panic attacks



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## Abuse and Neglect—Human Trafficking (3 of 4)

- Other indicators of human trafficking
  - The patient is accompanied by a controlling person
  - The controlling person does all of the talking
  - The patient has a language or cultural barrier
  - The patient's IDs are being held by someone else
  - The patient is submissive or fearful
  - The patient is inadequately dressed for their job
  - The patient is subject to security measures
  - The patient lives in a degraded place
  - The patient has classical presentations of trafficking



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## Abuse and Neglect—Human Trafficking (4 of 4)

- Treat medical issues first
- Remember that trafficking is perpetrated by sophisticated and dangerous criminals
  - Always consider scene safety
  - Do not disclose your suspicions to others on scene
- If the EMT suspects trafficking, law enforcement should be immediately and discreetly notified



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## Chapter Review



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## Chapter Review (1 of 6)

- Patients with special challenges include those who are homeless or living in poverty, are very obese, have sensory impairments, are terminally ill, have developmental disorders, and/or are technology dependent.



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## Chapter Review (2 of 6)

- A disability is a condition that interferes with a person's ability to engage in everyday activities, such as working or caring for oneself.



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## Chapter Review (3 of 6)

- Although patients with special challenges may require EMS for problems related to their disabilities or chronic conditions, do not assume that this is the case for a particular patient. These patients may have the same medical emergencies (an anaphylactic reaction to a new medication, for example) as more routine patients.



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## Chapter Review (4 of 6)

- It is critical for EMTs to treat patients who have special challenges with empathy and respect.
- The homeless, poor, and very obese are at increased risk for health problems.



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## Chapter Review (5 of 6)

- When dealing with patients who have autism, use ABCS: **awareness** (that ASD patients behave and react differently from most patients), **basic** (keep instructions, questions, treatments, and the environment simple), **calm** (be calm and patient; don't lose your temper, yell, or try to force the patient), and **safety** (as much as possible, interact with the patient in his familiar surroundings, where they feel safe).



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## Chapter Review (6 of 6)

- Patients with special challenges, their families, and their caregivers are often very knowledgeable about the patients' needs and the function of their special equipment. As much as possible, rely on their expertise and involve them in care.



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## Remember (1 of 4)

- Assistive equipment and special accommodations allow many people with special challenges to live normal lives.
- Beware of overstimulating a patient with an autism spectrum disorder.



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## Remember (2 of 4)

- To ensure proper care, you must recognize, understand, and evaluate the patient's special health care challenges in addition to the presenting problem or chief complaint that led to the call to EMS.



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## Remember (3 of 4)

- Caregivers and patients can provide valuable information about special health challenges and advanced medical devices.
- A chronic disease or medical condition may present as a primary problem or may complicate another illness or injury.



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## Remember (4 of 4)

- When encountering an advanced medical device, consider what the device is doing for the patient and how important the device is to the patient's survival.
- Special health challenges often make patients more vulnerable to abuse and neglect.



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## Questions to Consider

- What does ABCS stand for when treating an autistic child?
- What does a CPAP machine do?
- Can a responder be injured by an AICD that discharges?



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## Critical Thinking

- You are called to transport a ventilator patient. As you begin your survey, the ventilator stops functioning. What steps should you take to care for this patient? What transport considerations do you have?



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