

## Patients with Disabilities

- Disabled—persons with physical impairments that limit one or more major life activities

## Patients with Disabilities

- Physical disabilities may include:
  - Deafness or hearing impairment
  - Blindness or visual impairment
  - Impaired mobility such as paralysis or other muscular disorders

## Patients with Disabilities

- Hearing-impaired patients
  - May be unable to understand what is occurring without someone to assist with communication
  - It is important to establish a patient's hearing impairment and assess any communication problems
  - Determine patient's ability to understand, speak, and communicate
  - Communicate through gestures, expressions, or writing

## Patients with Disabilities

- Hearing-impaired patients
  - Basic American Sign Language (ASL)
    - Where do you hurt?
    - Where are you sick?
    - How can I help?

## Patients with Disabilities

- Hearing-impaired patients
  - When speaking to a hearing-impaired patient:
    - Face the patient so he/she can see you
    - Speak slowly and clearly
    - Identify yourself
    - Let patient know you are there to help
    - Establish eye contact
    - Watch patient's facial expressions

## Patients with Disabilities

- Hearing-impaired patients
  - If verbal communication is not effective:
    - Write out important words
    - Use signs and gestures
    - Keep checking that patient understands you

## Patients with Disabilities

- Hearing-impaired patients
  - With each patient
    - Allow more time for communication
    - Keep paper and writing instrument ready
    - Let patient write down answers to your questions

## Patients with Disabilities

- Visually impaired patients
  - Patients with visual impairments often adapt effectively to their regular environment
  - In an emergency, different sounds, smells, and other external stimuli may confuse or disorient them

## Patients with Disabilities

- Establish physical contact with patient who is blind or visually impaired
  - Place your hand on patient's shoulder
  - Maintain physical contact during emergency medical care to reassure him/her
  - Explain what is going on and what care you will give
  - Speak slowly and listen carefully to understand your patient's needs

## Patients with Disabilities

- Establish physical contact with patient who is blind or visually impaired
  - Effective, reassuring verbal communication is essential for effective assessment and treatment of patients with visual impairment
  - To prevent frightening a visually impaired patient
    - Refrain from touching or grabbing him/her without first stating your intention
    - If patient is required to move offer your assistance
    - Patient may wish to place hand on your shoulder or elbow and allow you to guide him/her

## Patients with Disabilities

- Patients with mobility disabilities
  - Assume patient with physical disability can understand you
  - May need to use special procedures to effectively and appropriately assess and treat patients with mobility disabilities
  - May need to establish what is normal for that patient—may be very different from patient without disability

## Patients with Disabilities

- Patients with mobility disabilities
  - A patient's splints and other supportive devices
  - Can be helpful when managing musculoskeletal injuries
  - If they interfere with emergency care—they must be removed



## Patients with Disabilities

- Patients with mobility disabilities
  - Ostomy appliances/collection devices
    - Surgical opening made from urinary bladder, small intestine, or large intestine; a temporary or permanent pathway for urine or feces to reach a collection bag outside body



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## Patients with Disabilities

- Cerebral palsy (CP)— motor function disorder caused by a brain defect or lesion present at, or shortly after, birth
  - Has difficulty controlling muscular movement



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## Patients with Disabilities

- Cerebral palsy (CP)—motor function disorder caused by a brain defect or lesion present at, or shortly after, birth
  - Extremities may be held in characteristic positions
  - Be gentle during physical examination and do not force movement if an extremity will not easily move to a desired position
  - Increased risk for airway obstruction—may have more difficulty swallowing food or secretions
  - May be on different types of medication

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## Critically Ill and Injured Patients

- Introduce yourself
- Let patient know your level of training and that you are there to help
- Let patient know you are attending to their immediate needs and these are your primary concerns

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## Critically Ill and Injured Patients

- Continually explain what is occurring
- Help patient stay oriented to situation—give simple explanations
- Be honest with patients without unnecessarily shocking or confusing them

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## Critically Ill and Injured Patients

- If patient refuses emergency medical care/asks you to leave him/her alone
  - Explain the seriousness of the condition and your ability to help
  - Document this in your report
  - Have patient sign a refusal-of-care form

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## Critically Ill and Injured Patients

- Patient may ask if they are going to die
  - It is not your responsibility nor even your right to tell a patient that death is imminent
  - Make honest helpful statements
    - "I don't know if you are going to die, but let's fight this together"
    - "I'm not going to give up on you, so don't give up on yourself"

## Critically Ill and Injured Patients

- Patient may ask you to contact family members or someone else
  - Assure patient that you or someone else will attempt to locate person

## Chronically Ill Patients

- Chronic—condition that is present over a long period of time
- Determine in your focused history:
  - Whether patient has chronic illness
  - Make note of any medications, side effects, and usual routine or conditions of patient compared to signs and symptoms of primary complaint

## Chronically Ill Patients

- Hospice patients—family-centered care designed to assist patients who have a terminal illness to be comfortable and to maintain quality of life through last phases of life
  - Hospice care includes:
    - Home visits
    - Professional medical help available on call
    - Teaching and emotional support of family regarding physical care of patient

## Chronically Ill Patients

- Hospice patients
  - Once you identify that you are caring for a hospice patient:
    - Check to see if patient's hospice representative has been notified
    - Try to determine if reason you were called is related to patient's terminal health condition
    - If complaint is not directly related to patient's underlying medical condition it should be managed as you would with any other patient

## Chronically Ill Patients

- Hospice patients
  - Acquire a detailed history for a hospice patient
    - Current medical condition
    - Medications
    - Hospice representative—best source for medical status
    - Both patient and immediate family members are usually knowledgeable concerning current medical condition, treatment, medications

## Chronically Ill Patients

- Hospice patients
  - Do not attempt resuscitation orders (DNAR)
    - Does not mean withhold "comfort care"
      - Oxygen
      - Suctioning airway
      - Controlling external bleeding
      - Other such care
  - Respect patient's choices and wishes

## Chronically Ill Patients

- Special considerations for patients with disabilities
  - Use "person first" language
  - Focus on patient's abilities
  - Develop creative means of communication
  - Use caregiver as resource
  - Treat patient with respect

## Geriatric Patients

- Changes that occur with aging
  - Respiratory system
    - Chest wall stiffens
    - Decrease in ability of thoracic cavity to expand and contract
    - Higher risk for airway obstruction and aspiration
    - Spinal curvature may change—may further compress lungs and affect respiratory system and breathing

## Geriatric Patients

- Changes that occur with aging
  - Cardiovascular system
    - Decrease in arterial elasticity—can lead to circulatory problems
    - Decreased ability to compensate for things such as blood loss
    - More risk for shock

## Geriatric Patients

- Changes that occur with aging
  - Nervous system
    - Brain mass decreases
    - Nerve impulse speed decreases
    - Memory can be affected
    - Behavioral changes may be noticed

## Geriatric Patients

- Changes that occur with aging
  - Sensory system
    - More likely to experience vision and hearing difficulties
    - May not perceive pain in same way as younger patients
    - Decreased sense of balance
    - Diminished pain perception
    - Inability to differentiate between hot and cold
    - Decreased tolerance of hot or cold conditions

## Geriatric Patients

- Changes that occur with aging
  - Musculoskeletal system
    - Loss of bone—osteoporosis
    - Inability to flex joints as well

## Geriatric Patients

- Changes that occur with aging
  - Digestive system
    - Increase in digestive system changes
    - Common changes
      - Difficulty chewing/swallowing
      - Difficulty digestion
      - Constipation

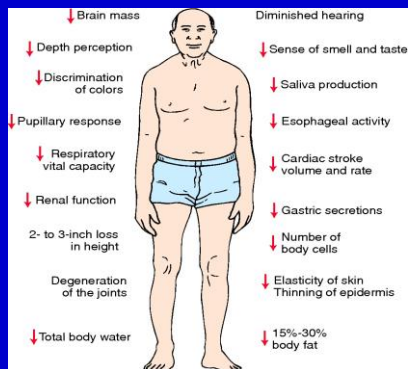
## Geriatric Patients

- Changes that occur with aging
  - Urinary system
    - Bladder becomes less elastic
    - Weakening bladder muscles
    - Sensation to urinate becomes delayed
    - Urinary incontinence

## Geriatric Patients

- Changes that occur with aging
  - Skin
    - Skin thins and loses elasticity
    - Increased risk of infection
    - Decrease in signs and symptoms of infection
    - Cannot thermoregulate as well
    - Increased risk of heat- or cold-related injuries

## Geriatric Patients



## Geriatric Patients

- Risk of illness and injury
  - Health risk factors for elderly patients:
    - Being over 75 years of age
    - Living alone
    - Experiencing recent death of significant other
    - Having recently been hospitalized
    - Being unable to hold urine or feces (incontinence)
    - Being immobile
    - Having an unsound mind (dementia)

## Geriatric Patients

- Mechanisms of injury
  - Falls
    - Most occur because of changes in posture and gait and visual acuity
    - Variables contributing to falls
      - Slippery floors
      - Throw rugs
      - Stairs
      - Poor-fitting shoes
      - Poor lighting

## Geriatric Patients

- Mechanisms of injury
  - Vehicular trauma
    - Motor vehicle collisions (MVCs) are leading cause of trauma death in the geriatric population
      - Physiological inability to compensate for trauma
      - Changes in memory
      - Reaction time
      - Impairment in vision and hearing
    - Elderly patients also frequently involved in pedestrian fatalities
      - Require more time to cross streets
      - Visual and hearing impairments

## Geriatric Patients

- Mental health consideration
  - 10% of elderly population require professional mental health services
  - Always assume an altered mental status is a result of something like hypoxia, shock, or brain injury unless proven otherwise

## Geriatric Patients

- Risk of illness and injury
  - Assessment
    - Factors to consider:
      - Failure of heart to provide adequate circulation
      - Auditory and visual loss
      - Reduced red blood cells (anemia)
      - Respiratory insufficiency

## Geriatric Patients

- Communication
  - Be respectful when addressing elderly patients
  - Address all patients by their last name unless they invite you to use their first name
  - Communicate your compassion
  - Express your friendliness
  - Reassure your patient honestly and appropriately
  - Talk slowly
  - Allow more time for patient's answer
  - Consider patient may have a hearing deficit—talk to the “better” ear, face the patient

## Geriatric Patients

- Communication
  - Common complaints in elderly patients
    - Alcoholism
    - Constipation or diarrhea
    - Dementia
    - Depression
    - Dizziness, fainting
    - Difficulty eating
    - Difficulty breathing

## Geriatric Patients

- Communication
  - More Common complaints.....
    - Falls
    - Fatigue and weakness
    - Headache
    - Incontinence or inability to void
    - Musculoskeletal stiffness
    - Poor nutrition, loss of appetite
    - Sleep disorders
    - Visual disorders

## Geriatric Patients

- Communication
  - Ask specific questions—avoid open-ended questions and give details to choose from
  - Some patients may be reluctant to give information unless a relative or support person assists them
  - Respect person's privacy when gathering information
  - Maintain eye contact, speak slowly and loudly enough

## Geriatric Patients

- Communication
  - Listen closely to gather patient information
  - Neurological disorders may affect geriatric patient's ability to communicate and comprehend your questions
  - May be restless or combative
  - Remind them you are there to help

## Geriatric Patients

- Primary assessment
  - Assess responsiveness, airway, breathing, circulation, and mental status
  - Give care as needed
  - Consider certain specific factors
    - Presence of dentures
    - Preexisting diseases that affect airway/respiration
    - Degenerative arthritis
    - Neurological deficits

## Geriatric Patients

- Primary assessment
  - Chest wall and cartilage are often stiffer in elderly patients—may have reduced chest wall muscle power
  - Protection of cervical spine is a standard of care
  - Bleeding in elderly trauma patients is managed the same way as with other patients
  - Many geriatric patients have decreased level of consciousness

## Geriatric Patients

- Secondary assessment
  - Continue with SAMPLE history and physical examination
  - General considerations in assessment:
    - Allow more time than usual for gathering information and taking history
    - Be patient when accommodating for hearing or visual deficits
    - Express empathy and compassion
    - Do not underestimate patient's intelligence merely because communication is difficult/absent



## Geriatric Patients

- Secondary assessment
  - If close friends/relatives are present, ask them to help provide/validate information
  - Obtain list of medicines and drugs the patient is using and give to responding EMS unit
  - Make sure patient can hear you
  - Repeat question if you are not sure patient can hear you
  - Conduct your physical examination as you would for other patients

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## Geriatric Patients

- Abuse of the elderly
  - Abuse—includes actions that take advantage of an elderly person's property or that disrespect the patient's physical or emotional needs
  - Abuser may be victim's:
    - Relative
    - Roommate
    - Housekeeper
    - Caretaker
    - Anyone else on whom elderly person relies

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## Geriatric Patients

- Abuse of the elderly
  - Characteristics that make the elderly particularly susceptible to abuse include:
    - Being over 65 years of age
    - Being a female over 75 years of age
    - Being frail, with multiple chronic medical conditions
    - Having dementia
    - Having impaired sleep cycle, sleepwalking, or loud shouting during nighttime
    - Being incontinent of feces, urine, or both
    - Being dependent on others for activities of daily living

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## Geriatric Patients

- Abuse of the elderly
  - Common situations and characteristics of elderly abusers:
    - Household conflict
    - Marked fatigue
    - Underemployment or unemployment
    - Financial difficulties
    - Substance abuse
    - Previous history of being abused

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## Geriatric Patients

- Abuse of the elderly
  - Categories of abuse
    - Forms of abuse:
      - Physical
      - Psychological
      - Financial

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## Geriatric Patients

- Abuse of the elderly
  - Physical abuse
    - Assault
    - Withholding food
    - Lack of basic hygiene
    - Lack of shelter
    - Lack of necessities



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## Geriatric Patients

- Abuse of the elderly
  - Psychological abuse
    - Neglect
    - Verbal abuse
    - Being treated like an infant
    - Deprivation of sensory stimuli

## Geriatric Patients

- Abuse of the elderly
  - Financial abuse
    - Having money embezzled
    - Valuables stolen
    - Information about their income withheld

## Geriatric Patients

- Abuse of the elderly
  - When you treat elderly patients
    - Maintain high index of suspicion for possibility of abuse
    - Look for obvious signs
      - Bruises
      - Wounds
      - Undue fear of malnutrition
  - Remember abused patients may be afraid to tell you about abuse for fear of retribution
  - Your assessment may also identify trauma resulting from abuse

## Resources and Agencies for Assistance

- Contact service agency for patient with disability
  - Agency may assist directly with care, or provide information about specific disability related to treatment
  - Become familiar with special service resources and agencies in your community or site

## Resources and Agencies for Assistance

- Additional resources
  - Social services
  - Medical specialists
  - Child-life services
  - Physical and occupational therapists
  - Caregivers and family

## Questions?