Division of DD

HEALTH

REFERENCE MANUAL

Supplemental to the Health Identification and Planning System Revised and Updated

12-09-08

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Alternative to CPR

Definition: The appropriate interventions defined by the attending physician when a consumer's condition is such that Cardiopulmonary Resuscitation (CPR) would cause more harm than benefit to the individual and substantially compromise his or her well-being. The person may require an alternative method of resuscitation.

Complications of CPR for these individuals:

- Broken bones
- Intestinal perforation
- Punctured lung
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Evaluation by physician to determine the alternative method: Automated External Defibrillator (AED) or Rescue Breathing.
- The agency should have written guidelines addressing the specific needs of the consumer for alternative method of resuscitation.
- The "Alternative to CPR Order" form is to be completed by the physician and placed in the consumers file.

Teaching Considerations:

- Staff to be trained on CPR/First Aid
- Staff to be trained about the alternative method of resuscitation ordered by the physician

Anticoagulant Medications

Definition: These are medications that delay the clotting of the blood, such as Coumadin (Warfarin) or Lovenox (Enoxaparin) injection. These meds are used for consumers that have a blood clot or that are high risk for developing clots.

Please note that Aspirin and Plavix are not classified as anticoagulants, but these are sometimes used to thin the blood and the side effects may include prolonged or internal bleeding.

Reasons for use may include, but are not limited to consumers who have or experienced:

- Artificial heart valves
- Atrial fibrillation (a disturbance in the rhythm of the heart)
- Cerebral Vascular Accident or Stroke
- Blood clots in any extremity (Deep vein thrombosis-DVT)
- Blood clot in the lung (Pulmonary Emboli-PE)
- Short term use in post-op cases that are high risk for developing DVT's and have decreased mobility
- Fractures that cause immobility for a prolonged period of time
- Someone with a history of frequent blood clots or clotting disorders

Complications: (may include but are not limited to)

- Bleeding gums
- Unusual bruising
- Black, tarry or bright red stools
- Blood in the urine
- Vomiting blood
- Coughing up bloody sputum
- Skin rash
- Fever
- Severe itching
- Redness, irritation, bruising or bleeding at injection sites

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Staff to ensure that ordered lab work is completed and on file.
- Staff to alert the physicians and dentists about the consumer being prescribed this medication. (may need to hold or change before certain procedures)
- The consumer should be encouraged to use a soft bristled tooth brush.
- If a consumer has dentures, the gums should be checked after each meal and at bedtime for anything that could harm them and cause bleeding, such as small pork chop bones, nuts, hard chips, etc.
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- The consumer should only be using an electric razor.

- **Always** check with physician before starting or stopping this medication.

- Encourage the consumer to carry a Medic Alert ID tab to identify the medications prescribed.
- The agency has documentation addressing the use of anticoagulant medications.
- If Lovenox being used, would need to be performed by licensed nurse or delegated by Community RN
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Teaching considerations:

- Staff to be trained on signs and symptoms of bleeding: unusual bruising, bleeding gums with routine brushing, unusual menstrual bleeding, blood in urine, unusual nosebleeds, oozing or heavy bleeding from cuts, etc
- Staff to be trained on monitoring for side effects of anticoagulant medication and when to report to the physician.
- Staff to be trained to notify a physician **immediately** if a fall involves a bump on the head.
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Related to Coumadin :

- Staff must have training about the importance of the dietary precautions.
    - Limiting foods that are high in Vitamin K; such as liver, or dark leafy vegetables (brussel sprouts, collards, spinach, broccoli, kale or cabbage)
    - Avoid green tea or certain other herbs.
    - Avoid cranberry or soy products.
- Staff to notify each of the consumer's physicians' that consumer takes Coumadin.
- Staff to be able to demonstrate knowledge of drug interactions. **Certain antibiotics can cause critical changes in the lab values.** Adverse drug interactions could also occur with pain medications such as Aspirin, Aleve, Ibuprofen, Celebrex, and some vitamins and herbs.
- The prescribing physician will determine when and what laboratory studies are to be completed: Protime, Prothrombin Time, International Normalization Ratio, etc.
- When lab results are received, staff is to notify the physician and document this as well as any new orders received.
- Always call the physician if an anticoagulant medication is dosed wrong or missed.

Anticonvulsant/Antiepileptic

Definition: A medication used to suppress convulsions or seizures. A convulsion is the result of a disturbance of electrical activity in the brain causing an involuntary contraction or series of contractions of the voluntary muscles.

Examples: Dilantin, Tegretol, Klonopin, Zarontin, Cerebyx, Neurontin, Lamictal, Luminal, Mysoline, Gabitril, Topamax, Depakene, Depakote, Trileptal, Keppra, and Zonegran. Also, Diastat, given rectally may be ordered prn.

Complications: (may include but are not limited to)

- Adverse reactions and side effects such as, blurry or double vision, fatigue, sleepiness, unsteadiness, stomach upset, skin rashes, low blood cell counts, liver problems, swelling of the gums, hair loss, weight gain, and tremor.
- Mental status change
- Toxicity

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consult with specialist to prescribe and monitor anticonvulsant medications
- Physician's orders to include frequency of laboratory studies for therapeutic medication levels.
- Physician recommendations to be obtained if a medication dose is missed
- Please see additional guidelines for Seizure Disorder.
- Consumer to wear a medic alert bracelet.
- The agency should have written guidelines for the use of anticonvulsant medications, to include monitoring for side effects, assuring the lab studies as recommended by physician, etc.
- Resource website: www.epilepsyfoundation.org
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Teaching Considerations:

- Staff to be trained on signs and symptoms of seizure activity: blank stare, loss of consciousness, involuntary movements, muscle twitching, etc.
- Staff to be trained on the interventions to take for seizure activity.
- Staff to be trained on proper documentation of seizure activity.
- Staff to be trained on the signs and symptoms of medication reactions.
- Staff to be trained on the signs and symptoms of drug toxicity, such as ataxia, slurred speech, confusion, nausea or vomiting, anorexia, or appetite change.
- Staff to be trained on the importance of good oral hygiene and regular dental exams.
- Staff to be trained on the proper administration of Diastat rectal gel if it is ordered by the physician.

Baclofen Pump

Definition: Baclofen is a medication commonly used to decrease spasticity related to spinal cord injuries or other neurological diseases. Spasticity is a muscle problem characterized by tight or stiff muscles that may interfere with voluntary muscle movements. The intrathecal baclofen pump system is a means to deliver Baclofen directly into the spinal fluid. The system consists of a catheter (a small, flexible tube) and a pump. The pump-a round metal disc, about one inch thick and three inches in diameter-is surgically placed under the skin of the abdomen near the waistline. Using an external programmer, there can be changes made in the dose, rate, and timing of the medication.

Complications: (may include but not limited to)

- Malfunctions may occur with the pump
- The catheter may kink, move, or break
- Infection may occur
- Bladder control can be altered, causing loss of urine unexpectedly

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The baclofen pump with the dose, rate, and timing of the medication is to be on the physician's order.
- Monitor for signs and symptoms of infection
- Follow up visits with the physician for dose adjustment and pump refills
- Monitor for increased seizure activity as Baclofen lowers the threshold.
- Blood pressure, weight, and liver function studies to be monitored periodically.
- The agency should have written guidelines for use of the Baclofen pump.
- The pump is taken out and replaced at the end of the battery's life span (which is usually 5-7 years.)

Teaching considerations:

- Staff to be trained about the pump and when to refill, and about the medication adjustments, typically done every 1-3 months at the physician's office.
- Staff to be trained about the side effects of Baclofen: vomiting, nausea, headache, drowsiness, weakness, loose muscles, dizziness, and lightheadedness.
- Staff to be trained about allergic reactions to Baclofen: rash, fever, and respiratory distress
- Staff to be trained about the signs and symptoms of overdose: severe weakness, breathing problems, and possible loss of consciousness.
- Staff to be trained on when to notify the physician.

Bladder Elimination Problems
Urinary Tract or Kidney Infections

Definition: The consumer has been treated by a physician for a urinary tract infection and or kidney infection on more than 2 occasions in the past 6 months or an infection that does not respond well to treatment and lasts longer than 2 weeks.

> NOTE: *Consumers with colonization of bacteria, may always show infection when tested, but are not likely to be treated unless they are symptomatic.*

Common Causes or high risk consumers: (may include, but are not limited to)

- Incomplete bladder emptying which could be caused by constipation; benign prostatic hyperplasia; enlarged prostate; prostatitis; congenital abnormalities; or trauma to the urinary tract and urethral strictures
- Lack of adequate fluids
- Consumers with a Foley catheter (see catheter guidelines)
- Poor hygiene or sexually active individuals
- Consumers with chronic illnesses that are related to kidney disease are at higher risk for infections such as diabetics, or persons with renal failure
- Consumers with spinal abnormalities or decreased nerve sensation or immobility
- Consumers who are immune compromised (decreased ability to fight infections)
- Consumers who have infections that become resistant to treatment

Complications: (may include but are not limited to.)

- Back and or lower abdominal/pelvic pain
- Irreversible damage to kidneys
- Pain
- Septicemia
- Hospitalization
- Incontinence
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician.
- Consultation with an urologist as indicated by the physician.

- For consumers with a urinary catheter; please refer to “urinary catheter” guidelines.
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Teaching Considerations:

- Staff to be trained on signs and symptoms of urinary tract or kidney infection: painful urination, a change in the pattern of urination (urinary frequency, urgency, difficulty starting or retaining a stream of urine, incontinence), low back, pelvic or low abdominal pain, anorexia(loss of appetite), fever, foul smelling urine, confusion, nausea or vomiting.
- Staff to be trained to know when to notify the physician.
- Staff to be trained to support the individual in avoiding urinary irritants: bubble baths, caffeinated beverages, and perfumed or colored toilet paper.
- Staff to be trained on the importance of adequate fluid intake, especially cranberry juice, and to avoid caffeine, as this is a bladder stimulant.
- Staff to be trained on ways to prevent infection; proper hand washing, skin care, teaching consumer proper techniques in washing perineal area (especially after bowel movements or sexual intercourse), changing underclothing daily and as needed when soiled, increasing proper fluid intake, monitor for constipation, encouraging consumer’s to empty their bladder frequently, etc).
- Staff to be trained about the care of the consumer with urinary incontinence: use of incontinent products, peri-care, skin care, and a toileting program.
- Staff to be trained about catheter care, see “catheter” guidelines.
- Staff to be trained on how to properly collect a specimen and how to store it until it can be taken to a lab or physicians office for analysis.

Bowel Elimination Problems
Constipation or Diarrhea

Definitions: The consumer experiences an interruption or change in the normal flow of intestinal contents, such as recurring episodes of constipation or recurring episodes of diarrhea.

Constipation: Slow movement of feces (stool) through the large intestine that results in the passage of dry, hard stool. If not resolved, it could lead to a bowel obstruction, which can be **life threatening**.

Causes of constipation are numerous (Factors may include, but are not limited to)

- Lack of exercise
- Inadequate fluids
- Lack of dietary fiber
- Side effects of medication
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Diarrhea**:** The passage of stool, more than 3 times in a day that is loose and watery.

Causes of diarrhea vary from stress to more serious intestinal diseases

- Viral infections are the most common cause, often associated with vomiting, which can lead to dehydration
- Bacterial infections of the GI tract are more serious (typically caused from contaminated foods or drinks)

Complications: (may include but are not limited to)

- Bowel obstruction
- Electrolyte imbalance
- Abdominal pain, bloating, and/or cramping
- Skin breakdown from frequent stools
- Loss of appetite or vomiting
- Dehydration

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician.
- Physician recommendations to be obtained for fluid intake, or dietary restrictions.
- The agency should have documentation on the management of constipation or diarrhea. **Bowel records need to be kept for accurate monitoring of stools.**

- The agency should have a bowel program in place for consumers with a history or new episodes of constipation

Teaching Considerations:

- Staff to be trained on how to recognize symptoms related to the bowel elimination problem: complaints of discomfort, inability to pass stool, loss of appetite, stomach distention (puffed out), dry hard stools, or stool the size of marbles, etc.
- Staff to be trained in recognizing symptoms of electrolyte imbalance or dehydration: confusion, lightheadedness, abdominal cramps, leg cramps, dry lips and mouth, weakness, etc.
- Staff to be trained on the importance of dietary and fluid intake.
- Staff to be trained on what symptoms to report to the physician
- Staff to be trained in precautions to prevent the spread of infections, proper hand washing, keeping environment clean, using antibacterial products to prevent the spread of bacteria in the kitchens and bathrooms

Bowel Elimination Problems
Impaction, Obstruction, Colostomy, or Ileostomy

Definitions: An **impaction** refers to the accumulation of dry, hardened feces (stool) in the rectum or colon, which may lead to an obstruction and can be life threatening.

An **obstruction** involves a partial or complete blockage of the bowel either in the small or large intestines.

An "**ostomy**" is an opening into the intestine for the purpose of providing an outlet for intestinal contents.

Individuals with Developmental Disabilities are high risk for bowel obstruction, sometimes leading to DEATH

Complications: (may include but are not limited to)

- Abdominal bloating, distention, which may involve loss of appetite and/or vomiting
- Abdominal pain
- If an obstruction is caused by a blood/oxygen supply to the bowel being cut off by strangulation (twisted or herniated intestine) gangrene can set within 6 hours, causing the bowel to die
- There may be frequent episodes of loose or diarrhea stools if passage of stool is coming around and impaction
- When a fecal impaction is present, **use enemas with caution**, they have been known to perforate an irritated bowel wall

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

If there is a suspicion of impaction or obstruction the consumer needs to be evaluated by a physician immediately

- Follow Physician recommendations for fluid intake, dietary intake, monitoring of bowel movements, and administration of prn medications for constipation.
- The agency should have available resources on the prevention of impactions and obstructions.

Teaching Considerations:

- Staff to be trained on documentation of bowel movements and when to use prn medications for constipation
- Staff to be trained on how to recognize symptoms related to the bowel obstruction or impaction: bloating and vomiting, or nausea and inability to pass gas
- Staff to be trained on what symptoms to report to the physician

Choking Precautions, Difficulty Chewing or Swallowing

Choking Precautions should be instituted for all persons with a known history of choking or for those persons who engage in unsafe eating habits.

Definitions: Choking occurs when a foreign object blocks or obstructs the airway. The obstruction causes a reduction of airflow to such an extent that respirations cannot continue.

Dysphagia is a difficulty in chewing or swallowing. It occurs when a person is unable to safely complete the sequence to complete a normal swallow.

Complications: (include but are not limited to)

- Aspiration
- Asphyxiation
- Pneumonia
- Death

Circumstances which may indicate a risk of choking or the need for choking precautions might be an individual who:

- has difficulty propelling food or liquids from the mouth to throat;
- has been prescribed a pureed or mechanically altered diet;
- has experienced recurrent aspiration pneumonia;
- has gastro esophageal reflux disease;
- has difficulty chewing and/or swallowing food or liquids;
- is dependent upon staff for positioning while eating; or
- has an unsafe eating habit.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- If choking incident has occurred and required use of the Abdominal Thrusts (Heimlich Maneuver), staff should notify the physician, Agency Director, and Regional Center.
- A community event form will be completed and forwarded to DMH service coordinator then document the incident in the consumer file.
- If indicated, the consumer to be evaluated by physician, to include dietary needs.
- Follow the recommendations of Speech Therapist if a swallow study was completed.
- Staff to have CPR/First Aid Training record in provider files.
- The agency should have written guidelines addressing the specific needs of the consumer for choking or difficulty in swallowing.

Teaching considerations:

- Staff to be trained about the specific dietary needs of the consumer
- Staff to be trained on the specific needs of the person with choking precautions or dysphagia.
- Staff to be trained about the signs and symptoms of choking

Communicable Diseases

Tuberculosis; Hepatitis A, B, or C; Sexually Transmitted Diseases; HIV; MRSA

Definitions: The consumer who has potential for contracting a communicable disease is: one who has multiple body piercing, multiple tattoos, or one who lives in a group setting; one who has multiple sexual partners, or one who engages in other activities resulting in exchange of body fluids. **Tuberculosis** is a bacterial infection usually found in the lungs but it can spread to other parts of the body. **Hepatitis** is a viral infection that affects the liver. **Sexually Transmitted Diseases** can be bacterial or viral infections, a few examples might be: Chlamydia, genital herpes, syphilis, scabies, trichomoniasis, genital warts, gonorrhea, and pubic lice. **HIV** is the virus that causes AIDS (acquired immune deficiency syndrome). **MRSA** (Methicillin resistant staphylococcus Aureus) is a type of staph bacteria that is resistant to antibiotics.

Complications: (may include but are not limited to)

- Spread of disease
- Becoming a carrier
- Colonization
- Infertility
- Infection
- Hospitalization
- Scarring of the liver
- Cancer
- Liver Failure
- Multidrug resistance

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual must receive an annual tuberculosis screening such as PPD skin test or a blood test (QuantiFERON-TB Gold).
- If individual has tests positive for tuberculosis, they must complete treatment *which can take up to 8 or 9 months**, and receive chest x-rays or sputum culture as recommended by the Missouri Department of Health and Center for Disease Control.* do we need this statement*
- The Hepatitis A vaccination can be administered to the consumer.
- The consumer in community placement must receive the Hepatitis B vaccine series, or have a signed document waiving the immunization, or complete the Hepatitis B screening to verify a need to vaccinate.
- Staff working closely with consumers, are encouraged to receive vaccination for Hepatitis B.
- The agency should have written guidelines about Body Substance Precautions and the prevention of the spread of communicable diseases.
- The agency will submit a written plan to include reporting the diagnosis of the communicable disease to authorities when indicated, isolation procedure if indicated, notifying everyone in contact with the individual, and steps to take in prevention of spreading the disease.

Teaching Considerations:

- Staff to be trained on Body Substance Precautions
- Staff to be trained about the communicable disease of the consumer.

CPAP/BiPAP

Definitions: The **CPAP** (continuous positive airway pressure) is a machine that provides a continuous stream of air pressure to keep an airway open. The **BiPAP** (bilevel positive air pressure) is a machine that provides different pressure levels based on the breathing pattern to keep the airway open. They are used for the treatment of sleep apnea.

Signs and Symptoms of Sleep Apnea: (may include, but are not limited to)

- Loud or disruptive snoring
- Gasping or choking during sleep
- Excessive daytime sleepiness
- Personality changes
- Lack of alertness
- Morning headaches
- Frequent urination at night
- Depression or irritability

Complications of sleep apnea: (may include, but are not limited to)

- Heart disease or failure
- Increased risk of stroke
- High blood pressure

Testing for sleep apnea:

Diagnostic studies are ordered by a physician to see if sleep apnea actually exists. A physician may start with an overnight pulse oximetry at the bedside to see if further testing is needed. Neither test is invasive, but the polysonogram is completed in a sleep study lab, and is more intense. This test is very expensive, and requires cooperation from the consumer; they will need to wear numerous monitors that are pasted on their forehead, scalp, around the eyes, chin, legs, and fingers. This may not be a practical test for someone with behavior disorders, but it is the only test that can be used to diagnose sleep apnea.

Supplies for the CPAP or BiPAP: (may include, but are not limited to)

- A mask, worn over the nose and or mouth, nasal prongs all held in place by head gear that is hooked to a machine at the bedside
- Electrical outlet with proper power voltage near the bed
- Distilled water
- Some consumers may require oxygen to be attached to the machine during the night. (see written guidelines on the use of oxygen therapy in the health manual)

Proper maintenance, cleaning and replacement of software can help prevent infections and loss of sleep. Care of equipment, may include but is not limited to:

- Headgear, mask, and tubing should be changed every 6 months to 1 year, they should be checked routinely for leaks around masks, out of shape headgear, stretched tubing, discolored masks or filters
- Check with the supplier company for guidelines regarding routine cleaning and maintenance
- Wipe down generator at least weekly, but never immerse in water
- Should have inlet filter changed monthly
- Use distilled water for refilling water chamber, check daily. If needs refilling, never top off. ALWAYS empty and replace with fresh distilled water
- Clean the water chamber weekly, soaking in a mild detergent, rinse with water and let air dry or disinfect with 1 part white vinegar, 2 parts water, let stand for 30-45 minutes, and document
- The wide bore tubing needs to be washed weekly with a mild soap and water, rinse well and hang to air dry
- The mask or pillow cushion where the skin contacts should be wiped out daily with a mild detergent, then rinsed with water and let air dry. A more thorough cleaning should be performed weekly, disassembling the mask, soaking in a mild detergent, rinse with water and let air dry. Reassemble when dry

Complications related to CPAP or BiPAP: (may include but are not limited to)

- Dry or irritated eyes
- Skin irritation to the face
- Nasal irritation, congestion, runny nose, and sneezing
- Abdominal bloating related to excessive swallowing of air
- Headaches
- Nasal lining damage due to inadequate humidification
- Smothering sensation
- Difficulty exhaling
- Very rare side effects - chest pain or pneumothorax (punctured lung)

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Medical record of the consumer must have the diagnosis of sleep apnea
- Physician's order for the CPAP or BiPAP to include frequency of use and length of time.
- Medical provider of the CPAP or BiPAP equipment is to provide information for use, routine maintenance, and monitoring of the machine.
- The agency should have documentation about the care and use of CPAP or BiPAP.
- Written guidelines on care and maintenance of equipment; regarding cleaning, do's and don'ts, changing tubing, headgear, masks, etc.

Teaching considerations:

- Staff to be trained on the care and safety of the CPAP or BiPAP machine.
- Staff to be trained about monitoring for signs and symptoms of sleep apnea.
- Staff to be trained about reporting side effects noted with CPAP or BiPAP machine.
- Teach staff that non-compliance may be related to comfort. The equipment company has numerous masks, head gear and settings that can be tried.

Decubitus Ulcer

Definition: Damaged skin caused by staying in one position to long, cutting off the blood supply which causes the tissue to die. **Synonyms:** pressure ulcers, ulcerations

Contributing factors: (may include but not limited to)

- Lack of repositioning or immobility
- Poor nutrition
- Incontinence
- Circulatory problems
- Friction from cast, brace, sheets, transfer slings, etc
- Prolonged exposure to cold temperatures
- Usual areas of formation are bony areas with lighter amounts of covering tissue that are exposed to more pressure; elbows, shoulders, back, hips, tailbone, heels, knees, scalp, ears, etc
- Smoking
- Chronic illnesses such as diabetes, peripheral vascular disease, cerebral palsy
- Consumers that have a decreased sensation to change position. Such as those with spinal cord injuries, diabetes, poor circulation, burns, trauma, or other diseases such as cerebral palsy, stroke victims, etc

Complications: (may include but are not limited to)

- Infection
- Hospitalizations
- Death
- Limited activity
- High medical cost related to treatments, physician visits, consults, medications, dressing supplies
- Embarrassment due to care of wounds, odor, having to wear dressings, scarring, etc

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician to evaluate and prescribe treatment if indicated. Orders for treatments/dressing changes should be specific to include what materials are to be used, frequency of treatment and follow up plan for re-evaluation
- Licensed nurses are qualified to perform treatments/dressing changes, when prescribed by a physician. In collaboration with the consumer's primary care physician, the individual receiving treatment to wounds, or other staff, may be trained and delegated by the Physician or Registered Nurses to perform treatments/dressing changes.
- Treatments/dressing changes and other skin care management must have supporting documentation in consumer file to include: description of the wound, surrounding tissue; schedule for position changes.
- If prescribed by the physician, consult with wound specialist and include recommendations in the personal plan.
- Dietary consult to be completed for assessment of calorie and protein needs, if ordered by a physician

Teaching Considerations:

- Staff to be trained on proper positioning, transferring, turning and pressure relieving techniques and range of motion exercise.
- Staff to be trained on what causes and prevention of skin breakdown.
- Staff to be trained on the proper use of pressure relieving devices.
- Staff to be trained on when to notify the physician about skin concerns: changes in the color of the skin; reddened area of the skin that does not disappear within 30 minutes after pressure relief is given; changes in the color of the wound (ulcerated skin); changes in the color of drainage from the site; changes in the size or odor of the site.
- Staff to be trained to notify the physician if the consumer does not tolerate the treatment for the ulcerated skin; refusal of prescribed treatment; or, if the consumer has increased complaints of pain the area.
- Staff to be trained on nutritional importance for damaged skin, ulceration, etc: protein, vitamins, or supplements, etc.

Diabetes

Definition: A chronic condition that makes the body unable to properly use carbohydrates, causing it to rely too heavily on protein and fat for fuel. It is a condition which affects many organs and bodily functions. There are three types of diabetes:

- **Insulin Dependent Diabetes Mellitus**- (type I) is a condition that prevents the body from utilizing its fuel (glucose) normally. The body no longer produces insulin. Individuals who have insulin dependent diabetes must take daily injections of insulin to replace what the body is not making and stabilize blood sugar levels
- **Non-Insulin Dependent Diabetes Mellitus-** (type II) is a condition in which the pancreas is not releasing enough insulin or the cells are not receptive to the insulin after it is released. Non-insulin dependent diabetic individuals may be treated with an oral medication to increase the production and release of insulin from the pancreas. When the person is unable to produce enough insulin, it is given by injection.
- **Diabetes Insipidus –** is a condition which there is a deficiency of antidiuretic hormone (ADH) resulting in water imbalance. The major functions of ADH are to: promote water reabsorption and to control osmotic pressure of the extracellular fluid.

Complications: (may include but not limited to)

- Hypoglycemia- low blood sugar levels
- Hyperglycemia- elevated blood sugar levels
- Diabetic coma –a state of altered consciousness due extreme high or low blood sugar levels in the body
- Metabolic Syndrome or insulin resistance-Insulin resistance means that the cells do not respond normally to insulin and glucose cannot enter the cells easily. The result is higher than normal levels of insulin and glucose in the blood.
- Progression of Diabetes disease process: blindness, amputations, heart disease, neuropathy (nerve disease), kidney damage, gum disease, osteoporosis.
- Hospitalization
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Consultation with specialist as indicated by primary care physician. (Examples: endocrinologist, dietician, ophthalmologist, podiatrists, etc.)
- Physician's orders should be obtained for special diet.
- Physician orders should be obtained for blood sugar monitoring: frequency of the checks, parameters of measuring, and when to notify the physician.
- Physician orders should be obtained for bloodwork such as Hemaglobin A1C and lipid panels.
- The agency should have written guidelines specific to the Diabetes diagnosis of the consumer.
- The agency is to have written guidelines for the use and quality control of the blood glucose monitoring device.
- Web site: www.diabetes.org

Teaching Considerations for use of glucose meter:

- Staff to be trained on the protocol for use of the blood glucose meter to be used by for monitoring blood sugars of the consumer.
- Staff to read the User's Manual and file for quick reference if questions arise.
- Staff to be trained on the use of the glucose meter and demonstrate knowledge of:

  -Function and use of the meter's test strip reader and display monitor

  -Procedures for calibrating and testing meter accuracy.

  -Documentation of quality control checks on the equipment.

  -Procedures for cleaning the meter.

  -Troubleshooting for problems with the meter

- Staff to be trained on how to perform the blood sugar checks, how and where to record, and when to report.
- Staff to be trained on the proper disposal of lancets, wipes, and testing strips.

Teaching considerations for Diabetes:

- Staff to be trained on the importance of: proper foot; nail care; oral care; and exercise.
- Staff to be trained about dietary modifications or restrictions.
- Staff to be trained in monitoring for side effects of medications used to control blood sugars.
- Staff to be trained to monitor for signs and symptoms of diabetic complications such as: infections, vascular complications, neuropathy, and retinopathy.
- Staff to be trained on when and what to report to the physician.
- Staff to be trained on the signs and symptoms of hypoglycemia and hyperglycemia, and appropriate interventions.

HYPOGLYCEMIA:

-Headache

-Nausea/Vomiting

-Irritability/crying/confusion

-Slurred speech

-Tremors/shaking body parts

-Cold moist skin/Skin pallor

-Fast breathing and pulse

-Dizziness

-Sweating

-Vision difficulties

-Hunger

-Drunken appearance

-Convulsions

-Coma (unconscious)

HYPERGLYCEMIA:

-Tired/drowsy/weak

-Deep, fast breathing

-Increased thirst

-Fever

-Sweet or fruity smelling breath

-Increased urination

-Warm/dry skin or flushed skin

-Abdominal pain

-Excessive hunger

Dialysis

Definition: An artificial means to perform the function of the kidney for individuals who have chronic kidney disease or end stage renal failure, of which, there are two types.

1. **Hemodialysis** clears waste products from the body by filtering blood through a dialyzer (artificial kidney) and then returning the blood to the individual.
2. **Peritoneal dialysis** involves repeated cycles of instilling dialysate (cleaning fluid) into the peritoneal cavity through a catheter.

Complications: (may include but not limited to)

Hemodialysis:

- Change in blood pressure
- Potassium imbalance
- Muscle cramps
- Nausea or vomiting
- Mental confusion
- Seizures
- Headache

Peritoneal dialysis

- Fluid overload
- Dehydration
- Constipation
- Exit site infection
- Exit site leak
- Catheter related pain
- Peritonitis

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Coordinate dialysis visits and be available for communication with the dialysis staff.
- Follow the recommendations of nephrologists, dietician, and dialysis staff
- File lab results in consumer medical record
- Monitor for complications of dialysis
- Monitor access sites per instruction of the dialysis staff
- The agency should have written guidelines specific to the supports needed for the person receiving dialysis.
- Resource websites:
  www.network12.org and www.kidney.org and www.annanurse.org

Teaching considerations:

- Staff to be trained on understanding and recognizing complications of dialysis.
- Staff to be trained on the critical nature of supporting the consumer with the special diet order. (restriction of sodium, potassium, and phosphates).
- Staff to be trained about phosphate binding and aluminum sparing medications.
- Staff to be trained on catheter care and access sites
- Staff to be trained on signs and symptoms of infection.
- Staff to be trained on when to notify physician of symptoms.

Do Not Resuscitate NON -Hospital

Definition: This is a medical order written by a physician to withhold Cardiopulmonary Resuscitation (CPR) for DMRDD consumers in community placement. The order is written with the informed consent of a competent individual or their duly authorized health care agent or guardian. It can be rescinded at any time.

Complications:

- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Obtain a statement of terminal condition
- Submit it to service coordinator to be forwarded to Regional Center Director and then to DMH Medical Director for approval
- Direct the primary care physician to complete the Non-Hospital DNR order form and submit to the service coordinator to be forwarded to Regional Center for processing and filing
- The service coordinator will complete the health inventory indicating the Non-Hospital DNR status and a nursing review will be completed.
- A monthly review will be completed by service coordinator and provider
- There will need to be a re-evaluation for the order in 6 months and the cycle repeated if the consumer remains in this status

Teaching considerations:

- Staff to be trained on end of life issues.
- Staff to be trained about Hospice and/or Palliative Care.
- Staff to be trained on the support needs of the individual.

Excessive Fluid Intake/Polydipsia

Definition: Excessive fluid intake is a pattern of drinking water or other fluids excessively. The excessive intake of water and other fluids may have an adverse effect on the individual's health. Increased or excessive thirst is also known as Polydipsia.

Causes: (may include but are not limited to)

- Excessive thirst is a fairly common symptom. It is often the reaction to fluid loss during exercise, or to eating salty foods.
- Diabetes insipidus (DI) is caused by the inability of the kidneys to conserve water, which leads to frequent urination and pronounced thirst.
- A very strong constant urge to drink may be a sign of a psychological problem which may mean psychological help is needed.

Complications: (may include but are not limited to)

- Electrolyte imbalance
- Hospitalization
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician.
- The cause of the underlying condition should be treated when possible.
- Consult with a psychiatrist if ordered by the primary care physician.
- Monitor and document for the signs of fluid loss such as sweating, diarrhea, or vomiting. Knowledgeable staff to provide detailed information of the client's condition to healthcare professionals.
- A Behavior Support Plan may be required if fluid restrictions are prescribed by the physician. Restriction of access to drinking utensils or water faucets may be required.
- Staff need to be able identify what the personal plan states about fluid restriction for this consumer.
- Staff to document weights and vital signs as ordered.
- The agency should have written guidelines for excessive fluid intake.

Teaching considerations:

- Staff to be trained on standard measurements of liquids.
- Staff to be trained about the documentation and monitoring of fluid intake if ordered by the physician.
- Staff to be trained about the symptoms of over hydration/water intoxication: headache, confusion, listlessness, etc.
- Staff to be trained about the symptoms of dehydration: changes in the skin, weakness, decreased urinary output, etc.
- Staff to be trained about the symptoms of electrolyte imbalance: confusion, lightheadedness, abdominal cramps, weakness, etc.
- Staff to be trained on the response to the symptoms recognized emergent and when to notify the physician.
- Staff to be trained to monitor and record intake & output for accurate communication.

Frequent Falls

Definition: This indicator addresses not only if the consumer fall more than twice a month, but also if the consumer has experienced a fall which resulted in a fracture or hospital admission due to injuries in the past 12 months.

Complications of frequent falls:

- Broken bones
- Decreased Mobility
- Hospitalization
- Other bodily injury

Circumstances that may result in frequent falls: (may include but are not limited to)

- Balance problems
- Changes in blood pressure or blood sugar level
- Illness
- Reduced muscle strength
- Slow reflexes
- Some medications
- Unsafe environment (uneven surfaces, slippery rugs, cords, poor lighting)
- Visual disturbances

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Seek emergency medical assistance for injuries that require medical attention: head injury, loss of consciousness, change in mental status, or open wounds.
- Notify physician in the event of a fall to determine if further treatment or medical evaluation is needed.
- Follow up with therapy consults if ordered by the physician.
- Complete the Community Event Report
- Keep documentation of the falls including date, times, location, individual's description of what occurred, and injuries, and the time that the physician or provider nurse was notified.
- Remove hazards in environment that precipitate falls: loose rugs, slippery floors, unsturdy furniture, poor lighting, running cords, and such.
- The agency should have reporting procedure for the consumer who experiences recurrent falls.

Teaching Considerations:

- Staff to be trained about environmental risk factors and appropriate safety measures.
- Staff to be trained in fall prevention: lifestyles, exercise, and dietary influence.
- Staff to be trained about lifting, transferring, and ambulation assistance if applicable.

Hospitalizations: Two or more in the past year

Definition: If the consumer has experienced a hospitalization for a medical condition two or more times in the past 12 months, not including emergency room visits, then mark the indicator on the health inventory form.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The agency should have a reporting procedure for hospitalizations.
    - Staff to notify primary care physician of hospitalization.
    - Staff to notify service coordinator and Agency Director of hospitalization.
    - Provide information to the hospital staff about the consumers past history.
- Staff to maintain communication with hospital staff about consumer.
- Staff to participate in discharge teaching for consumer support needs.
    - What supports are needed for this consumer to return to community placement
    - What are the needs of this consumer
    - What medications are prescribed for this consumer
        a. Will need enough medication to last until the staff are able to get prescriptions filled
        b. Are there special instructions for medications being prescribed
    - What are the plans for medical follow up
    - What are the plans for psychiatric follow up care, if applicable
- Staff to obtain consumer hospital records for home file.

Teaching Considerations:

- Staff to be trained about the recommendations of the discharge plan.
- Staff to be trained about the discharge diagnosis and follow up care needed.

Hypertension

Definition: Hypertension is a repeatedly elevated reading of systolic blood pressure above 140 mm Hg and diastolic pressure above 90 mm Hg. Blood pressure is the force of the blood pushing against the walls of the arteries. The pressure is the highest when your heart beats, pumping the blood, and between beats, when your heart is at rest, the blood pressure falls.

Complications: (may include but not limited to)

- Aneurysms
- Congestive Heart Failure
- Cerebral Vascular Accident(stroke)
- Eye damage
- Hardening of the arteries
- Heart Attack (Myocardial Infarction)
- Kidney Failure

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician recommendations for an acceptable range of readings and when to notify the physician.
- Community Nurse evaluates the proficiency of staff in measuring blood pressure readings: standardize the environment, calm the person, legs not crossed, and arm at heart height.
- Record the blood pressure readings in consumer file
- The agency should have written guidelines for care of the consumer with hypertension.
- The agency should have written guidelines addressing quality control of the blood pressure equipment.
- Resource websites:
  www.nhlbi.nih.gov; www.webmd.com; www.medicinenet.com;
  www.nlm.nih.gov/medlineplus

Teaching Considerations:

- Staff to be trained on signs and symptoms of the clinical manifestations of high blood pressure: headaches, visual disturbance, fatigue, palpitations, flushing, chest pain, blood in urine, or nosebleed
- Staff to be trained about dietary recommendations: sodium restriction, low fat foods, limiting alcohol intake, and decrease caffeinated beverages, etc.
- Staff to be trained about the side effects of the anti-hypertensive medications the consumer is receiving.
- Staff to be trained about the importance of lifestyle adjustments: medication compliance, exercise, sleep, past time, work habits, etc.
- Staff to be trained about the importance of supporting the consumer in stress relief activities, relaxation techniques and routine exercise.

Immobility

Definition: Immobility is the inability to maintain and control body position: someone who requires assistance in changing position; or someone whose disability prevents sitting in an upright position; or someone who has limited positioning options.

Complications: (may include but not limited to)

- Falls which may result in broken bones and bruises
- Fear of falling
- Loss of mobility and strength
- Dehydration secondary to inability to access or request fluids
- Skin breakdown/pressure sores
- Decreased circulation/thrombosis
- Joint deformities/contractures
- Respiratory complications
- Gastrointestinal, genitourinary, and/or psychological complications

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consultation with dietician, physical therapist, or occupational therapist as ordered by physician.
- Physician orders are to be present for adaptive equipment.
- Adaptive equipment such as wheelchairs, braces, postural devices, etc. should be evaluated annually.
- Adaptive equipment should have a cleaning and maintenance schedule and implementation thereof.
- The agency should have written guidelines for prevention of falls with interventions specific to the individual

Teaching considerations:

- Staff to be trained on proper positioning, transferring, and turning techniques. and frequency of when the change in position is to occur.
- Staff to be trained on proper techniques of assisting with range of motion exercises
- Staff to be trained on how to check for pressure areas and skin irritation
- Staff to be trained on proper nutrition and hydration needs of the immobile person
- Staff to be trained about the contributing factors of skin breakdown: age, hygiene, incontinence, etc.
- Staff to be trained on how to reduce the risks of the complications listed above, such as, exercise specific to individual's need to improve mobility and strength
- Staff to be trained to notify appropriate professional of any emergent complication of immobility
- Staff to be trained on how to assist with deep breathing and coughing exercises to prevent lung congestion

Injuries: Two or more per month

Definition: The consumer who experiences injuries more than twice per month, on the average; or who has required Emergency Room treatment; or admission to the hospital for injury in the last 12 months. Injuries may include self-injurious behaviors.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Seek emergency assistance if indicated and notify primary care physician.
- Primary care physician to be consulted if more than two injuries occur per month.
- Staff to have current CPR and First Aid Training and documentation of these needs to be in the files.
- Staff to notify Regional Offices and Agency Director.
- Community Event form to be completed for each injury to include: the time, location, description of injuries, notification of physician, casemanager, and agency director, and the individual's description of what occurred.
- The agency should have a policy for first aid and emergency treatment.
- Agency to make use of psychological care in event of self-injurious behaviors.

Teaching considerations:

- Staff to be trained on environmental risk factors and appropriate safety measures.
- Staff to be trained on the documentation of injuries.
- Staff to be trained on how to maintain the environmental and emotional safety of the client and house mates.
- Staff to be trained about interventions and alternative activity/coping skill to support the consumer in avoiding self injurious forms of behavior or communication.

Insulin Usage

Definition: Insulin is a hormone secreted by the beta cells of the islets of Langerhans of the pancreas; it is referred to as the antidiabetic hormone. Insulin may be delivered in one of a number of ways: Sub Q (under the skin), external insulin pump, insulin pen, jet injector (a device that sprays the medication into the skin), and through the vein (hospital setting).

Complications: (may include but not limited to)

- Dangerously low blood sugar
- Skin irritation at the injection site
- Possible weight gain
- Possible allergic reaction
- Increase in risk of heart and blood vessel disease.
- Dawn Phenomenon (abnormal early morning increase in the blood sugar, usually between 4 AM to 8AM.)

Guidelines: These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Exact dose of insulin and time of administration must be ordered by the physician.
- Staff must have training and delegation by a Registered Nurse about insulin administration and documentation. Documentation of this training and delegation is to be in the staff and consumer files.
- The instructor of the Insulin Administration training will be responsible for proof of competency and provide a copy of that proof not only to the student and provider, but also to the Regional Office.
- Procedures regarding Hyperglycemia & Hypoglycemia should be approved by the physician. Any food items to be used (juice, milk, peanut butter etc.) must be available for use at all times.
- Storage, maintenance & monitoring of all medication and equipment will be determined specific to the individual's insulin regime.
- Consumer may self administer insulin if pre-approved by the treatment team and there is a physician's order indicating approval. This activity requires periodic evaluation by the Community RN as indicated and delegation.
- The agency is to have a procedure to follow if a staff member pricks self with a used needle.

Teaching considerations:

- Staff to be trained about insulin administration as applicable to the consumer: types of insulin, storage of insulin, site selection and rotation of insulin administration, how to draw up insulin, and proper techniques of injection of insulin.
- Staff to be trained about documentation of insulin to include dose and injection site.
- Staff to be trained on the proper disposal of alcohol wipes, needles, and syringes.
- Staff to be trained about the factors that influence insulin therapy, such as exercise or illness.
- Staff to be trained about the effects of Insulin injections: reduction in blood sugar level, prevention of excessive breakdown of protein, etc

Oral Health

Definitions:

Oral Healthcare Concern: The consumer has identified oral healthcare concern(s) as evidenced by current need for specialized oral care by a dentist or oral hygienist > twice yearly; requires daily physical assistance to complete basic oral hygiene needs; identified as being at risk for oral health issues such as gingival hyperplasia or periodontal disease due to current prescribed medications and/or health conditions such as Diabetes and/or other risk factors such as chewing tobacco or smoking. Has identified need for dental services which are not currently available (excluding oral surgery needs).

Oral Health Issue: The consumer is currently diagnosed or has a history of oral cancer. The consumer is currently in need of oral surgery. The consumer is diagnosed with Periodontitis. The consumer has current oral conditions such as abscess or lesions. The consumer does not have properly fitting dentures.

Dental Abscess is an infection of the mouth, face, jaw, or throat that begins as a tooth infection or cavity. These infections are common in people with poor dental health and result from lack of proper and timely dental care. Bacteria from a cavity can extend into the gums, the cheek, the throat, beneath the tongue, or even into the jaw or facial bones. A dental abscess can become very painful when tissues become inflamed. Pus collects at the site of the infection and will become progressively more painful until it either ruptures and drains on its own or is drained surgically. Sometimes the infection can progress to the point where swelling threatens to block the airway, causing difficulty breathing. Dental abscesses can also make you generally ill, with nausea, vomiting, fevers, chills, and sweats.

Dental caries plaque, a sticky film of bacteria, constantly forms on your teeth. When you eat or drink foods containing sugars or starches, the bacteria in plaque produce acids that attack tooth enamel. The stickiness of the plaque keeps these acids in contact with your teeth and after many such attacks, the enamel can break down and a cavity forms.

Gingival Hyperplasia is a non-inflammatory enlargement of the gingivae produced by factors other than local irritation. It is characteristically due to an increase in the number of cells. (From Jablonski's Dictionary of Dentistry, 1992, p400). Examples of medications linked to gingivial hyperplasia are Phenytoin (Dilantin) ,Calcium Channel Blockers ,Nifedipine (Procardia) ,Diltiazem (Cardizem)and Cyclosporine. Other possible causes are puberty,pregnancy,leukemia and blood dyscrasias.

Periodontal Disease is an infection of the tissues that support your teeth. Periodontal diseases attack just below the gum line in the sulcus, where they cause the attachment of the tooth and its supporting tissues to break down. As the tissues are damaged, the sulcus develops into a pocket: generally, the more severe the disease, the greater the depth of the pocket. Periodontal diseases are classified according to the severity of the disease. The two major stages are gingivitis and periodontitis. Gingivitis is a milder and reversible form of periodontal disease that only affects the gums. Gingivitis may lead to more serious, destructive forms of periodontal disease called periodontitis.

Some factors increase the risk of developing periodontal disease:

- Tobacco smoking or chewing
- Systemic diseases such as diabetes
- Some types of medication such as steroids, some types of anti-epilepsy drugs, cancer therapy drugs, some calcium channel blockers and oral contraceptives
- Bridges that no longer fit properly
- Crooked teeth
- Fillings that have become defective

- Pregnancy or use of oral contraceptives

Xerostomia also known as dry mouth syndrome can accelerate the rate of plaque and tartar build up on the teeth and increases the risk of developing periodontal disease or dental caries. Many medications can cause dry mouth.

Complications of oral health issues: (may include but are not limited to).

Researchers have found that periodontitis (the advanced form of gum disease that can cause tooth loss) is associated with other health problems such as cardiovascular disease, stroke and bacterial pneumonia.

Several **warning signs** that can signal a problem:

- Gums that bleed easily
- Red, swollen, tender gums
- Gums that have pulled away from the teeth
- Persistent bad breath or bad taste
- Permanent teeth that are loose or separating
- Any change in the way your teeth fit together when you bite
- Any change in the fit of partial dentures
- **It is possible to have periodontal disease and have no warning signs.** That is one reason why regular dental checkups and periodontal examinations are very important. Treatment methods depend upon the type of disease and how far the condition has progressed. Good oral hygiene at home is essential to help keep periodontal disease from becoming more serious or recurring. **You don't have to lose teeth to periodontal disease.** Brush, clean between your teeth, eat a balanced diet, and schedule regular dental visits for a lifetime of healthy smiles.

Guidelines for oral health care: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's order

- Individual to be evaluated by dentist.
- Dentist recommendations to be obtained for specific oral hygiene care/needs.
- The agency should have documentation of education provided to staff addressing specific oral health care needs
- The agency should keep track of when the oral health supplies are to be changed and document .

Teaching Considerations for oral health care:

- Staff to be trained on how to recognize symptoms related to oral health concerns.
- Staff to be trained on the importance of supporting consumers with proper daily oral hygiene.
- Staff to be trained on what symptoms to report to the physician/dentist.
- Staff to be trained on the care of oral health appliances and reordering procedure.
- Staff to be trained regarding importance of providing the dentist with health history including medication use, both prescription and over-the-counter products, and let the dentist know when there are changes.

Resources:

Practical Oral Care for People with Developmental Disabilities

http://www.nidcr.nih.gov/oralhealth/Topics/DevelopmentalDisabilities

A Caregivers Guide to Good Oral Health for Persons with Special Needs

http://www.specialolympics.org

Oral Health Care for Children with Special Health Care Needs.Page.17 Partial list of Common Medications that cause Gingivial Overgrowth.

http://www.okacaa.org

Learn About Dry Mouth: Medications That May Cause Dry Mouth

http://www.laclede.com/learn/medlist.asp

Ostomy Care

Definitions: A colostomy is a surgically created opening in the colon (large intestines). The large intestine is brought through the abdominal wall for passage of stool.

An ileostomy is a surgically created opening in the ileum (small intestines). The small intestine is brought through the abdominal wall to form a stoma for the passage of stool.

Each require specialized collecting devices, careful skin care, and sometimes changes in dietary habits as indicated in the physician orders.In some cases they are temporary and can be surgically reversed

Complications of ostomies: (may include but are not limited to.

- Bowel obstruction
- Electrolyte imbalance/dehydration
- Pain and discomfort
- Loss of appetite
- Skin breakdown
- Depression
- With ileostomy meds and nutrition may not be absorbed fully

Guidelines for ostomy care: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's order

- Individual to be evaluated by primary care physician.
- Physician recommendations to be obtained for fluid intake, dietary changes.
- The agency should have documentation of education provided to staff addressing colostomy and / or ileostomy care.
- The agency should have a policy keeping bowel record
- The agency should keep track of when the ostomy appliance is changed, and document the skin condition
- Avoid using crushed or time released meds when a consumer has an ileostomy, due to the change in absorption

Teaching Considerations for ostomy care:

- Staff to be trained on how to recognize symptoms related to the bowel problems related to the ostomy (change in bowel habits, constipation, impaction, diarrhea)
- Staff to be trained in recognizing symptoms of electrolyte imbalance: confusion, lightheadedness, abdominal cramps, weakness, etc.
- Staff to be trained on the importance of dietary and fluid intake.
- Staff to be trained on what symptoms to report to the physician
- Staff to be trained on the care of the 'ostomy' appliance and reordering procedure
- Staff to be trained in proper skin care

Oxygen Therapy

Definition: Oxygen is considered a drug which is prescribed by a physician. The consumer receives supplemental oxygen through a small plastic tube for the purpose of relieving low levels of oxygen in the blood which can decrease shortness of breath, and prevent tissue damage.

Reasons for use: (may include, but are not limited to consumers who have or experience)

- Chronic Obstructive Pulmonary Disease (emphysema or chronic bronchitis)
- Cystic fibrosis
- Asthma
- Congestive heart failure
- Lung Cancer

Complications associated with oxygen therapy: (may include but are not limited to)

- Atelectasis (Collapse of lung)
- Fires
- Increase risk of falls, related to tubing strung at feet during ambulation
- Skin breakdown from use of nasal prongs, tubing, masks
- Nasal dryness & nose bleeds may be caused by oxygen drying out nasal passages, asking the physician for saline nasal spray or humidification may help relieve these symptoms
- High concentrations of oxygen in consumers with severe lung disease can lead to carbon dioxide poisoning as the consumer may not have the lung capacity to exhale the carbon dioxide. Some signs and symptoms may be nausea/vomiting, dizziness, headache, rapid breathing, and flushing.
- Severe cases of carbon dioxide poisoning as a result of high oxygen concentration can lead to confusion, convulsions, loss of consciousness and death.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician's orders to include concentration (liter flow), frequency (continuous, at bedtime or as needed, etc.) route of administration (nasal prongs, mask).
- Licensed nurses are qualified to administer oxygen
- In collaboration with the primary care physician, the consumer receiving oxygen, family members and/or other staff may be trained and delegated by the Physician or Registered Nurse to administer oxygen
- Phone numbers posted should include; emergency numbers for power outage and the supplier of equipment in the event of malfunctions
- The agency should have written guidelines about the documentation needed for addressing oxygen administration and safety

Care of equipment: (may include, but are not limited to)

- Nasal prongs should be washed 1-2 times a week with a liquid soap and rinsed thoroughly
- Replace tubing and nasal prongs every 2-4 weeks
- Tubing should not be over 50 feet long, it would weaken the concentration if longer
- **If there has been a respiratory infection, change the tubing, masks or nasal prongs when the infection has passed**
- The air filter on the concentrator should be cleaned at least 2 times a week using warm water and air dried
- Humidifiers should be washed and rinsed 2 times a week with warm soapy water and rinsed thoroughly. They should be refilled with sterile or distilled water
- More specific guidelines on the care of the equipment should be provided by the supplier
- Tanks should remain upright at all times; never try to roll it to a new location.
- There must be documentation of staff teaching and training for care of oxygen equipment

Teaching Considerations:

- Staff to complete training on the consumer receiving oxygen therapy; including oral care, nasal care, and monitoring of pressure points from the nasal prongs, tubing or mask.
- Staff to be trained about safety in transporting consumers with oxygen.
- Staff to be trained to recognize the signs and symptoms of low oxygen levels; decreased levels of consciousness or alertness, increase in fatigue, increased breathing rate, cyanosis(bluish color in nail beds, lips, skin around mouth, grayish appearance, increase in restlessness or anxiety).
- Staff to be trained on recognizing the signs and symptoms of respiratory infections; fever, increased mucous, coughing, odor to mucous, increased shortness of breath, wheezing.
- Staff to be trained on what to do in an emergency power outage
- Staff to be trained about fire hazards when oxygen is in use.
- Staff to be trained on proper documentation for oxygen administration; flow rate, respiratory response, care of equipment, and skin condition.

FIRE HAZARD: (precautions may include, but are not limited to)

- Use water based lip, creams, lotions or nasal lubricants,
- NEVER use petroleum based products on a consumer using oxygen, as they are flammable.
- Signs should be clearly posted on the door and in the home stating, “No Smoking-Oxygen in Use”.
- No open flames or combustible products within 50 feet of oxygen, such as candles, open flames, hot water heater, lighters, matches, etc.
- Portable tanks or cylinders should be stored a minimum of 8 feet from heat producing and electrical appliances, in a well vented area. The small amount of oxygen gas that is continually vented from these units can accumulate in a confined area, such as behind curtains, closets, or other enclosed areas and become a fire hazard.
- Battery powered razors and hair dryers that have less than 10 volts are recommended for consumers that wear oxygen. Due to the possibility of small electrical appliances sometimes causing sparks
- Bedding and clothing of cotton material must be used because wools, nylon and synthetic material can cause static electricity and spark.

Pain, Uncontrolled

Definition: Pain is described as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. When it is not controlled the consumer may express mental and/or physical behavioral changes as a defense mechanism.

Complications: (may include but are not limited to)

- Increased confusion
- Irritability, agitation, acting out or crying
- Changes in sleeping patterns
- Decreased social interactions, usual interests, activities, hobbies, etc.
- Weight loss
- Immobility

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Individual to be evaluated by primary care physician.
- Consultation with specialist as indicated by primary care physician: pain management clinic, neurologist, orthopedic, physical therapist, etc.
- Administer the pain medications as prescribed.
- Take caution in using life threatening or unproven remedies for pain.
- The agency should have a system to monitor and manage pain.
- Follow up documentation regarding outcome if PRN meds used
- If the pain is not relieved adequately, within 24-48 hours, follow up with physician for further evaluation

Teaching considerations:

- Staff to be trained to recognize symptoms of pain: facial grimacing, squirming, sleep disturbance, self-injurious behaviors, change in appetite, or mood changes, etc. (Realizing consumers with MRDD may express themselves differently)
- Staff to be trained to monitor blood pressure, pulse, and respirations as indicators of pain.
- Staff to be aware of side effects and interactions of pain meds, especially with psychotropic drugs.

Pica

Definition: Pica is the eating or abnormal craving of non-food substances. Clay, dirt cigarette butts, starch, animal feces, paint, and hairballs are just a few examples of what individuals with pica have been known to eat. This pattern of behaviors must last at least one month for a diagnosis of Pica to be made.

Complications: (may include but are not limited to)

- Malnutrition
- Intestinal obstruction
- Intestinal perforation
- Infections
- Choking
- Hospitalization
- Death
- Lead poisoning

Guidelines: These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Evaluation by physician to determine laboratory studies, dietary concerns, and monitoring needs.*
- Cabinets that contain chemicals, toxic products, etc should be locked.
- Precautions within the environment must be taken based on individual need.
- Pica concerns are to be addressed in the individual plan.
- Staff to have current CPR and First Aid training in their files.
- The agency should have a reporting procedure for incidents of pica.
- Close medical monitoring is necessary throughout treatment.
- Close collaboration with a mental health team skilled in treatment of Pica is ideal for optimal treatment.

Teaching Considerations:

- Staff to be trained on signs and symptoms of an intestinal obstruction: abdominal fullness, pain and cramping, vomiting, failure to pass gas or stool, etc.
- Staff trained on observation and documenting PICA episodes including date, time of day, size and description of item ingested, activity/behaviors before and after episode.
- Staff to be trained about the care of the consumer with PICA: monitoring bowel movements, observe for signs of aspiration, etc.
- Staff to be trained about nutritional needs of the consumer with PICA: highly textured snacks, monitoring against ingesting non-edibles.
- **Certain items, such as paint chips, or other toxic substances can lead to poisoning. This is the most concerning and potentially lethal side effect of Pica.**

PLEASE NOTE

Dr. Joseph Parks, Medical Director of Department of Mental Health, found that iron and zinc deficiencies are related to PICA. He recommends the following lab tests: serum iron, serum zinc, total iron binding capacity, and transferrin. Dr Parks also suggests that these lab studies be updated every three years

Psychotropic Medications

Definition: Psychotropic medications are drugs that are prescribed to improve or stabilize mood, behavior, or mental status. Psychotropic medications are divided into different groups based on their therapeutic action: **Antidepressant medications, Antianxiety medications**, **Mood Stabilizing medications**, **Antipsychotic medications**, **Stimulants**, and **Sedatives.**

Some medications are classified for other purposes such as anticonvulsants. These medications may be considered psychotropic medications when they are utilized for the purpose defined above.

Complications: (may include but are not limited to)

- Tardive Dyskinesia – a potentially severe disorder characterized by involuntary movements of the face, trunk and extremities associated with long term use of antipsychotic medications. This can be permanent if not detected for early intervention.
- Extrapyramidal Symptoms – these are signs of involuntary movements such as tremors, muscular twitching, muscle spasms, and restlessness.
- Akathisia – early signs of extra-pyramidal syndrome characterized by motor restlessness and compulsion to move.
- Neuroleptic Malignant Syndrome – usually during the first week of treatment, characterized by catatonic like state, rigidity, delirium, fever, and profuse sweating.
-

Guidelines: These guidelines **do not** replace proficiency based training of caregiver, agency policies, or physician's orders.

- Consultation with psychiatrist if recommended by primary care physician.
- Prescribing physician to have a diagnosis in the client file to support the use of the psychotropic medication.
- Prescribing physician has written orders for laboratory studies if indicated.
- Primary care physician aware of all medications prescribed by specialists.
- The personal plan identifies the need for psychotropic medications.
- The personal plan will include methods to address the situation surrounding the need for a PRN psychotropic medication:
  - steps to be taken to support the individuals safety
  - steps to be taken to deescalate behavior problems
  - who to contact for approval in administering the PRN psychotropic medication
- There is a signed consent for the use of the psychotropic medication.
- A measure of involuntary movement is being recorded in client file for the consumer receiving antipsychotic medications. **This may be completed by the Community RN.**
- The agency should have written guidelines for the use of psychotropic medications.
-

Teaching Considerations:

- Staff to be trained about the purpose of the medication prescribed.
- Staff to be trained about possible adverse effects of psychotropic medications: liver toxicity, constipation, bowel obstruction, weight gain, sedation, etc.

- Staff to be trained on monitoring for side effects of psychotropic medications: tardive dyskinesia, extrapyramidal symptoms, akathisia, etc.
- Staff to be trained on the time frame to expect the medication to become effective.
- Staff to be trained about sensitivity to the sun and the need for these consumers to use sun screening agents.

Recurrent Respiratory Infections

Definition: A recurrent respiratory infection of the respiratory tract is one that has occurred more than twice in a year. A respiratory tract infection can be upper respiratory such as the common cold, sinus infection, or strep throat. Or it can be a lower respiratory infection such as reactive airway disease, bronchitis or pneumonia.

Complications: (may include but are not limited to)

- Hospitalization
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- The personal plan should have supports identified with regards to the recurrent infections and treatments needed.
- Evaluation by physician for treatment and monitoring needs.
- Consultation with the physician for recommendations for vaccinations: pneumonia, influenza, etc.
- Evaluation by Speech Therapy and/or Respiratory Therapy if indicated.
- The agency should have a tracking system for monitoring recurrent respiratory infections.

Teaching considerations:

- Staff to be trained on the signs and symptoms of respiratory infections: chest pain, coughing, fever, fatigue, wheezing, difficulty breathing, shortness of breath, muscle aches, sore throat, nasal drainage, etc.
- Staff to be trained on body substance precautions to prevent the spread of infection
- Staff to be trained on keeping the home well ventilated to reduce indoor air pollution.
- Staff to be trained on what and when to report to the physician.

Seizure Disorder

Controlled or Uncontrolled

Definition: A seizure is described as a disturbance of electrical activity in the brain. The brain sends out wrong signals causing the person to experience strange sensations, emotions, and may include muscle spasms or loss of consciousness.

When medical treatment has limited the seizure activity to less than 6 seizures per month, the seizure disorder is considered **controlled.**

To fit our criteria of **uncontrolled seizures**, the consumer:

- has experienced more that 6 seizures a month, or
- has experienced an increase of seizure activity, or
- was admitted to the hospital for seizure activity in the past 12 months, or
- was admitted to the hospital for anticonvulsant toxicity.

Complications: (may include but are not limited to)

- Physical Injury
- Cognitive changes
- Choking
- Ineffective breathing

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician to evaluate and make recommendations of when to be notified in relationship to seizure activity.
- **Learn when to seek emergency medical assistance.**
- Documentation of seizure activity should be kept in consumer file and taken to appointments related to follow up and evaluation of seizures.
- The agency should have written guidelines for the monitoring, interventions, treatment, and follow up care for this consumer's seizure activity.

- Website resources:
  www.epilepsyfoundation.org;

  www.ninds.nih.gov/disorders/epilepsy;

  www.nlm.nih.gov/medlineplus/epilepsy

Teaching Considerations:

- Staff to be trained about the specific seizure disorder of the consumer.
- Staff to be trained on how to support someone during a seizure.

    - For general seizures: assist the person to the floor, for safety, roll individual onto their side to prevent aspiration of saliva, remove glasses and loosen tight clothing, clear surrounding area of furniture that may cause injury, assist the person to a safe and comfortable area after seizure activity stops.
    - For partial seizures: use gentle touch and assure them they are ok, prevent injury or wandering for safety.
- Staff to be trained on the follow up care after the consumer experiences a seizure.
- Staff to be trained on proper documentation of seizure activity: date, time, length of seizure, precipitating factors, description of movements, etc.
- Staff to be trained on causes and influencing factors of seizure activity: food, drink, environment, medications, temperature, etc.
- Staff to be trained as to when to call an ambulance:
    - if the seizure happened in water,
    - if this is the person's first seizure,
    - if the person is injured, pregnant, or diabetic,
    - if the seizure continues more than five minutes,
    - if consciousness does not return after the seizure has stopped,
    - if the person's vital signs are abnormal 30 minutes after the seizure has ended,
    - if the seizures stop and then start back up again
    - if there is one sided weakness or paralysis develops after seizure,
    - if there is continuous vomiting after the seizure,
    - if the person has a fever greater than 102 degrees, etc.

Significant Changes in Health or Behavior in the past year

Definition: The consumer, over the past 12 months, has experienced an unexpected decline in mental or physical health that despite treatment has caused a change in ability to meet their basic needs of daily living, such as cooking, dressing, eating, housekeeping, hygiene, laundering, toileting, etc.

Complications: (include but are not limited to)

- Current health symptoms become worse or new symptoms develop.
- The type of supports needed in the home have changed
- Hospitalization
- Death

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Immediate evaluation by the physician.
- Immediate notification of the Regional Office and Agency Director.
- Staff must be able to communicate information about consumer's health and medical history to the physician or health professional.
- If the changes in health indicate additional supports, include these in the personal plan.
- Meet with the service coordinator and complete the referral to the crisis team, if indicated for behavior changes.
- The agency should have a reporting procedure to address changes in health status or behavior concerns.

Teaching Considerations:

- Staff to be trained about the change in health status.
- Staff to be trained about new diagnosis.
- Staff to be trained positive behavior supports.

Suctioning/Airway Management

Definition: Airway management involves ensuring that the consumer has a patent airway through which effective ventilation can take place. The consumer requires the use of suctioning to remove thick mucous or other fluid that is blocking a person's airway when the person is unable to cough. The greatest risk of airway management is that the airway may become blocked, causing the patient to have respiratory distress.

Purpose: The primary purpose of airway management is to provide a continuously open airway along with a continuous source of oxygen.
Results: The anticipated outcomes of airway management are a continuously open airway through which effective ventilation can take place, and prevention of infection.

Complications: (may include but are not limited to)

- Fear and agitation for patients when they feel they do not have control over their breathing.
- Low level of oxygen in body tissues (lip or nail color becomes darker)
- Trauma to lining of mouth, nose and trachea
- Cardiac or Respiratory Arrest
- Airway Infection
- Blood pressure changes
- Coughing up blood

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

Licensed nurses and respiratory therapists are qualified to perform oropharyngeal or deep tracheal suctioning.

- In collaboration with the consumer's primary care physician, family members or other staff may be trained and delegated by a Physician or Registered Nurse to perform the suctioning task required.
- Physician orders will be specific to the task and include the exact type of equipment, frequency and type of suctioning.
- Delegation of suctioning must be coordinated by Physician and/or RN and Respiratory Therapist. This delegation must be specific to the consumer's needs, to include the technique to be used, and the type of equipment needed, as prescribed by the physician.
- Delegation must be in the consumer and staff files.
- The agency should have written guidelines for suctioning and care of the equipment.
- The agency should have an emergency response plan in the event of power loss.
- The agency should have an alternative means of communication identified for the consumer, if needed.

Teaching considerations:

- Staff to be trained about the documentation needs of the consumer who receives suctioning: the date and time of suctioning, the type of suctioning, and the respiratory status before and after the suctioning.

- Staff to be trained to provide the aftercare required to confirm the stability of the patient.
- Staff to be trained on the signs and symptoms when suctioning is needed: "gurgle" sound of secretions, hard time breathing, heart or breathing rate increases, cyanosis (blue or gray color), eyes protruding, dizziness, and unconsciousness.
- Staff to be trained to perform each aspect of the task by an appropriate professional as stated above.
- Staff to be trained on all aspects of suctioning, the suctioning equipment, and proper disposal for waste products after suctioning.
- Staff to be trained to use proper technique before, during and after the suctioning procedure.

Tracheostomy

Definition: This is a surgical opening (called a stoma) into the trachea or windpipe for airway management. A tube is inserted through the opening to allow passage of air and removal of secretions. Instead of breathing through the nose and mouth, the person breathes through the tracheotomy tube.

The tracheotomy tube consists of three parts:

1. outer cannula- the outer tube that holds the tracheostomy open. A neck plate extends from the sides of the outer tube and has holes to attach cloth ties or Velcro strap around the neck. It has a lock to keep it from being coughed out, and it is removed for cleaning
2. inner cannula- fits inside the outer cannula
3. obturator- fits inside the tube to provide a smooth surface that guides the tracheotomy tube when it is being inserted

Complications: (may include but are not limited to.)

- Respiratory distress and tube obstruction
- Pulsating, oozing bleeding
- Infection
- Subcutaneous emphysema
- Aspiration
- Impaired skin integrity around the site
- Tracheostomy tube accidentally comes out
- Hospitalization
- Death

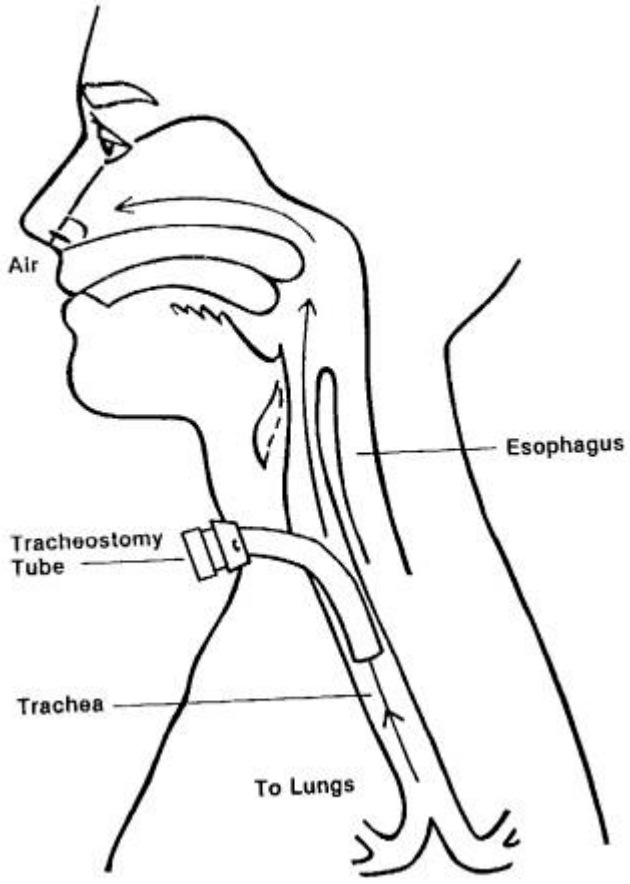
Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Physician's orders to include specific orders for size and type of tracheostomy product; tracheostomy care; tube replacement, and introduction of humidified air if required
- The agency must have a replacement tracheotomy tube available in case of an emergency or for use while cleaning the first tube.
- A backup power source must be available (suctioning & humidity devices)
- Endotracheal suctioning is a necessary procedure for consumers with artificial airways. This is not a benign procedure and operators must be qualified to access the need for the procedure. Operators must be skilled in patient preparation, the suctioning event(s) and follow up care.
- Documentation of treatment and care of tracheostomy to be included in the consumer files.
- Maintenance and cleaning of the equipment must be documented.
- **Requires 24 hour nursing care.**
- **Only an RN may delegate tasks to unlicensed assistive personnel.**
- Documentation of the delegation and training must be in staff files.
- Staff to have current CPR and First Aid training in the files.
- The environment must be suitable to support the person with an artificial airway**.**
- The agency must have written guidelines for the care of the tracheostomy; dressing changes, tube changes, suctioning, and when to consult a physician.

Teaching Consideration:

- Staff to be trained on routine and emergency care for the person with a tracheostomy.

- Staff to be trained about the needs of the consumer with a stoma, including skin care at the site of the stoma.
- Staff to be trained on specific feeding techniques
- Staff to be trained on the signs of infection –swelling, redness, warmth, pus, increasing pain.
- Staff to be trained on maintaining the integrity of the tracheostomy products and equipment**.**



Tube Feeding

Definition: Tube feedings are used when the consumer requires administration of nutrition and/or fluid through a tube inserted into the gastrointestinal tract. It may be the only source of nutrition, or it may be a supplement to oral feedings. Placement may be permanent or temporary.

Types of tube feedings:
A variety of tubes are used in medical practice. They are usually made of polyurethane or silicone, which is not affected by gastric acid.

Nasogastric or NGT; Used temporarily, for up to 6 weeks. It is passed through the nose, down the esophagus and into the stomach. This type of feeding tube is not recommended for anyone who has a history of nasal injuries, gastroesophageal reflux, upper gastrointestinal strictures or who may be high risk for aspiration.

Percutaneous endoscopic gastrotomy (PEG); Can be temporary or permanent. It is the most common and placed under sedation using an endoscopic procedure. The tube is initially sutured and held in place by a balloon, that can be deflated or by a retention dome which is wider than the tract of the tube. They last about 6 months and are replaced by the physician through the existing passage without an endoscopic procedure.

Jejunostomy; A finer bore and smaller diameter tube surgically placed in the jejunum, the 2nd part of the small intestines. The GI tract is bypassed completely. Some indications for use may be for people that are higher risk for aspiration, have trouble digesting food or emptying their stomach, or have pancreatic disease. These tubes are prone to clogging, particularly with some meds. They must be flushed well before and after meds. Certain meds are not recommended to pass through these tubes.

Complications: (may include but are not limited to)

- Aspiration (inhalation of food, liquids, or saliva into the lungs), causing pneumonia or other respiratory complications
- Dislodgement of the tube which can lead to peritonitis
- Feeding tubes can become occluded or inadvertently pulled out.
- Feeding tube may migrate and cause gastric outlet obstruction or other internal organ injuires.
- Constipation
- Diarrhea
- Dehydration or electrolyte imbalances
- Gastric reflux
- Nutritional Deficits
- Irritation or infection of stoma site

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Licensed nurses are qualified to administer tube feedings. In collaboration with the consumer's primary care physician, the family members or other staff may be trained and delegated by the Physician or Registered Nurse to administer tube feedings.

- Physician's orders should detail the exact type of tube feeding, the amount of formula to be used, the frequency of feedings, and positioning of the client to be maintained during and after the feedings.

- Physician's orders should indicate the frequency at which weights are to be obtained, frequency of
- gastric residual checks, administration of water, and laboratory testing.
- Physician will determine the length of time the tube should be left in place. A plan should be in place for scheduled or emergency tube replacement.
- The agency must have written guidelines approved by the Community RN for tube feeding. The guidelines should be reviewed annually at minimum.
- Delegation of administration of medications through the tube must be in the consumer and staff files.
- Medications given via tube should be prescribed in a form and type of medication compatible with the tube feeding process.
- Physician orders to include care of tube insertion site
- Dietary evaluation, as ordered by physician for type and content of feeding.
- Physician orders to include instructions on how to manage a clogged tube

Teaching Considerations:

- Staff to be trained on how to inspect the abdomen, keep intake and output records, monitor weights
- Staff to be trained on how to monitor the consumer receiving tube feedings for complications: diarrhea, nausea, vomiting, aspiration of tube feed contents, tissue damage, etc.
- Staff should be trained regarding the type of tube and the anatomy of its placement, how to monitor for migration of tube, measuring and documentation
- Staff to be trained in caring for the insertion site, monitoring for complications, properly securing
- Staff to be trained, delegated, and supervised by the Community RN about the administration of medications through a tube.

Urinary Catheter

Definition: A flexible tube inserted into the bladder for the purpose of draining the urine.

Complications: (may include but are not limited to)

- Urinary tract and or kidney infection
- Bladder spasms
- Catheter obstruction
- Trauma of urethra or bladder
- Development of latex allergies
- Bladder stones
- Blood in the urine
- Skin breakdown

Catheter types:

- Latex, Silicon, Silicon-elastomer (latex catheter with silicone coating), Hydrogel coating (friction reducing), Antimicrobial-Coated Silicone (bacterial reducing). Straight tipped or Coude tipped (specially curved tipped to negotiate around an enlarged male prostate.
- Most common sizes are 14 to 18 French, unless there are blood clots or sediment that could occlude the lumen. They can be down sized with proper physician orders, usually on a monthly basis. Larger diameter catheters are more uncomfortable and can cause more traumas to the urethra and paraurethral glands (that produce mucus that help protect against bacteria).
- Balloon sizes vary from 1 - 3 cc in pediatric to 5 – 30 cc in adult. The balloon is designed to keep the catheter secure in the bladder (not to occlude the urethra or prevent leakage). The larger the balloon the more possibility for damage to the bladder neck. Pretesting silicone balloons prior to insertion is not recommended as pretest can cause a cuff or crease formation at the balloon which can cause urethra damage during insertion.
- Straight one time catheters may be ordered by the physician. These are catheters without a balloon. It can be performed using sterile or clean technique, as ordered by the physician.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders

- Licensed nurses are qualified to perform urinary catheterizations. In collaboration with the consumer's primary care physician, the individual receiving catheterization, family members, or other staff may be trained and delegated by the Physician or Registered Nurse to perform **straight urinary catheterization.**

Physician's orders should include the size and type of the catheter; frequency at which the catheter should be changed; irrigation of the catheter; type and amount of solution, and lab studies needed

- The agency should have written guidelines addressing catheter care: how to clean and store, when to replace, infection control, privacy management with changing catheters or catheter care, checking expiration dates on solution, catheters, and what symptoms to report to the physician.

Teaching Considerations:

- Staff to be trained about catheter care: positioning of the urinary drainage bag, keeping tube free of obstructions, securing catheter to prevent trauma, frequency of emptying the urinary bag, proper documentation, when to consult with the physician, etc.
- Staff to be trained on the signs and symptoms of complications: bladder spasms, pain, urine leakage around the catheter, no urine output, and skin breakdown, etc.
- Staff to be trained on the signs and symptoms of urinary tract infection: burning on urination, frequency of urination, cloudy urine, changes in urine odor, blood in urine, fever, low abdominal or pelvic pain or mid to low back pain, confusion, etc,
- Staff to be trained about infection control; hand washing, keeping drainage bags and tubing off the floor, proper positioning of drainage system, proper hygiene of perineum, catheter care, never disconnecting the system or plugging system without physician orders
- Staff to be trained on the importance of increasing fluids and avoiding caffeine products as they stimulate the bladder
- Staff to be trained on the importance of documentation and reporting if there is leaking of urine around the catheter as this could possibly be due to damage to the catheter balloon, caused by bladder stones.
- Staff to be trained on documentation of how long before the consumer voids, the amount voided, color, and odor of the urine after the catheter has been discontinued.

Vagus Nerve Stimulation

Definition: A Vagus Nerve Stimulation (VNS) device is surgically implanted under the skin on the left side of the chest and has a lead to the vagus nerve in the neck. It is a battery operated stimulator which emits short bursts of electrical energy directed into the brain through the vagus nerve on a twenty-four hour continuous cycle. A magnet is used externally to command additional stimulation or inhibit stimulation. The Vagus Nerve Stimulator is programmed by the physician. This therapy is currently approved for use in adults and children over 12 who have partial seizures that resist control by other methods.

Complications: (may include but not limited to)

- Hoarseness, cough, tickling in the throat, and changes in the voice during VNS
- Failure to activate the stimulator if the magnet is not stored properly
- Swallowing difficulties resulting in injury to the vagus nerve.
- Infection
- Bleeding
- Discomfort at the site

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Consumer to have an evaluation and follow up appointments by a Neurologist.
- Staff to attend follow up appointments with the neurologist.
- Magnet is to be kept at least 10 inches from credit cards, televisions, computer disks, microwave ovens, or other magnets.
- Battery life may be about six years; a surgical procedure is needed to replace the battery.
- People with the VNS implant should not have any kind of diathermy treatment as therapeutic deep heat treatments may cause the implant to heat up and damage the nerves and tissue
- Manufacturer supplied identification card will be provided to all health care professional's etc. prior to any treatment.
- Resource websites: www.epilepsyfoundation.org and www.cyberonics.com

Teaching Considerations:

- Staff to be trained on the proper storage, care, of the magnet.
- Staff to be trained on signs and symptoms of seizure activity: blank stare, loss of consciousness, involuntary movements, muscle twitching, and when to use the magnet.
- Staff must be supported to obtain record and report accurate seizure activity information.
- Staff to be trained on the side effects of using Vagus Nerve Stimulation: tingling sensation in the neck and/or mild hoarseness of the voice, shortness of breath, transient sensations of choking, throat pain, ear or tooth pain, skin irritation etc.

Ventilator

Definition: This is a mechanical device used for supplying air/oxygen under pressure to breathe for a person or to assist a person in breathing.

Description:
Ventilation is the process of inflating and deflating the lungs by replacing some or all of the muscular effort required to breathe. Different types of ventilators can be programmed to provide several modes of mechanical ventilation. The goal of mechanical ventilation is to sustain life by exchanging amounts of oxygen into and carbon dioxide out of the lungs.
Cough assistance may be delivered from the machine. This clears secretions that would otherwise accumulate and provide a locus for infection as well as interfere with gas exchange. The air from a ventilator is delivered to the patient either through a face mask or directly into the lungs through a tracheostomy tube.

Complications:

- Respiratory Distress (pneumothorax, difficulty breathing due to ventilator failure)
- Infection
- Tissue damage (tracheal stenosis or fistulas, vocal cord injuries)
- Electrolyte Imbalance
- Oxygen toxicity
- Immobility complications such as: Venous thrombosis, skin breakdown and atelectasis
- Hypertension or Hypotension)
- Accidental removal of the tube

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Requires specific physician's orders.
- An emergency power source must be immediately available.
- **Requires 24 hour nursing care.**
- Emergency resuscitation equipment should be readily available**.**
- The agency should have written guidelines for ventilator use and maintenance and cleaning.

Teaching considerations:

- Staff to be trained in the legal limitations of their support to the individual on a ventilator.
- Staff to be trained about the need for a ventilator.
- Staff to be trained in recognizing the symptoms of respiratory distress: grunted breathing, nasal flaring, rapid breathing, low body temperature, etc.
- Staff to be trained in recognizing the symptoms of electrolyte imbalance: confusion, lightheadedness, abdominal cramps, weakness, etc.
- Nursing staff to be trained specific to each machine's functions, settings etc.
- Contact information for service/repairs for all durable equipment is posted

Weight Concerns: Difficulty Maintaining or Losing

Definition: The consumer has experienced unplanned weight gain or loss of 5 pounds per month; or the consumer has a modified diet prescribed by a physician to maintain or lose weight; or the consumer has weight instability due to difficulty in consuming adequate nutrition; or the consumer has frequent meal refusal, or there are other medical reasons.

Complications: (may include but are not limited to)

- Malnutrition
- Skin breakdown
- Associated health problems with obesity: diabetes, hypertension, coronary heart disease, osteoporosis, sleep apnea, vision problems, hair loss, high cholesterol, and cancer.

Guidelines: These guidelines **do not** replace proficiency based training of caregivers, agency policies, or physician's orders.

- Evaluation by physician for weight concerns, medications, lab testing, dietary orders, and weight frequencies.
- Consultation with dietician as recommended by physician.
- Document the weights in consumer files.
- The agency should have a reporting procedure for weight concerns.

Teaching considerations:

- Staff to be trained about possible causes of weight variation: medications, age, stress, diagnosis, or other physical conditions.
- Staff to be trained on the diet order and how to document the dietary measures followed.
- Staff to be trained on meal planning, purchase of groceries, healthy snacks, portion sizes, and eating out.
- Staff to be trained on ways to assist with physical activity.
- Staff to be trained on how to obtain accurate weights: weigh the same time each day, with the same scale, wearing the same clothes, scales are to be on a hard surface not carpet, and if the individual is unable to stand then a wheelchair scale is to be utilized.

RESOURCES for HRM update

January 2008

Airwayoxygeninc.com/bipap.html

American Academy of Otolaryngology-Head and Neck Surgery – www.entnet.org/healthinfo/balance/fall

American Dental Association-www.ada.org

American Lung Association – http://www.lungusa.org/

American Medical Network – http://www.health.am/

American Nephrology Nurses Association - www.annanurse.org

Center for Disease Control – www.cdc.gov/aging

diabetes.org/type1-diabetes/insulin

eMedicineHealth-http://www.emedicinehealth.com/

Epilepsy Foundation – www.epilepsyfoundation.org

Family Caregiver Alliance – http:www.caregiver.org/

Health Care Cost and Utilization Project-Preventable hospitalizations

Healthline – www.healthline.com

Head and Neck Cancer, Org - www.headandneckcancer.org

Hopkins Hospital - www.hopkinshospital.org

International Association for the Study of Pain (IASP)

Lovenox.com/consumer/aboutLovenox/main.aspx

Mayoclinic.com/health/metabolicsyndrome

Merk Manual Home Edition- www.merk.com

Medlineplus/druginfo/medmaster

MedicineNet.com – www.medicinenet.com

Medline Plus-www.nlm.nih.gov/medlineplus

National Cancer Institute-www.cancerweb.ncl.ac.uk

National Caregiver Alliance – www.caregiver.org/caregiver

National Heart Lung and Blood Institute – www.nhlbi.nih.gov/health

National Institute of Neurological Disorders and Strokes – www.ninds.nih.gov/disorders/epilepsy

National Kidney Foundation - www.kidney.org

Networkofcare.org/dd/library

Oklahoma Association Community Action Agencies- http://www.okacaa.org

Products.sanofi-aventisu.s/Lovenox/Lovenox.html

Respiratory - www.nemc.org/respCare/suctioni.hmt

Sleepapnea.respironics.com

Sleepdisorderchannel.com/osa/diagnosis.shtml

Special Olympics -www.specialolympics.org

United Ostomy Association of America-www.uoaa.org

US National Library of Medicine and the National Institutes of Health –www.nlm.nih.gov/medlineplus

WebMD- www.webmd.com

www.dukehealth.org/HealthLibrary/CareGuides/Cancer/TreatmentInstructions/Jeju...

www.laclede.com/learn/medlist.asp

www.patient.co.uk/showdoc/40000186/

www.webmd.com/diet/obesity

www.webmd.com/mental health-pica

www.webmd.com/multiplesclerosis/intrathecal-baclofenpump

www.en.wikipedia.org/wiki/Feeding_tube