

Spring 2017 Issue



“When you are a nurse you know that every day you will touch a life... and a life will touch yours.”

The spring edition of KEPRO’s Health Care Quality Unit (HCQU) Nursing e-newsletter highlights information recognized by the Office of Developmental Programs (ODP) as significant safety hazards that pose a risk to individuals with intellectual disabilities living in provider agencies.

For the past two years, ODP has identified choking as a growing incident trend that more caregivers should be aware of and address in training and prevention. KEPRO’s HCQU has been proactive in providing information to agencies in the eight counties we support.

In this newsletter, we have included an email and poster on choking for you to use in your group homes. These materials have also been provided to provider agencies to raise awareness on the dangers of choking.

KEPRO’s HCQU also offers information on choking prevention during our caregiver trainings. In addition, we provide our newsletter, HCQU CARES, specifically written for caregivers, to provider agencies every spring and fall. Visit hcqu.kepro.com to read our newsletters or email lgillott@kepro.com to join our mailing list.

Choking Prevention

Cheryl Pursley, RN, CDDN

To prevent choking and possible aspiration, caregivers must be observant of those who may be at risk now and who will be at risk in the future, and nurses can provide insight and education. Dr. Bob Klaehn, medical director of the Division of Developmental Disabilities, Arizona Department of Economic Security wrote in his article Clinical Practice Guideline: Dysphagia and Assessing Risk of Aspiration and Choking, the following information concerning dysphagia, the elderly, and people with intellectual disabilities.

The three major causes of dysphagia in the elderly are due to:

Neurological Disorders

- Cerebral Palsy
- Stroke
- Brain Injury
- Spinal Cord Injury
- Parkinson's Disease
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis (ALS)
- Muscular Dystrophy
- Alzheimer's Disease

Disorders of the Head, Neck or Esophagus

- Cancer
- Injury or surgery involving head or neck
- Decayed or Missing Teeth
- Poorly Fitting Dentures

Drug Induced Dysphagia

- Medications that affect smooth muscle function and coordination of the esophagus-anticholinergic and anti-muscarinic agents
 - Medications that cause blockage of dopaminergic transmission resulting in an extrapyramidal syndrome – antipsychotics and neuroleptics
 - Medications that cause dry mouth (Xerostomia) – Selective Serotonin Reuptake Inhibitors, antihypertensive agents, anti-histamines and decongestants
 - Medications that cause Central Nervous System depression, leading to drowsiness, confusion and decreased voluntary muscle control – benzodiazepines, narcotics, skeletal muscle relaxants
 - Medications that cause local irritation of esophageal mucosa-aspirin, non-steroidal anti-inflammatory drugs (NSAIDS), antibiotics
- (This list of medications is not all-inclusive.)*

Other common medical conditions that cause difficulty swallowing and choking often noted in people with intellectual and developmental disabilities (I/DD) are gastroesophageal reflux disease (GERD) and low muscle tone. Eating rapidly, placing large amounts of food in the mouth, consuming non-edible items (pica), choosing not to wear dentures, poor posture during meals, and inducing vomiting during or after meals are personal habits that cause choking episodes in this population.

Dr. Klaehn also states, “Dysphagia becomes more common as individuals age.” He reports that 7 to 10 percent of persons over 50 years of age will have difficulty swallowing and up to 25 percent of hospitalized patients will have dysphagia. His article also recommends that every person with cerebral palsy be screened for dysphagia after age 35 and all individuals with other developmental disabilities be screened for dysphagia at age 45.

Nurses can educate caregivers of the above concerns and reinforce the need for active supervision during all meals. Active supervision requires caregivers to look at the individual's face during meals and reinforce safe swallowing strategies as needed. Encouraging people to eat small bites of food, use smaller utensils, take smaller sips, and to eat slower are methods to reduce the risk of choking. Active supervision also necessitates the need for caregivers to follow the orders for a specific diet consistency and to *never* leave the person alone with foods on the table or in the area that are of a different consistency.

Other recommendations to reduce the risk of choking and aspiration are:

- Encourage a 30 minute rest period before eating which fosters a calmer mood during meals
- Ensure the person is sitting upright at a 90 degree angle, including those eating meals in bed
- Follow the prescribed consistency of foods and liquids
- Encourage the person to take sips of fluids during meals
- If a caregiver is feeding the person, place food in the person's mouth according to the type of chewing/swallowing problem. For example, if the individual has left sided weakness, place the food in the right side of the mouth.

Nurses can also take a few minutes to observe individuals during meals, encourage caregivers to follow the above recommendations and report symptoms of dysphagia to the health care provider. With a concerted effort between caregivers and nurses, incidents of choking, injury, and death can be reduced, allowing people with I/DD to safely enjoy meals.

Reference: Klaehn MD, B. Clinical Practice Guideline: (n.d) retrieved February 21 2017, from <https://www.care1st.com/az/PDF/provider/preventive-and-practice-guidelines/dysphagia-and-risk-of-choking.pdf>

Other Medical News

Increased Hearing Loss Linked to Long Term Use of Over-the-Counter Pain Medications

A study published last December in the American Journal of Epidemiology reports that long term use of Over-the-Counter (OTC) medications may be associated with an increased risk of hearing loss in some women. Researchers from Brigham and Women's Hospital in Boston found that "women who used ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) for six years or more were more likely to suffer hearing loss than those who used the pain relievers for a year or less."

Previous studies associated these medications with an increased risk of hearing loss in men and younger women. A cause-and-effect relationship was not established and further studies need to be performed on a larger group to learn more about the possible link. Some people with I/DD have been taking these medications over a span of many years and may be unable to communicate to caregivers and health care professionals that their hearing is impaired. Informing the person's primary care physician (PCP) of long term OTC pain medications usage and signs of hearing loss are best practices in supporting people with I/DD.

Reference: Everyday Pain Relievers May Be Linked to Hearing Loss in Some Women. (2016, December 19) retrieved December 3, 2016, from Drugs.com website: https://www.drugs.com/news/everyday-pain-relievers-may-linked-hearing-loss-some-women-63823.html?utm_source=ddc&utm_medium=email&utm_campaign=Newsletter+Vol+148+-+December+2016

New Pain-Free, Needle-Free Method to Draw Blood Awaits FDA Approval

Drawing blood using a tourniquet and needle may become a thing of the past. The Touch Activated Phlebotomy or TAP device eliminates the needle and pain associated with blood draws. TAP works by placing the golf ball sized device on the patient's upper arm and activating a button, and then 30 thin needles pierce the top layers of skin. It is not only painless, but quick. Studies comparing glycosylated hemoglobin levels from venipuncture samples and those from TAP samples were within 98.7 percent accuracy. The TAP device was developed by Seventh Sense Biosystems (7SBio) and is awaiting final approval from the FDA. 7SBio also plans to seek approval for patients to use and obtain their own blood samples. This is great news for people with intellectual disabilities who may not understand the purpose of blood draws and are anxious and upset about the procedure.

Reference: Hein, I (2017, January 10). Needleless, Pain-Free Blood-Draw Device Coming to Market retrieved January 25 2017, from Medscape Web Site: <http://www.medscape.com/viewarticle/874230>

Changes in U.S. Vaccine Guidelines for Flu

The Centers for Disease Control and Prevention recently released its 2017 advisory for recommended vaccines affecting adults. The nasal flu vaccine marketed as FluMist has been found ineffective in preventing seasonal flu and is therefore no longer recommended.

People with egg allergies were previously advised to get the egg-free flu vaccine, however this recommendation has changed. New guidelines state, "even people who develop symptoms like swelling, lightheadedness or breathing difficulties may get either type of flu shot. But they should get the shot under supervision of a health care provider who is able to recognize and manage severe allergic conditions."

Reference: U.S. Vaccine Guidelines for Flu, HPV Updated. (2017, February 7). retrieved March 2 2017, from Drugs.com Web Site: https://www.drugs.com/news/u-s-vaccine-guidelines-flu-hpv-updated-64390.html?utm_source=ddc&utm_medium=email&utm_campaign=Newsletter+Vol+150++February+2017

We hope this e-newsletter provides useful information to help you and your agency deliver quality care to people with intellectual and developmental disabilities. If you have any questions related to physical and/or behavioral health care for individuals with I/DD, please contact KEPRO HCQU at 1-888-321-5861.

Sincerely,

The KEPRO/Southwestern PA Health Care Quality Unit



Southwestern Pennsylvania Health Care Quality Unit

8775 Norwin Avenue, Suite 103
North Huntingdon, PA 15642
Toll-Free: 888.321.5861
Office: 724.864.0715
Fax: 724.864.3750
<https://hcqu.kepro.com>



['Like' us on Facebook](#)



[Follow us on Twitter](#)



[Connect with us on LinkedIn](#)