

REMINDING MEDICAL PRACTITIONERS OF HIGH RISK CONDITIONS

Previous Safety and Quality Alerts have addressed some of the higher risk conditions that individuals with an intellectual disability may face, as well as when such individuals should be taken for medical assessment, even on an emergency basis.

However, not all medical practitioners realize that these conditions are the ones that more commonly cause death for individuals with an intellectual disability. Caretakers and/or staff may need to be assertive in reminding medical practitioners to make sure one of these higher risk conditions is not causing the current level of illness. The following are high-risk conditions that require prompt medical interventions:

- ❖ **Bowel Obstruction:** When individuals with constipation, a history of abdominal surgery, impaction or bowel obstruction show signs of abdominal pain/distress, refusing to eat, or certainly vomiting, staff attention should immediately focus on whether there is a bowel obstruction. Bowel Obstruction can be life threatening and it needs urgent medical attention.
- ❖ **Aspiration Pneumonia:** Individuals with dysphagia, a history of cramming food or not chewing well, poor dentition/hygiene, or gastro-esophageal reflux disease (GERD) are at perpetual risk of aspiration and pneumonia, even when they receive nutrition through a gastric tube. Coughing, wheezing, shortness of breath, being unable to lay down flat, or even showing a decrease in activity may be signs that pneumonia has developed, even before a fever develops. Pneumonia can become life threatening if it is not assessed and treated early.
- ❖ **Urinary Tract Infections:** Individuals with an intellectual disability who are incontinent, have difficulty with hygiene after toileting, have a history of having urinary tract infections (UTIs), or who masturbate are at risk for UTIs. The classic presentation of urinary urgency, frequency, and burning may not be evident or expressed. Indeed, the presentation may be that the individual looks physically ill, is “not himself,” shows decreased activity, or seems confused. There is the risk that a UTI may lead to sepsis (infection spreading into the blood), which can be life threatening.
- ❖ **Change in Mental Status:** While difficult to assess in some individuals, a change in mental status such as sedation, confusion, forgetting things known, falling or a change in behavior, is cause for seeking medical attention. A change in mental status may reflect a stroke or intracranial bleed, but more commonly, it may reflect general illness, infection, sepsis, or a medication effect (especially if there has been a recent change in medication).
- ❖ **Decubitus Ulcers:** “Pressure sores” (decubitus ulcers) must be taken very seriously. Attention to the prescribed treatment needs to be absolute as well as observations for reddening or deepening of the wound. Once the skin is broken there develops the risk for infection and the consequent risk for sepsis which can be life threatening. It is a particular issue for individuals who spend a lot of time sitting or lying down without much movement.