



High Risk Health Conditions
September 24, 2014

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 should an individual display symptoms correlated to the below medical conditions. **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, vomiting, inability to pass gas** staff attention should report these signs to a medical professional. 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 risk for 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, 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). **Seek medical attention if the above signs are observed.**

Decubitus Ulcers: “Pressure sores” (decubitus ulcers) must be taken very seriously. Close observation to areas that are at risk include but not limited to: **tailbone, heels, hips and other places where bones are close to the skin. Pay attention to areas that are RED.** Once the skin is broken the risk for infection is high and a medical provider should be contacted immediately. It is a particular issue for individuals who spend a lot of time sitting or lying down without much movement.

Seizures: Seizures can be described as abnormal electrical activity of the brain. Some seizures can be severe and fatal. Symptoms include but are not limited to: **whole body convulsions, body stiffness, repetitive coordinated motions that are involuntary and staring into space.** Many people have seizures but they are controlled through medication. If an individual has a seizure protocol it should be followed as outlined by the healthcare professional. Reviewing the seizure log and reporting any changes that are observed should be reported to a medical professional.



Source: <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>
<http://www.clinicaladvisor.com/cmece-features/cme-ce-credit-intellectual-and-developmental-disabilities/article/395169/2/>

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