

MEDAVIE

HealthEd

ÉduSanté



ACUTE INTERVENTIONS FOR THE CHRONIC CARE PATIENT

Advanced Care Paramedicine

Module: 11

Section: 03b

- A major trend of health care involves the shifting of patients out of the hospital and back into their homes as soon as possible.
- The result has been a huge increase in home health care services.

- Number of factors contribute to the growth of home care
 - Improved medical technology
 - Improved recovery rates
 - Lower cost
- Increased likelihood of paramedics attending to chronic-care patients

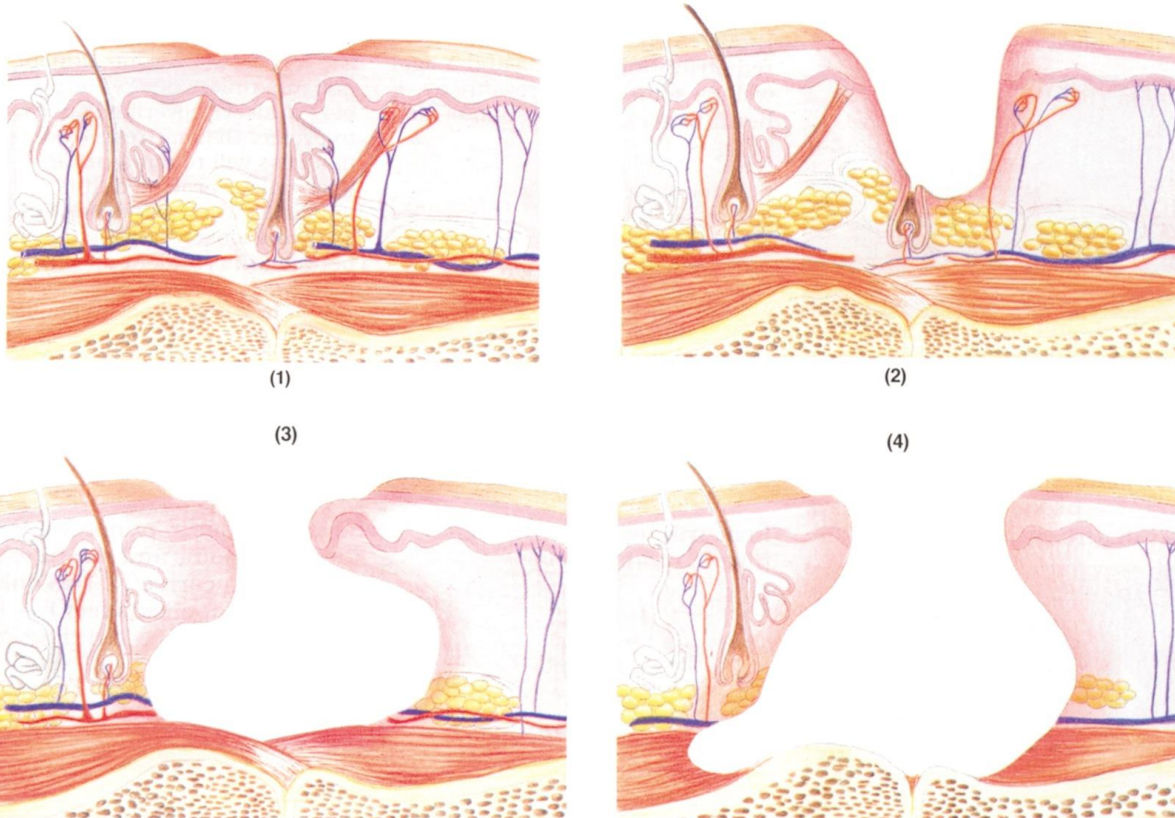
- The home care provider is an important source of information

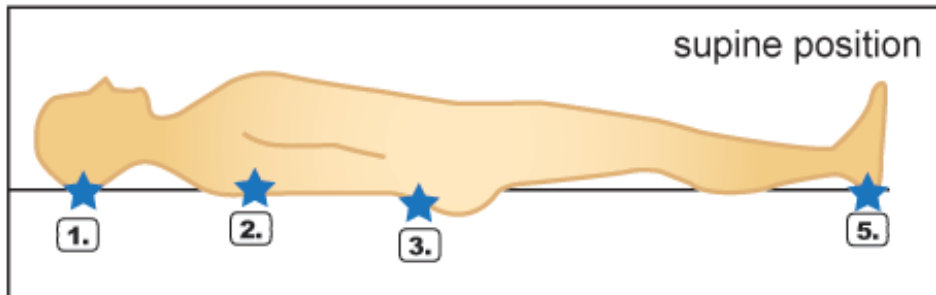


- Equipment failure
- Unexpected complications
- Absence of a caregiver
- Need for transport
- Inability to operate a device

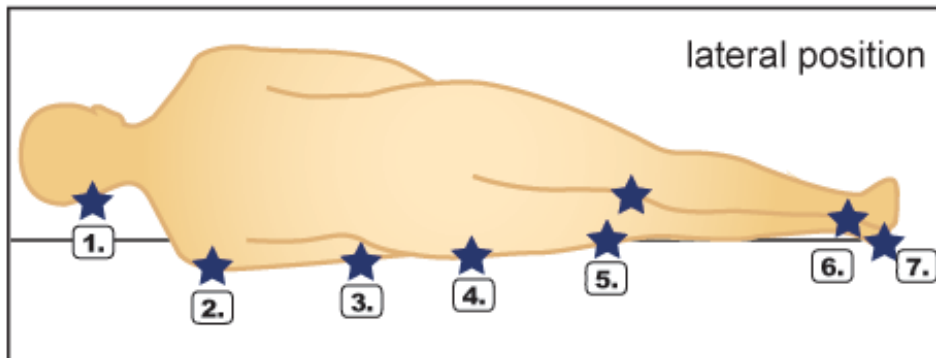
- Pathologies in a home-care setting are the same as others
- Home care patient is in a more fragile state
 - Airway complications
 - Respiratory failure
 - Cardiac decompensation
 - Alterations in peripheral circulation
 - Altered mental status
 - GI/GU crises
 - Infections/septic complications

- Pressure sores are classified by the depth of tissue destruction

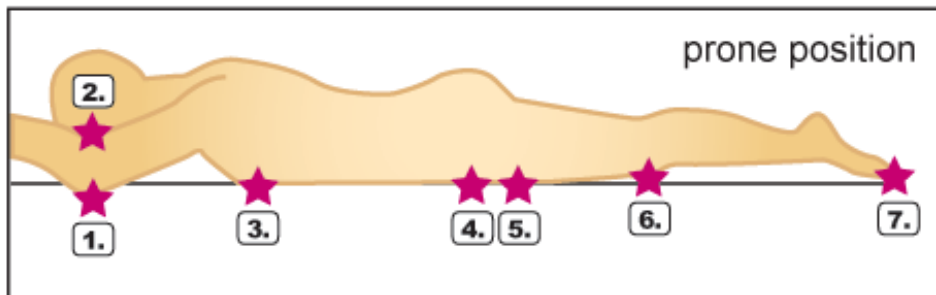




1. occiput
2. scapula
3. sacrum
4. heels



1. ear
2. acromion process
3. elbow
4. trochanter
5. medial & lateral condyle
6. medial & lateral malleolus
7. heels



1. elbow
2. ear, cheek, nose
3. breasts (female)
4. genitalia (male)
5. iliac crest
6. patella
7. toes

- Glucometers
- IV infusions and in-dwelling IV sites
- Nebulized and aerosolized medication administrators
- Shunts, fistulas, and venous grafts
- Oxygen concentrators, oxygen tanks, and liquid oxygen systems
- Oxygen masks and nebulizers

- Tracheotomies and home ventilators
- G-tubes, colostomies, and urostomies
- Surgical drains
- Apnea monitors, cardiac monitors, and pulse oximeters
- Wheelchairs, canes, and walkers

Medical Devices

GENERAL SYSTEM PATHOPHYSIOLOGY, ASSESSMENT, & MANAGEMENT

- Assessment of the home-care patient follows the same basic steps as any other patient.
- The one thing home-care calls have in common is their diversity.
- Try and ascertain from the primary care provider the patient's baseline health status.

- Is there a wheelchair ramp?
- Is there oxygen equipment?
- Is there a trail of oxygen tubing?
- Are there infection control devices?
- Is there a sharps container?
- Is the patient in a hospital bed?

- Patient with limited movement may be soiled
- Weeping wounds and ulcers
- Sharps present
- Collection bags for urine and feces
- Tracheostomy patients clear secretions by coughing
- Electrical equipment

- Hospital beds or walkers may be contaminated
- Oxygen in the presence of an open flame (cigarette)
- Cluttered equipment may cause you to stumble
- Medical wastes may not properly be disposed

- Tailor your questions to the home-care setting



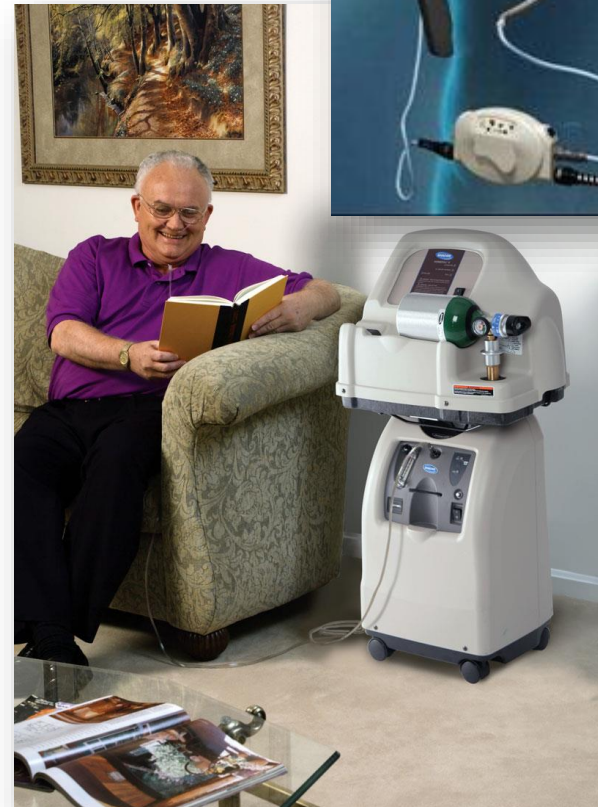
- You should critically assess the risks of discontinuing the home health care intervention versus transporting the mechanism.



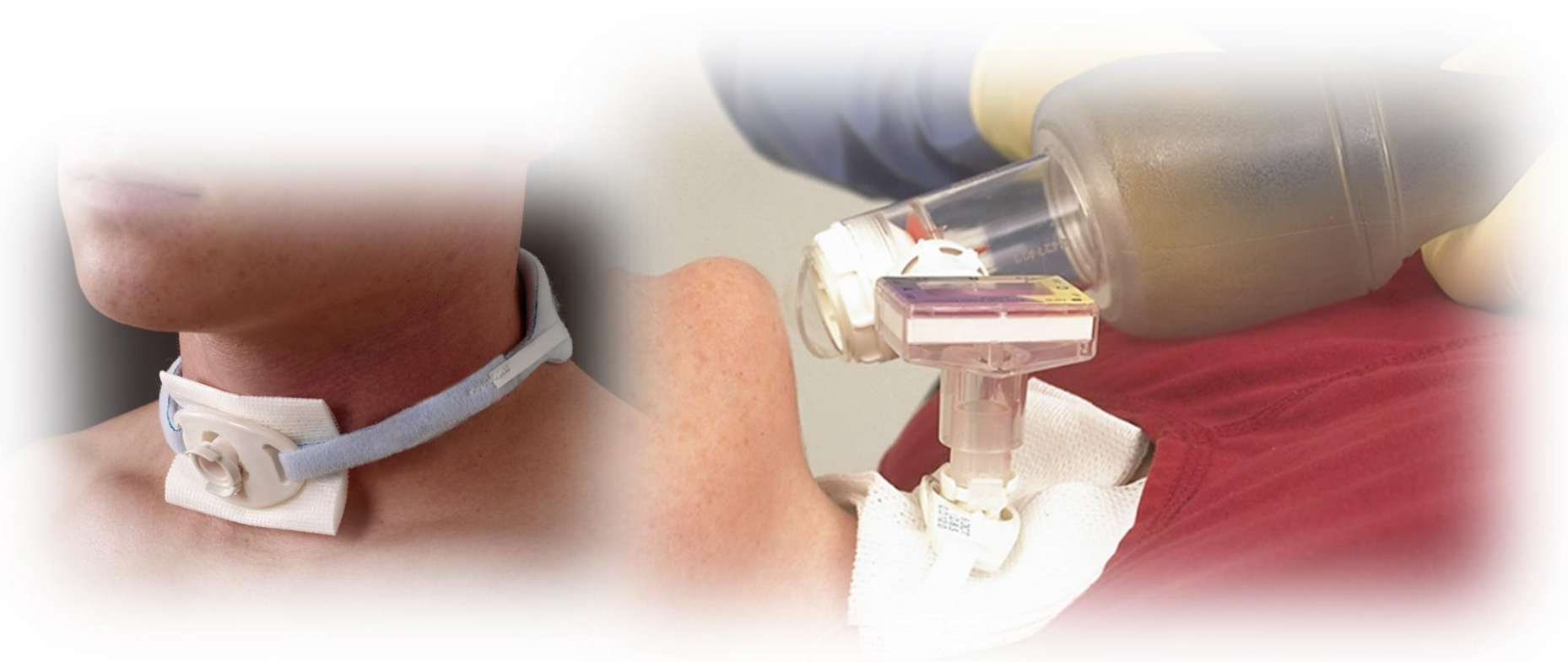
- Respiratory disorders
 - COPD
 - Bronchitis and emphysema
 - Asthma
 - CHF
 - Cystic fibrosis
 - Bronchopulmonary dysplasia (BPD)

- Neuromuscular degenerative diseases
 - Muscular Dystrophy
 - Poliomyelitis
 - Guillain-Barré Syndrome
 - Myasthenia Gravis
- Sleep apnea
- Patients awaiting lung transplants

- Home oxygen therapy
- Artificial airways/tracheostomies
- Vascular access devices
- Ventricular assist devices



- Artificial ventilation in a patient with a tracheostomy tube



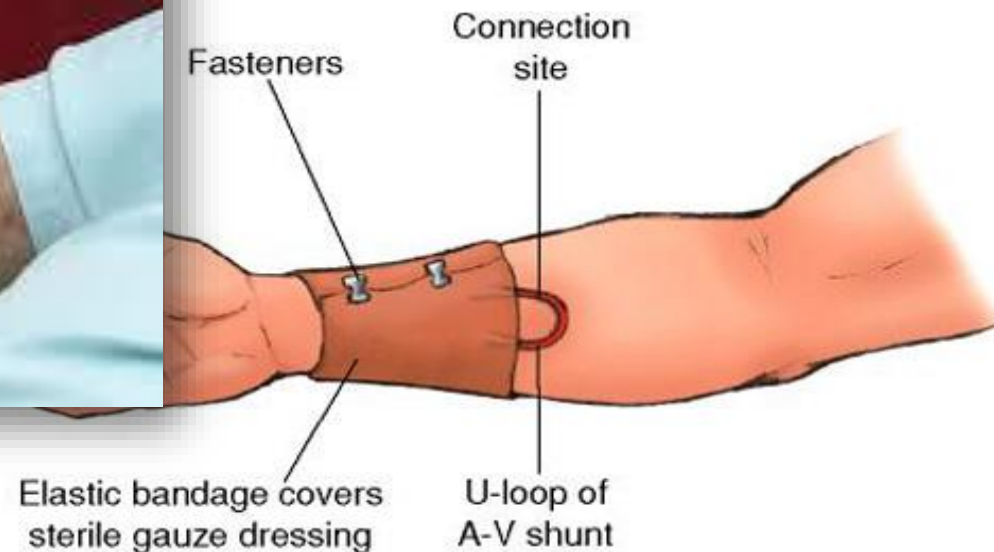
- Use of CPAP for sleep apnea patients



- Hickman, Broviac, Groshong
- Peripherally inserted central catheters
- Surgically implanted medication delivery systems
- Dialysis shunts



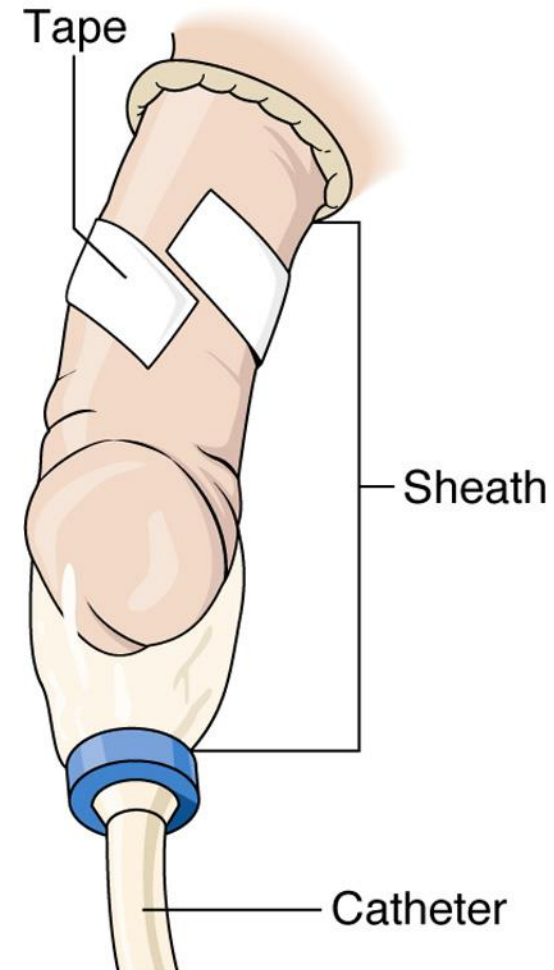
- An A-V shunt is used in home-care patients requiring dialysis



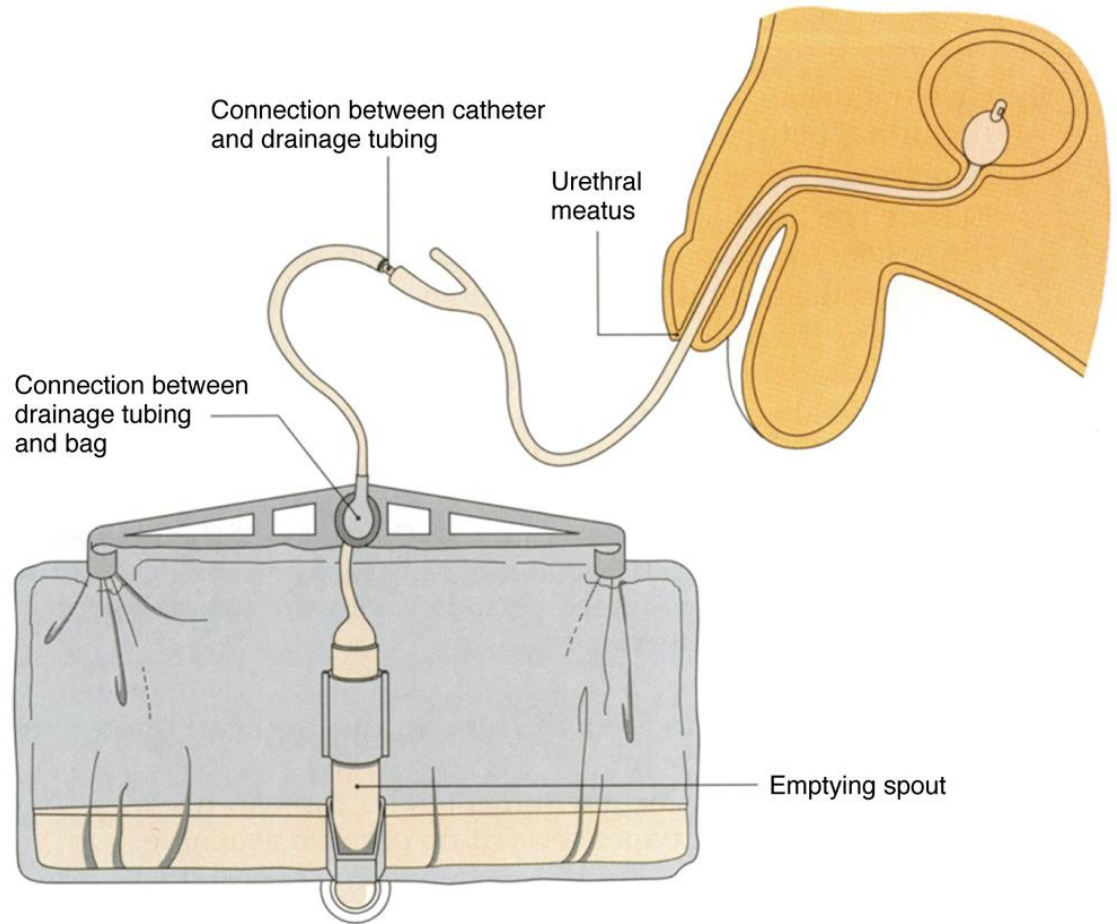
- Never access a surgically implanted port unless protocols allow you to do so
- Avoid vascular access and blood pressure in the extremity of a shunt

- Devices to support GI/GU function are common.
- Be familiar with the various devices and their complications

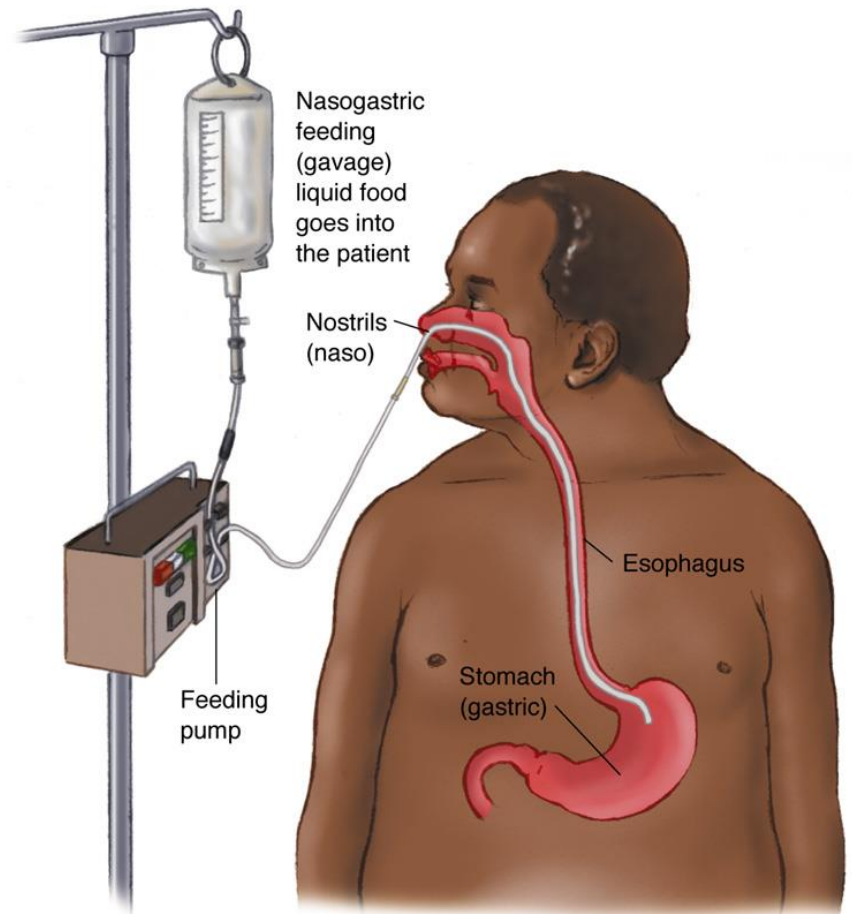
- An external urinary tract device



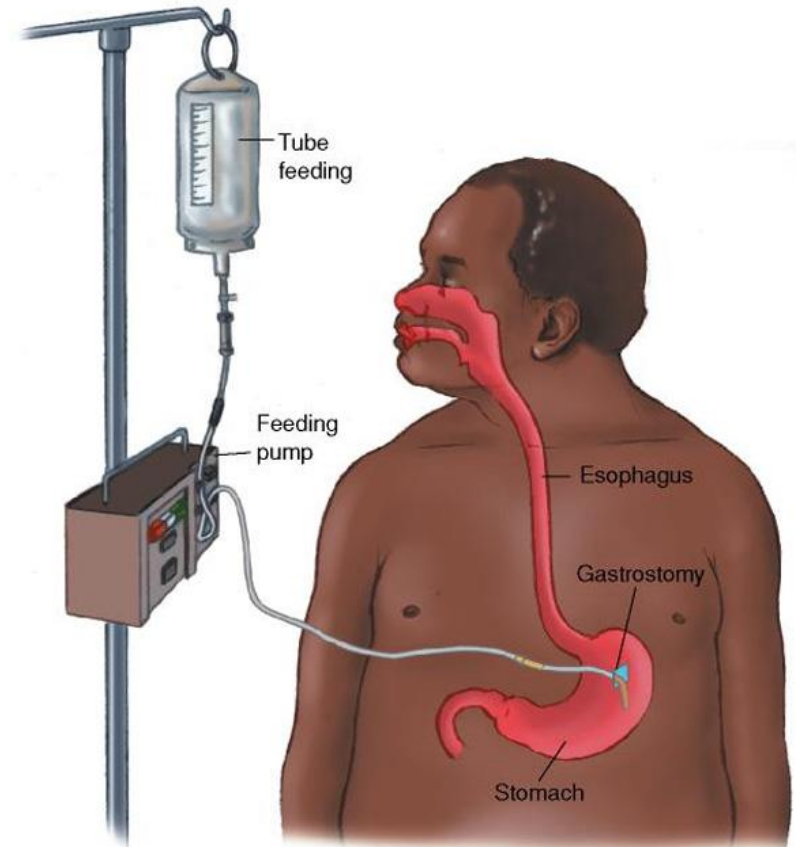
- Internal urinary catheter with balloon



- A nasogastric feeding tube

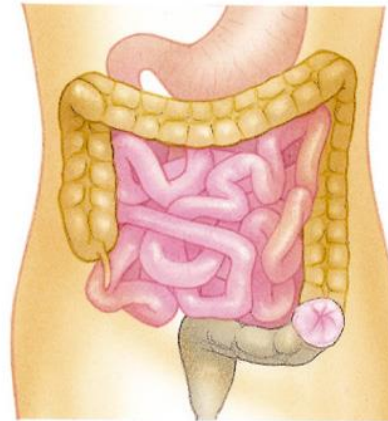


- A gastrostomy feeding tube

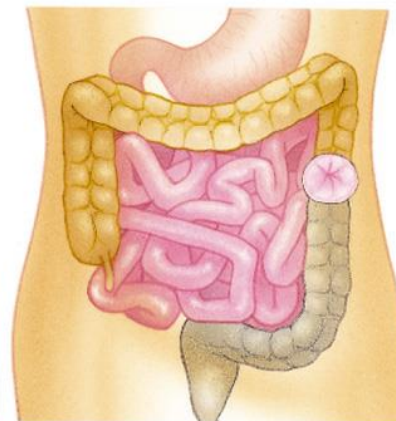


- Examples of colostomy stoma locations

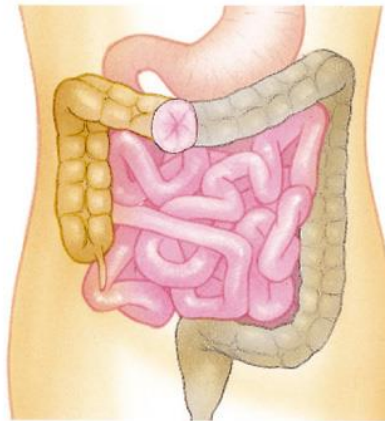
Sigmoid colostomy



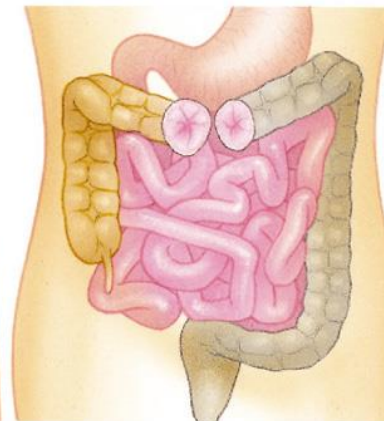
Descending colostomy



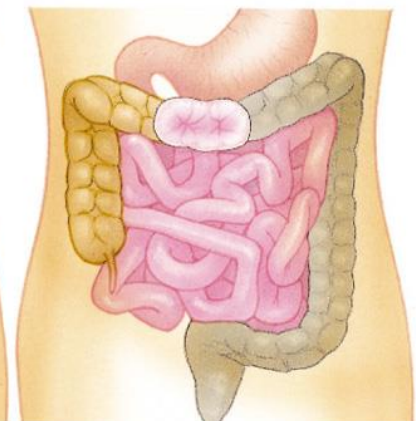
Transverse (single barrel)



Transverse (double barrel)



Transverse-loop colostomy



- Many women who deliver their babies in the hospital will be discharged in 24 hours or less.
- ALS providers may be called upon to assist new parents in caring for newborns or post-partum complications.

- Post-partum bleeding and embolus are common complications
- Management includes:
 - Massage of uterus
 - Administration of fluids
 - Administration of pitocin
 - Rapid transport, if necessary

- Signs/symptoms of cardiorespiratory insufficiency include:
 - Cyanosis
 - Bradycardia
 - Rales
 - Respiratory Distress

- Mechanical ventilators
- IV medications
- Oxygen therapy
- Tracheostomies
- Feeding tubes
- Pulse oximeters
- Apnea monitors

- The goal of hospice care is to provide palliative or comfort care rather than curative care.



- Common diseases that you can expect to see in hospice include:
 - Congestive Heart Failure (CHF)
 - Cystic fibrosis
 - COPD
 - AIDS
 - Alzheimer's
 - Cancer



Table 46-1 **PERCENT OF HOSPICE PATIENTS BY AGE**

Age	Percent
Under 45 years	8.1
45-54 years	7.9
55-64 years	14.8
65-69 years	8.7
70-74 years	15.6
75-79 years	14.5
80-84 years	12.3
85 years and older	16.4

Source: National Center for Health Statistics

- Epidemiology
- Paramedic response
- General system pathophysiology, assessment and management
- Specific acute home health situations