



# Health and Welfare Alert

## Recognizing and Responding to Medical Emergencies #51-7-24

Direct support professionals (DSPs) have the power to save lives and prevent harm when they have a clear understanding of how changes in a person's behavior, habits, and physical condition can be a sign of a greater healthcare crisis. A DSP's first responsibility is for the health and safety of the person they support. There are things that you can do proactively to support someone before an emergency happens, such as recognizing a person's baseline. This means getting to know what is typical for that person so you can tell when there is a change in condition. Some important things to notice include a person's usual blood pressure, weight, breathing, social interactions, bladder/bowel output, temperature, eating/drinking, chronic pain, activity levels, whether the person is taking blood thinner medications, and sleeping patterns. When observing and evaluating, it is important to be able to record specific details about changes and communicate timely. The following information can help evaluate the type of care a person needs and how urgent it is:

- When did the changes start?
- How long have these changes persisted?
- What effects did they have on the person?
- Are they increasing or decreasing in severity or number with time?

This information can help evaluate the type of care a person needs and how urgent it is. The Major Unusual Incident Unit (MUI) has identified some cases in which a delay in providing emergency medical care resulted in medical concerns or a fatal outcome. Sometimes, providers or family members ask to be contacted prior to the person receiving medical treatment. While providers should acknowledge family preferences, they must also ensure appropriate medical care and treatment. Discuss emergency medical treatments at person's service plan meeting. Often, families and guardians sign emergency medical consent forms to ensure

immediate medical care is provided. If someone is in distress, do not call/text your supervisor or co-worker, call 9-1-1.



### Calling 9-1-1 for emergency assistance

**Blood pressure activity** – report any blood pressure (BP) which is much higher or lower than usual. A top number (systolic reading) above 170 or bottom number (diastolic) above 115 can be dangerous. A systolic reading of 80 or less is an emergency. If medical attention is not available, call 9-1-1.

**Breathing changes** – very slow or rapid breathing or sudden increase in effort of breathing means medical attention is needed quickly. Check for obstructions in the airway and call for help. If choking is suspected, call 9-1-1 and begin cardiopulmonary resuscitation (CPR) or First Aid.

**Consciousness changes** – if a person suddenly cannot respond as normal and is not having their normal seizure activity, call for help. If medical evaluation is not available, if they are unresponsive, and if it is not a seizure or if a fall has occurred, call 9-1-1.

**Chest pain** – obtain vital signs, if they are unstable and medical help is not available, call 9-1-1.

**Falls** – call 9-1-1: for severe head injury; if a person taking blood thinners has a head injury, a person is unable to get up when otherwise capable; severe



pain; a limb is in an unusual position; or bone is through the skin, if bleeding cannot be stopped with direct pressure.

**Heart Rate** – sustained heart rates of above or below normal need medical evaluation; if pulse falls below 50, call 9-1-1.

**General symptoms of danger** – prolonged or severe abdominal pain; temperature of below 97 degrees or above 102; marked changes in appetite with unexplained weight loss; blood in stool or emesis—all these situations need urgent medical attention.

### **Did You Know?**

When a person seems less responsive than usual and is taking less fluid and food or having diarrhea, they can become dehydrated, and their drug blood levels can quickly become toxic. Keeping careful records of their intake as well as their responsiveness during such a period should be done and reported to their health professional. Such watchfulness and information can save their life.

### **How to Talk to a 9-1-1 Dispatcher**

Stay calm when calling 9-1-1. Be ready to answer questions from the 9-1-1 dispatcher:

- The location of the emergency. If you do not know the address, look for landmarks, street signs, or buildings.
- The phone number you are calling from.
- The nature of the emergency (such as medical, fire, crime).
- Details about the emergency. Dispatchers are routing your call while getting information from you. As you provide more details, they send the information to the first responders. Do not hang up.

### **Waiting for First Responders**

- Keep performing needed First Aid, (including using an automated external defibrillator, or AED) until first responders come.
- Be sure to let the dispatcher know that you are trained in First Aid and CPR.
- Follow any instructions the 9-1-1 dispatcher gives

you while waiting for first responders to arrive.

- If a bleeding wound is evident, apply direct pressure to the wound using cloth or bandages.
- If it is nighttime, turn on the lights to make it easier for first responders to find you.
- If the person has Do Not Resuscitate (DNR) Advanced Directives, power of attorney, or other legal documents about their wishes for care for the paramedics or hospital, have them ready.

### **Other Resources**

- If you or someone you support calls 9-1-1 by mistake, do not hang up. Stay on the line and explain that everything is okay and there is not an emergency.
- If you do not speak English, interpreter services are available in some areas when calling 9-1-1.
- If you are deaf or hard of hearing, 9-1-1 centers in most counties are equipped with teletypewriter (TTY) devices. Most allow text messages.

### **Fast Actions Save Lives**

Every day, DSPs take fast action to save lives.

- A person became unresponsive and began turning blue. The DSP called 9-1-1 and began CPR. The person was resituated but then stopped breathing again. Staff again initiated CPR until paramedics arrived. The person was hospitalized but is doing well now.
- During dinner, a person choked. The DSP performed abdominal thrusts until the food was dislodged. The person was examined at the emergency room (ER) and is doing fine.

### **Fast Facts**

- In 2023, a DD professional performed a life-saving measure 491 times.
- Administering effective CPR immediately after cardiac arrest can double or triple a person's chance of survival.
- 84% of all medical emergency MUIs are relief to a choking person.
- 4-6 minutes is the amount of time that someone has before the lack of oxygen caused from choking can result in brain damage or death.