

So nice to be back with you. In this lesson, we continue with disabilities starting with those resulting from traumatic injury. We also discuss bariatric patients, acquired chronic illnesses and finish with Terminally Ill patients.

Pay attention to the care considerations as well as the advanced medical devices you may encounter. Note that we will review these devices more fully in later lessons.

As we deal with several disparate conditions, here are some general tips for communicating with people with

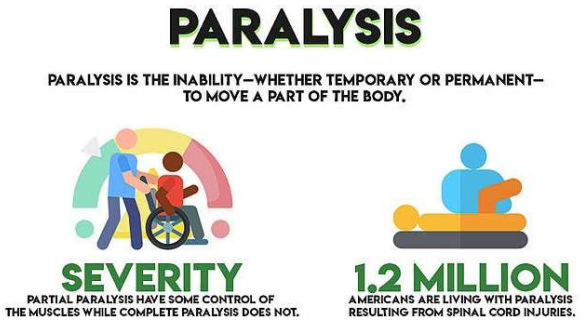
disabilities as the situation allows. So,

- When introduced to a person with a disability, and not worried about a pandemic, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb, can usually shake hands.
- If you offer assistance to the person, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions that seem to relate to a person's disability such as "See you later," or "Did you hear about that?". And finally,
- Don't be afraid to ask questions when you're unsure of what to do.

Good studying.

Disabilities arising from Traumatic Injury

- Traumatic brain injury
- Spinal cord injury
- Paralysis

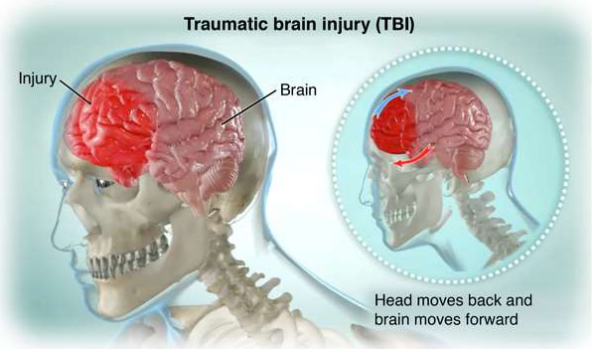


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We start with disabilities arising from traumatic injuries. We first discuss Traumatic brain injury (TBI), followed by Spinal Cord Injury and Paralysis. We also touch upon hemorrhagic stroke as the patient outcome may be similar to TBI or partial paralysis.

Traumatic Brain Injury | TBI

- An injury that disrupts the normal functioning of the brain
- Symptoms include confusion, blurry vision, and concentration difficulty
- Common MOIs include motor vehicle accidents, assault, falls, and sports-related injuries



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A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

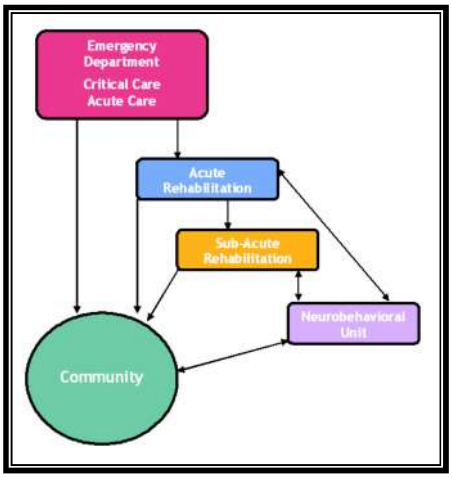
Motor vehicle crashes are the most common Method of Injury. Other common MOI's include assault, falls, and sports-related injuries.

Symptoms may include confusion, blurry vision, and concentration difficulty. Infants may cry persistently or be irritable.

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TRAUMATIC BRAIN INJURY | CARE CONSIDERATIONS

- Behavioral Problems
- Mood disorders
- Whole body issues
- Sensitivity to Light and Sound
- Communication – Similar to people with hearing disabilities



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When caring for a TBI patient after the original injury, EMTs should be aware of these possible resultant conditions:

Behavioral problems may include abnormal laughing and crying, aggression, impulsivity, irritability, lack of restraint, or persistent repetition of words or actions

Mood disorders may consist of anger, anxiety, apathy, or loneliness.

Whole body issues may present as blackout, dizziness, fainting, or fatigue.

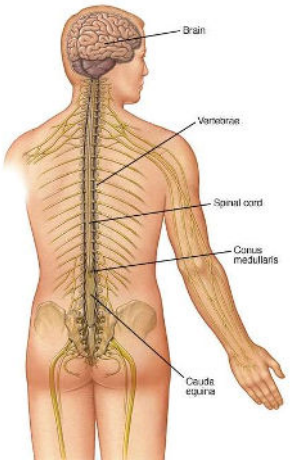
Also common are persistent headache, depression, loss of smell, post-traumatic seizure, blurred vision or sensitivity to light, ringing in the ears, or sensitivity to sound.

As a result, patient communication may be difficult. You may help a TBI patient communicate as follows:

- Be sure they can see your face when you speak.
- Stand about 2 to 5 feet away from them.
- Make sure they are in a comfortable position, as conditions permit.
- Reduce distractions such as noise from televisions.
- Make sure to get their attention before you start talking, and finally
- Speak slowly, simply, and clearly.

Spinal Cord Injury | SCI

- Damage to any part of the spinal cord or nerves at the end of the spinal canal
- Permanent changes in strength, sensation and other body functions below the site of the injury
- Resulting from sudden blow or cut to the spine



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SCI is defined as damage to any part of the spinal cord or nerves at the end of the spinal canal. An SCI often causes permanent changes in strength, sensation, and other body functions below the site of the injury.

A traumatic spinal cord injury may happen because of a sudden blow or cut to the spine.

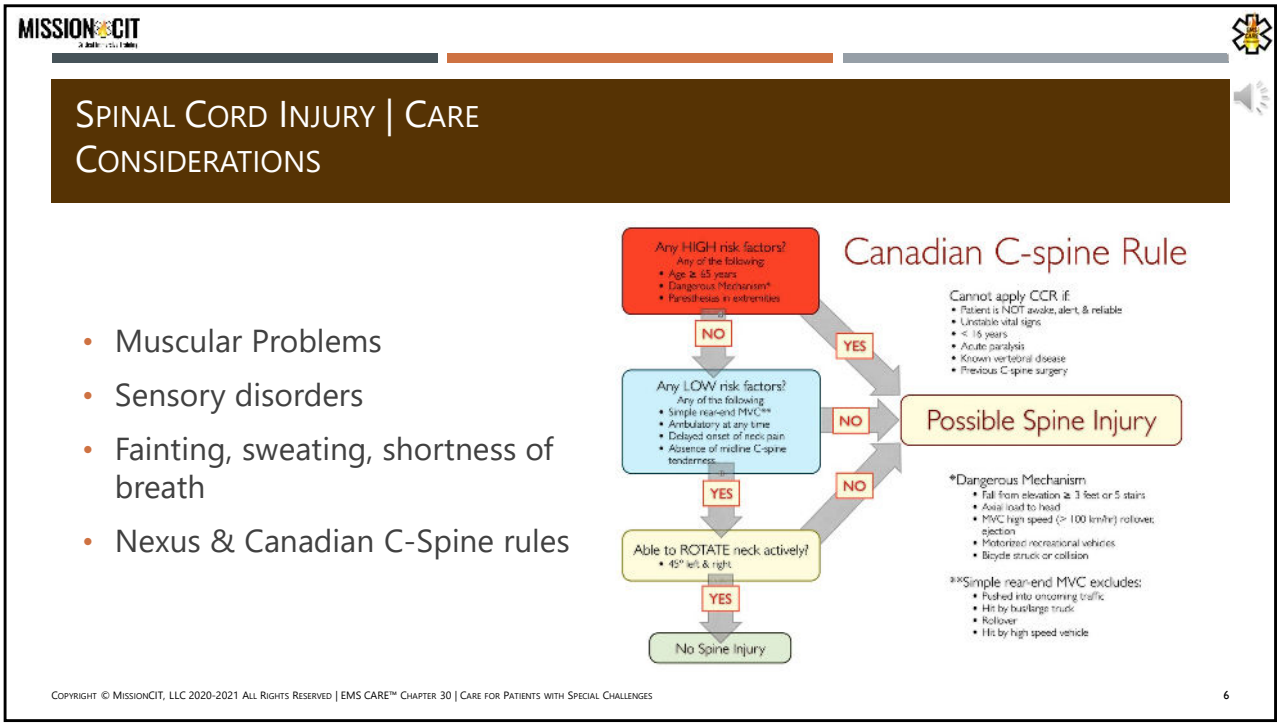
The nature of an SCI may be classified as.

Tetraplegia or Quadriplegia: The result of damage to the cervical spinal cord, and typically the most severe. Hence, producing varying degrees of paralysis of all

limbs. And generally eliminating the ability to move below the site of the injury. Tetraplegia may also produce difficulties with bladder and bowel control, respiration, and other routine functions.

Next, Paraplegia occurs when sensation and movement are removed from the lower half of the body, including the legs. These injuries result from damage to the thoracic spinal cord.

Finally, Tri-plegia causes a loss of sensation and movement in one arm and both legs, and is typically the product of an incomplete spinal cord injury.



When caring for an SCI patient after the original injury, EMTs should be aware of these possible resultant conditions:

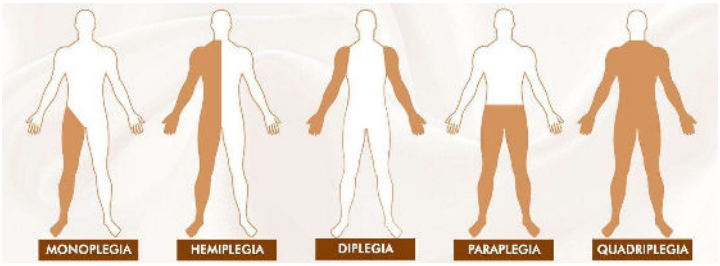
- Muscular problems may include muscle weakness, problems with coordination, spasms, or overactive reflexes.
- Whole body issues such as feeling faint or sweating.
- Sensory disorders may include reduced touch sensation, or a pins and needles effect.
- Also common are abnormal and painful sensations and shortness of breath.

As a result, EMTs should consider the following when caring for these patients.

- As conditions allow, perform primary and secondary assessments with respect to the nature of the call.
- Consider the NEXUS criteria and Canadian C-Spine rule to determine if Spinal Motion Restriction is required before transport.
- Consult with ALS or medical control if conditions are unclear.

PARALYSIS

- Inability to voluntarily move body parts
- Loss of strength in and control over a muscle or group of muscles
- Types:
  - ✓ Partial
  - ✓ Complete
  - ✓ Permanent
  - ✓ Temporary
  - ✓ Flaccid
  - ✓ Spastic



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As a result of severe spinal cord injury, TBI or Stroke, the patient may have developed a paralysis. Paralysis may also be caused by Cerebral palsy, Guillain-Barré syndrome, Peripheral neuropathy, Toxins or poisons, and Lou Gehrig's disease.

According to the Cleveland Clinic, Paralysis is a loss of strength in and control over a muscle or group of muscles in a part of the body. There are many types of paralysis including:

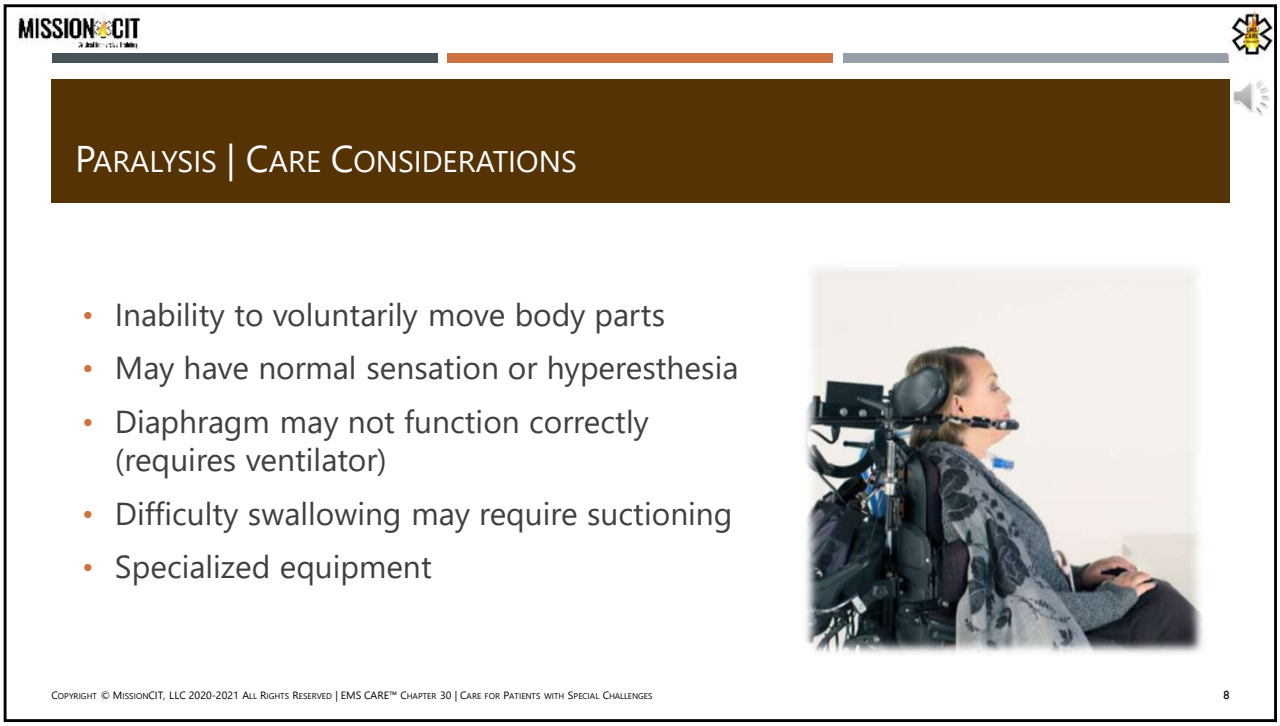
- Partial or paresis is when there is still some muscle control.

- Complete is defined when unable to move muscles at all.
- Permanent happens when muscle control never comes back.
- Temporary ensues when some or all muscle control returns.
- Flaccid, takes place when the muscles get flabby and shrink.
- And finally, Spastic occurs when the muscles are tight and spasm.

Paralysis can occur in any part of the body and is either localized, when it affects only one part of the body, or generalized, when it affects a wider area.

Localized paralysis often affects areas such as the face, hands, feet, or vocal cords.

Generalized paralysis is represented based on how much of the body is paralyzed.



When caring for a paralysis patient after the original injury, EMTs should be aware of these possible resultant conditions:

- Problems with blood flow, breathing, and heart rate,
- Changes in the normal function of organs, glands, and other tissues,
- Changes to muscles, joints, and bones,
- Skin injuries and pressure sores,
- Blood clots in the legs,
- Loss of urine and bowel control,
- Problems speaking or swallowing, and

- Behavior and mood changes.

When caring for the paralysis patient, the EMT should consider the patient may have normal sensation or hyperesthesia. However, their Diaphragm may not function correctly and there may be difficulty swallowing.

As a result, EMTs may have to manage advanced medical devices when caring for these patients. You may encounter a Ventilator, Urinary catheters, or Tracheostomy, Colostomy and Feed tubes

You will have to ask patients how it is best to move them before you transport them. Again, ALS or medical control should be consulted as indicated.

That’s it for part A of this lesson. I will be right back with you for Part B to discuss Bariatric Patients and Genitourinary disabilities.

Good Studying