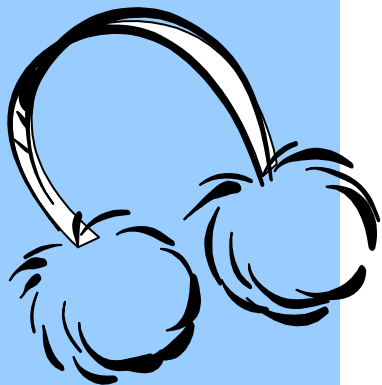


# Health Care Alert

A QUARTERLY PUBLICATION PROVIDING HEALTH CARE TIPS FOR PEOPLE WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES AND THEIR SUPPORT TEAMS

## Risk Management Corner



### Inside this issue:

Risk Management Corner	Cover
Nurses Network/Health Care Coordinator Mtg.	2
Philadelphia Police Dept. CAD Information	2
CVS Caremark	2
Screening For Colorectal Cancer	3
PADDNN	4

### Upper Respiratory Infections (URIs)

It's the time of year when we are most likely to develop URIs. URIs include colds and influenza (flu,) which are caused by viruses. These infections are spread by inhaling droplets from coughing or sneezing, direct contact with or touching items contaminated by someone who is sick. Generally speaking, the season for URIs runs from September to April. URIs are more common in colder weather for several reasons. In cold, dry weather:

- Viruses are more stable
- Virus droplets remain airborne for longer periods
- We spend more time indoors, in close proximity to other people, re-breathing stale, germ laden air
- The humidity is lower, which may lead to breaks in the mucous membranes of the nose; an entryway for pathogens
- The holiday season is stressful for many people and stress lowers resistance to illness

Colds generally last from 7 – 10 days. The most frequent symptoms include a runny nose, sneezing, and nasal congestion. A sore throat, cough, and muscle aches may also be present. Young children may run a fever, though this is rare in adults and older children.

In addition to many cold symptoms, the predominant symptoms of the flu usually include a fever, muscle aches, and extreme exhaustion. Complete recovery from the flu may take several weeks.

Prevention of URIs includes:

- Frequent hand washing and use of hand sanitizing preparations
- Regular cleaning and disinfection of surfaces
- Covering your cough or sneeze
- Eating healthy and keeping well hydrated
- Getting plenty of rest and practice stress reduction
- Avoid smoking or exposure to smoke

The main treatment for URIs is symptomatic and includes rest and hydration. Antivirals may be prescribed for the flu. Ask your PCP about recommendations for vitamins, herbal supplements, and over the counter remedies. Remember: Children and teenagers should never take aspirin.

Please don't pressure your doctor to prescribe antibiotics. Antibiotics are ineffective against viral illness.

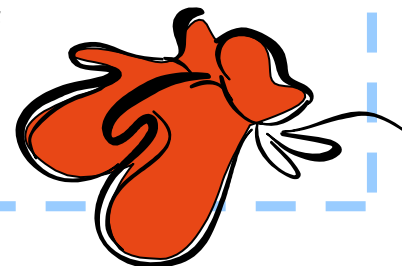
**Remember to be alert for any worsening of symptoms and consult with your primary physician.**

Sometimes viruses or bacteria extend further into the lungs causing irritation or infection of the bronchial tree (tubes carrying air into the lungs) resulting in increased mucus production. This condition is called acute bronchitis and is usually caused by the same viruses that produce colds and flu. The symptoms of acute bronchitis can include: sore throat, fever, a cough that may bring up yellow or green mucus, chest congestion, shortness of breath, wheezing, chills, body aches. People usually feel much sicker and even after the viral infection has ended, the irritation it caused can continue to cause symptoms for weeks while your body heals the damage to your bronchial tubes. Cough is the last symptom to subside and often takes several weeks or even longer to go away.

Have a safe, healthy winter.

For more information on URIs, the following websites may be helpful:

- <http://www.nih.gov>
- <http://www.cdc.gov>
- <http://infectiousdiseases.about.com>
- <http://www.clevelandclinicmeded.com>



*The information presented to you is to increase your awareness of health conditions. It is not intended to replace medical advice. Please seek the advice of a physician for any health related concerns.*

### Upcoming Nurse Network/Health Care Coordinator Meetings

Meetings for nurses and health care coordinators are held regularly throughout our region. Many nurses find that these meetings are a great place to obtain current clinical information, medication updates, and regional/state updates, as well as network with other nurses in this field. An outside speaker is usually scheduled to provide training and continuing education units. A Health Care Community Outreach Specialist (HCCOS) from PCHC is also present to provide updates on any health insurance issues or community programs and answer questions. We invite all nurses in our region to attend any of the meetings.

#### The scheduled meetings through June 2009 are as follows:

January 14, 2009-	Bucks/Montgomery Counties
January 15, 2009 -	Philadelphia County
January 23, 2009 -	Chester/Delaware Counties
March 11, 2009 -	Bucks/Montgomery Counties
March 19, 2009 -	Philadelphia County
March 20, 2009 -	Chester/Delaware Counties
May 13, 2009 -	Bucks/Montgomery Counties
May 21, 2009 -	Philadelphia County
June 19, 2009 -	Chester/Delaware Counties

Announcements are sent via e-mail prior to each meeting in order to provide the meeting location, time and speakers. If you would like to receive an announcement, please contact [pgraves@pmhcc.org](mailto:pgraves@pmhcc.org) or the PCHC nurse assigned to your agency. Please mark your calendars and plan to attend a meeting. If there is a particular health topic of interest to you, please let us know and we will attempt to arrange a speaker.

### PHILADELPHIA POLICE DEPARTMENT Update Computer Assisted Dispatch (CAD) Information form

Did you know that the Philadelphia County Police Department has developed a way of knowing whether a person needing emergency assistance has a disability?

This system will assist emergency dispatchers in the City of Philadelphia to more effectively respond to an emergency situation that a person with a disability may experience. If you or someone you support is interested in partaking in this program, you can complete the questionnaire and return it by mail, or drop it off at the nearest Police District.

If you choose to respond, the information will be submitted into the Philadelphia Police Department's CAD system for use by Philadelphia's 911 dispatchers. The purpose is to ensure that 911 dispatchers and emergency response personnel are aware, in advance, of any information you feel they would need to know about people with disabilities in your household in the event of an emergency.

#### Responding to this questionnaire is purely voluntary.

You may choose to respond on behalf of all of your household members or only certain household members. If you choose to respond to this questionnaire, please be sure to provide your signature on the last page. (Your signature gives the police department permission to process this information - without it the information cannot be processed.)

Please be mindful that this information will be removed from files periodically. Therefore, this form must be submitted every two (2) years to ensure that files are accurate. PCHC suggests creating a tickler calendar to remind you when it's time to resubmit the forms. Please notify Police Radio Training at 215-685-3940 if there is any change(s) to the information you submit. (I.e. change of address, phone number, etc.)

#### QUESTIONS????

Your answers to the questions on the form will assist police, fire or medical personnel when they are responding to an emergency or other call from your home, in identifying and/or assisting you, or a person in your household who has a disability.

Do not include information on medications in your response.

**\*PLEASE NOTE: APPLICATIONS WITHOUT ADDRESSES OR SIGNATURES CAN NOT BE ENTERED INTO THE SYSTEM.**

This form is available in large print, audio-cassette, Braille and Spanish. Si necesita una copia en español, por favor llamar al (215) 685-3940.

Please visit the following link to obtain a copy of this form:  
<http://www.phila.gov/mcpd/docs/911/911.doc>

If you are not able to access this form directly from the website, please call PCHC at: 215-546-0300 (ext. 3685) and ask for assistance from a Health Care Community Outreach Specialist.

CVS Caremark is offering a **FREE**  
Prescription Discount Card in Chester County  
**ONLY...**



Its easy...simply present your card, provided to you in a joint effort of your local county government and the National Association of Counties (NACo), at a retail participating pharmacy and save an average of 20% on your prescription drugs. No enrollment form, no membership fee.

Please visit [www.caremark.com/naco](http://www.caremark.com/naco) or call 1-877-321-2652 for more information



### Screening for Colorectal Cancer

*If you knew that there was something you could do to possibly prevent cancer, would you do it?* Most people would give an emphatic “YES” yet fewer than half the people who should be screened for colorectal cancer bother to do so. Cancer experts say that if they did, the death rate could probably be decreased by half. Rates of colorectal cancer have been declining in recent years, by about 2 percent annually, ***thanks mostly to increased screening.*** However, despite the decline, the American Cancer Society estimates that colorectal cancer will be the third highest cancer killer among men and women in 2008. Some people are hesitant about the screening tests which require people to collect stool samples or have an instrument inserted into their rectum (colonoscopy).

The American Gastroenterological Association recommends that people with no risk factors for colorectal cancer start screening tests at age 50. People with a family history of colon cancer should have a colonoscopy at age 40 or 10 years before the age that the relative got cancer. Others may need to start screening before 50 due to certain bowel disorders or gene mutations. Each person should talk with their

doctor to see what is best for them based on their current medical conditions and family history.

If a colonoscopy is recommended for screening, note that a colonoscopy is a common medical test administered under moderate sedation. It may be given to look for early signs of cancer or to help diagnose certain medical conditions. The test allows a doctor to look inside the entire large intestine (colon and rectum) from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. While examining the intestine, the doctor looks for such things as inflamed tissue, abnormal growths, and ulcers. Of particular interest are polyps (a growth in the lining of the intestine). Most polyps are not cancerous but they could turn into cancer. By identifying and removing polyps, a colonoscopy likely prevents most cancers from forming.

Because the test involves looking at the tissues of the large intestine, the colon must be completely empty for the colonoscopy to be thorough and safe (called colon prep). This preparation takes 1 to 2 days depending on which type of prep the doctor recommends. The first part of the prep involves following a liquid diet (the doctor will give specific instructions). The second part involves taking laxatives the night before the procedure to aid in cleansing the bowel. The doctor will give a specific order as to what should be used and when. He will also advise the person about what medications can and cannot be taken prior to the test. The doctor will determine the preparation for each person specifically based on that person’s medical conditions and needs. Each person is different so the preparation and instructions may vary from someone they know.

**If you support someone with a disability who has been scheduled for a colonoscopy, some pre-planning is wise. Ask yourself the following questions:**

- Has the person been informed about the test and what will happen? *Regardless of what you think the person might understand, it is best to fully explain what will be involved.*
- Has the person been informed about the preparation for the test? *Eating a liquid diet for a day or more prior to the test can be confusing and the person may feel hungry. Please inform the person and make it the best it can be by offering favorite liquids, Jello, broth, etc. while following the doctor’s instructions.*
- Determine if the person will be staying home while on the liquid diet. *If a person goes to day program or work, they might have an opportunity to obtain solid foods and not complete the necessary preparation for the test.*
- Has the person been informed about what will be happening with their body? *After the laxatives are given, the body works quickly to empty the bowels. The person should have easy access to the bathroom. Again, full explanations should be offered so that this is not frightening to the person. Expect the stool to be watery and expect that bowel movements will happen often. If someone has bowel incontinence, be prepared to change the person frequently.*
- Are the person’s liquids modified to a thicker consistency (nectar, honey or pudding thick)? *If the person’s preparation involves drinking a laxative solution, and the person has modifications to their liquid consistency (nectar, honey or pudding thickened liquids), the solution must be thickened to the proper consistency.*

Specific instructions will be given for the day of the test (when to stop drinking, if the person can take any medications, etc.). Make sure that these are followed exactly as stated. It would be very unfortunate if someone went all through the preparation, only to be denied the test because they did not follow instructions as given.

Remember that after the test, the person may have cramping in their stomach. They will probably be passing gas frequently and they will be feeling “rumbling” in their abdomen. They should rest after the test is completed. The doctor will give instructions about what can be eaten and if any medications should be avoided.

Make it a point at the person’s next medical appointment to discuss when they should be screened for colorectal cancer and what test is best for them. Take the necessary steps to complete this test – it could save a life.

Also, keep in mind that many people receiving supportive services may not have complete family medical history information. This is important to convey to their doctor so that they are aware that the family history is unknown. If a person has active family involvement, ensure that family medical history is kept current.

[www.webmd.com/colorectal-cancer](http://www.webmd.com/colorectal-cancer)  
[www.digestive.niddk.nih.gov](http://www.digestive.niddk.nih.gov)



This year the Pennsylvania Developmental Disabilities Nurses Network (PADDNN) was honored to receive the Developmental Disabilities Nurses Association's Network Achievement Award for its outstanding contribution to both Developmental Disabilities Nursing (DDN) and the Developmental Disabilities Nurses Association (DDNA).

The PADDNN is incorporated as a 501(c)3 not-for-profit educational entity whose sole purpose is to support the specialty of DD nursing. The PADDNN conducts four meetings each year. To ensure that the concerns of all Developmental Disabilities Nurses (DDNs) across the State are heard, meetings are held in the four different regions of the State recognized by the Office of Developmental Programs (ODP). There is always at least one continuing education presentation at PADDNN meetings. The PADDNN has hosted four annual one day conferences, offering additional educational and networking opportunities for its members.



Since its inception in 2000, the PADDNN has always encouraged membership in and certification by the Developmental Disabilities Nurses Association (DDNA) for all DDNs in Pennsylvania. Pennsylvania has second highest number of DDNA members. Pennsylvania also has the second highest number of RNs with the Certified in Developmental Disabilities Nursing (CDDN) designation that DDNA offers. DDNA also offers a certification for LPNs, Developmental Disabilities Certified (DDC). Pennsylvania is in a three-way tie for the highest number of LPNs with the DDC designation.

Philadelphia Coordinated Health Care (PCHC) recognizes the significant role that DDNs have in helping people with intellectual/developmental disabilities (I/DD) receive the best possible health supports to lead healthy and productive lives. Because of this, PCHC supported the development of the PADDNN. Two nurses from PCHC, Patricia Graves, BSN, RN, C, CDDN and Jack Toomey, RN, CDDN were given the opportunity to be key players in the formation of the PADDNN. Jack Toomey, RN, CDDN has served as the President of PADDNN for eight years.



For membership and additional information about the PADDNN, please see the PADDNN website at [www.paddnn.com](http://www.paddnn.com) or call Jack Toomey, RN CDDN at 215-546-0300 Ext 3662.



## Philadelphia Coordinated Health Care

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*PCHC is a core program of PMHCC, Inc.*