

# **SECTION 5. OVERVIEW**

## **CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

### **Objectives:**

#### ***Participants will be able to:***

- Describe psychological concerns of children with special health care needs.
- Identify elements in an individual emergency care plan.
- Describe the importance of planning for children with special health care needs.
- Describe prevention tips for life-threatening allergies, asthma, diabetes and seizures.
- Describe and demonstrate first-aid skills for life-threatening allergies, asthma, diabetes and seizures.
- Identify additional resources for seeking information about children with special health care needs.

### **Topics:**

- A. Introduction to Children with Special Health Care Needs (10 minutes)
- B. Allergies/Breathing Difficulties (5 minutes)
- C. Asthma (5 minutes)
- D. Diabetes (5 minutes)
- E. Seizures (5 minutes)

### **Handouts Available:**

- H1a-5 = Children with Special Needs
- H1b-5 = Emergency Care Plans for Children with Special Needs
- H2-5 = Allergies Information
- H3-5 = Allergic Reaction
- H4-5 = Asthma Information
- H5-5 = Asthma/Wheezing, Breathing Difficulty
- H6-5 = Diabetes Information
- H7-5 = Diabetes
- H8-5 = Seizures Information
- H9-5 = Seizures

### **Transparencies/Slides Available:**

- T1-5 = Psychological Concerns of Children with Special Health Care Needs
- T2-5 = Emergency Care Plans for Children with Special Needs
- T3-5 = Assessing Condition of CSHCN
- T4-5 = Allergic Agents
- T5-5 = Signs/Symptoms of Allergies
- T6-5 = Prevention of Asthma
- T7-5 = Signs/Symptoms of Asthma
- T8-5 = Diabetic Emergencies
- T9-5 = Signs/Symptoms of Diabetic Emergencies
- T10-5 = Causes of Seizures
- T11-5 = Signs/Symptoms of Seizures

# SECTION 5. CHILDREN WITH SPECIAL HEALTH CARE NEEDS (30 MINUTES)

Topics & Training Strategies	Trainer Notes
<p><b>A. Topic: Introduction to CSHCN (10 minutes)</b></p> <p><b>T1-5: Psychological Concerns</b></p> <ul style="list-style-type: none"> <li>• With parent's permission, allow child to participate in group activities unrestricted.</li> <li>• Offer support without being overly protective.</li> <li>• Don't be afraid. <b>BE AWARE!</b></li> <li>• Use the child and parent to learn about condition</li> </ul> <p><b>H1a-5: Children with Special Needs</b></p>	<p><b>Introduction</b></p> <p>This next section focuses on a special group of children - those living with a chronic or life-long health condition. Between 10-15% of American children have a chronic health condition such as diabetes, asthma, a heart condition, etc. These children's conditions may make them more vulnerable to serious illness and injury.</p> <p><b>Psychological Concerns</b> <span style="float: right;">[T] Use T1-5 Now</span></p> <ul style="list-style-type: none"> <li>• Children with Special Health Care Needs (CSHCN) usually do not want to be singled out. In most cases, CSHCN can and should participate unrestricted in group activities unless the parent and/or physician has indicated otherwise. It is important for the adults in the child's life to give support without being overly protective.</li> <li>• Do not be afraid of these children or overly concerned about accepting them into your center. Simply be aware of their unique needs and be prepared. CSHCN often know a great deal about their own conditions. Use the child and the parent to learn about the condition. [H] Handout H1a-5 provides additional background information about CSHCN.</li> </ul> <p><b>Day Care Center Issues</b></p> <p>The center should have a policy regarding children with special health care needs. This policy should include:</p> <ol style="list-style-type: none"> <li>1. asking parents/guardians about any special conditions that a child has at the time of enrollment.</li> <li>2. setting clear guidelines about the center's role (e.g. special prevention guidelines or medication administration, etc.) and the parent/guardian's role in managing the child's condition.</li> </ol> <p><b>Other Concerns of CSHCN</b></p> <ul style="list-style-type: none"> <li>• Be aware that CSHCN may be at increased risk for certain injuries due to their medical condition. Your handouts offer some special prevention tips based on these unique conditions. We will look at these further as we talk about specific conditions.</li> <li>• Keep in mind that young children may have special needs that have not yet emerged or been diagnosed. Becoming familiar with the "normal" behavior and health status of all children in your care is an important step in recognizing health issues that may develop. Watch for any unexpected changes. Report these changes to the parent/guardian as soon as possible. Since children may spend the majority of their day at the center, you may be the first person to observe changes and recognize a problem.</li> </ul>

**H1b-5 CSHCN  
Emergency Care Plan**

**T2-5 CSHCN Emergency  
Care Plans**

- Allergies
- Medications, side-effects
- Baseline findings
- Summary of the child's medical condition
- Child's "normal" emergency symptoms
- Emergency procedures for this child's unique needs
- Parent/guardian and emergency contact info.
- Insurance information
- Physician phone numbers
- Special equipment or supplies the child may require

**T3-5: Assessing Condition  
of CSHCN**

- Need to know child's "NORMAL" behavior and physical condition in order to recognize an emergency.
- Signs/Symptoms can be individual.

**Individual Emergency Care Plan**

- As symptoms and effective treatments can be as individual as the children who are living with these special conditions, it is necessary to have the parent/guardian, along with the child's physician, design an emergency care plan.
- It will be important to keep a copy of the plan readily available to appropriate staff at all times the child is under the center's care. You may find it easiest to keep a copy of the plan in each room in which the child will be. A copy of the plan should also be taken along on field trips and other outings.
- The plan should be shared with local EMS providers so they are aware of this child's unique needs before an emergency arises.

**H** Handout **H1b-5** lists the essential items to be included in the emergency care plan.

The plan should contain

**T Use T2-5 Now**

- Allergies
- Medications, related side-effects and specific medications the child should not have
- Baseline findings (age, pulse, respiratory rates, blood pressure)
- Brief summary of the child's medical condition
- Child's "normal" emergency symptoms history. What are the usual symptoms that this child experiences?
- Emergency intervention strategies (emergency procedures that best address this child's unique needs)
- Parent/guardian and emergency contact information (full names, phone numbers, addresses, etc.,)
- Insurance information
- Name and phone number of primary care physician & specialists
- Special equipment or supplies the child may require

**Assessing Condition**

**T Use T3-5 Now**

- In assessing the condition of a child with special health care needs, one of the most important things to know is the child's "NORMAL" behavior and physical condition.
- As stated before, signs and symptoms for CSHCN can be individual. Knowing how a child normally feels and acts will provide the background information that you need to know if the child is in any sort of danger.

As time is a limiting factor in this program, we will not be able to cover all the special health care needs of children. We will focus briefly on the most common and provide some guidance on how to manage an emergency situation. Again, the emergency guidelines contain information about each of these conditions.

## B. Topic: Allergic Reactions (5 minutes)

### T4-5 Allergic Agents

A severe allergic reaction is most likely to occur in response to:

- Medication (e.g. Penicillin)
- Foods (e.g. shellfish, nuts, peanut butter, chocolate, milk)
- Insect Stings (e.g. wasp, bee, ants)
- Environmental Allergens (e.g. Latex)

### H2-5 Allergies Information

### T5-5 Signs of Allergic Rxn.

#### Sudden onset of:

- Pale skin
- Hives all over body
- Confusion
- Weakness
- Coughing and wheezing
- Difficulty breathing
- Loss of consciousness
- Blueness or swelling around the mouth & eyes.

### H3-5 Allergic Reaction

### Background

- Children may be allergic to many things in their environment.
- Most often allergic reactions are mild and can be controlled by removing what the child is allergic to from the child's diet or environment. Sometimes, however, a reaction can be severe and require immediate medical attention. These reactions can be fatal if not reversed within a few minutes after the reaction begins.

#### **T** Use T4-5 Now

- A Severe allergic reaction is most likely to occur in response to
  1. Medication (e.g. Penicillin)
  2. Foods (e.g. shellfish, nuts, peanut butter, chocolate, milk)
  3. Insect Stings (e.g. wasp, bee, ants)
  4. Environmental Allergens (e.g. Latex)
- Often the emergency care plan will include keeping an epinephrine kit for injection along with other first-aid supplies. This is not a supply that is available with first-aid kits but it is a prescription drug written specifically for an individual child.
- It is important to check with the parent on a routine basis (every 6 months or so) to find out if the order has changed as children grow rapidly and the prescription for a toddler may not be effective when the child is 4 years old.
- It is also important to check for the expiration date of the drug on a routine basis.

**H** Handout H2-5 contains other important information, such as prevention recommendations about children with severe and life-threatening allergic reactions.

### Signs and Symptoms

#### **T** Use T5-5 Now

Please turn to **H** handout H3-5 now. A severe allergic reaction is characterized by a SUDDEN ONSET of symptoms. Call EMS if child experiences:

- Pale skin
- Hives all over body
- Confusion
- Weakness
- Coughing and wheezing
- Difficulty breathing
- Loss of consciousness
- Blueness/Swelling around the mouth (lips, tongue, throat) & eyes.

This guideline contains the essential first-aid recommendations for a child who is experiencing a life-threatening allergic reaction. Do you have any questions about the recommendations?

## C. Topic: Asthma (5 minutes)

### H4-5 Asthma Information

### T6-5 Prevention of Asthma Attacks

- Be aware of child's triggers and help child to avoid them.
- Maintain a smoke-free environment.
- Keep an emergency plan on file and educate staff about child's condition & 1st-aid steps
- Keep parent-approved medication available.

#### **Background:**

- Close to 5 million children in the U.S. have asthma. Children account for about 1 out of every 3 people who have asthma. (Source: *Asthma Information Center - JAMA*) According to the Centers for Disease Control and Prevention, asthma is the most common chronic illness in childhood. Most children are under age 5 when they have their first attack.
- Asthma is a chronic lung disease in which airflow in and out of the lungs may be blocked. Children with asthma may respond to certain factors in the environment, called triggers, which do not affect non-asthmatics. In response to a trigger, the airway of a child with asthma may become narrowed and inflamed, resulting in wheezing and coughing symptoms.
- For some people, asthma causes only mild symptoms once in a while. For others, every day can be a struggle to breathe.  
**H** Handout H4-5 provides some background information and prevention tips for asthma.

#### **Prevention Tips for Asthma Attacks**

**T** Use T6-5 Now

- A child with asthma may have allergic and non-allergic triggers. If you are aware of a child's triggers, you will be able to help the child avoid them.
  1. **Allergic triggers:** Some allergic triggers include molds, animal dander, dust mite particles, cockroach particles, food additives, and certain medications. Keeping your center as clean as possible and regularly vacuuming dust and dirt can help prevent asthma attacks.
  2. **Non-allergic triggers:** Some non-allergic triggers include exercise, cold air or sudden changes in temperature, respiratory infections such as colds, flus or sinus infections, materials in the air that you breathe such as tobacco smoke, wood smoke, room deodorizers, fresh paint, household cleaning products, and perfumes.

#### Other prevention tips include:

- Maintain a smoke-free environment.
- Have an emergency care plan on file and educate all staff about the proper steps to take in the event of an attack.
- Keep any guardian-approved medications readily available at all times including on field trips and outings. When children are old enough, encourage them to carry their guardian-approved medication and use it when they experience initial signs/symptoms of an attack.
- Keep in mind that some children may have asthma that has not yet been diagnosed.

<p><b>H5-5 Asthma/Wheezing...</b></p> <p><b>T7-5 Asthma Signs &amp; Symptoms</b></p> <ul style="list-style-type: none"> <li>• Wheezing</li> <li>• Rapid breathing or shortness of breath</li> <li>• Flaring of nostrils.</li> <li>• Increased use of stomach or chest muscles.</li> <li>• Tightness in chest.</li> <li>• Excessive coughing</li> </ul>	<p><b>Signs/Symptoms</b> <span style="float: right;">Ⓣ Use T7-5 Now</span></p> <p>Please turn to Ⓜ <b>handout H5-5 now</b>. A child with asthma/wheezing may have breathing difficulties which include:</p> <ul style="list-style-type: none"> <li>• Wheezing - high-pitched sound during breathing out</li> <li>• Rapid breathing or shortness of breath</li> <li>• Flaring (widening) of nostrils.</li> <li>• Increased use of stomach or chest muscles during breathing.</li> <li>• Tightness in chest.</li> <li>• Excessive coughing</li> </ul> <p>Keep in mind that <b>if a child without a history of asthma</b> experiences the above symptoms, it could be asthma. This could be the first attack. Seek medical attention and contact parents/legal guardian any time a child experiences breathing difficulties.</p> <p>Do you have any questions about the first-aid recommendations for caring for a child who is experiencing signs/symptoms of an asthma attack?</p>
<p><b>D. Topic: Diabetes (5 minutes)</b></p> <p><b>T8-5 Diabetic Emergencies can be Triggered by:</b></p> <ul style="list-style-type: none"> <li>• Too little food</li> <li>• A delayed meal</li> <li>• Strenuous exercise without extra food.</li> <li>• Too much sugar</li> </ul> <p><b>H6-5 Diabetes Information</b></p> <p><b>H7-5 Diabetes</b></p>	<p><b>Background Information</b></p> <p>Diabetes can be a life-long condition resulting from an inability of the body to balance the amount of sugar that is maintained in the blood. When this balance is not maintained, that is when there is too much or too little blood sugar, children can suffer an emergency condition.</p> <p><b>Factors that can lead to an emergency in known diabetics include:</b></p> <p>Ⓣ Use T8-5 Now</p> <ul style="list-style-type: none"> <li>• too little food</li> <li>• a delayed meal</li> <li>• strenuous exercise without extra food</li> <li>• too much sugar</li> </ul> <p><b>Prevention Tips</b></p> <p>Ⓜ <b>Handout H6-5</b> contains some tips for preventing diabetic emergencies and related injuries for which a child with diabetes could be at increased risk.</p> <p>Please turn to Ⓜ <b>Handout H7-5</b> as we discuss signs and symptoms of diabetic emergencies.</p>

<p><b>T9-5: Signs &amp; Symptoms</b></p> <ul style="list-style-type: none"> <li>• Sudden changes in hunger</li> <li>• Irritability and feeling upset</li> <li>• Inability to concentrate</li> <li>• Sweating</li> <li>• Feeling “shaky” or trembling</li> <li>• Dizziness/No coordination</li> <li>• Paleness</li> <li>• Cramping</li> <li>• Confusion</li> <li>• Seizures &amp; unconsciousness (late stage symptoms)</li> </ul>	<p style="text-align: right;"><b>T Use T9-5 Now</b></p> <p><b>Signs &amp; Symptoms</b></p> <ul style="list-style-type: none"> <li>• Sudden changes in hunger</li> <li>• Irritability and feeling upset</li> <li>• Inability to concentrate</li> <li>• Sweating</li> <li>• Feeling “shaky” or trembling</li> <li>• Lack of coordination or dizziness</li> <li>• Paleness</li> <li>• Cramping</li> <li>• Confusion</li> <li>• Untreated symptoms may progress to seizures and unconsciousness</li> </ul> <p><b>First-aid Recommendations</b></p> <ul style="list-style-type: none"> <li>• As the recommended course of action for children with diabetes can depend on a number of factors, you will want to have an emergency care plan on file for the child.</li> <li>• Your emergency guidelines offer some general advice for a child who is experiencing symptoms of a diabetic reaction.</li> <li>• Does anyone have any questions about the recommendations?</li> </ul>
<p><b>E. Topic: Seizures (5 minutes)</b></p> <p><b>H8-5 Seizures Information</b></p> <p><b>T10-5 Causes of Seizures</b></p> <ol style="list-style-type: none"> <li><b>1. Illness &amp; Injury such as:</b> <ul style="list-style-type: none"> <li>• High Fever - typically ages 6 months -5 years with a fever of 103 F or higher.</li> <li>• Head Injury</li> <li>• Poisoning</li> <li>• Diabetes</li> <li>• Dehydration</li> <li>• Heat Exhaustion</li> </ul> </li> <li><b>2. Epilepsy</b> - a chronic condition characterized by recurring seizures</li> </ol>	<p><b>Background and Common Causes of Seizures:</b></p> <p>Seizures are not a disease. They are a symptom of some other condition or disturbance. Seizures can have a number of causes which generally fit into two categories:</p> <p><b>T H Use T10-5 and refer participants to H8-5 Now</b></p> <ol style="list-style-type: none"> <li><b>1. Illness &amp; Injury such as:</b> <ul style="list-style-type: none"> <li>• High Fever - tends to occur in children aged 6 months - 5 years with a fever of 103 F or higher but some have seizures with lower fevers. This is probably the most common type of seizure that you will witness in a child care center.</li> <li>• Head Injury</li> <li>• Poisoning</li> <li>• Diabetes or low blood sugar</li> <li>• Dehydration</li> <li>• Heat Exhaustion</li> </ul> </li> <li><b>2. Epilepsy</b> - a chronic condition in which the brain becomes overloaded with electrical charges and produces a set of uncontrollable movements. Epilepsy is characterized by recurring seizures and often a loss of consciousness.</li> </ol> <p>When a seizure occurs due to illness or injury, it may be a one time occurrence. In this case, a child will not have a known history of seizures and may never have another seizure. Any time a child <b>without a known history of seizures</b> has a seizure, call EMS. If you know the cause of the seizure, refer to the first-aid recommendations for that condition for more guidance.</p>

## H9-5 Seizures

### T11-5 Signs/Symptoms

#### Seizures may be any of the following:

- Staring with loss of eye contact
- Staring with twitching of arms and legs.
- General jerking movements of the arms and legs
- Unusual behavior such as physical movements, hostility, strange noises.
- It is not unusual for a child to be sleepy after a seizure.

When seizures occur in children with epilepsy, they are usually recurring. These children fit into our category of children with special health care needs. An emergency care plan should be developed for these children.

#### **Prevention Tips**

For children with a history of seizures, an emergency care plan should be developed and all staff should be educated about the proper first-aid to give in the event of a seizure.

Please turn to **H** handout H9-5 now as we look at the signs and symptoms of seizures.

#### **Signs & Symptoms**

**T** Use T11-5 Now

#### Seizures may be any of the following:

- Staring with loss of eye contact
- Staring involving twitching of the arm and leg muscles.
- General, uncontrollable jerking movements of the arms and legs
- Unusual behavior for that person such as physical movements, hostility, making strange noises, etc.
- It is not unusual for a child to be sleepy after a seizure.

While it can be frightening for you to see a child having a seizure, most are not harmful to the child.

#### **First-Aid Recommendations**

Does anyone have questions about the first-aid recommendations for a child who is experiencing seizures.