Welcome to the Pennsylvania Dual Diagnosis Direct Support Curriculum training on *Signs and Symptoms of Physical Illness*. 
The Commonwealth of Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) have undertaken a joint initiative to address the needs of people who have an intellectual disability as well as mental health challenges. People who have both of these challenges are commonly referred to as those who have Dual Diagnosis. For the purpose of this training, Dual Diagnosis is not referring to co-occurring mental health challenges and substance abuse or dependence, although people can have substance abuse or dependence issues as well as a Dual Diagnosis of an intellectual disability and mental health challenges. The curriculum was designed for Direct Supporters, Supports Coordinators and others who work in either the intellectual disability field or the mental health field.

The ultimate goal of this training curriculum is to provide information that can aid in the understanding of the struggles and the triumphs of those you support or will support. This curriculum was designed to demonstrate the complexity of Dual Diagnosis and the factors that need to be considered to best support those with whom you come into contact. The Pennsylvania Dual Diagnosis Direct Support Curriculum was also designed to demonstrate that all people in this world, regardless of their challenges, are much more alike than they are different.
The information presented to you today is to increase your awareness. It is not intended to replace medical advice.

If you believe you or someone you support have these conditions or concerns, please seek the advice of a physician.
• By taking part in this presentation, you will be provided with examples of basic signs and symptoms of illness or injury.

• You will be given information about why some individuals may be more at risk for unrecognized illnesses or injuries.

• Another objective is for you to understand how a physical health concern could be communicated behaviorally.
Take a moment and think about when you have a cold. Some of the signs and symptoms you may have are:

- Sneezing
- Runny nose
- Stuffy nose
- Red eyes
- Tired

Now, think of someone you support with I/DD. What do you see when the person with I/DD has a cold? You would see the same signs and symptoms.

What may be different is how the person might report them. Someone who uses verbal communication might be able to report the signs and symptoms verbally whereas someone who may have limited or no verbal communication might communicate this through behavior.

As an example, the person might be breathing through their mouth due to a stuffy nose or they might be sleeping more than usual. You could also just see the runny nose and hear increased sneezing.
In order to meet the health care needs of people with I/DD we need to recognize and report signs and symptoms of illness.

Research on this topic has demonstrated that unreported and untreated health care concerns result in poor outcomes and substandard care.

- Think about this situation: someone has been feeling ill but not able to communicate it; the signs and symptoms are not picked up by anyone; treatment is delayed; the illness worsens; more complications are possible.

There are many factors that contribute to caregivers not reporting signs of illness, especially when those signs are communicated through behavior. In non-verbal individuals, we sometimes simply miss them.

Communication, both verbal and non-verbal, can be misunderstood.

- As an example: John has a sore throat but he hasn’t told anyone. He is only eating cool, smooth food and leaving the rest of his food on his plate. This may not be picked up because direct supporters think he just doesn’t want the other food items or he ate a big lunch and is not hungry.

Ignoring health concerns is not safe. The implication of ignoring this problem has the potential to create continued patient safety issues.
• Each person communicates differently.

• Please take a moment and think of a time when you communicated something and were misunderstood. Think of people you support and their specific communication skills.

• Now, let’s think about a specific symptom and how it might be communicated. For example, let’s take a headache. Someone who is verbal can tell you their head hurts; someone with some verbalization may be able to say or gesture so you have some understanding; someone who is non-verbal may hit their head or they may go lay down.

• Communication is not just talking or expressing yourself. It is also receiving information – we call this receptive skills. Many of the people you support may have receptive skills that are more highly developed than their expressive skills. They might understand what you are saying but have trouble answering you.

• Think about the game charades and how difficult it is to communicate; the words you are trying to gesture or communicate may be hard to understand.

• Here is an example of what a symptom – a sore throat - might look like:
  • The person could make a face when swallowing.
  • The person may refuse to eat because it hurts.
  • The person may drink a lot of cool drinks to make it feel better.
• Some research by some well known authors in the field has yielded additional thoughts about this issue. The quotes above reinforce what we are discussing in this presentation. These articles can be viewed by looking up the sources that are outlined on the references slide at the end of this presentation.

• We all know it’s challenging at times – we need to remind ourselves that all behavior is communication.

• People may have behaviors that come from environmental factors. For example, a person is refusing to sleep in their bed after there have been incidents of bed bugs.

• Certain behaviors may be associated with mental health challenges. For example, the person has depression and spends a lot of time alone in their room.

• Think of someone with high blood pressure - also known as the “Silent Killer”. Usually there are no physical signs or symptoms unless the pressure is extremely high. Without screening, you would never know if the person’s blood pressure was high. When left untreated, high blood pressure can lead to cardiac disease and stroke. If treated and monitored regularly, it can be well controlled and complications, like stroke, prevented.
Dr. Ruth Ryan is a well-known neuropsychiatrist who has worked with people with I/DD for many years. Her work focuses strongly on how medical conditions relate to challenging behavior. Here are some examples:

- Biting of the hand can be related to sinus problems, ear problems, dental problems, or numbness of the hand
- Waving of the head from side to side can relate to declining peripheral vision
- Intense rocking can relate to pain, headache, or depression
- If the person won’t sit, it could be indicative of back pain
- If a person walks on their toes, it could be caused by arthritis or tight heel cords
- Sudden sitting down can be indicative of cardiac problems, seizures, feeling faint or lightheaded, or dizziness
- Head banging may be caused by pain, depression, migraine headache, dental problems, seizure, ear problems, sinus problems, or tinea capitis (ringworm of scalp)
There is a national initiative focus called Healthy People 2020; this focuses on helping people with disabilities by educating the general public. This will also promote the health and well being of people with disabilities. It is important to provide education to those in the public sector to raise their awareness about this problem and to seek their input for solutions.
When a person has a health concern, there are usually signs and/or symptoms that indicate there is something wrong. Here are some examples:

- If someone is rubbing their head – it might be a headache or there might be a fever
- If someone has red skin – it might be a rash or a fever
- Someone won’t walk – it might be a sprain or broken bone
- A person won’t get off the toilet – they might have the urge to urinate frequently or have constipation

Sometimes the signs are there and we are the ones who need to “figure it out”. It may not be obvious or verbalized by someone you support.

Think about a time when you noticed that something was different for someone you worked with.

- Here is short example:

  Peggy was a young woman with intellectual disability. She had a bad habit of sticking things up her nose – in particular, pieces of newspaper. This was done very discreetly and no one knew when she did it. At times, Peggy would have an odor from around her face. It was an odor of infection if anyone is familiar with that smell. When this would happen, an appointment was made with her doctor and usually, objects were found up in her nasal cavity and removed.
• Sometimes we can get confused by the terms signs and symptoms. The good thing is that most signs can be observed. Signs are objective; they can be measured as evidence of disease. An example would be if someone has swollen glands; this is a *sign* of mononucleosis.

• In this case the sign is objective in that the person and health care practitioner can physically feel the swollen gland. They can determine that the gland is larger than it should be, or different than the way it was before.
• A symptom is a subjective manifestation of disease, or how the person feels. An example would be that feeling tired is a *symptom* of mononucleosis. Based on how different people interpret the word “tired”, it can vary; “feeling tired” is subjective. How I feel tired and how you feel tired may be very different.

• Subjective means a person feels this way. There is no way to measure this or know the intensity of it as it is felt by the person only.
Here are additional examples to help us determine the difference between signs and symptoms. Let’s review the chart and discuss the different conditions of flu, urinary tract infection and a broken arm; there are objective signs and subjective symptoms related to each condition.

With the flu, the objective sign is a fever and this is measurable by using a thermometer. The subjective symptoms for the flu would be that the person feels muscle aches and pains. The aches and pains could vary depending on who is reporting – each person is different in how they experience this.

With a urinary tract infection, the objective sign is evidence of bacteria in the urine, and this is objective because it can be measured by a lab. If a person reports symptoms of having the urge to urinate frequently, this is considered subjective since it is not really measurable.

In the last example of a broken arm, the objective signs involved are swelling and redness, and they can be observed. The pain involved with a broken arm is certainly significant, however, this symptom is subjective since it is what the person feels.

Think about high blood pressure – a sign would be the actual blood pressure reading because we can measure this; a symptom would be a headache because the person feels it.

Think about a cold – a sign would be nasal mucous that is green or yellow because we can see or observe it; a symptom would be a stuffy nose because the person
feels it.
• The information we provide is important to establish what is called a baseline for the person. We have an ability to sense changes in a person, and also the ability to recognize normal versus not normal for that person. Observations and reporting are important because you are the one who sees the person on a regular basis.

• How do you know something is wrong if you don’t know what is right? That’s what we call the “baseline”.

• Think about how you know instinctively when something is not right with a loved one – your child, your parent, etc. How do you know this?? Because you know what is the norm for that person. For example, if someone is typically “high energy” and then suddenly they have no energy for a few days, this would signal a problem.

• Any person providing support must know the person they are supporting. If they know their norm or baseline, then they know when something is “just not right”. Most times direct supporters see the person the most and are the ones most able to pick up on changes (big and small). Those observations are very important!

• Health history helps to give background about a person’s health. You may discover reasons for some health changes.
  • For example, a person who has had problems with a difference in their limb length may experience pain in other areas (for example, their hip) from years of walking with this problem.
  • A person who has had problems in the past with reflux may have a recurrence of this problem.
  • A person who wore glasses in the past but does not have them now, should alert you to determine why.
    • Do they not need them any longer?
    • Were they lost or broken and never replaced?
    • Does the person choose not to wear them?
• Using our senses allows us to pick up on changes or problems. We can get a lot of information from our senses.

• For example, when we use our sight, it helps us to identify color, size, or location. Ask yourself: Does something look different? Is it a different color? A different size? Is something appearing different or swollen? What is the location of the area that seems abnormal?

• Our hearing allows us to hear crying, moaning, verbalization and other important sounds. Ask yourself: What is the person telling you via verbal and non-verbal communication?

• Our sense of smell is important in detecting odors. Ask yourself: How would I describe this odor? Is there a smell of infection?

• Our touch is key in feeling temperature and textures. Ask yourself: Is the temperature of the person hot and or cool? Are there any raised areas on the skin? Is the skin sweaty or clammy?
• When we talk about general signs of discomfort, there are many to consider. Think of when you have been sick - like having the flu. What were some of the things you experienced?

  • Did your behavior change? You might not have made your bed.
  • Did your appetite change? You might not have felt like eating.
  • Did your activity level change? You might have laid in bed or on the couch instead of going to work.
  • Did your attention span change? You may not have been interested in reading but rather wanted to sleep.
  • Were you moaning or crying? You may have had muscle aches or pains or just did not feel well.
  • Did your sleep change? You may have been sleeping all day and not able to sleep through the night.
In continuing to review signs of discomfort, you can probably think of some that are not on this list above. Think of some of the things you experienced? When looking at the signs described on this slide, consider how they relate to the experience of having the flu.

- When your muscles ached, did you make a face or grimace when you moved?
- Were you pale?
- Did you sweat when you had a fever?

Think about other medical conditions, and use the same list of signs we have reviewed – the signs are fairly universal. The truth of the matter is that when we are not feeling well, we all show signs and symptoms whether we realize it or not.

Let’s talk about a few of them:
- When you don’t sleep, you are tired during the day.
- When you have poison ivy, you will be itchy.
- When you have a blister on your foot, you will have pain or walk differently.
• These are the general signs that something is not right and that there is probably an illness.
• Pain is our body’s way of telling us that something is wrong.
• Everyone has a body temperature but not everyone is 98.6 degrees. Your norm may be higher or lower and it is important to know this for anyone you support.
  • For example, children tend to have a very high temperature when they are ill and this is important to watch.
  • When elderly people are sick, their temperatures may be normal or only slightly elevated but they may still be very ill.
• A change in appetite can usually be seen quickly but again, someone has to be watching.
• A change in weight is usually seen over time but someone has to be watching this too.
• Changes in mood/behavior are easy to pick up on, but it may be hard to determine causes. One should always check out physical reasons while also ruling out environmental reasons at home and at work.
Continuing with general signs of illness, keep in mind the following:

- Changes in appearance should be observed; does the person look different; does a body part look different?

- Another thing to watch is any change in activity level; is the person not doing things that they used to? Do you know why?

- Changes can occur in menstrual patterns; there must be a record for all women who menstruate. This is valuable information to share with physicians, and can alert us to many health problems.

- When there are changes in elimination patterns like voiding (peeing, urinating), defecating (pooping, bowel movements), these can be very telling. Good reporting may help the physician narrow down the search for the problem in these cases.

- Vomiting is not a normal occurrence; the severity of it can vary as well as the severity of the cause, and the issue may be simple or it could be more complicated.

- We know when something is not right with ourselves, but the symptoms may be vague and you may just not feel well overall. This may be difficult to observe with someone who cannot verbally communicate it to you.

- Think of a morning that you woke up and did not feel like yourself. It might be hard to know what is going on but you know it is different from your norm.
It is important to remember that pain is unique and that no two people feel it the same way. Pain is subjective in that it is based on what the person feels. Since it is a unique experience, it is important for someone in a supportive role to believe what the person is saying. The direct supporter must believe how severe the pain is according to the person reporting it and experiencing it.

An example of how the issue of pain can be misinterpreted is evident in the following story about the word “tickle” – one gentleman described when he was in pain as a “tickle”. This was very difficult for people to understand because “tickle” usually denotes pleasure, yet he was telling people the opposite: that he was experiencing pain. If this information about how he communicates pain was not shared, his pain would not be addressed.

We must be like “mini-detectives” and ask a multitude of questions about pain to help determine the cause.
• People have learned to keep their pain to themselves. As a direct supporter or observer, it is possible that you may see NOTHING.
• Think of something that you experienced that was painful...
  • Did your mood and behavior change?
  • Did you feel like eating?
  • Did you do the same activities?
  • What did your appearance look like and did it change?
• As an involved direct supporter, it is important to monitor which means to watch and observe, as well as try to figure it out. In your role to record, you need to document what you are seeing, how often, when it occurs, and the severity. Finally, you need to report what you are seeing; it is not enough to simply watch and record. You must direct attention to the problem and you need to get the person the proper attention and care needed.
• You will also need to look for other signs and symptoms in addition to the pain: for example, increased temperature, swelling, not walking, any odd smell, redness on skin.
• Please give additional attention to people who are diagnosed with medical conditions that are known to cause pain (for example, arthritis). The person may be experiencing pain even if they are not telling you or their doctor. This could be why the person does not want to get out of bed in the morning or why they don’t want to sit in a particular chair.
Let’s talk about fever or increased body temperature.

- It is important to know what is normal for the person – not everyone is 98.6 degrees.
- Physical characteristics of fever include: hot skin; a face that is flushed or red; the person may be cold or shivering; they may have goose bumps.
- Monitor the person by taking the person’s temperature. Record and document it noting the date, time, temperature, and route – meaning was the temperature taken in the mouth, ear, under the arm or in the rectum. Report results by contacting a nurse or physician.
- You should also look for other signs and/or symptoms, and gather complete information before contacting the nurse or physician.
- You must be very alert for elderly people and children. The elderly may be very ill but their temperature may be normal or only slightly elevated. Children can have very high fevers which may not match the severity of the illness.
Let’s talk about hypothermia or decreased body temperature.

- It is important to remember that with decreased temperature or hypothermia, the cause can vary and quick action is needed.
- The physical characteristics of hypothermia are: cold skin; the person is cold and shivering or has goose bumps. There is usually a general ‘clumsiness’ present as well as slurring of speech, and overall sluggishness.
- It is important to monitor the person by taking their temperature. You must record and document it noting the date-time-temperature and route.
- It is critical to report the hypothermia. Contact the person’s nurse or physician. You should call 911 if the temperature is 95 degrees or below. Keep the person warm by using blankets.
- Look for other signs and/or symptoms; remember to gather complete information before contacting the nurse or physician.
Another way to notice if someone is experiencing illness is when they have appetite changes. This can sometimes be observed or discovered in a timely manner but someone has to be monitoring this in order to notice.

Weight changes can be seen over time, however much time may have passed before someone has noticed the weight change.

Weight should be monitored for those above or below normal weights, especially those who are on diets, or who have cardiac concerns.

Unless formally monitoring weight or appetite changes, they usually are only noticed when the person’s clothes don’t fit right. They may be noticed at the annual physical exam but this may be quite a bit of time from the onset of the problem. Actions could have been taken sooner.
It is important to pay attention to changes in mood and/or behavior. Start with basic observations and determine what is the person doing and when did it start. You will need to gather information.

Were there any physical changes? Some examples:
- a person may have allergies and they could be worse
- a person fell, and now they may be in pain
- a person has an upset stomach and may be in pain

It is important to rule out any environmental changes, such as a new staff person starting, or house members are being loud. The person acting different may have lost a favorite possession, or just received an upsetting call from a family member. Has there been a change in their routine?

Was there a medication change, new medications, or an increased or decreased dose?

Is there anything that is making the mood or behavior better or worse?

Again, it is important to monitor, watch, observe, record and report.
When someone is experiencing an illness, it is important to notice any difference from the person’s normal appearance.

This means not just in the face but anywhere on the person’s body.

Again, it helps to know the person’s normal or baseline appearance to know if something is different.

A direct supporter needs to look for these signs or symptoms: swelling, puffiness, or change in coloring. Also, be aware of discharge, or drainage. Be on the alert for abnormal movement. It is important to use all of your senses to observe changes.
Everyone has certain activity levels and most people are fairly consistent in this and maintain the same level. When activity levels change, it usually indicates someone is not well. You should ask yourself: what is different? Has there been an increase, decrease or stoppage in these activity levels?

As mentioned previously, you need to monitor, record, report, and look for other signs and/or symptoms. It is also important to collect specific information about what the change was, and when it started. Also, note any events in the person’s life, and check for physical signs and changes.
With women, the issue of menstruation becomes key in determining wellness. It is important to keep track of the cycle and what may be different.

Increased frequency, or cessation of the cycle is significant. Changes can occur in the type and characteristics of the menstrual fluids, and a woman can have heavier or lighter flows. Also, information should be obtained regarding changes in the number of days (duration), and the level of pain or discomfort.

It is important that a menstruation chart be kept for every woman who is menstruating. This should be taken to all doctor appointments. If a woman has a seizure disorder, this information is useful to the treating neurologist as well. It is important to note that in a woman's medical history when menses stop and she enters menopause. This might give clues to changes in behavior or physical signs, which may include: sweating, night time awakening, mood changes, and general tiredness.
When discussing the issue of elimination patterns, we are talking about bodily functions such as urinating, which is also called voiding, or peeing. When we are explaining defecating, this means bowel movements, pooping, and stool. As with all other areas of wellness or illness, it is important for direct supporters to know the normal or baseline levels for each person they support.

It is important to make sure that people use the same language for elimination processes. Even though we do not like to use words like “pee” and “poop”, we need to use language that is consistent and that everyone understands. Something to ask is: What is the normal terminology used in your environment? If individuals are private with their elimination, educate them and try to find a method they choose to report when there are differences (e.g., use a calendar). This could be useful information when illness may be present.
Changes in urination are significant and can alert you if someone is ill. When someone is ill, you may see increased or decreased urination. There may be a change in the color of the urine – it may be darker, lighter, or pink/red. The odor may be different than normal. Also, there may be a new urgency to urinate, or there may be some pain or discomfort when urinating.

Good information can be very helpful to physicians to determine if there is a problem or if further testing is needed. You will want to remain alert as to how this can be monitored to obtain accurate information.
Another sign of illness is when someone experiences diarrhea. You may see frequent, watery stools, and they may report stomach pain.

You should monitor and report on the color, consistency, and frequency of the diarrhea. Also, you will need to look for other signs and symptoms (for example, pain and/or fever).

Your information and observations can help the physician narrow down possible causes for the physical illness.

Diarrhea can be a serious situation for the elderly and children; this condition can dehydrate them or cause electrolyte imbalances quickly.
Another common sign of illness is when people become constipated. With this condition, you may see a decrease in the number of bowel movements for that person. They may be having discomfort and difficulty having bowel movements and may be straining. They may experience a decreased appetite, or have vomiting. For those with a seizure disorder, you may see increased seizure activity with someone who has constipation. You may also observe an increased belly size and the belly area may be hard to the touch.

As a reminder, you should continue to monitor, record and report on the color, consistency, odor, frequency, and amount of bowel movements. You should also look for other signs and symptoms (e.g., blood in the stool).

Good information can be helpful to physicians to determine if there is a problem or if further testing is needed.

Anyone receiving medication to treat constipation should have a bowel chart to track effectiveness of medication and alert caregivers to problems.
Another condition to be alert for is vomiting. You may see a loss of digested food or liquids from the mouth. You should monitor and report as with any other condition. You should also try and determine if this is a single episode of vomiting or a pattern. It is also important to note color, consistency, and odor with vomiting episodes. Observe the frequency, and amount of food involved as well. Also, be sure to look for other signs and symptoms such as fever, diarrhea and constipation.

If there is any vomiting of any red blood or a substance like coffee grounds, it is a medical emergency and you should immediately call 911. There is also a risk of dehydration if someone is losing too much fluid, especially if they cannot keep fluids down.
We will now talk about possible indicators of illness.

- Remember, all behavior is communication and some of these behaviors could indicate issues of pain, acid reflux or urinary problems just to name a few.
- Someone may be chewing their hands or jamming their fingers into their mouths, which may indicate something is wrong.
- Rocking back and forth can indicate pain or discomfort or illness.
- Masturbation and exposure of private areas may be an attempt to communicate illness or pain, as well as someone scratching their body with no apparent rash or skin problem.
- If someone is grabbing or pounding their chest for no obvious reason, there could be something physically wrong.
- Also, it is significant when there is a refusal of an activity, even eating.
- Finally, any head banging or any other self-injurious behavior could be a telling clue that someone is not feeling or doing well.
Health issues and emergencies are important to distinguish but always err on the side of caution. Trust your instincts.
Let’s review a few of the things listed on this slide to show how a health issue may be limited or how it might turn into an emergency. For example, if a person vomits once and then is fine – this would be a limited health issue. If however, a person vomits several times, can’t hold any liquids down, and is confused and light headed, this may become an emergency. If the person vomits blood or coffee ground like substances, this IS an emergency.

Here is a definition regarding a regular health issue: a change in health status or a health problem that requires attention but is not considered an emergency. The best way to handle these are to monitor the person and gather objective information for presentation to a health care professional like a nurse or doctor.

Examples of health issues include: minor pain, temperature changes (high and low), and appetite changes due to not eating or drinking enough. Other examples are: weight loss or gain, changes in mood or behavior, or difficulty swallowing. Additional health issues include: change in appearance, change in activity level, change in menses, or swelling. Things that are of concern but may not be an emergency would be: constipation, diarrhea, vomiting, and changes in urination. Other health issues are: runny or congested nose, cough or cold, skin changes, rashes, bruises, headaches, indigestion, or a toothache.

With a low grade temperature, or decreased appetite, it is important to give attention, but it is not necessarily an emergency yet. It is important to distinguish but always err on the side of caution; trust your instincts.
It is important to realize that health issues may sometimes come on gradually, and may often go unrecognized. Many conditions or illnesses have vague or very subtle signs or symptoms, and it takes time and consistent observation to discover problems as they arise.

It is good to trust your instincts, in that if you think something is wrong, there probably is a good chance there is! Remember that you need to know the person in order to know when something is out of the ordinary.
In defining what emergencies would be, let’s review the list on the slide. Obviously, if there are any breathing problems, this would constitute an emergency. Other emergencies would be present if there is: a loss of consciousness, or severe or uncontrolled bleeding. Broken bones and any severe pain (any location) would also signify an emergency. Finally, an emergency could include: chest pain and any severe swelling to any part of the body.

There is a List of Emergencies and Potential Emergencies provided in our resources.
• Additional emergencies are listed on the slide, so we will continue to review the list.

• Other emergency situations include: severe burns, and vomiting red blood or coffee ground-like substance.

• Other emergencies are: choking, poisoning and when a person experiences sudden changes in movement such as paralysis as well as changes in vision and/or speech.

• If there is a seizure lasting more than 5 minutes, or if it is a first time seizure, or if there are repeated seizures, these would be considered emergencies.
To again reinforce the importance of close monitoring, remember that you as a direct supporter see the person the most. You know what is normal for that person. You know or can sense when something is not right. You need to continue to monitor, record, report or obtain emergency services (Call 911).

You also need to know how to respond to what you see, especially with regard to emergency reporting. In an emergency, always call 9-1-1 first!
As we begin to conclude this training, we will look at several medical conditions and their signs and symptoms.
In better understanding diabetes, it is important to know the signs of high sugar levels. These include: frequent urination, being thirsty, being hungry, and tiredness. Other signs and symptoms include: nausea, blurred vision, and a fruity odor on the person’s breath.

The signs of high and low blood sugar levels are similar. Don’t assume that the sugar is high or low. When in doubt – check it out! Take the person’s sugar level, and follow physician’s orders. Each person who has diabetes should have specific instructions from their doctor as to what to do for high or low blood sugars. A general guideline is: if the level is below 60, the person should drink a glass of orange juice, and should be monitored and re-tested. If the level is high or over 200, then the physician should be consulted.
• People with diabetes may also have low blood sugar. The signs of low blood sugar levels include: dizziness, clammy skin, sweating, and shaking. There is also anxiety and nervousness, hunger, tiredness, and irritability.

• Take the person’s sugar level and follow physician’s orders.

• Ask yourself what these signs would look like for someone who cannot communicate through words? As an example, if someone is irritable or anxious, there may be low level aggression, or they may walk around a lot, or be restless.
When describing a heart attack, there is pain and/or tightness in the chest or it is radiating to other areas like the arms, shoulder, neck, teeth, jaw, belly area or back. There are skin color changes (grey and/or blue) and the person is tired.

Other signs are that the person may be anxious/scared, have shortness of breath, and there may be nausea or vomiting occurring. Here is a quote from the American Heart Association: “Many women do experience chest pain but often may have subtle symptoms such as shortness of breath, nausea/vomiting, jaw or back pain.”

Each person is different and the signs may be different. Also, we may not always see all of the signs and symptoms right away. There are also gender differences to consider. It is important to remember not to delay and get help immediately.
Time is so important with stroke; the person must get to a hospital immediately for best results.

When reviewing the signs for a stroke, there may be evidence of dizziness, unsteady gait, fainting or overall weakness. There may also be a change in consciousness or the person may be very drowsy. There may be numbness, or vision changes, or their speech is garbled or they are unable to speak. There may also be a one-sided weakness or paralysis, or a facial droop present.

The next slide has a simple test to determine if someone has had a stroke.
Here is a quick way to determine if someone is experiencing or may have experienced a stroke:

- **Balance**: Is there a sudden loss of balance?
- **Eyes**: Is there a sudden loss of vision in one or both eyes?
- **Face**: Ask for a smile. Does one side droop or look uneven?
- **Arm**: Ask the person to raise both arms. Does one arm drift down?
- **Speech**: Ask the person to repeat a phrase. Does their speech sound strange?
- **Time**: Time is critical. Call 911 immediately if any symptoms are present.
Reflux Disease or GERD is diagnosed frequently in people with I/DD. This is a list of signs related to reflux disease: drooling, meal refusals or unexplained weight loss. Also, people may have coughing and agitation during the night, as well as crying or irritability within 30 minutes of eating. Many people also have symptoms during the night. Additional signs include: night time awakening, self injurious behavior, putting hands in mouth, and PICA behaviors. PICA behaviors means the person is swallowing or putting inedible (non-food) items in their mouth or ingesting them completely.

Other signs could include: rumination (regurgitating food and re-chewing and/or re-swallowing it), vomiting, body posture or stiffening, and noisy or wet sounds when breathing, as well as asthma attacks. This is a very common diagnosis in people with intellectual or developmental disability due to other medical conditions and medication use. The pain can be severe especially after meals or at night. There are many interventions that can be put in place such as diet, wearing loose clothing, physical activity, and certain body positioning.
Dysphagia, which is defined as difficulty swallowing, affects many people with intellectual disability. It can be life threatening and impact the person’s life dramatically. This affects every aspect of someone’s eating. Knowing the signs and getting attention for people is key.

Please review the list on this slide for signs of dysphagia – they include: gagging, coughing, choking, drooling and having a “gurgley’ voice (wet voice). Other signs are: watery eyes, frequent upper respiratory infections, frequent vomiting, and decreased eating and/or weight loss. Other signs that can also be present are: regurgitation hours after a meal, swallowing food whole, and needing extra effort chewing or swallowing. Some people suffering from dysphagia also store food and/or drink in their mouth, and experience loss of food and/or drink during or after their meal.

Please take time to review the Eating, Drinking and Swallowing Checklist noted on the resource list and included as a handout. This tool can be used by anyone to see if any signs of dysphagia are present. After completing the checklist, take it to the person’s doctor to determine if any testing is needed.
• Teaching all the signs and symptoms will do nothing if people do not know procedures for capturing information and reporting. You must get people the attention they need in a timely manner.

• Let’s think about what we have been discussing and ask yourself: How do you handle a situation where you notice a change in an individual?

• Think about what you would do if the person had increased agitation; if someone is not sleeping; or a person is coughing while eating at each meal.

• Think about how these things would be handled in your workplace.

• Do you know clearly what to do?
Let’s review some key issues from this presentation:

Who can diagnose medical conditions? *Only a health care practitioner such as a doctor, physician assistant or nurse practitioner.*

What is your role when you notice something is “not right” with an individual? *Take action, monitor, record, report.*

Why are you so important in this process? *You see the person the most and should know what their baseline is and if something is “just not right”.*

What are some general signs and/or symptoms of illness? *Think of when you feel ill. Some of these are fever, pain, or changes from your baseline.*

Something else to remember is that you must make sure the right information gets to the right people. If you do not do this, sometimes it simply will not happen. Shift changes in a workplace can also impact observations depending on the supporters involved. For example, direct supporters during the night shift may observe some signs that others don’t see during the day. The people we support may be the ones who will suffer if we are not attentive in our observations and reporting. Early attention is key. Keep alert and remain like “mini-detectives”.
Congratulations, you have successfully completed the Signs and Symptoms of Physical Illness training.
Thank you for participating in this presentation on *Signs and Symptoms of Physical Illness.*