

CHILDREN WITH SPECIAL HEALTHCARE NEEDS

ALL PROVIDERS/EMT

- ❑ Focused history and physical exam
 - Blood glucose, core body temperature and oxygen saturation assessment.
 - Look for an EMSC Red Pack with a health information vial or a Life with Dignity (POLST/DNR) Order for instructions on care.
- ❑ Continuous cardiac, ETCO₂, and pulse oximetry monitoring when available.
- ❑ **Treatment Plan**
 - Treat with consideration for the family per the ***Family Centered Care Guideline***.
 - Do not become overwhelmed by equipment, focus on ABC's, ask parents and caregivers for guidance with equipment.
 - Common equipment issues for children with special healthcare needs:
 - Feeding Tube (NG/NJ and G-Tube)
 - Most common EMS complaints include; tube has come out, falling apart, leaking, blocked or skin site has unusual drainage or bleeding.
 - If draining or bleeding, apply sterile dressing and use pressure, transport.
 - If tube is malfunctioning or displaced assess for dehydration and treat per ***Shock and Fluid Therapy Guideline***. Do not try to replace or remove the tube.
 - Keep patient NPO and nothing per feeding tube.
 - If a percutaneous (through the skin) G-tube has come out, place suction tubing in the stoma 2-3 inches to prevent full site closure.
 - Tracheostomy and Ventilator/BiPAP
 - For Tracheostomy care refer to the ***Airway Management and Tracheostomy Guideline***
 - Assess ventilations
 - If the ventilator is working properly and patient needs transport for non-respiratory medical evaluation; keep on ventilator/BiPAP for transport.
 - If ventilator is not working or child is in respiratory distress for any reason; remove from ventilator and assist ventilations with BVM and 100% oxygen.
 - Oral and nasal suctioning for copious secretions as needed.
 - External Central IV Line (Broviac/PICC, etc.)
 - Do NOT use the central line for administration of anything.
 - Most common EMS complaint includes; tube has come out, broken, leaking, blocked or skin site has unusual drainage or bleeding.
 - This is a direct line to the central venous system, if the tube is leaking or broken, clamp line above the damaged point, cover the opening with a sterile gauze and transport.
 - If the tube has come out completely or the site is draining or bleeding, cover with a sterile gauze and apply pressure.
- ❑ **Key Considerations**
 - Family members are many times the best resource for equipment questions and patient care.