



## Section 1: Administrative / Medical Control

### GUIDELINE/PROCEDURES: CHILDREN WITH SPECIAL HEALTH CARE NEEDS

#### GENERAL CONSIDERATIONS

1. Treat the ABC's first. Treat the child, not the equipment. If the emergency is due to an equipment malfunction, manage the child appropriately using your own equipment.
2. Children formerly cared for in hospitals or chronic care facilities are often cared for in homes by parents or other caretakers. These children may have self-limiting or chronic diseases. There are multitudes of underlying medical conditions that may categorize children as having special needs. Many are often unstable and may frequently involve the EMS system for evaluation, stabilization, and transport. Special needs children include technology-assisted children such as those with tracheostomy tubes with or without assisted ventilation, children with gastrostomy tubes, and children with indwelling central lines. The most serious complications are related to tracheostomy problems.
3. Children with Special Healthcare Needs (CSHCN) have many allergies. Children with spina bifida are often allergic to latex. Before treating a patient, ask the caregivers if the children are allergic to latex or have any other allergies. Stock latex-free equipment. (Some regularly used equipment that contains latex includes gloves, oxygen masks, IV tubing BVM, blood pressure cuff, IV catheters, etc.)
4. Knowing which children in a given area have special needs and keeping a logbook is encouraged.
5. Parents and caretakers are usually trained in emergency management and can be of assistance to EMS personnel. Listen carefully to the caregiver and follow his / her guidance regarding the child's treatment.
6. Children with chronic illnesses often have different physical development from well children. Therefore, their baseline vital signs may differ from normal standards. The size and developmental level may be different from age-based norms and length based tapes used to calculate drug dosages. Ask the caregiver if the child normally has abnormal vital signs. (i.e. a fast heart rate or a low pulse oximeter reading)
7. Some CSHCN may have sensory deficits (i.e. they may be hearing impaired or blind) yet may have age-appropriate cognitive abilities. Follow the caregivers' lead in talking to and comforting a child during treatment and transport. Do not assume that a CSHCN is developmentally delayed.
8. When moving a special needs child, a slow careful transfer with two or more people is preferable. Do not try to straighten or unnecessarily manipulate contracted extremities as it may cause injury or pain to the child. Certain medical conditions will require special care. Again, consult the child's caregiver.
9. Caregivers of CSHCN often carry "go bags" or diaper bags that contain supplies to use with the child's medical technologies and additional equipment such as extra tracheostomy tubes, adapters for feeding tubes, suction catheters, etc. Before leaving the scene, ask the caregivers if they have a "go bag" and carry it with you.
10. Caregivers may also carry a brief medical information form or card. The child may be enrolled in a medical alert program whereby emergency personnel can get quick access to the child's medical history. Ask the caregivers if they have an emergency information form or some other form of medical information for their child.
11. Caregivers of CSHCN often prefer that their child be transported to the hospital where the child is regularly followed or the "home" hospital. When making the decision as to where to transport a CSHCN, take into account: local protocols, the child's condition, capabilities of the local hospital, caregivers' request, ability to transport to certain locations