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From the Desk of the DDSN Medical Consultant

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Topics:	1. Bleeding from the GI Tract
	2. Intestinal Obstruction

Caring for persons with disabilities always requires being alert to changes in their behavior in order to detect early signs of possible illness. Then health care staff can do further checks and adjust management to prevent problems from becoming worse.

A person with developmental disabilities who has problems with the bowel or gastrointestinal tract (GI tract) may show changes that are difficult to notice. In particular the person may not show that they have abdominal pain except by vomiting or by changes of appetite, activity level or sleepiness or in stool or urine output. If changes like these are seen they need to be investigated by professional staff. Two problems that need to be considered are GI tract bleeding, and bowel obstruction.

I) BLEEDING FROM THE GI TRACT

A) Risk factors for GI bleeding

- 1) Known gastro esophageal reflux (GE reflux or GERD, where stomach contents return up into esophageal tube leading down from mouth).
- 2) Use of aspirin, ibuprofen (Motrin, Advil) and other NSAID's (nonsteroidal anti-inflammatory drugs used for pain and arthritis).
- 3) Severe stress.

Also episodes can relate to alcohol use, known peptic (gastric, stomach, or duodenal) ulcers, excessive vomiting or even on occasion irritation from a PEG tube. Lower GI tract bleeding can occur, for example, with hemorrhoids or more serious problems.

B) Signs of GI bleeding

- 1) Often there may not be any signs except those of abdominal pain, change of appetite or vomiting.
- 2) All vomiting of recognizable blood needs to be evaluated.
- 3) Vomit that has brown or black flecks like "coffee grounds" may be blood vomited from the stomach.
- 4) There can be blood or dark black changed blood in the stools, from bleeding low or high in the GI tract.
- 5) On occasions the first sign may be collapse with pale face, low blood pressure, and fast pulse – this is an emergency.

II) INTESTINAL OBSTRUCTION

Bowel function includes the continued movement of its content through the intestine. Obstruction may halt this process by severe or treatment resistant constipation, swallowed foreign bodies or mechanical problems or hernias. These can lead to complications that can be serious.

A) Risk factors for intestinal obstruction

- 1) Serious or hard-to-treat constipation.
- 2) Pica (eating non-food objects).
- 3) Presence of hernias – particularly in groin if they do not reduce (disappear) when person lies down.

B) Signs and symptoms of intestinal obstruction. Consider the possibility if:

- 1) Person is vomiting and has severe constipation.
- 2) Person has unusual swelling (distension) of the abdomen with or without vomiting, particularly if very firm to touch.
- 3) Hernia that cannot be reduced or replaced in position or is tender.
- 4) Person has a point of tenderness in the abdomen or has tenderness when hand is removed from pressing gently on the abdomen.
- 5) Person has constipation that is not responding to planned treatment.

If staff observe any of these signs or symptoms, health care staff should be alerted promptly. They will be able to rule out significant illness or start early treatment to prevent the problem from becoming more serious.