

Caring for a disabled child



Every disability has a possibility

REG NO: 2014/004798/08

Day to day care

- Hygiene
- Feeding (including Mic-key and Peg care)
- Intake and output
- Activities
- Knowledge about normal vital signs
- Comfort, sleep and rest
- Safety
- Infections
- Emergency bag
- Immunisation Schedule



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Hygiene

- Bath time
- Mouth care
- Nappy care
- Wound care
- Correct hand wash technique



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Bath time

- Have everything ready that you will need to bath your child. Remember your disabled child can never be left unattended in the bathroom
- You will need: Soap, shampoo, cream, towel, washing cloth, hair brush. Clean set of clothes or pyjamas.
- Create a relaxing environment for your child : soft lightening, calming music. Toys to play with, or read them a book. Bath time is a good opportunity to massage your child with either bath oil, or with cream afterwards. It helps them to relax and wind down.
- If necessary, change the bed linen



Mouth care

- Brush teeth
- Wipe out mouth with Chlorhexidine (Corsodyl) mouth wash and cotton wool (if child is sensory sensitive and resisting the tooth brush). You can also use tooth wipes available at most pharmacies



Nappy care

- Check and change nappy often
- Apply bum ointment
- Nappy rash: leave the child without nappy for a while (if you can). Wipe the area with cooled down Rooibos tea. Apply ointment to treat rash



Wound care

- Same principles as for cleaning the Mic-key area. Clean with water and Elizabeth Ann's Baby shampoo, apply cream as prescribed by a health care professional.



Hand wash technique



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Feeding

- Very important that a balanced diet is followed. (appropriate for the specific disability and the needs of a child)
- Dietician: Always a good idea to get input from a dietician if you are unsure



Mic-key/Peg care



- Care of stoma area
 - Clean with cotton wool, Elizabeth Ann's baby shampoo and water
 - Make sure area around the Mic-key is dry
 - Apply Barrier cream like Bepanthen.
 - NO bandages
 - In case of infection, follow same steps. Apply Bactroban ointment, or ointment as prescribed by your doctor. In case of persisting fever, contact your health care professional



Mic-key/Peg care

- Cleaning of feeding tubes
 - Rinse with lukewarm water before feed
 - Wash with lukewarm water and Sunlight liquid after use (this includes feedings and medications)
 - In case of tube blockage, rinse with Coke



Mic-key and Peg care

- Feedings
 - Flush feeding tube with 10ml lukewarm water before and after each feed or medication administration
 - NB: Wash your hands before each feed, or when preparing food.
 - Feeds must be room temperature



Intake and output

- Important to know how much is normal.
- At least three wet nappies per day.
- Dirty nappies: depending on what is normal for child, usually at least once a day.



Activities for children

- Painting
- Colouring in
- Building blocks
- Playing with toys
- Making collages (tearing and cutting up papers)
- Blowing of bubbles



- Playing with different textures for stimulation (jelly, shaving cream, sand, rice...)
- Puppet shows
- Reading of stories to them
- Letting them watch a nice program or DVD
- Playing with clay
- Swimming/bath games



- Playing music, singing, dancing
- Ball play (or balloons)
- Go on an outing



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Knowledge about normal vital signs



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- Temperature: between 36,5 and 37,5
- Pulse: between 70 and 110
- Respiration: between 24 and 40
- Saturation: between 95 and 100

Important to know what is normal and acceptable for your child
– if you are unsure, rather contact your doctor



Comfort, sleep and rest

- Try and establish a routine
- Environment can play a role. Be aware of your environment.. If too busy it will over stimulate them
- Awake time – stimulation activities in morning (for example painting) and relaxing activities in afternoon (reading)



- Quiet time: each child needs a bit of relaxation time during the day, even if they do not want to sleep. Close the curtains, put on soft music and read to them. Room must be at a comfortable temperature. They must be comfortable, fed and nappy changed.
- Sleep time: same principles apply as for quiet time. Be consistent.



Safety

- Always be aware of potential safety hazards.
Disabled children cannot look after themselves



Infections

- Precautions
 - Regularly wash your hands
 - Do not allow people with colds or flu near your child
 - Vaccines up to date (including flu vaccine)
 - No smoking near child and keep room well ventilated
 - Use disposable tissues
 - Be careful of large supermarkets as the air conditioners often circulate germs
 - If you have children in day care they are also more susceptible to catching infections



- Ways of identifying infection
 - Mucous secretions may
 1. Change in colour (yellow, green, bloodstained)
 2. Vary in consistency and become thicker or very loose
 3. Vary in amount
 4. Have an odour
 - Breathing may change (rate, rhythm, coughing, sound of secretions in chest, difficulty breathing)
 - Fever
 - Change in sleep patterns
 - Vomiting and feeding problems



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- Signs of respiratory distress
 - Difficulty breathing
 - Fast breathing
 - Fast pulse
 - Grunting, noisy, whistling, stridor breathing
 - Restlessness
 - Cyanosis
 - Recession of chest
 - Anxiety or frightened look
 - Unable to drink or suck
 - Bobbing head
 - Unable to breathe lying down



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Emergency bag

- Example of what you can carry with you in an emergency bag – keep in mind it is just suggestions, and should still be customized according to each child's specific needs and in accordance with the health care professional overseeing the care of the child .



Bag

- Burn shield
- Scissors
- Rehydration powder, anti nausea medication and medication for diarrhoea
- Cooling gel packs
- Mouth piece or mouth barrier (for rescue breathing in case of CPR)
- Card with emergency numbers
- Clinic Card/ Card with your child's relevant medical information
- Torch with batteries
- Medicine applicable to your child's condition
- Thermometer



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Bag continue

- Saturation Monitor, oxygen cylinder and Ambu bag (if child has a tracheostomy for instance)
- Nebulizer (if child suffers from croup or any other respiratory conditions regularly)
- Suction machine
- Gauze, cotton wool
- Ointments (antibiotic, burns, antihistamine, cortisone cream)
- Fever medication (suppository, or syrup- remember syringe or spoon)
- Plasters and bandages
- Dettol or Savlon
- Waterless hand cleanser
- Gloves



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Immunization Schedule



Vaccination Schedule 2021 *More than 10 YEARS of Excellence*

Disease	Vaccine	Birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 months	15 months	18 months	6 years	9 years	12 years
TB	BCG	●											
Polio	bOPV	●	●										
Diphtheria, Tetanus, Polio, Pertussis, Haemophilus Influenzae, Hepatitis B	Hexaxim OR Infanrix Hexa		●	●	●					●			
			8 weeks	12 weeks	16 weeks								
Pneumococcal	OR Prevenar 13 Synflorix		●	●	●		●	●	Nine and a half months				
Rotavirus	OR Rotarix Rotateq		●	●	●								
Measles	Measbio					●		●	12 months Measbio not required if giving MMR				
Measles Mumps Rubella	OR Priorix MSD GLAXYIA							●	MMR at 12 months instead of Measbio	●	●	Give MMR and Varilrix or Omvax separately at 6 years if not using Priorix Tetra	
Chickenpox	OR Varilrix ONVARA							●					
Measles Mumps Rubella + Chickenpox	Priorix Tetra							●	Priorix Tetra can be used at 12 months instead of Measbio, MMR and Varicella. Increased risk of febrile convulsion after the first dose of Priorix Tetra		●		
Meningococcal Conjugate	Menactra						●		●	For individuals 2 - 55 years administer 1 dose			
Hepatitis A	OR AVAXIM 80 Havrix Junior							●	Hep A with MMR not with Measbio	●			
Tetanus, Diphtheria, Pertussis, Polio	OR TETRA XIM Boostrix Tetra OR ADACEL QUADRA								Tetraxim at 6 years or Boostrix Tetra at 6 years Boostrix Tetra can be given at 12 years if not given at 6 years. Adacel Quadra at 12 years		●		●
Tetanus, Diphtheria	Td										●		●
Human Papilloma Virus	OR Cervarix GARDASIL								Cervarix from 9 - 14 years or Gardasil from 9 - 13 years as 2 doses 6 months apart State programme: Cervarix to Grade 4 girls in public schools 9 - 14 years. 2 doses 6 months apart		●	●	
Influenza	OR Influvac Vaxigrip Tetra								From 6 months, important for children in creche, chronic illness and respiratory problems. Start before the INFLUENZA season in MAY.				
Respiratory Syncytial Virus	SYNAGIS [®] PALIVIZUMAB								RSV prophylaxis in high-risk infants-prevention of serious LRTI caused by RSV. Start January and end in May.				
Pneumococcal	PNEUMOVAX 23 (pneumococcal vaccine, polyvalent, MSD)								Must have at least one dose of Conjugate PCV before Pneumovax 23. Pneumovax only in children older than 2 years with Immune Compromise or high risk of Pneumococcal infection. Two doses with 2nd dose 3 - 5 years after first.				

- **STATE EPI VACCINES** These vaccines are available free from Government supplied clinics
- **RECOMMENDED OPTIONAL VACCINES** Some of the vaccines in this schedule are only available from private clinics



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