

Editorial statement

Brief Manual for the care of disabled children after disasters

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Abstract

Disabled children develop various somatic and behavioral problems after disasters. This manual describes the common or characteristic problems of these children, the probable backgrounds of such problems, and the practical care and treatment of them. © 2012 The Japanese Society of Child Neurology. Published by Elsevier B.V. All rights reserved.

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1. Introduction

This manual offers brief suggestions for the people who support children with disabilities after disasters. Most of the content is based on our experiences in two big earthquakes: The Great Hanshin-Awaji Earthquake and The Great East Japan Earthquake. It is our pleasure if this manual will be useful for those people.

2. Somatic problems

Although somatic symptoms may appear as autonomic nervous symptoms of acute stress reactions, it is common that some infections may cause such symptoms. The children need to be taken to a doctor (pediatrician) when they show 2 or more somatic symptoms or when their symptoms do not improve in a few days.

2.1. Frequent symptoms

Fever and vomiting are the most common symptoms that children with disabilities develop after

disasters. We need to better inform parents about these frequent symptoms and advise them to take their children to a hospital if children show other somatic symptoms or if these symptoms do not go away in 1 day.

2.1.1. Fever

Background factors: Autonomic nervous symptom of acute stress reaction, infections due to compromised immune systems that are influenced by environments of poor hygiene and/or acute stress, dehydration due to a lack of appetite or little water and/or foods.

Care & treatment: Rest, give water (water replacement), cool children's heads with wrung-out towel.

2.1.2. Vomiting

Background factors: Autonomic nervous symptom of acute stress reaction, gastrointestinal symptom of infections.

Physically disabled children: reaction or reluctant response to unaccustomed food, especially for children who eat chopped or minced food daily.

Autistic children: reluctant response to unaccustomed food taste or shape because of their inflexible and restricted preferences for food.

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Care & treatment: Chop or mince food for children who are not able to eat solid foods, or look for chopped or minced food if you cannot make such food.

Seek food that meets children's preferences.

Give a small amount of water to children frequently (every 1 or 2 h).

Create a relaxing atmosphere at the dining table: quiet, bright, only with family, etc.

2.2. Convulsions

It seems that children with epilepsy develop convulsive attacks easily after a catastrophic disaster.

Background factors:

Children with epilepsy: Irregular or discontinued medication due to the loss of daily antiepileptic drugs, poor physical conditions.

Children without epilepsy: Febrile convulsions if the child has a high fever, infections, dehydration, etc.

Care & treatment: Take the child to a doctor as soon as possible in all cases.

Check the daily drug name and dose before visiting the doctor, if possible.

2.3. Appetite loss, decreased food intake

Background factors: Acute stress reaction, unaccustomed food, uneasy dining atmosphere and environment, Poor health conditions, infections, etc.

Care & treatment: The same care as the care listed under "Vomiting." Offer or fix sweet treats. Take children to a hospital if they show other somatic symptoms.

2.4. Dizziness, vertigo

Some children complained of "dizziness or vertigo" after the Great East Japan Earthquake. It may be difficult to differentiate real vertigo and dizziness in pediatric cases because their language ability is not sufficient for them to describe their symptoms accurately. Even adults can hardly distinguish between real shaking and a sense of shaking after experiencing frequent aftershocks. Children might also have a sense of trembling and complain of it as dizziness or vertigo.

Background factors: Impact of frequent aftershocks, acute stress reaction, poor health conditions, infections, etc.

Care & treatment: Have children lie down and take a rest, set children at ease by assuring them that there is nothing wrong.

Take children to a doctor if they show other somatic symptoms or if they complain very frequently.

2.5. Elimination problems, nocturnal enuresis

Background factors: Great fear and deep anxiety, deterioration of daily elimination behavior style due to very poor toilet environments at an evacuation site.

Care & treatment: Do not be angry, and do not blame the children. Accept the children's fear and anxiety by assuring them that fear and anxiety are common feelings after a disaster. Observe children's daily behavior, and take them to a bathroom if they seem to need to eliminate.

Look for a better bathroom.

2.6. Change of body weight

2.6.1. Body weight loss

Background factors: Poor appetite, decreased food intake, etc.

Care & treatment: The same care as that listed for the care of "Appetite loss and decreased food intake."

Take children to a hospital if children show other somatic symptoms of if children lose 10% of their usual body weight.

2.6.2. Obesity

Background factors: Eating food and sweets during the daily life of evacuation, compensatory overeating due to stressful daily life, decrease of physical activities.

Care & treatment: Do not allow children to touch food and sweets freely, adults should manage food and sweets.

Introduce children to physical activities or play, and make them do such activities regularly.

Arrange a daily schedule for the children.

2.7. Increase in number of physical traumas

Background factors: Deterioration in the coordination of motor abilities and/or athletic skills due to a decrease in the number of opportunities for physical activities.

Care & treatment: Inform parents and schoolteachers of this risk.

Get enough warm-up exercise.

Keep children away from strenuous exercises and competitive or combat sports until they reacquire sufficient athletic skills.

2.8. Aggravation of common diseases

Colds and gastroenteritis that usually heal in a few days tend to linger and become serious illnesses. It has been reported that a physically disabled child and an intellectually disabled child died from pneumonia at an

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