Chapter 36 - Patients With Special Challenges

1. **National EMS Education Standard Competencies (1 of 5)**
   Special Patient Populations
   Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.

2. **National EMS Education Standard Competencies (2 of 5)**
   Patients With Special Challenges
   - Health care implications of
     - Homelessness
     - Poverty
     - Bariatrics
     - Technology dependent

3. **National EMS Education Standard Competencies (3 of 5)**
   Patients With Special Challenges (cont'd)
   - Health care implications of (cont’d)
     - Hospice/terminally ill
     - Tracheostomy care/dysfunction
     - Home care
     - Sensory deficit/loss
     - Developmental disability

4. **National EMS Education Standard Competencies (4 of 5)**
   Trauma
   Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.

5. **National EMS Education Standard Competencies (5 of 5)**
   Special Considerations in Trauma
   - Pathophysiology, assessment, and management of trauma in the cognitively impaired patient

6. **Introduction (1 of 2)**
   - Today, more people with chronic diseases live at home.
     - Shorter hospitalization
     - Improvements in medicine and technology
   - Patients with special challenges:
     - Patients with diseases resulting in altered body function
     - Patients with sensory deficits
     - Geriatric patients with chronic diseases

7. **Introduction (2 of 2)**
   - Some patients depend on mechanical ventilation, intravenous pumps, and other devices.
   - Do not be distracted by the equipment!
   - Focus on the patient.

8. **Intellectual Disability (1 of 4)**
   - Developmental disability
– Refers to insufficient development of the brain, resulting in some level of dysfunction or impairment
– Can include intellectual, hearing, or vision impairments
  • Intellectual disability
    – Results in the inability to learn and socially adapt at a normal developmental rate

10 Intellectual Disability (2 of 4)
  • Possible causes
    – Genetic factors
    – Congenital infections
    – Malnutrition
    – Environmental factors
    – Fetal alcohol syndrome
    – Traumatic brain injury
    – Poisoning

11 Intellectual Disability (3 of 4)
  • Slight impairment:
    – Slow to understand or limited vocabulary
    – Behave immaturely compared to peers
  • If severe, may have inability to care for themselves, communicate, understand, or respond

12 Intellectual Disability (4 of 4)
  • Rely on patients and family members for information.
  • Patient may have difficulty adjusting to change or a break in routine.
  • Patients with intellectual disabilities are susceptible to the same diseases as other patients.

13 Autism Spectrum Disorder (1 of 3)
  • Pervasive developmental disorder characterized by impairment of social interaction
    – Severe behavioral problems
    – Repetitive motor activities
    – Impairment in verbal and nonverbal skills
    – May be hyper- or hyposensitive to sensory stimuli

14 Autism Spectrum Disorder (2 of 3)
  • Wide spectrum of disability
  • Patients have difficulty using or understanding nonverbal communication.
    – Do best with simple, one-step directions
  • Affects males four times more than females
  • Typically diagnosed by age 3

15 Autism Spectrum Disorder (3 of 3)
  • Older adults may not be diagnosed.
  • Patients have medical needs similar to their peers without autism.
  • Move slowly, stay calm, and perform physical examinations from distal to proximal.

16 Down Syndrome (1 of 4)
  • A genetic chromosomal defect that can occur during fetal development
– Results in mild to severe intellectual impairment
• Increased maternal age and family history are known risk factors

17 Down Syndrome (2 of 4)
• Associated physical abnormalities
  – Round head with flat occiput
  – Enlarged, protruding tongue
  – Slanted, wide-set eyes

18 Down Syndrome (3 of 4)
• Increased risk for medical complications
  – 40% may have heart conditions and hearing and vision problems
• Intubation may be difficult due to large tongues and small oral and nasal cavities.
  – Mask ventilation can be challenging
  – Jaw-thrust maneuver or a nasopharyngeal airway may be necessary

19 Down Syndrome (4 of 4)
• Management of seizures is the same for any other patient
• The atlantoaxial joint is unstable in approximately 15% of patients with Down syndrome.
  – Increased risk of complications when they experience trauma

20 Patient Interaction (1 of 2)
• It is normal to feel uncomfortable.
• Treat the patient as you would any other patient.
• Approach in a calm, friendly manner.
• Establish rapport.

21 Patient Interaction (2 of 2)
• Introduce team members.
• Explain what you are going to do.
• Move slowly but deliberately.
• Watch carefully for signs of fear.
• Make sure you are at eye level.
• Soothe the patient’s anxiety.
• Establish trust and communication.

22 Brain Injury
• Patients with a prior brain injury may be difficult to treat.
• Talk with patient and family.
  – Establish what is considered normal for the patient.
• Explain procedures and reassure patient.

23 Visual Impairment (1 of 4)
• Possible causes
  – Congenital defect
  – Disease
  – Injury
  – Degeneration of the eyeball optic nerve or nerve pathway

24 Visual Impairment (2 of 4)
• Range in degree of visual impairment
– Some patients lose peripheral or central vision
– Some can distinguish light from dark or shapes
• Visual impairments may be difficult to recognize.

25 Visual Impairment (3 of 4)
• Patient interaction
  – Make yourself known when you enter.
  – Introduce yourself and your team.
  – Retrieve any visual aids and give them to your patient.
  – Patient may feel vulnerable and disoriented.
  – Describe the situation and surroundings to the patient.

26 Visual Impairment (4 of 4)
• Transport considerations
  – Take cane or walker, if used.
  – Make arrangements for care or accompaniment of service animal.
  – Patients should be gently guided, never pulled or pushed.
  – Communicate obstacles in advance.

27 Hearing Impairment (1 of 2)
• Problems range from slight hearing loss to total deafness.
  – Patients may speak
  – Many older people have some hearing loss.
• Sensorineural deafness is caused by nerve damage
• Conductive hearing loss is caused by faulty transmission of sound waves

28 Hearing Impairment (2 of 2)
• Clues that a person could be hearing impaired
  – Presence of hearing aids
  – Poor pronunciation of words
  – Failure to respond to your presence or questions

29 Communication With Hearing Impaired Patient (1 of 4)
• Assist the patient with finding and inserting any hearing aids.
• Face the patient while you communicate.
• Do not exaggerate your lip movements or look away.
• Position yourself approximately 18” directly in front of the patient.

30 Communication With Hearing Impaired Patient (2 of 4)
• Most people who are hearing impaired have learned to use body language (hand gestures and lip reading).
• Do not speak louder; try lowering the pitch of your voice.
• Ask the patient, “How would you like to communicate with me?”
• American Sign Language may be useful.

31 Communication With Hearing Impaired Patient (3 of 4)
• Hints for communication
  – Speak slowly and distinctly into a less-impaired ear
  – Change to a speak with a low-pitched voice
– Provide paper and a pencil
– Use the “reverse stethoscope” technique

32 Communication With Hearing Impaired Patient (4 of 4)

33 Hearing Aids (1 of 2)
• Hearing aids make sound louder.
• May be external or internal
• Several types are available.
  – Behind-the-ear, conventional body, in-the-canal, in-the-ear
• Device should fit snugly.
  – If whistling occurs, it may not be in far enough.

34 Hearing Aids (2 of 2)

35 Cerebral Palsy (1 of 4)
• Group of disorders characterized by poorly controlled body movement
• Possible causes
  – Damage to the developing brain in utero
  – Oxygen deprivation at birth
  – Traumatic brain injury
  – Infection such as meningitis during early childhood

36 Cerebral Palsy (2 of 4)
• Symptoms
  – Poor posture
  – Uncontrolled, spastic movements
  – Visual and hearing impairments
  – Difficulty communicating
  – Unsteady gait

37 Cerebral Palsy (3 of 4)
• Considerations
  – Observe airway closely and suction as needed.
  – Do not assume intellectual disability.
  – Underdeveloped limbs are prone to injury.
  – Ataxic or unsteady gait makes patients prone to falls.
  – Patient may have special pillow or chair.

38 Cerebral Palsy (4 of 4)
• Considerations (cont’d)
  – Pad the patient to ensure comfort.
  – Never force extremities into position.
  – Whenever possible, take walkers or wheelchairs along during transport.
  – Be prepared for a seizure and keep suctioning available.

39 Spina Bifida (1 of 2)
• Birth defect caused by incomplete closure of spinal column
  – Spinal cord is exposed
• Opening can be closed surgically, but often leaves spinal damage

40 Spina Bifida (2 of 2)
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- Associated conditions
  - Hydrocephalus (requires shunt)
  - Partial or full paralysis of the lower extremities
  - Loss of bowel and bladder control
  - Extreme latex allergy

41. **Paralysis (1 of 3)**
- Inability to voluntarily move body parts
- Causes: stroke, trauma, birth defects
- May have normal sensation or hyperesthesia
- May cause communication challenges
- Diaphragm may not function correctly (requires ventilator).

42. **Paralysis (2 of 3)**
- Specialized equipment
  - Urinary catheters
  - Tracheotomy tubes
  - Colostomy bags
  - Feeding tubes
- Difficulty swallowing may require suctioning

43. **Paralysis (3 of 3)**
- Each type of spinal cord paralysis requires its own equipment and may have its own complications.
- Always take great care when lifting or moving a paralyzed patient.
- Ask patients how it is best to move them before you transport them.

44. **Bariatric Patients (1 of 2)**
- Obesity: person has excessive body fat
  - Obese: 30% over ideal body weight
  - Severe obesity: 2–3x over the ideal weight
- Imbalance between calories consumed and calories used
- May be attributed to low metabolic rate or genetic predisposition

45. **Bariatric Patients (2 of 2)**
- Quality of life is negatively affected
- Associated health problems
  - Mobility difficulties
  - Diabetes
  - Hypertension
  - Heart disease
  - Stroke

46. **Interaction with Patients with Obesity (1 of 4)**
- Patient may be embarrassed.
- Plan early for extra help or equipment.
  - Find easiest and safest exit.
  - Do not risk dropping the patient or injuring a team member.

47. **Interaction with Patients with Obesity (2 of 4)**
• Treat the patient with dignity and respect.
• Ask your patient how it is best to move him or her before attempting to do so.
• Avoid trying to lift the patient by one limb, which would risk injury to overtaxed joints.
• Coordinate and communicate all moves to all team members prior to starting to lift.

48 Interaction with Patients with Obesity (3 of 4)
• If the move becomes uncontrolled at any point, stop, reposition, and resume.
• Look for pinch or pressure points from equipment (deep venous thrombosis).
• Large patients may have difficulty breathing if you lay them in a supine position.

49 Interaction with Patients with Obesity (4 of 4)
• Specialized equipment is available.
  – Become familiar with the resources available in your area.
• Plan egress routes.
• Notify the receiving facility early.

50 Tracheostomy Tubes (1 of 5)
• Tracheal stoma provides a path between the neck and the trachea
  – Kept open by plastic tracheostomy tube
  – Tubes bypass nose and mouth
• Temporary or permanent
• For patients who depend on home automatic ventilators and have chronic pulmonary illness

51 Tracheostomy Tubes (2 of 5)
• Tubes are prone to obstruction by mucus or foreign bodies
  – Emergency event
  –

52 Tracheostomy Tubes (3 of 5)
• DOPE mnemonic helps recognize causes of obstruction
  – Displacement, dislodged, or damaged tube
  – Obstruction of the tube
  – Pneumothorax
  – Equipment failure

53 Tracheostomy Tubes (4 of 5)
• Common problems
  – May be bleeding or air leaking around the tube
  – Tube can become loose or dislodged.
  – Opening around the tube may become infected.

54 Tracheostomy Tubes (5 of 5)
• Management
  – Maintain an open airway.
  – Suction tube if necessary to clear a mucous plug.
  – Maintain the patient in a position of comfort.
  – Administer supplemental oxygen.
  – Provide transport to the hospital.

55 Mechanical Ventilators (1 of 3)
• Used when patients cannot breathe without assistance
• Possible causes
  – Congenital defect
  – Chronic lung disease
  – Traumatic brain injury
  – Muscular dystrophy

56 **Mechanical Ventilators (2 of 3)**
• If ventilator malfunctions:
  – Remove patient from ventilator.
  – Apply a tracheostomy collar
    • Designed to cover the tracheostomy hole
    • May not be available in prehospital setting.
  – Can improvise by placing a face mask over the stoma.

57 **Mechanical Ventilators (3 of 3)**
• Caregivers will know how the equipment works.

58 **Apnea Monitors (1 of 2)**
• Used for infants who:
  – Are premature and have severe gastroesophageal reflux
  – Have family history of SIDS
  – Experienced a life-threatening event

59 **Apnea Monitors (2 of 2)**
• Used 2 weeks to 2 months after birth to monitor the respiratory system
• Sounds an alarm if the infant experiences bradycardia or apnea
• Attached with electrodes or belt around the infant’s chest or stomach
• Will provide a pulse oximetry reading

60 **Internal Cardiac Pacemakers**
• Implanted under skin to regulate heart rate
  – On nondominant side of the patient’s chest
• May include automated implanted defibrillator
• Never place defibrillator paddles or pacing patches directly over the implanted device.
• Gather information about the type of cardiac pacemaker when obtaining history.

61 **Left Ventricular Assist Devices**
• Takes over the function of either one or both heart ventricles
• Typically used as a bridge to heart transplantation
• May be difficult to palpate a pulse.
• Provide support measures and basic care.
• Use the caregiver as a resource.
• Be prepared to provide CPR.

62 **External Defibrillator Vest**
• Vest with built-in monitoring electrodes and defibrillation pads
  – Worn by the patient under his or her clothing
• Attached to a monitor that provides alerts and delivers a shock
• If patient is in cardiac arrest, vest should remain in place while you perform CPR
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- **Central Venous Catheter (1 of 3)**
  - Catheter with its tip placed in vena cava to provide venous access
  - Used for many types of home care patients
  - Common locations
    - Chest
    - Upper arm
    - Subclavicular area

- **Central Venous Catheter (2 of 3)**

- **Central Venous Catheter (3 of 3)**
  - Common problems
    - Broken lines
    - Infections around the lines
    - Clotted lines
    - Bleeding around the line or from the tubing attached to the line

- **Gastrostomy Tubes (1 of 4)**
  - Placed into the stomach for patients who cannot ingest fluids, food, or medication by mouth
    - May be inserted through the nose or mouth into the stomach
    - May be placed surgically directly into the stomach through the abdominal wall

- **Gastrostomy Tubes (2 of 4)**

- **Gastrostomy Tubes (3 of 4)**
  - May become dislodged
    - Immediately stop the flow of any fluids.
  - Assess for signs or symptoms of bleeding into the stomach.
    - Vague abdominal discomfort
    - Nausea
    - Vomiting (especially “coffee ground” emesis)
    - Blood in emesis

- **Gastrostomy Tubes (4 of 4)**
  - Increased risk of aspiration
    - Always have suction readily available.
    - Patients with difficulty breathing should be transported while sitting or lying on their right side with head elevated 30°.
  - Continue tube feeding unless the tube is dysfunctional, dislodged, or partially dislodged.

- **Shunts (1 of 4)**
  - For patients with chronic neurologic conditions
  - Tubes that drain excess cerebrospinal fluid
  - Fluid reservoir
    - Device beneath skin on side of head, behind the ear
    - Should alert you to the presence of a shunt

- **Shunts (2 of 4)**
  - Types
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- Ventricular peritoneum shunt
- Ventricular atrium shunt
- Blocked/infected shunt may cause changes in mental status and respiratory arrest
- Infection may occur within 2 months of insertion

**Shunts (3 of 4)**
- Signs of distress
  - High-pitched cry or bulging fontanelles
  - Headache
  - Projectile vomiting
  - Altered mental status
  - Irritability
  - Fever
  - Nausea

**Shunts (4 of 4)**
- Signs of distress (cont’d)
  - Difficulty with coordination (walking)
  - Blurred vision
  - Seizures
  - Redness along shunt track
  - Bradycardia
  - Heart dysrhythmias

**Vagus Nerve Stimulators (1 of 2)**
- Treatment for seizures not controlled with medication
- Surgically implanted
- Stimulate the vagus nerve to prevent seizure activity

**Vagus Nerve Stimulators (2 of 2)**
- Used in children older than 12 years
- Located under the patient’s skin
- About the size of a silver dollar
- If you encounter a patient with this device, contact medical control or follow your local protocols.

**Colostomies, Ileostomies, and Urostomies (1 of 3)**
- Colostomy or ileostomy
  - Procedure that creates opening between the small or large intestine and the surface of the body
  - Allows for elimination of waste products into a clear, external bag or pouch
  - emptied or changed frequently

**Colostomies, Ileostomies, and Urostomies (2 of 3)**
- Assess for dehydration if the patient has been complaining of diarrhea or vomiting.
- Area around the stoma is prone to infection.
- Signs of infection:
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- Redness
- Warm skin around the stoma
- Tenderness over the colostomy or ileostomy site

78 Colostomies, Ileostomies, and Urostomies (3 of 3)

- Urostomy
  - Surgical procedure that connects the urinary system to the surface of the skin
  - Allows urine to drain through a stoma in the abdominal wall
- Contact medical control or follow local protocols for care of a patient with a colostomy, ileostomy, or urostomy bag.

79 Patient Assessment Guidelines

- Interaction with caregiver is an important part of patient assessment process.
- They are experts on caring for these patients.
- Determine patient’s normal baseline status before assessment.
- Ask, “What is different today?”

80 Home Care (1 of 2)

- Occurs within home environment
- Represents a spectrum of populations
  - Infants, older adults, chronic illness, developmental disabilities
  - Services: delivering meals, cleaning, laundry, maintenance, physical therapy, personal care

81 Home Care (2 of 2)

- EMS may be called to residence by home care provider.
- Obtain baseline health status and history from home care provider.

82 Hospice Care and Terminally Ill Patients (1 of 3)

- Terminally ill may receive hospice care at a hospice facility or at home.
- Most have DNR order
- May have medical orders for scope of treatment

83 Hospice Care and Terminally Ill Patients (2 of 3)

- Comfort care
  - Palliative care (pain medications)
  - Improves quality of life before patient dies
- Follow local protocol, patient’s wishes, legal documents
- Bring documentation to the hospital.
- Show compassion, understanding, and sensitivity.

84 Hospice Care and Terminally Ill Patients (3 of 3)

- Ascertain the family’s wishes regarding transport.
- Allow family member to accompany the patient.
- Follow local protocols for handling the death of a patient.

85 Poverty and Homelessness

(1 of 2)

- Unable to provide for basic needs
- Disease prevention strategies are absent
– Leads to increased probability of disease

- Homeless population includes:
  – Patients with mental illness or prior brain trauma
  – Domestic violence victims
  – Addicts
  – Impoverished families

**Poverty and Homelessness**

(2 of 2)

- Advocate for all patients.
- All health care facilities must provide assessment and treatment regardless of the patient’s ability to pay.
- Become familiar with social services resources within your community.

**Review**

1. Which of the following is a developmental disorder characterized by impairment of social interaction?
   A. Down syndrome
   B. Autism
   C. Cerebral palsy
   D. Spina bifida

Answer: B
Rationale: Autism is a developmental disability characterized by impairment of social interaction. Cerebral palsy and spina bifida are physical disabilities. Down syndrome is characterized by a genetic chromosomal defect.

**Review (1 of 2)**

1. Which of the following is a development disorder characterized by impairment of social interaction?
   A. Down syndrome
   Rationale: Down syndrome is characterized by a genetic chromosomal defect.
   B. Autism
   Rationale: Correct answer

**Review (2 of 2)**

1. Which of the following is a development disorder characterized by impairment of social interaction?
   C. Cerebral palsy
   Rationale: Cerebral palsy is a physical disability.
   D. Spina bifida
   Rationale: Spina bifida is a physical disability.

**Review**

2. Known risk factors for Down syndrome include:
   A. smoking.
   B. traumatic brain injury at birth.
   C. increased maternal age.
   D. lack of vitamin B.
Answer: C  
Rationale: Increased maternal age, along with a family history of Down syndrome, are risk factors of Down syndrome.

Review (1 of 2)  
2. Known risk factors for Down syndrome include:
   A. smoking.  
      Rationale: Smoking is a risk factor for many conditions.  
   B. traumatic brain injury at birth.  
      Rationale: TBI is a risk factor of cerebral palsy.

Review (2 of 2)  
2. Known risk factors for Down syndrome include:
   C. increased maternal age.  
      Rationale: Correct answer  
   D. lack of vitamin B.  
      Rationale: This is a risk factor for spina bifida.

Review  
3. Which of the following may be difficult to perform on a patient with Down syndrome?  
   A. CPR  
   B. Pulse oximetry  
   C. Splinting  
   D. Intubation  

Answer: D  
Rationale: Intubation may be difficult because patients with Down syndrome often have large tongues and small oral and nasal cavities.

Review  
3. Which of the following may be difficult to perform on a patient with Down syndrome?  
   A. CPR  
      Rationale: This should not be difficult.  
   B. Pulse oximetry  
      Rationale: This should not be difficult.  
   C. Splinting  
      Rationale: This should not be difficult.  
   D. Intubation  
      Rationale: Correct answer

Review  
4. Most patients with this disease also have hydrocephalus.  
   A. Paralysis  
   B. Down syndrome  
   C. Spina bifida  
   D. Cerebral palsy

Answer: C  
Rationale: Most patients with spina bifida also have hydrocephalus, which requires the placement of a shunt.

Review  
4. Most patients with this disease also have hydrocephalus.
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A. Paralysis
   Rationale: This is not the correct answer.
B. Down syndrome
   Rationale: This is not the correct answer.
C. Spina bifida
   Rationale: Correct answer
D. Cerebral palsy
   Rationale: This is not the correct answer.

Review
5. What does the DOPE mnemonic help you to recognize?
   A. Causes of airway obstruction
   B. Risk factors for patients using technology assistance
   C. Questions to ask patients with pacemakers
   D. A vagal nerve stimulator

Review
   Answer: A
   Rationale: The DOPE mnemonic helps you to recognize causes of airway obstruction in patients using technology assistance.

Review
5. What does the DOPE mnemonic help you to recognize?
   A. Causes of airway obstruction
      Rationale: Correct answer
   B. Risk factors for patients using technology assistance
      Rationale: This is not the correct answer.
   C. Questions to ask patients with pacemakers
      Rationale: This is not the correct answer.
   D. A vagal nerve stimulator
      Rationale: This is not the correct answer.

Review
6. What device is placed directly into the stomach to feed patients?
   A. Colostomy
   B. Ileostomy
   C. Gastrostomy tube
   D. Central venous catheter

Review
   Answer: C
   Rationale: A gastrostomy tube is used to feed patients who cannot ingest fluids, food, or medication by mouth.

Review (1 of 2)
6. What device is placed directly into the stomach to feed patients?
   A. Colostomy
      Rationale: This allows for elimination of waste.
   B. Ileostomy
      Rationale: This allows for elimination of waste.

Review (2 of 2)
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6. What device is placed directly into the stomach to feed patients?
   C. Gastrostomy tube
       Rationale: Correct answer
   D. Central venous catheter
       Rationale: This is a venous access device.

7. What do vagal nerve stimulators do?
   A. Keep seizures from occurring
   B. Keep the airway clear from secretions
   C. Act as an alternative treatment to medicine
   D. Both A and C

Answer: D
Rationale: Vagal nerve stimulators are an alternative treatment to medication for patients with seizures and keep seizures from occurring.

8. An important part of the assessment process for a patient with special needs is to:
   A. interact with the caregiver.
   B. interact with the patient.
   C. talk to the manufacturer of the equipment being used.
   D. transport immediately.

Answer: A
Rationale: Interaction with the caregiver of a child or adult with special needs will be extremely important. They are trained to use and troubleshoot problems with medical equipment.
Rationale: The caregiver will be able to help you with the equipment.
D. transport immediately.
Rationale: It is more important to talk to the caregiver.

Review
9. What improves a patient’s quality of life shortly before death?
   A. Home care
   B. Hospice care
   C. Comfort care
   D. Health care

Answer: C
Rationale: Comfort care is also called palliative care. Pain medications are provided during a patient’s last days so he or she can enjoy time with family and friends.

Review (1 of 2)
9. What improves a patient’s quality of life shortly before death?
   A. Home care
      Rationale: Home care may improve the patient’s quality of life.
   B. Hospice care
      Rationale: Hospice care may improve the patient’s quality of life.

Review (2 of 2)
9. What improves a patient’s quality of life shortly before death?
   C. Comfort care
      Rationale: Correct answer
   D. Health care
      Rationale: This is not the correct answer.

Review
10. The EMTALA act states that:
    A. patients should only be treated if they can pay for care.
    B. all patients must be treated regardless of their ability to pay for care.
    C. only those with serious injuries can be treated without payment for care.
    D. only certain facilities can treat patients who cannot pay for care.

Answer: B
Rationale: The Emergency Medical Treatment and Active Labor Act (EMTALA) requires all facilities to assess and treat patients regardless of their ability to pay for care.

Review (1 of 2)
10. The EMTALA act states that:
    A. patients should only be treated if they can pay for care.
       Rationale: This is not the correct answer.
    B. all patients must be treated regardless of their ability to pay for care.
       Rationale: Correct answer

Review (2 of 2)
10. The EMTALA act states that:
    C. only those with serious injuries can be treated without payment for care.
       Rationale: This is not the correct answer.
D. only certain facilities can treat patients who cannot pay for care.  
Rationale: This is not the correct answer.