

原著

重症心身障害児者の短期入所における安全な受け入れへの取り組み

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Approaches for Safer Short Stay on Persons with Severe Motor and Intellectual Disabilities

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Abstract

Recently more and more persons with severe motor and intellectual disabilities (SMID) have been coming to Ashahigawa-jidoin medical and rehabilitation center for short stays in connection with the establishment of supporting systems for home-care patients including visiting service, day-care programs and rehabilitation for out-patients. But there have been many cases in which these severely handicapped children have reacted badly during these short stays and in the past it has sometimes happened that change of environment or separation from mother has triggered a worsening in the patient's condition, or even death. Therefore we are trying to find out ways to a plan safer short stays and investigating the success of these various ways. For example, we try to make sure that patients have enough physical stamina and to gain their experience in going into community events. Also, the hospital staff try to get as much information as possible about each patient and improve the level of medical care. As a result of these approaches, no deaths occurred among the 73 short-stay users during their stays in 1999-2000. However, 24 persons who came for short stays showed symptoms such as eating disorder, sleeplessness, hypertonia and respiratory problems. 20 persons of them were belonged to division 1 of Oshima's classification, that is, bedridden and most severe mental retardation. 4 young children with

respiratory and eating problems became worse and received intensive medical care. Fortunately, all of them recovered and went back home, but 2 young children died after their return home. Besides, 2 adult patients suffered leg fractures of unknown causes during their stays. In the future there will be many more SIMD persons living at home who will need to receive medical care such as tube feeding, oxygen inhalation, and respirator care. Short stays outside their home should be considered not only a way of taking care of persons with SIMD but also of helping them to be independent.

要約

重症心身障害児(重症児)施設旭川児童院では、在宅訪問事業や通園事業、および外来の充実により、短期入所利用が急増している。重症児では、短期入所の際に不応反応を示す例が多く、かつて環境変化や母子分離が引き金となり体調が悪化し、死亡に至った例を経験した。今回、我々は、在宅重症児の重度化傾向が進む中、より安全に短期入所を受け入れられるよう様々な取り組みを行い、その成果と今後の課題について検討した。平成11、12年度短期入所利用者73名には医療的問題を有する例が多く含まれていたが、利用時の死亡例はなく取り組みは有用であった。しかし、大島分類1の40名中半数に、摂食困難、過緊張、不眠、呼吸障害の悪化などの症状が見られ、特に呼吸、摂食障害を伴う年少児の症状が重篤であった。また、2名に骨折があり、より安全な受け入れに向けての対策が必要と考えられた。今後も、医療ニーズの高い重症児の短期入所が増加すると予測される。在宅重症児を支援していくために、短期入所を単に一時的な預かりではなく、重症児の自立への支援の一つととらえる視点が必要である。そのためには、保護者と信頼関係を築き、専門性を生かしたより安全で質の高い短期入所の受け入れ体制の整備が重要と考えられた。
