PATIENT CHART

Chart for Damon McAdam - Simulation #3

*A home assessment tool has been provided, but you may wish to substitute another one.*

*There are several developmental assessment tools. If your program does not specify a specific tool, you may wish to download these tools from the Centers for Disease Control.*

CDC Important Milestones: Your Child by Two Years

<https://www.cdc.gov/ncbddd/actearly/milestones/milestones-2yr.html>

CDC Important Milestones: Your Child by Three Years

<https://www.cdc.gov/ncbddd/actearly/milestones/milestones-3yr.html>

SBAR Report Students Will Receive Before Simulation

**Time:** 1000

**Person providing report:** Nurse case manager from early intervention/developmental enrichment program

**Situation:** Damon McAdam is 2 years 8 months. We are following him as part of the early intervention/developmental enrichment program team after a hospitalization for gastroenteritis/dehydration. During that hospitalization a report was made to Child Protective Service (CPS) for possible child maltreatment. He was also noted to have developmental delays and possible autism, although the autism diagnosis has not been confirmed. CPS has been satisfied with the visits and follow-up and the case is now inactive. The parents are awaiting an appointment at the Pediatric Developmental Specialty Clinic. The diagnosis of autism has not been confirmed.

**Background:** This is the second visit by the nursing team**.** Damon is the third child; brother Jameson will be 6 next month, sister Stella is 4. Both parents work full-time. Mother has been taking half days off once a week for the CPS visits, and now for the PT, OT, speech, and nursing visits. Damon receives regular pediatric care with Dr. Nguyen, and he is up-to-date on his immunizations. He had been healthy before his recent hospitalization.

Damon’s father, Marshall, is attending his parenting classes and reports that it has been helpful, though he is not certain he needs to continue. He is aware that his frustration with Damon’s behavior caused him to respond with overly firm handling, and he believes that knowing there’s a problem and learning how to manage it will be beneficial. He is also aware that we will continue to assess for bruises/injuries. Both parents are very concerned about Damon’s development. He started speaking around a year old and then stopped when he was 2. He has temper tantrums and is a poor sleeper. His behaviors include rocking back and forth, screaming when approached by strangers, and not responding to his name or to directions from his parents. He likes to play with puzzles and his parents’ cell phones. During his hospitalization Dr. Patel and the pediatric team brought up the possibility of autism, and they recommended follow-up with their pediatrician Dr. Nguyen and the Pediatric Developmental Specialty Clinic.

**Assessment:** Damon has a new diagnosis of developmental delays, possible autism. The family has experienced a lot of stress during these past 2 months, and it continues as they await a diagnosis for Damon.

**Recommendation:** For this nursing visit you need to do vital signs and a basic physical assessment, assess his developmental milestones, and evaluate parents’ need for education and support.

**State Early Intervention/Developmental Enrichment Program**

**Child and Family Services**

**Team Plan of Care**

**Patient Name:** Damon McAdam

**Address:** 4236 N. 85th St., City and State

**Parent/Guardian:** Father Marshall and Mother Amber McAdam

**DOB:** MM-DD-YYYY (reflect age 32 months) **Age:** 2 ¾ years

**Provider:** Dr. Ellen Nguyen

**Provider Address:** 6600 Mountain Drive, Ste. 100, City, State

**Diagnosis:** Developmental delay/possible autism spectrum disorder. Appointment pending with Pediatric Developmental Specialty Clinic

**Medical history:** Negative for significant illnesses or surgeries. Hospitalized age 2 ½ for gastroenteritis/dehydration. Child Protective Services investigated family for possible suspicious bruises on child, noted during hospitalization, but case was inactivated after three home visits and father’s participation in parenting classes.

**Immunizations:** Up-to-date through age 2, receives through Dr. Nguyen’s office

**Medications:** None

**Allergies**: None known

**Diet:** Regular, no food sensitivities or allergies

**Functional limitations:** None

**Orders for Treatments:** Occupational and/or speech therapy, once per week X 8 weeks. Nursing case management visits, once per month X 3 months. Visits scheduled are pending further diagnosis and recommendations from Pediatric Developmental Specialty Clinic.

**Goals:** 1. Evaluate abilities and make recommendations in the following areas

* Speech and communication
* Cognitive function
* Social development
* Sensory and motor development
* Personal responsibility/self-care
* Play
* Behavior/problem behavior

Goals: 2. Evaluate parents’ goals for child and include family in Damon’s plan

Nursing Notes

**Nursing Visit 1: (2 weeks ago)**

Damon has had 2 visits from the OT/Speech Team. They have been obtaining history from parents and beginning speech, developmental, and behavioral evaluations on Damon. Mom (Amber) reports that Damon was developing normally until around the age of 2 years. He had a vocabulary of at least 20 words, and was putting 2 words together. Some time around the age of 2 they noted changes in his speech and his interactions. He stopped paying attention to what was happening around him and stopped speaking over the period of a few months. He became involved in “just being by himself, doing things like puzzles.” She also noted recent development of some “strange behaviors” like flapping his hands in the air.

Amber sat near Damon and he calmly played with blocks or her cell phone. He screamed when we approached him. We were able to do a basic skin assessment with Mom’s assistance and there were no abnormalities noted. Vital signs: HR 122, RR 24, Temp and blood pressure not assessed. Damon has no signs of illness.

**Nursing Visit 2:**

Home Safety Assessment

**Date Completed**: on first nurse team home visit.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Floor free of clutter? | **X**(except for child’s toys) |  |
| Throw rugs or other trip hazards present? |  | **X** |
| Medications properly labeled? | **NA**(all meds are locked inparents’ bathroom cabinet |  |
| Fire hazards? (candles, electrical concerns, space heaters, smoking in or near sleeping area, clutter in kitchen near stove) |  | **X** |
| Assistive device present and used? | **NA** |  |
| Adequate lighting for safe movement? | **X** |  |
| Home free of visible pests? (insects, mouse droppings, etc.) | **X** |  |
| Possible food hazards (food needing refrigeration left out) |  | **X** |
| Guns in household |  | **X** |
| Childproof locks on cabinets | **X** |  |
| Other concerns |  | **X** |

Visit completed by

Della Burton, RN