

**IPE Pediatric Inpatient Patient Case Summary**

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| **Name**: Juan Alvarez **Age**: 20 months  **DOB**: 1/11/19  **MRN:** 045678 **Heigh**t: 80 cm  **Admitting Weight**:  9.5 kg  Growth %: <2% (WHO)  **BMI: <7**% (CDC)  Head circumference: 42cm  **Healthcare Proxy:** No  **DNR:** No  **Admitting Diagnosis:** Pneumonia, r/o Asthma, r/o Iron deficiency | **Demographics**  **Gender Identity:** Male **Religion:** Catholic **Household members:** Mom & 4 siblings  **Occupation:** full-time housekeeper  **Marital status:** N/A  **Race Ethnicity:** Hispanic  **Language:** Mom-Spanish; English proficiency  **Postal Code:** 11373  **Other:** Mom is single and has 4 other children under 10 years old | **Allergies: None**  **Current Medications:**  Cefuroxime 500 mg q8h (IVPB)  IV Normal Saline 25cc/hour  Acetaminophen 160mg/5ml every 6 hours prn Temp>101  **Immunizations:**  Hepatitis B: 2 doses  Rota virus: 1 dose  IPV: 1 dose  DTaP: 1 dose  Hib: 1 dose  PCV-13: 1 dose  Varicella: No  MMR: No  Pneumococcal: 1 dose  Hepatitis A: No  Influenza: No |
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| **HISTORY OF PRESENT ILLNESS:**  Juan is a 20-month-old boy admitted 4 days ago to the inpatient pediatrics unit. He presented with fever of 104 degrees F accompanied by cough, hypoxia, and difficulty swallowing. His chest X-ray revealed a right upper/middle lobe pneumonia, and he was admitted for IV antibiotics. Since initiation of his antibiotic regimen, Juan has improved greatly. This is Juan’s third episode of pneumonia. His physical exam revealed that Juan does not crawl and cannot stand on his own. He does not attempt to speak or utter sounds but smiles often. He has also had poor weight gain during his first year of life.  The pediatrics interprofessional team overseeing Juan’s inpatient care has now come by for morning rounds and receives an update on his status from the medical resident. She explains he has done well overnight without additional fevers or episodes of oxygen desaturation. Juan’s mom, Maya, has speaks Spanish, but is proficient in English. Translator services are in place if needed for medical/technical translation. She has been unable to visit Juan often due to transportation and work schedule issues. When she does visit him, she appears fearful and always looking over her shoulder. The resident goes on to say, “She’s acting very paranoid when she’s here. We should consider an ACS referral.”  This morning Juan has had a good breakfast and seems to be feeling well. A slight cough persists, and he remains weak. His pediatrician has recommended that he be transitioned to oral antibiotics and discharged later this week, saying “Let’s get him out of the hospital ASAP; we have to free up his bed for new admissions! Does he even have health insurance?”  Juan’s mom, Maya, has just been informed by the nurse that he will be discharged home in a few days, pending stable weight and food intake, and will be started on a new oral medication. Maya becomes distraught about her readiness to support Juan upon discharge given an unstable home situation and her work hours. A family member helps with the children when she works. She also reports history of Intimate Partner Violence (IPV) from Juan’s dad, who has been gone for several months but fearful he may try to find them. The nurse notified social work of the new information provided by the parent. An Interprofessional Care Team meeting is called to discuss preparing the patient and family for discharge. | | |
| **PAST MEDICAL HISTORY:** Full gestation birth; Pneumonia x 2, Developmental delays Mom stating Juan’s birth weight: 2kg; height: 40 cm; head circumference: 31 cm | | |
| **SOCIAL HISTORY:** Patient’s mom is single and has 4 other children under the age of 10. The family lives in a one-bedroom apartment in Queens. Mom reports history of Intimate Partner Violence (IPV) with her husband. Patient is developmentally delayed, behind on his immunizations and showing signs of failure to thrive. Referral for Administration for Child Services (ACS) being processed by SW. | | |
| **Nursing Practitioner Clinical Progress Report**  Toddler can tolerate liquids and soft foods, remains afebrile, alert and response. Auscultation of lungs present with no rales, wheezing or rhonchi. O2 stats have greatly improved able to ambulate w/o O2 assistance  **Assessment:** Status post: S. pneumoniae lobar consolidation  **Plan:** Toddler to be prescribed Augmentin-ES 600mg/5ml bid x 10 days upon discharge  1.Mother is to report any side effects of the medication: diarrhea, vomiting, rashes, agitation immediately and discontinue use. Mother was alerted to give the full course of treatment for the toddler if no adverse effects were to occur.  2. Instructed to keep the toddler hydrated – instructed on signs of dehydration  3. Mother was provided with a cool mist humidifier – to keep by the toddler’s bedside or close to the child  4. Provided acetaminophen in event of fever or uncomfortable.  5. Mother was instructed to keep vaccinations up to date  6. Keep the child away from smoke  7. Make sure that everyone in contact with the toddler washes his/her hands several times a day  8. Follow up visit in 10 days for evaluation.  **Goal**: discuss management of child’s status with regards to growth and development with physical therapy, occupational therapy, nutritional status. Advised on follow up with social work services for protection of mother and children regarding stable home environment. | | |
| **Nursing Clinical Progress Report**  Child is alert, more playful and tolerating meals. Fluid intake satisfactory and intravenous discontinued. Cefuroxine discontinued. Mother at bedside.  Child has a history of developmental and speech delays. Previous admissions for pneumonia. Child diagnosed with iron-deficiency anemia.  Assessment: Weight this am 9.8 kg; Temp – 36.9 C; HR-116; RR- 30; BP- 92/60 (left leg); O2 saturation – 96% (room air); Pain-0 (FLACC Scale). Lung sounds equal bilaterally and clear. Occasional cough present. No retractions or nasal flaring. Skin intact. Voiding and had one formed BM.  Mother instructed on measuring and giving the Augmentin. Mother demonstrated ability to give the morning dose of the medication. Side effects of the medication reviewed with mother. Instructed to keep appointment for follow-up visit in 10 days to pediatrician and to schedule appointments for immunizations. Instructed on age-appropriate diet, foods high in iron and increasing child’s fluid intake. Mother instructed on keeping a food diary for the child. Instructed to notify the provider if child has a fever, cough, rapid breathing vomiting or diarrhea. Instructed to follow-up with social work about home environment related to second-hand smoke and lead. | | |
| **Physical Therapy Evaluation**  *Patient:* Juan (20-month-old boy), admitted 4 days ago (inpatient). *Medical Dx*: pneumonia with predominant location in R-upper/middle lobes (3rd episode of pneumonia). Juan already had poor weight gain during 1st yr. *Current medical status:* Juan has improved (fever < 104F and keeps improving, no severe cough or hypoxia) and has been progressed to oral antibiotics. However, Juan still has a persistent cough and remains weak, and his weight is low for age. *Gross* *Motor:* crawling or standing absent. *Speech:* No attempt to speak/utter sounds. *Social*: Smiles (often) to people. *Family Hx:* Parent (Maya) reports critical socioeconomic issues: reduced income, domestic violence (IPV case). A family member helps. Paperwork for early intervention access submitted.  **PT Objectives**  **Body structure/function:** i)respiratory status; ii) muscle weakness; and iii) check for presence of residual chest/musculoskeletal pain  **Activity:** i) age-delayed gross motor fx  **Participation:** i)self-care/dressing skills and parent’s distress; ii) counseling parent on age-appropriate developmental skills*.*  **Assessment**  **Body structure/function:** i)auscultation (R-upper/middle lobe adventitious rales (crackling/bubbling) and/or ronchi (rumbling sounds in presence of mucus), percussion (to discard dull sounds, mainly on R-upper/middle lobes), coughing (productive w/ or w/o pus vs non-productive; and determine if the persistent cough is a sign of need for airway mucus clearance), check if HR (85-150bpm), RR (20-40), BP (100/55mmHg), SaO2 (expected > 90% at all  times); ii) functional muscle strength assessment (MTT not indicated due to age), assess floor mobility, sitting/standing with a toy to induce extremity movements against gravity and along maximum ROM; and iii) FLACC to determine pain prior to, during, or after treatment (do not start or discontinue PT Rx if FLACC > 3 (moderate to severe pain).  **Activity:** i) Age-delayed gross motor fx with PDMS-2 (w/ emphasis on examination of standing/gait). ***Note: Collaboration with OT to determine Overall Motor Quotient and age-reference delay in percentiles.***  **Participation:** i) WeeFIM, and ii) Spanish CDC checklist/guidelines to educate/counsel parent on age-appropriate developmental skills in all areas (*“CDC’s Developmental Milestone Checklist”, Spanish version*). ***Note: discuss with team members if CDC checklist is appropriate as a screening/education tool on parent-child interactions in this situation (we do not want to overwhelm parent with extra responsibilities until social context resolves or improves).***  **Goals** (driven by PT examination)  Improve respiratory fx  Gain strength/muscle flexibility  Reduce pain (if present)  Maximize independence on floor/sitting/standing with activity-based body movements and age-appropriate postural/reaching tasks  **Plan**  **Body structure/function:** i)posturaldrainage+ percussions (cupping therapy equipment in patients with small thorax), vibrations +blow bubbles for secretion or modified huffing (“game-based blowing activities”); ii) body positions + extremity movements (isotonic/isometric against or assisted by gravity) with large ball (different weights depending on muscle status and force-generation capability); and iii) coordinate with medical team if pain present + potential osteoarticular mobilizations or muscle stretching program in case pain is of joint/muscular origin.  **Activity:** i) promote activity-based motor skills (w/ emphasis on sitting, standing/gait) and coordinate with EI team.  **Participation:** Parent education in promotingbasic gross motor movements that improve self-care/dressing skills (maximize and improve quality of limited parent-child time) | | |
| **Occupational Therapy Evaluation –**  **Occupational Profile:** Juan is a 20 month old boy admitted to the pediatric inpatient unit s/p Pneumonia. Past Medical History: Pneumonia x 2, Developmental Delays. Social History: Juan lives with his mother and four siblings under the age of 10 years old. Juan’s mother has a history of Intimate Partner Violence.  **Occupational Analysis:**  Juan participated in OT evaluation which consisted of clinical observation at bedside in his hospital room. Juan’s mother was present during the evaluation. Hospital translator services on standby during the evaluation.  Juan was non-verbal and did not initiate eye contact during the session.  **Self-Care Skills:** Juan’s mother reports that she does self-care activities for Juan, with support from sister who helps with kids when she’s working. Juan’s mother reports that he does not help with dressing and is not able to pull of his socks. During the session, Juan’s mother demonstrated her typical dressing routine with a pull-over shirt. Juan required total assistance to don the shirt and did not attempt to initiate reaching or threading arms through the sleeves.  **Motor Skills:**  AROM BUEs WNLs.  **Sitting:** Juan can sit unsupported for brief periods of time; however, he demonstrated poor trunk control and poor dynamic sitting balance. He frequently sought postural support by leaning against his mother or the therapist during dynamic sitting and reaching activities.  **Reach:** Juan demonstrated unilateral reaching for objects with scapular elevation and abduction noted. Juan did not demonstrate crossing midline to obtain objects placed across his body.  **Grasp:** Juan primarily used an ulnar-palmar grasp to hold objects with occasional use of a radial palmar grasp. He used both hands interchangeably to reach for and pick up objects. Clear hand preference was not observed during reaching or grasping activities. He attempted to pick up small pellets with a lateral pinch and was not able to stabilize two cubes together in one hand. He demonstrated difficulty with controlled release of small objects into a container.  **Visual Motor:** Juan was able to place 2 shapes correctly into a foam board but was not able to stack cubes after visual demonstration.  **Bilateral Hand Use:** Juan demonstrated difficulty coordinating the use of two hands together to play with a toy.  **Assessment:** Juan presented with developmental delays with motor skills and self-care skills. He will benefit from comprehensive developmental assessment and continued occupational therapy.  **Plan:** While inpatient, recommend daily occupational therapy to facilitate motor development for self-care and play skills and to provide parent training for self-care, play, and motor skill development strategies. Recommend comprehensive developmental assessment to determine need for Individualized Family Service Plan (IFSP) and early interventions services upon discharge. | | |
| **Nutrition Evaluation**  Admitting Dx: PNA, r/o asthma, r/o iron deficiency  PMH: PNA x 2, Developmental delays  Meds: Cefuroxine, Acetaminophen (prn)  Diet: TBD (monitor SLP eval)  BMI: Use of the BMI-for-age growth chart is not recommended for children younger than age two years at this time.  Height: 43 cm/16”  Head circumference  Hospital Admission Weight: 9.5 kg/21 lb  Current Weight: 9.8 kg/21.5 lb  Weight Loss: N/A  Nutrient Needs:  Kcal: 632 kcal/day (WHO x 1.1 [bed] x 1.5 [infection/growth failure])  Pro: 9 g/d (1.2 g/kg)  Fluid: 700 mL/d (100 mL/kg)  Summary: 20-month-old boy admitted 4 days ago found to have R U/ML PNA and started on antibiotics. Was also noted with cough, hypoxia and swallowing difficulty however currently tolerating a regular diet and eating well. Pt with hx of poor wt gain, cannot crawl or stand on his own and does not speak or utter sounds. Pt is < 2% in growth for both length/age and wt/age and screens high (4 out of 4) on PNST. Pt is living with mother and 4 siblings in homeless shelter (being referred by SW to ACS). Noted with possible iron deficiency, will monitor for dx.  PES: Growth rate below expected related to possible lack of or limited access to food and increased needs 2/2 illness as evidenced by < 2nd percentile for length/age and wt/age  Intervention:  Commercial beverage medical food supplement therapy. Recommend providing pt with PediaSure, ask MD for Rx and can sign pt’s mother up for coupons via PediaSure Support2Grow program.  Coordination of Care. Will monitor SLP f/u to determine diet tolerance.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Social Work Clinical Progress Report**  NAME: DATE:  **LENGTH OF SESSION:**    90 MINUTES  **PURPOSE OF SESSION:**   Individual/Family Support  Crisis Intervention  Discharge Planning  Social work met with Maya and Juan. Social worker covering inpatient service, but also works with Maya and Juan in the outpatient ID clinic. Interview was conducted primarily in Spanish. Upon meeting Maya, greeted Maya to discuss discharge.  Maya’s affect conveyed some trepidation and social work inquired how Maya was feeling about being discharged. Just then Juan spits out his new medicine and cried, seemingly disliking the taste, and Maya burst into tears. Social work provided emotional support to Maya as she described how overwhelmed she was feeling about returning home with Juan. Social worker provided emotional support throughout the meeting. Social work proceeded to discuss barriers to discharge explained that several issues needed to be addressed. Maya was in an abusive/DV/IPV relationship with Juan’s father. Social work used a trauma-informed, healing centered approach to discuss resources and to provide emotional support and crisis intervention to Maya. We discussed an order of protection and the likelihood that Juan’s father would lash out. Social work referred Maya to St. Ann’s for additional support IPV issues and provided Maya with 24/7 hotline information:   * New York State Coalition Against Domestic Violence (English/Spanish/multilanguage accessibility): NYC * Rape and Sexual Assault Hotline: 212-227-3000 * NYC Well, which provides a confidential connection in more than 200 languages to crisis counselors and mental health referral services via: <https://nycwell.cityofnewyork.us/en/> ; Phone:1-888-NYC-WELL (1-888-692-9355)   We discussed mental health follow-up after discharge and Maya states that she prefers to see the psychiatrist and one of the clinical social workers in the ID clinic. We will match her with the therapist that we think she will best connect with. She can meet with the social worker when she comes into weekly appointments for Juan. Once Juan’s appointments are scheduled monthly, Maya can work with her therapist to discuss frequency of visits. The ID social worker would meet with Maya and Juan on days of medical visits as well. Once the frequency of recommended medical visits decreases, the social worker will continue to follow-up with Maya and Juan monthly.  While the Juan does not necessarily meet the diagnostic criteria for the ID clinic, the ID social worker and clinic have offered to follow her and fund several services and resources with grant funding. The ID grants are funded primarily for HIV and Zika, but due to SARS COVID-19, they have relaxed their standards for peds patients. At present the ID social work has provided or will provide (prior to discharge) Maya with clothing and clothing vouchers, a bassinet, a car seat (loan). Maya with a list of all the items discussed and a comprehensive list of resources and contact information. Maya is a great advocate for her son but seems to dismiss her own needs. She has stated that she sometimes forgets to eat or shop for herself. To that end, additional food vouchers were provided to ensure that both Maya and Juan are fed. Social work to make additional referrals to Catholic Charities and to furnish Maya with a list of Food Banks. ID Social worker provided Maya with a printout of the WIC Food Guide.  Since Juan has been diagnosed Asthma, when and if Maya and Juan prefer or are recommended by the team, they can have some or all of care transferred to a pediatric pulmonologist and the related Asthma clinic. The Asthma clinic also has an Asthma-related grant that can pay for needed resources. The clinic will also pay for transportation to and from visits. If continued PT, OT, Speech is needed for Juan, Maya seems willing to make an appointment with the Developmental Pediatrician.  Maya and Juan have been referred to the Early Intervention Program through NYEIS. Social worker helped Maya and Juan with Medicaid/NYS CHIP, WIC, public assistance, and SNAP applications antepartum. All programs were activated 1 month postpartum. Maya expressed concern that the NYEIS is affiliated with ACS. The social worker sensitively discussed that the team had referred Maya and Juan to ACS. Maya was very upset about the referral to ACS and continues to be concerned that “they would take Juan away from her.” Social work actively listened to her concerns, acknowledged them, and discussed the role of ACS, including the provision of resources, the Early Intervention Program. We also discussed the expectations for follow-up with Maya and Juan for both ACS and the medical clinic. Maya articulated that she understood that the goal is Juan’s safety. She shared that she would do anything for her son. She seemed to feel more comfortable when she realized that she would be continuing with regular follow-ups with the ID interprofessional team. We also discussed that the ID social worker will meet with Maya, Juan, and the ACS worker to further clarify the plan.  Maya stated that she appreciates the upcoming Interprofessional team meeting including Maya is scheduled for \_\_\_\_\_. ID social worker provided  **FOLLOW-UP PLAN:**  .  While inpatient, the social worker will continue to see Maya and Juan for support and to follow-up on available  resources. Once discharged, the social worker will meet with Maya and Juan weekly until the visits are decreased to  once a month. At which point, the ID Social worker will continue to meet with Maya and Juan monthly for the  foreseeable future with additional meetings or phone or video visits as needed. | | |
| **Speech & Language Therapy Clinical Progress Report**  **Subjective:** Juan was alert, turned toward the SLP when called, and smiled. Mother was not present during visit.  **Objective:**  Juan presented with oral/facial symmetry, but poor oral hygiene was observed. He did not follow directions to open his mouth and stick out his tongue when modeled. During this visit, he pointed to request juice on his tray, presented with inconsistent eye contact, and produced CV combinations e.g., muh/puh/buh.  **Feeding:**  Juan demonstrated excitement when juice, applesauce, and Cheerios were introduced and supported by SLP. Juan attempted to self-feed unsuccessfully. Observations of feeding revealed no coughing and choking upon swallow but food/liquid loss were observed. Juan presented with slow, effortful chewing due to missing dentition.  **Assessment:** Juan presented with receptive and expressive language deficits characterized by limited verbal output, inconsistent eye contact and response to one-step commands. Child presented with a meaningful finger point and production of CV’s as noted. Unable at present to rule out a speech sound disorder. Mild oral stage dysphagia noted. No overt signs/symptoms observed of aspiration, unable to rule out silent aspiration at bedside.  Concerns re: nutrition, diet, weight loss, positioning   * Child experienced “bottle rot” - explore the relationship between feeding, dentition, and bottle rot * What is outcome of nutrition consult? GI consult? Pulmonary consult? * Recurrent PNA (oral vs. non-oral diet?) - does he need MBS? * EI services will be recommended/referred by social worker/doctors – suspension of hospital services since last admission? Seek bilingual SLP or monolingual Spanish speaking SLP? Refer to EI services at the homeless shelter * Parent (embedded) coaching / family-centered practice –aunt cares for children when mom at work? Older siblings * What is English proficiency level of family member/siblings: the family is conversational English proficiency however, when it comes to medical/technical terms they will require a translator/interpreter to explain in Spanish to the family when medical/technical terms are used. * Discharge plans – prioritizing inpatient vs. outpatient services * Child may be traumatized from experiencing Domestic Violence in the home; he will need a psychological evaluation to determine if trauma is affecting his communication. * May need report from ACS which will reflect the child’s social, financial and emotional needs | | |
| **Dental Clinical Progress Report**  Dental Resident evaluated the 20 month old JA. Clinically no extra-oral facial swellings. Intra-oral the normal complement of primary teeth is present with extensive decay. Moderate amount of oral biofilm suggesting inadequate oral hygiene. Nutritional interview with the mother revealed she substitutes apple juice in the baby bottle because milk is costlier. Mother also reports she was unaware that baby needed to see a dentist for baby teeth. Through the translator she said in her country, it is believed since baby teeth fall out you do not have to worry about them. The Dentist is requesting the hospital dental clinic team member, the dental hygienist to provide nutritional counseling/ oral hygiene instruction and improve the mother’s dental IQ prior to the scheduled OR surgery to restore the teeth. Help mother access dental services for JA and siblings and establish a dental home. | | |
| **Public Health Clinical Progress Report**  Juan has several has missed his vaccinations. He should be referred to community clinic for his missing vaccines administration (IPV, DTaP, Hib, PCV-1, MMR). His mother should be advised to follow the vaccination schedule in a timely manner.  He needs nutritional supplements for his iron deficiency.  Need to address dental hygiene and access to dental care services for Juan and other siblings. | | |