

## Health Information and Developmental Implications- Examples for HCP Assistance

Health Status	Developmental Implications	HCP Assistance
<b>FAMILY INFORMATION</b>		
<p><b>Maternal Emotional Availability:</b></p> <ul style="list-style-type: none"> <li>• Maternal depression</li> <li>• Mental health history</li> <li>• Substance Abuse</li> <li>• Unintended pregnancy</li> </ul> <p><b>Support Systems and Resources:</b></p> <ul style="list-style-type: none"> <li>• Mobilization of supports</li> <li>• Problem solving and decision making</li> </ul> <p><b>Health Beliefs/Cultural Values:</b></p> <ul style="list-style-type: none"> <li>• Health promotion activities</li> <li>• Preventive care practices</li> <li>• Use of alternative therapies, providers, or medications</li> </ul> <p><b>Family Resources:</b></p> <ul style="list-style-type: none"> <li>• Health insurance</li> <li>• Employment/income</li> <li>• Basic Needs: housing, food, clothing</li> </ul>	<p>The family unit is the ultimate influence on the child's development and health. Assisting parents in meeting their own needs is more likely to ensure that the family will be able to meet the needs of their children.</p>	<p>HCP consultation from nursing coordinator, social work coordinator, or the family coordinator may assist in discovering options for families as well as incorporating positive health practices for all family members.</p>
<b>MEDICAL HOME</b>		
<p><b>Access to Medical Home</b></p> <ul style="list-style-type: none"> <li>• Lack of timely medical care may impact overall health, growth, and thus development</li> <li>• Poor communication among health care providers may impact medical diagnosis and medical treatment</li> <li>• Lack of coordinated responses to parent concerns and conflicting recommendations, may lead to immobilization on the part of the family.</li> </ul>	<p>The primary care provider is often the one that will continue to see a child from birth to 21 years of age and assure their transition into adult services. If the family does not have a trusting relationship with their PCP care for their child may be hindered.</p> <p>The PCP role in early identification of delays is desired but due to limitations in time and resources may be hindered also. Support of the PCP resources will ensure timely developmental identification, referrals for services, and both public and private insurance.</p> <p>Recommendations from the PCP or other specialist may be misunderstood by parents thereby delaying appropriate and timely follow up of referrals for evaluations and treatments.</p>	<p>HCP may provide assistance in:</p> <ul style="list-style-type: none"> <li>• Accessing health care provider and community collaboration in promoting medical home</li> <li>• Communication among all providers, including therapist and medical specialist, with the child's primary health care provider</li> <li>• Assistance among providers in developing recommendations that consider cultural values and beliefs</li> <li>• Health care provider informed about care being delivered by other.</li> <li>• Referring family back to health care provider for questions about medical treatment plan</li> </ul>

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<b>GENERAL HEALTH</b>		
<p><b>Birth History:</b></p> <ul style="list-style-type: none"> <li>• Pre-pregnancy health <ul style="list-style-type: none"> <li>○ Maternal health – use of folic acid supplement, pre-pregnancy weight, use of abusing substances</li> </ul> </li> <li>• Prenatal health <ul style="list-style-type: none"> <li>○ Impact of drugs, alcohol, and smoking</li> <li>○ Need for medications during pregnancy (eg. seizures or medications for mental illnesses)</li> </ul> </li> </ul> <p>Information about invitro fertilization.</p>	<ul style="list-style-type: none"> <li>• Maternal physical and mental health prior to pregnancy may provide insight into prenatal risks</li> <li>• Impact on birth weight, brain development, physical growth, and early regulation of feeding, sleep, and self-consoling.</li> </ul>	<p>HCP may assist in helping families with resources for birth control and prenatal care.</p> <p>Educational programs for youth and young adults regarding prenatal risks and need for health life styles.</p> <p>Prenatal educational programs including smoking cessation, weight support, avoidance of alcohol</p>
<p><b>Medical Diagnosis: Known or Unknown</b></p>	<p>A medical diagnosis is helpful in determining the developmental needs of a child, but all too often a child does not have a definitive diagnosis. Also, an earlier diagnosis may change with added information as the child grows. Or a child may have a diagnosis made or confirmed during the first three years of life.</p>	<p>HCP may provide consultation to early interventionists who are key observers of a child's behavior, responses to different situations, and even medical care or therapy. These observations when provided to a primary care provider or specialist may assist in determining a diagnosis, a more appropriate medical diagnosis or even improvement in treatment.</p>
<p><b>Medications</b></p>	<p>It is important that parents know and understand all medications their child is taking and that they are comfortable administering these medications to their child. Delays in getting prescriptions renewed, overdosing or under-dosing of medication can cause serious complications for the child. Parents also need to understand the implications for using over the counter medications, herbal medications, and alternative therapies for their child.</p>	<p>HCP staff may provide parents with accurate information about the purpose of medications, side effects, contraindications, dosages, the proper route of administration (eg oral or other) expected responses to the medications by their child. Most importantly they may be able to assist parents in ways to track how they administer medications daily, ensuring proper medication administration to the child in a child care setting, and just how to more easily administer a child's medication.</p>
<p><b>Home Therapy/ Medical Equipment</b></p>	<p>A child who is on oxygen, pulse ox checks, apnea monitors, N/G feedings or G-tube feedings with or with out a pump, nebulizer treatments</p>	<p>HCP may assist in working with home care agencies that simply provides the equipment for the parent upon discharge. Parents often need additional education and training or just reassurance once home with specialized equipment. HCP staff are able to determine the families needs and the proper resources to ensure that their educational needs and equipment needs are being met.</p>

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<b>WELL CHILD CARE</b>		
<p><b>Growth:</b> Often children with special needs have difficulty with growth both underweight and overweight,</p>	<p>Close monitoring of growth by the PCP is expected but often there is not enough time for families to ask questions and fully understand their individual child's growth pattern. Some children such as premies have a slower growth pattern and if the prematurity is not taken into account parents can be very worried. Or, if a premie is not growing adequately, it may be attributed to the prematurity when that is not the case.</p> <p>Some children with specific syndromes such as Down Syndrome require specific growth charts to carefully evaluate growth. Also, some children with special needs have significant overweight problems which can hinder motor activity and motor skill acquisition.</p>	<p>The HCP RN Coordinator and nutrition coordinator may assist families in understanding their child's growth chart and individual growth pattern as well as screen for further nutrition consultation.</p>
<p><b>Nutrition:</b> Due to feeding problems CSHCN may have inadequate caloric, protein, and micro nutrient intake due to feeding problems. In addition they may have inadequate intakes of fluid and fiber.</p>	<p>Inadequate nutrition, places a child at risk for inadequate muscles mass, brain growth, and energy to participate in daily routines.</p> <p>Lack of fluids and fiber may result in constipation, causing discomfort and poor appetite and increased feeding problems.</p>	<p>The HCP RN dietitian may provide consultation to determine when a nutritional assessment is needed and in identifying resources for the assessment and nutritional intervention strategies.</p>
<p><b>Vision:</b></p> <ul style="list-style-type: none"> <li>○ Most infants and young children's vision is examined by a routine physical exam with vertical and horizontal tracking, pupillary responses, ophthalmology exam for the red light reflex, observation of the cornea and sclera.</li> <li>○ Vision screening of 2 – 3 years old is challenging at best and HCP Vision Coordinators are working to establish guidelines for screening and follow up of this age population.</li> </ul>	<p>Vision problems in children may be difficult to detect in a typical well child visit. Observation of the child in the home environment may provide clues to difficulties as the child's motor skills are affected with eye hand coordination or gross motor skill activities.</p>	<p>HCP may assist the early interventionists in obtaining needed follow up should they observe difficulty in the child's visual skills since these observations may inform the health care provider of needed follow up.</p>

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<b>WELL CHILD CARE (continued)</b>		
<p><b>Hearing</b></p> <ul style="list-style-type: none"> <li>○ All newborns should receive a newborn hearing screening.</li> <li>○ Preterm Infants: have a higher incidence of hearing loss 1- 9.7% (1-3% average)</li> <li>○ Other health conditions such as hypoxia, changes in blood pressure, ototoxic drugs, elevated bilirubin levels, and infections such as otitis media or serous otitis may affect hearing.</li> </ul>	<p>Hearing impairment of loss may impact not only speech and language development but also cognitive development and social interactions/behaviors.</p>	<p>HCP may provide consultation for the early interventionist who identifies concerns about the child's hearing, cognitive, behavioral, and social interactions since these observations may inform the health care provider of needed follow up.</p>
<p><b>Immunizations</b></p> <ul style="list-style-type: none"> <li>○ All children with special needs should be kept up to date with their immunizations unless specifically advised by their primary care provider or specialty provider otherwise. <ul style="list-style-type: none"> <li>○ Premature infants are immunized according to their chronologic age.</li> </ul> </li> </ul>	<p>Often children with special needs may be seen frequently by their PCP for minor acute illness of problems with their diagnosis and miss needed immunizations. They may also be seeing a specialist who is not focusing on immunizations. Immunizations are even more important, especially flu shots, to protect CSHCN who are more vulnerable. Premie's also require RSV immunizations to protect against RSV which can result in hospitalizations and set backs in development.</p>	<p>HCP RN may provide families with up to date information about immunizations, flu shots, and answers to the many concerns parents may have regarding immunizing their child with special needs.</p>
<p><b>Dental Health</b></p> <ul style="list-style-type: none"> <li>○ Primary Teeth <ul style="list-style-type: none"> <li>6 – 9 mo. : central incisors</li> <li>7 – 10 mo.: lateral incisors</li> <li>16 – 20 mo.: canine</li> <li>12 – 16 mo.: first molar</li> <li>20 – 30 mo.: second molar</li> </ul> </li> </ul>	<p>Premature infants, children with special needs or developmental delays or sensory concerns often have oral aversion. This may make oral hygiene very difficult for the parents.</p> <p>It is important for a child to develop a relationship with their dentist to reduce fear and increase cooperation.</p>	<p>HCP may assist in consultation about how to integrate intervention routines around dental care as well as other daily routines for parents.</p> <p>American Academy of Pediatric Dentistry recommends first dental visit when first teeth erupt. Benefit is to provide parents with guidance on good dental hygiene by the dental hygienist, which is often not a priority in the primary provider's office.</p>
<b>DAILY ROUTINES</b>		
<p><b>Feeding and Eating:</b></p> <p><u>Self-Feeding Skills:</u> holding bottle, finger foods, sippy cup, cup, spoon, fork.</p> <p><u>Textures:</u> purees, blended, meltable solids, soft solids, solids, and mixed textures.</p> <p><u>Nutrition:</u> adequate vitamins, minerals, protein, and balance of calories intake for energy expenditure.</p>	<p>Many children with special needs have difficulty with one or more of the elements of feeding, growth and nutrition.</p>	<p>HCP may provide consultation in identifying the resources of a multidisciplinary team to address the feeding issues by an assessment in each of these areas.</p>

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<b>DAILY ROUTINES</b>		
<p><b>Feeding and Eating:</b></p> <p><u>Feeding Duration:</u> infrequent or inadequate feedings or prolonged 30 minutes or too short .</p> <p><u>Feeding location/positioning:</u> proper support, safety, avoidance of grazing, optimization of parent child relationship.</p>	<p>As a result of inadequate nutritional intake weight is affected as well as energy to participate in daily routines and sleep/wake routines.</p>	
<p><b>Sleep:</b></p> <p>Many infants have difficulty with sleep routines in the general population. CSHCN often have even greater problems due to disturbances in their own internal self regulation related to their developmental delays or environmental inconsistencies in daily routines.</p> <p>Some children also have normal developmental stages with sleep disturbances or may have a medical condition (eg. sleep apnea).</p>	<p>Disturbances in sleep or feeding will affect an infant or child's behavior, energy, as well as level of irritability. Often infants or children receiving inadequate sleep will resist sleep even more.</p> <p>Average Sleep:  1 – 2 months: 14 hours  3 – 5 months: 13 hours  6 – 12 months: 13 hours</p>	<p>HCP consultation may provide parent education regarding daily routines related to sleep and feeding and the need for consistency and predictability, nap time and night time routines, uses of external cues for transitions from play to rest may be needed to provide the foundation for other developmental interventions related to a child's development.</p>
<p><b>Elimination: diapering/toilet training</b></p>	<p>Often diapering is difficult due to child's movements or position or attention. Challenges for parents may be normal developmentally but still offer opportunities for teaching and offering intervention strategies.</p> <p>Toilet training is often delayed in CSHCN. Information that addresses readiness for toilet training as well as interventions that will encourage toilet training once the child is ready can be shared w/ parents.</p>	<p>HCP consultation through anticipatory guidance for normal development as well as working with CSHCN related to their medical conditions.</p>
<p><b>Self Care:</b> Dressing, Diapering/ Toilet Training, Bathing, Oral hygiene/rushing teeth.</p>	<p>Due to the multiple domains required to initiate and become successful in self care skills, developmental delays are often most obvious in these areas as a child grows. In early infancy, the parent may be happy to assist the child and find that as the child begins to show independence or not show progress in these areas, parental concerns will be elevated.</p>	<p>HCP Team member consultation provides additional resources to assist families with strategies to make these activities easier and more successful. It may also be possible to help families connect with families who have had similar challenges.</p>

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<b>DAILY ROUTINES (continued)</b>		
<p><b>Transition:</b> car rides, shopping, family outings, going to the doctor.</p>	<p>For many children with special needs, transitions are very difficult. As a result parents may avoid or delay activities without strategies to ensure greater success.</p>	<p>HCP Team member consultation may provide additional resources to assist families with strategies to make these activities easier and more successful. It may also be possible to help families connect with families who have had similar challenges</p>
<b>ADDITIONAL INFORMATION</b>		
<p><b>Behavior/Mental Health</b></p>	<p>Due to the complexity of caring for a child with special needs or developmental delays, uncertainty of expectations, and often mixed messages from family, friends, and providers, parenting becomes extremely difficult. The differences in temperament, impact of medical concerns, and family stress all impact the child's development and family functioning.</p>	<p>HCP Team members may provide consultation in supporting families with the challenges of the child's behavior and emotional status as well as longer term strategies needed dealing with navigating the health care system for a CSHCN over time. The also may know of community and health care resources for child not eligible to Part C services or transitioning from Part C to Part B.</p>
<p><b>Parent Child Relationship</b></p> <ul style="list-style-type: none"> <li>• Sensitivity to child cues <ul style="list-style-type: none"> <li>○ Eye contact</li> <li>○ Facial expressions</li> </ul> </li> <li>• Strategies for consoling (voice, touch, movement, distraction)</li> <li>• Positioning in feeding and play</li> <li>• Responsiveness to child</li> <li>• Verbal and non-verbal interactions</li> </ul>	<p>The greatest impact on the child's development is the parent's responsiveness to the child.</p>	<p>HCP may provide consultation regarding interventions that support the parent child relationship and are instrumental in ensuring the child is able to reach their developmental potential.</p>