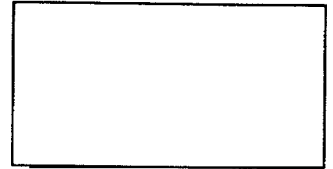


**PEDIATRIC
ADMISSION HEALTH HISTORY
AND
MULTIDISCIPLINARY ASSESSMENT**



NAH

Patient Name: _____ Nickname: _____

Date: _____ Time: _____

Head circumference (± 3yr) _____ in/cm Ht _____ in/cm Wt _____ lb/kg

Reason for admission: _____

Previous/ Last Admission Hospital: _____ Date: _____

Reason: _____

Information obtained from: Patient Parent(s) Other _____

Birthdate: _____ Age: _____ Schoolgrade: _____ Favorite Toy/Hobby _____

Language spoken: English Spanish Sign Language Other: _____

Arm band in place: Oriented to: unit/room bed phone nurse call tv emergency call

Emergency Contact Name: _____

Relationship: _____ Phone: _____

VALUABLES - DISPOSITION

Personal Belongings	Glasses	Toys	Watch	Wallet	Purse	Jewelry	Clothing	Adaptive Device	ADDITIONAL INFORMATION re: description and disposition
Room/Car									
Family									
Safe									
Patient									
									Staff Signature: _____

Who does the child live with _____ relationship _____ phone _____
 sole custody _____ joint custody _____

Family Members in household:

Name Age Address H _____ W _____

Father _____ H _____ W _____

Siblings _____

DO YOU HAVE ANY ALLERGIES	YES	NO	Meds Allergic to/Reaction
Medications			
Food			
Dyes/Contrast Media			
Tape			
Latex			

Last Time Food or Drink _____

**PEDIATRIC
ADMISSION HEALTH HISTORY
AND
MULTIDISCIPLINARY ASSESSMENT**

2

NAH

MEDICATIONS: (Include all over the counter, inhalers, supplements) now or in recent months.

Drug	Dose	How Often	Reason for Taking	Last Dose

Does your child take medication best? _____ Liquid Tablets: _____ crushed _____ chewable _____ whole

DO YOU OR HAVE YOU EVER HAD:

- | | |
|---|--|
| <input type="checkbox"/> Bone Problems/Fractures _____ | <input type="checkbox"/> Swallowing problems _____ |
| <input type="checkbox"/> Arthritis/Back/Neck Problems _____ | <input type="checkbox"/> Thyroid problems _____ |
| <input type="checkbox"/> Blood Pressure Problems (High/Low) _____ | <input type="checkbox"/> Ulcer/Rectal bleeding _____ |
| <input type="checkbox"/> Phlebitis/Clots _____ | <input type="checkbox"/> Kidney/Urinary problems _____ |
| <input type="checkbox"/> Difficulty breathing/Lung Disease _____ | <input type="checkbox"/> Dizziness/fainting spells _____ |
| <input type="checkbox"/> Tuberculosis/Asthma _____ | <input type="checkbox"/> Stroke/Seizures/Severe Headache _____ |
| <input type="checkbox"/> Diabetes DEC _____ | <input type="checkbox"/> Bleeding Disorders/Anemia _____ |
| <input type="checkbox"/> Hepatitis/Jaundice/Mononucleosis _____ | <input type="checkbox"/> Cancer/Radiation/Chemo _____ |
| <input type="checkbox"/> Mental Illness _____ | <input type="checkbox"/> Heart Problems _____ |
| <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> HIV/AIDS _____ |
| <input type="checkbox"/> Persistent chronic cold/cough _____ | <input type="checkbox"/> Other _____ |

EXPLAIN CIRCLED ANSWERS (include reasons for hospitalization) _____

Exposure to Infectious Diseases Chicken Pox Date: _____ TB Date: _____ Pertussis Date: _____

Meningitis Date: _____ Measles/Mumps Date: _____ Influenza A Date: _____ **INF**

Immunizations: up to date unsure No Varicella Vaccine _____

Currently receiving Synags (for RSV) _____ Last time given: _____

Comments: _____

** If no or unsure, call physician's office for record.

DIET/NUTRITION SCREEN: Special dietary needs /restrictions _____ **NSC**

- Breast frequency _____ **LAC**
- Bottle: Formula _____ Amount _____ Frequency _____
- GT: Formula _____ Amount _____ Frequency _____
- Solids: _____
- Assist Self Table Cup Spoon
- Strained Finger food Table food Favorite foods/drinks? _____

Appetite: _____ NMI: _____ Increased: _____ Decreased _____

**PEDIATRIC
ADMISSION HEALTH HISTORY
AND
MULTIDISCIPLINARY ASSESSMENT**

p3

NAH

COPING/STRESS TOLERANCE - PSYCHOSOCIAL

Child utilizes effective coping mechanisms? Yes No **PAS or SS consult**

Parent or guardian utilizes effective coping mechanisms Yes No **PAS or SS consult**

Recent loss or major change in child's/family life: _____

How long will the parent(s) be staying each day? _____

Who else will be staying with your child? _____

SAFETY: Side rails up ____ X2 ____ X4 ____ crib

Parent/caregiver instructed to keep side rails up at all times unless immediately at patients bedside.

SLEEP/REST: Crib Bed Sleeps alone Sleeps with parent or sibling Obtain chair/bed release if applicable

CULTURAL/SPIRITUAL: Does child or parent want a visit from Hospital Pastoral Care or their Clergy? YES NO **PAS**

Can we assist with any spiritual/cultural needs? YES NO _____

Do you smoke? NO YES Cigarettes/Pipe/Cigar Amount/Day _____ #of years _____ (Quit date) _____

Do you drink alcohol? NO YES Type _____ Amount/Day _____ # of years _____ (Quit date) _____

Recreational drugs? NO YES Type _____ Amount/Day _____ #of years _____ (Quit date) _____

DENTAL:

Bridge/Retainer Removable Permanent Braces Loose Teeth _____

Missing teeth _____ Cavities

HEARING:

Do you have any concerns about your child's hearing? NO YES _____ **HEAR**

Hearing Aid _____ right _____ left Deaf _____ right _____ left

If child less than 30 days Has newborn hear screen been done? _____

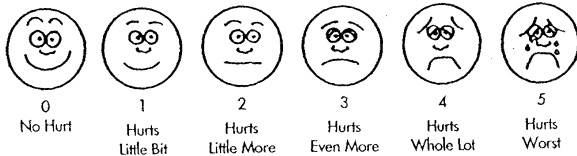
VISION:

Do you have any concerns about your child's vision? NO YES _____ **VIS**

Correction (glasses/contacts)

Blind

PAIN ASSESSMENT



Aggravating Factors

- Anxiety/Fear
- Cough/Deep Breathing
- Movement/Positioning
- Other _____

Alleviating Factors

- Activity
- Rest
- Heat/cold
- Medications
- Relaxation
- Positioning
- Other _____
- Divisional Activities

Please indicate pain on Body Map

Form ID
Revised: 4/00

**PEDIATRIC
ADMISSION HEALTH HISTORY
AND
MULTIDISCIPLINARY ASSESSMENT**

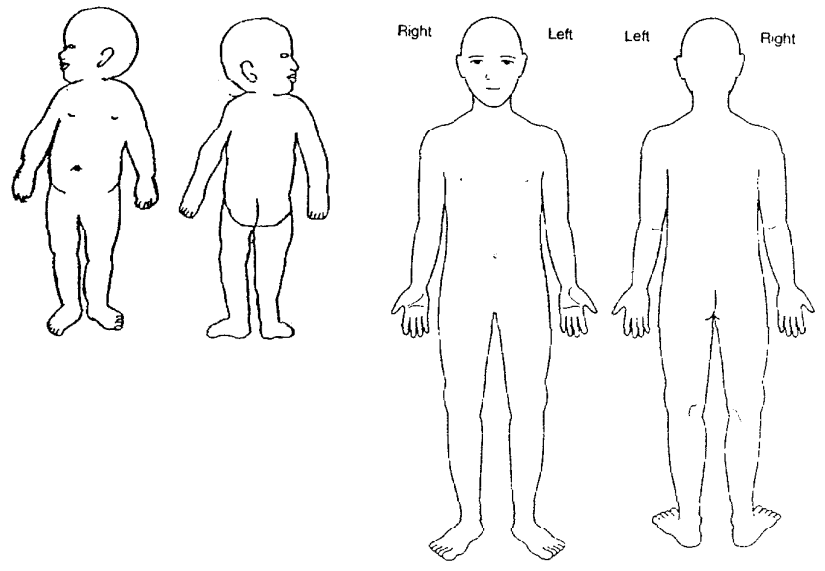


NAH

Body Map

Body Map: Indicate by letter or No Problem

A Abrasions	PN Pain
C Contusions	R Rash
D Decubitus	S Scar
E Erythema	B Burns/Bites
L Laceration	ST Stoma
P Petechiae	I Incision
EC Ecchymosis	X Bandage
OST Ostomy Nurse	IV IV Location
AB Abnormal Bruising/Burns/Bites	SS consult



+ = Brisk
- = No reaction
C = Eyes closed
by swelling

Neurologic Assessment

Pupils	Right	Size	
		Reaction	
	Left	Size	
		Reaction	
Eyes Open	Spontaneously	4	
	To speech	3	
	To pain	2	
	None	1	
Best Motor Response	Obeys command	6	
	Localizes Pain	5	
	Flexion Withdrawal	4	
	Flexion Abnormal	3	
Best Motor Response			
	>2 years		<2 years
	Orientation	5	5 Smiles, listens, follows
	Confused	4	4 Cries, consolable
Response	Inappropriate words	3	3 Inappropriate persistent cry
	Incoherent words	2	2 Agitated, restless
	None	1	1 No response
	Coma Scale Total		



Referrals (Date and Initial when ordered)

DGP - Patient family coord _____

DEC - Diabetes Ed. Center _____

EIP - Early Intervention Program _____

Hearing - Hearing Services _____

INF - Infection Control _____

NSC - Nutrition Services _____

LAC - Lactation Nurse _____

PAS - Pastoral Care _____

PET - Psych Eval Team _____

RESP - Respiratory _____

VIS - Vision Services _____

SS - Social Services/Child Protection _____

Ostomy Nurse _____

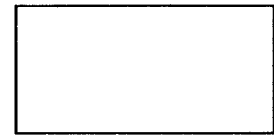
Multidisciplinary Problem List

- _____
- _____
- _____
- _____

RN signature _____ Date: _____

DEVELOPMENTAL ASSESSMENT
R= Reported by parent/caregiver

O=Observed
H=No historian



NAH

NEONATE

Birth- 28 days

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE TRUST VS. MISTRUST

_____ trusts caregivers

SOCIAL

_____ enjoys being held, talked to

MOTOR

_____ "Startle reflex Moro reflex"

_____ rooting reflex

_____ palmar and planter grasp

LANGUAGE

_____ responds to human face

_____ cry is strong/lusty when hungry or uncomfortable

_____ utters throaty noises, smacks lips

INFANT

1- 3 months

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE TRUST VS. MISTRUST

_____ trusts caregivers

SOCIAL

_____ enjoys being held, talked to

MOTOR

_____ in supported sitting can hold

_____ head up intermittently leans forward

_____ on back, arms and legs in flexion

_____ and to midline

_____ on tummy, able to left head up

_____ 45°, turn head side to side

LANGUAGE

_____ responds to human face

_____ cry is strong/lusty when hungry or uncomfortable

_____ utters throaty noises, smacks lips

INFANT

4- 6 months

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE TRUST VS. MISTRUST

_____ trusts caregivers

SOCIAL

_____ babbles, coos, gurgles when

_____ talked to

MOTOR

_____ holds head erect and steady

_____ on back rattles and easily grasps

_____ objects

_____ hands are open all the time

_____ can roll side to side

LANGUAGE

_____ produces several different cooing

_____ sounds (aah, ee, oy like boy)

_____ responds to speech by vocalizing

_____ looks and vocalizes to own name

INFANT

6- 9 months

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE TRUST VS. MISTRUST

_____ trusts caregivers

SOCIAL

_____ stranger fear and separation

_____ anxiety began

MOTOR

_____ sits alone steadily

_____ rolls easily

_____ gets up on hands and knees

_____ can pick up small objects

LANGUAGE

_____ responds to own name (8- 10

_____ months)

_____ waves bye bye (8-10 months)

INFANT

9-12 months

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE TRUST VS. MISTRUST

_____ trusts caregivers

SOCIAL

_____ stranger fear and separation

_____ anxiety began

_____ looks for objects out of site

_____ peck a boo and pat a cake

MOTOR

_____ gets in and out of sitting,

_____ crawling

_____ pulls to stand

_____ walks sideways holding on to

_____ furniture

_____ feeds self with fingers

LANGUAGE (by 12 months)

_____ babbles monologue when left

_____ alone

_____ uses at least 3 words

_____ meaningfully

_____ will follow simple direction ("put

_____ the keys on the box")

_____ responds to own name (8-10

_____ months)

_____ waves bye bye (8-10 months)

TODDLER

1-2 years

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE AUTONOMY VS. SHAME

AND DOUBT

_____ mind and will of own

SOCIAL

_____ simple commands (15 months)

_____ listens to story (15 months)

_____ may display temper tantrums

_____ (18-24 months)

MOTOR

_____ walks alone (by 15 months)

_____ running (18-24 months)

_____ feeds self with fingers

_____ walks up and down stairs with

_____ hand holding (18-24 months)

_____ kicks ball (24 months)

LANGUAGE

_____ 3-6 words (15 months)

_____ points to 1-2 body part (15

_____ months)

_____ 15-20 words (by 18 months)

_____ uses 2 word phrases (18-24

_____ months)

_____ follows one step direction ("get

_____ your shoes") by 24 months

TODDLER

2-3 years

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE AUTONOMY VS. SHAME

AND DOUBT 1-3 YRS

ERIKSON STAGE INITIATIVE VS. GUILT

(3 to 6 YRS)

_____ mind and will of own

_____ active imagination, wants to do

_____ things for themselves

SOCIAL

_____ knows name, age, sex

MOTOR

_____ pedals tricycle

_____ balances on one foot

_____ dresses self

_____ copies "O" and vertical line on to

_____ page

_____ potty trained

LANGUAGE

_____ uses 3-4 word sentences

_____ follow 2 step directions ("put

_____ your shoes in the closet")

_____ speech intelligibility

PRESCHOOLER

4-5 years

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE INITIATIVE VS. GUILT

_____ Active imagination, want to do

_____ things for themselves

SOCIAL

_____ separates from mother easily

_____ buttons up

_____ dresses w/out supervision

FINE MOTOR

_____ copies "4"

_____ draws man with 3 parts

LANGUAGE

_____ recognizes 3 or more colors

_____ gives opposite analogies (hot/cold,

_____ up/down, bright/dark)

_____ comprehends preposition (on,

_____ over, beside, under)

GROSS MOTOR

_____ performs broad jump

_____ hops on one foot

_____ performs heel to toe walk

SCHOOL AGE CHILD

6-12 years

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE INITIATIVE VS. GUILT (6 YRS)

ERIKSON STAGE INDUSTRY V. INFERIORITY

_____ active imagination, want to do

_____ things for themselves (6 years old)

_____ engages in tasks within social world

SOCIAL

_____ engages in group activities with same sex

_____ peers (ie: scouts, sports, friends at school or in

_____ neighborhood)

_____ specify _____

COGNITIVE

_____ wide range of vocabulary

_____ learns to read

_____ learning math skills (adds, \

_____ subtracts, multiplies, divides)

_____ specify _____

PHYSICAL

_____ increased physical endurance

_____ (plays sports, games)

_____ Specify: _____

_____ increased fine motor ability

_____ (writing, painting, drawing)

ADOLESCENT

13-17 years

EMOTIONAL DEVELOPMENT -

ERIKSON STAGE IDENTITY V. ROLE CONFUSION

_____ develops identity - questions self esteem

SOCIAL

_____ interacts with peers of same and

_____ opposite sex

COGNITIVE

_____ masters skill of language, writing,

_____ reading and math

_____ explain: _____

PHYSICAL

_____ developed sex characteristics

_____ Date menstruation began: _____

LMP

_____ engages in what types of organized physical

_____ activity: _____

_____ *Refer to EIP or PET if child is unable to meet

_____ developmental milestones.