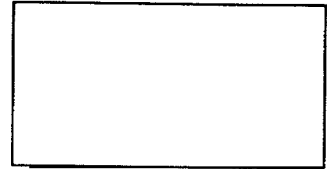


**PEDIATRIC  
ADMISSION HEALTH HISTORY  
AND  
MULTIDISCIPLINARY ASSESSMENT**



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? \_\_\_\_\_

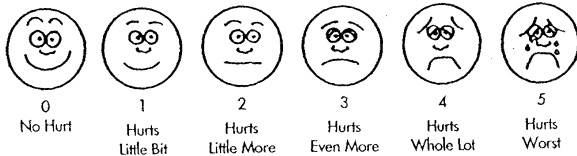
**VISION:**

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**

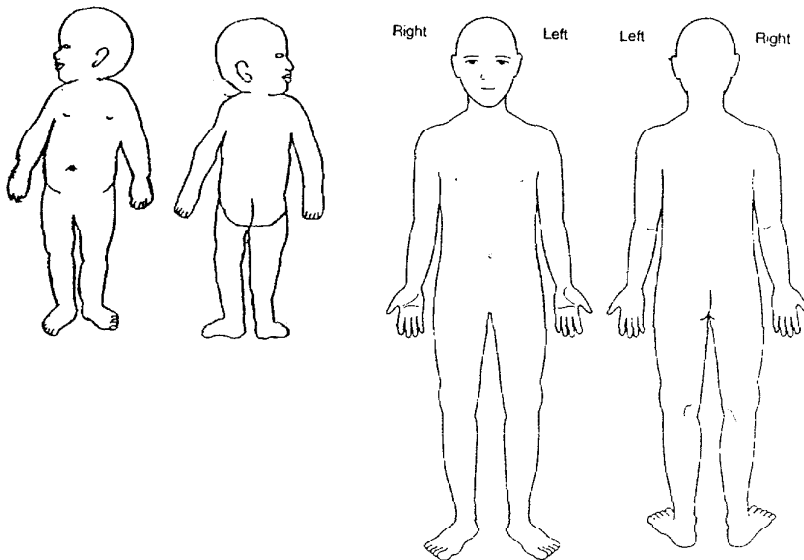


NAH

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	
	Extension	2	
Best Motor Response	>2 years		<2 years
	Orientation	5	5 Smiles, listens, follows
	Confused	4	4 Cries, consolable
	Inappropriate words	3	3 Inappropriate persistent cry
	Incoherent words	2	2 Agitated, restless
None	1	1 No response	
<b>Coma Scale Total</b>			



**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 \_\_\_\_\_

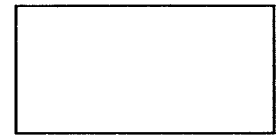
**Multidisciplinary Problem List**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

**LANGUAGE**

\_\_\_\_\_ 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.