

Supplemental Information

CCMS SHARED CARE PLAN

Strawberry, Fruit

Date of birth: December 15, 2001
F-MR #: 00-000-0000

Date of plan: June 27, 2011

This form is active from June 27, 2011, to October 6, 2011. It is recommended that the plan is updated at a patient visit every 6 months.

ED Plan of Care

Code Status

Full code date: April 20, 2011

Key Information

ED visits should include minimal time to initial evaluation to avoid behavioral problems (ie, she cannot tolerate having to wait or stay in 1 place for long).

Behavioral plan is being constructed.

Read psychiatry notes.

Medications and procedures to avoid: Avoid excess stimulation or intravenous drip placement.

Allergies: Omnicef

Airway Management

Intubation: Yes

Vascular Access

Restrictions for peripheral line: None

Restrictions for central line: None

Indwelling catheters: No

Pain Control/Comfort

Typical pain behaviors: Self-harm behaviors such as biting, scratching self.

Nonpharmacological interventions:
See key information.

Medical treatment: Normal escalation of analgesics.

Comfort measures that work for this child: Caregivers holding her.

Common Presenting Problems/ Findings With Specific Suggested Management

- History of self-injurious behavior (eg, severe self-maceration); and
- Behavior dyscontrol (eg, noncompliance with caregiver direction to point of possible harm to self or others).

Should Fruit need ED care for these problems, refer to the behavioral plan; if behavioral strategies fail, then judicious use of risperidone at a 0.5-mg dose taken orally may be called for (may be in form of liquid or orally disintegrating tablet). If the patient is not able to take oral medications, intranasal Versed or parenteral Haldol may be tried.

Demographics

Preferred language: English,
Interpreter needed: No

Members of household: Mother, grandmother, and 12-year-old sister, Apple (who has speech and social delays as well). Parents are divorced. Fruit sees Dad biweekly on Saturdays from AM to PM (not overnight away from home).

Child resides: In a house.

Transportation: Personal car or bus to school. The child has a vest harness ("bus jacket") that clips into both the personal car and the bus.

Community Resources

The family has applied for Developmental Disabilities Administration services and has been waitlisted because of budget shortfalls. No services have been provided at this time.

The family used to obtain children's therapy services at Good Samaritan Hospital, but the program is too costly to pay for out of pocket.

Social support from family and church. No respite at this time.

School

USA Road Elementary

1106 USA Road, WA 98372

253-841-8675

School Nurse name: Helen Shot,
Contact information: 000-000-0000

Other school information: Third grade

Teacher: Tim Towne, E-mail: <http://teacherweb.usaroadelementary.com>

E-Sail program, self-contained. Limited integration, reading buddies from fifth- and sixth-graders, attends assemblies, some lunches.

Equipment and Supplies

Respiratory: Nebulizer

Nutritional and/or enteral: None

Other:

Durable Medical Equipment

Mobility: None, Supplier(s):

Ortho/ankle-foot-orthotic: None,
Supplier(s):

Respiratory: None, Supplier(s):

Positioning Aides: None, Supplier(s):

Other: None, Supplier(s):

SUPPLEMENTAL TABLE 5 Overall Health Care Costs for Children With Complete Billing Data (*n* = 235) by Study Group and Study Period: Difference-of-Differences Analysis

	Month		Intervention	Difference in Change From Baseline	<i>P</i>	<i>q</i> value ^a
	Baseline	Control				
	12	107	121			
	18	107	117			
	18	111	114			
	Estimated Costs Per Child-Year, 2014 \$ (95% CI)					
Health plan and clinic costs						
Total	Baseline	29 539 (22 758–38 657)	33 188 (26 383–42 196)	.11	.15	
	12	29 232 (17 439–38 042)	33 019 (26 543–42 631)			
	18	22 321 (16 317–37 380)	34 213 (29 040–43 908)	.02	.08	
Health plan costs						
Total	Baseline	29 539 (22 758–38 657)	33 188 (26 383–42 196)	.36	.18	
	12	29 232 (17 439–38 042)	29 172 (22 965–38 784)			
	18	22 321 (16 317–37 380)	28 442 (23 269–38 137)	.19	.16	
Outpatient care encounter	Baseline	6 125 (4 495–8850)	5 340 (4 233–7 105)	.23	.17	
	12	4 377 (3 358–6008)	4 293 (3 537–5 765)			
	18	4 240 (3 253–5 689)	4 721 (4 055–5 921)	.08	.14	
Inpatient care encounter	Baseline	6 996 (3 724–12 818)	6 401 (3 774–12 166)	.46	.21	
	12	4 590 (2 102–11 132)	3 572 (2 085–7 625)	.62	.26	
	18	3 762 (1 837–9 455)	2 858 (1 794–5 602)			
ED	Baseline	5 27 (2 88–11 52)	404 (211–1 038)	.33	.17	
	12	380 (222–751)	350 (226–708)			
	18	339 (209–586)	297 (218–522)	.28	.17	
Diagnostic test	Baseline	4 81 (302–757)	313 (206–503)	.13	.16	
	12	287 (187–484)	250 (175–435)			
	18	310 (185–538)	308 (236–528)	.16	.16	
Pharmaceutical	Baseline	3 254 (2 224–4 544)	3 390 (2 589–4 647)	.04	.10	
	12	2 724 (1 937–4 450)	3 921 (2 944–5 495)	.04	.10	
	18	2 455 (1 740–4 326)	3 975 (3 090–5 880)			
Home care	Baseline	2 666 (651–10 334)	6 498 (3 393–14 098)	.27	.17	
	12	2 722 (1 937–4 450)	7 293 (3 563–15 954)	.37	.18	
	18	2 812 (746–8549)	7 273 (3 953–15 090)			
Behavioral health	Baseline	846 (183–2 336)	629 (39–2 257)	.36	.18	
	12	256 (108–693)	181 (71–487)			
	18	160 (63–472)	224 (135–442)	.29	.17	
Occupational, physical, and speech therapy	Baseline	11 31 (765–17 93)	15 63 (11 37–23 59)	.16	.16	
	12	12 71 (912–22 13)	19 01 (1 395–28 47)			
	18	9 81 (690–1 641)	1 724 (1 316–2 480)	.27	.17	
Durable medical equipment	Baseline	4 946 (3 036–10 084)	6 771 (5 074–9 337)	.24	.17	
	12	5 262 (3 386–10 235)	6 310 (4 706–9 708)	.44	.21	
	18	4 724 (3 074–9 016)	6 159 (4 699–9 379)			
Other service	Baseline	2 409 (1 435–4 075)	2 876 (1 571–5 521)	.18	.16	
	12	2 383 (1 282–6 010)	1 924 (845–5 246)			
	18	2 436 (1 106–6 659)	2 252 (961–6 117)	.31	.17	
CCMS clinic			\$3847 per child-year			

^a Adjusted for multiple comparisons by using the false discovery rate.

Additional Comments

Pharmacy of choice: USA Road
Outpatient Pharmacy 000-000-0000

The family is concerned with increased self-biting behavior and has tried alternatives, but Fruit won't have them. The family is unsure of Fruit's level of comprehension.

The family reports some success with toilet training and using scheduled and/or timed trips.

Fruit is able to feed herself finger foods and holds a cup independently. High-fat and highly acidic foods are limited.

The family's term of endearment for Fruit is "Fru-fru."

Pharmacy of choice: Alternate pharmacy

The demographics above were entered by Trina Roufs RN, BSN, date/time.

Nutrition/Feeding Plan

Nutrition-related problems that were not recorded in the problem list include the following:

- History of reflux: well controlled with medication and a low-fat low citrus diet per GI note May 2010; and
- History of appetite-stimulating medication (Risperdal).

See the nutrition assessment clinic note dated April 6, 2011, for further details.

Growth/weight changes: Weight has increased 2.3 kg since May 24, 2010. Weight is proportional compared with length and/or height, as evidenced by BMI ratio.

Intervention

Weight gain: 9 g/day. Linear growth: cm/week.

SUPPLEMENTAL TABLE 6 Parent/Guardian Caregiver Information

Name	Relationship	Phone No.	Cellular/Alternate Phone No.
Strawberry, Berry	Mother		
Raspberry, Fruit	Grandmother	000-000-0000	000-000-0000
Strawberry, Seed	Father	000-000-0000	000-000-0000

SUPPLEMENTAL TABLE 7 Care Providers

Name	Specialty/Role	Contact Information
John Smith, MD PCP2538488797	PCP	000-000-0000
Will Jones, MD	Odessa Brown Psych/Psychology Clinic	000-000-0000
Jeff Boss, MA	SCH Autism Center	000-000-0000
Robert Teeth, DDS	SCH Dental Medicine Clinic	000-000-0000
David Ulcer, MD	SCH Gastroenterology Clinic	000-000-0000
Barry Bones, MD	SCH Orthopedic Clinic	000-000-0000
Annie Tone, MD	SCH Rehab Medicine	000-000-0000

SUPPLEMENTAL TABLE 8 Lines, Tubes, and Devices

Line/Tube/Device	Size/Length	Comments (Brief)
1		
2		
3		
4		

SUPPLEMENTAL TABLE 9 Anthropometry

	Value	Date	Percentile
Weight at CCMS baseline (date)	33.7 kg	04/06/2011	72nd for age
Weight	33.7 kg	04/06/2011	72nd for age
Height (date)	135.9 cm	04/06/2011	60th for age
BMI	18.25	04/06/2011	76th
Ideal body weight	kg		
Percent of ideal body weight	%		
Occipital frontal circumference (for infants only)	cm		Percentile for age

Total Fluid: Maintenance minimum per actual weight = 1780 mL/day.

Diet: Regular, citrus and higher-fat foods as tolerated.

Diet instructions:

1. Age-appropriate parent and child roles with parent-initiated regular meals and snacks at approximately every 3 hours, 4 to 6 times per day;
2. Offer water and or nonnutritive foods (sugar-free popsicles)

if needed between meals and snacks to sustain proportional weight gain and growth and avoid excessive intake associated with the appetite-stimulating medication Risperdal; and

3. Supplement daily intake with 800 to 1000 mg of calcium per day and 600 to 1000 IU of vitamin D per day.

Formula: Not applicable

Kcal/oz:

Recipe:

SUPPLEMENTAL TABLE 10 Supplements

Supplement Name	Dose and Frequency	Instructions
1		
2		
3		
4		
5		
6		

SUPPLEMENTAL TABLE 11 Daily Medications

Medication	Dose and Time of Day	Common Side Effects
Seroquel	25 mg twice daily with a third dose available to use as needed	
Prevacid	15 mg po daily	
Zofran	4 mg po 1 time	
Loratadine, 10 mg tablet	1 tablet po once a day	
Miralax 17 g per capful	1/2–1 capful with 8 oz water as needed for constipation	

Tube feeding regimen:

Tube feeding provides:

Monitoring: Follow-up in CCMS Clinic in 6 months per protocol. Return to CCMS for a weight variation of more than $\pm 10\%$ from baseline

The nutrition/feeding plan above was entered by Barbara York, MS, date/time.

Medical Information

Active Problems

1. Autism; and
2. Tight heel cords.

Stable Problems

1. 18q deletion syndrome;
2. Pervasive developmental delay/nonverbal;
3. Mildly dysplastic pulmonary and aortic valves, no subacute bacterial endocarditis;
4. Persistent left superior vena cava;
5. Chronic gastritis;
6. Bilateral ptosis; and
7. Bilateral hip dysplasia.

Resolved Problems

Helicobacter pylori

Allergies

Omnicef

Previous Hospitalizations

Multiple hospitalizations during infancy.

Previous Surgery/Procedures

Dental surgery for caries, August 2008.

Right ureteral reimplantation, November 2005.

System-Based Summary

Fruit is a 9-year-old girl seen for case management.

Fluids, Electrolytes, and Nutrition

Reviewed fluid needs with family: 1700 mL per day. They have a difficult time getting Fruit to take fluids.

Respiratory

No active issues.

Cardiac

Followed by Dr Heart yearly for cardiac issues requiring no medications or SBE.

Gastrointestinal

Failed wean from proton-pump inhibitor several times, with resultant bloody emesis and dehydration.

Bowel training proceeding.

Infectious Disease

No active issues

Neurologic

Followed by Dr Will Jones for self-destructive behavior, with the most recent medication change being starting Seroquel and discontinuing guanfacine.

Orthopedic

Toe-walks with wide-based gait. This was evaluated in a rehabilitation clinic and is thought to be a variance of gait. Pursue durable medical equipment issues with referral to local physical therapy services.

Genitourinary/Renal

History of grade 2 to 3 reflux without history of urinary tract infections and right ureteral reimplantation, November 1, 2005.

Hematology

No active issues.

Endocrine

Finished growth hormone therapy in January 2006.

Other

No active issues.

Wound/Skin

Evidence of many old bites, abrasions to hands bilaterally. No open wounds.

Pain and Symptom Management

No active issues.

Health Care Maintenance

Question if patient is candidate for Gardasil.

Social/Environmental

No active issues.

Well-at-Home Plan of Care

Airway/Breathing

No issues, maintains own airway.

Fluids/Nutrition

Oral: Low acid diet ad libitum. She feeds herself with her fingers or built-up utensils.

Recommend 1.5 L to 2 L of fluids a day. Drinks with regular cup but has to be encouraged repetitively throughout the day to drink. Does not always meet fluid goal.

Reflux: Continue Prevacid at a dose of 15 mg each morning. Call Dr Smith for vomiting.

Activity and Rest

Sleep hygiene: Continue Seroquel. Fruit's sleep has recently improved, but she often has nights in which she is awake for several hours and must be monitored.

Ambulatory for short distances, up ad libitum. Uses wheelchair for longer distances.

Attends school during the day, self-contained classroom with limited integration.

Fruit is a climber and also bites or scratches herself if frustrated. She must be constantly monitored, redirected, and occasionally restrained when hurting herself. She must be in an area that is childproofed, because she has no awareness of what might injure her. At her home, the downstairs is childproofed and the upstairs door can be closed so that she does not have access. The kitchen door can also be shut, and Fruit has to be locked out of the kitchen while cooking is going on. This means that there needs to be an extra adult to monitor Fruit while someone else prepares meals.

Fruit wears diapers. She is in the early stages of potty training. She must be

taken to the bathroom and constantly monitored to be sure that she stays on the toilet while undressed and that her hands do not go places they shouldn't during toileting.

Fruit likes the bath, but not having her hair washed. She is unable to perform any of her own hygiene. She is also 100% assisted for dressing.

Fruit likes car trips, but she is difficult to keep restrained in the car.

When Fruit gets frustrated or goes to an unfamiliar public place, she screams, bites, or scratches herself.

Constipation

Bowel regimen: Miralax at a dose of 17 g in 8 oz of water or juice daily or every other day.

Functional Limitations

100% assistance needed for dressing and hygiene.

Nonverbal, uses a voice output device at school with 20 to 24 choices.

Ambulatory for short distances.

Upcoming appointments:

Odessa Brown Psychology: July 25, 2011 4:15 PM

Dental Clinic: October 18, 2011 9:00 AM

Rehabilitation due May 2011

CCMS due October 2011

Home Plan of Care for Illness

Vomiting

Stop dairy products. Follow oral rehydration guidelines. Expect 1 to 2 days of vomiting.

Call Dr Smith if unable to orally rehydrate or for signs of severe dehydration, such as acting lethargic, dry mucous membranes, sunken eyes, or no urination.

Call CCMS if unable to reach PCP.

Diarrhea

Stop Miralax. Stop dairy if it makes diarrhea worse. Increase fluids.

No over the counter medications.

Call Dr Smith if diarrhea lasts more than 2 weeks.

Oral Rehydration

Use Pedialyte or a mixture of 1/2 Gatorade and 1/2 water. If vomiting, start with 1 teaspoon (5 mL) every 2 minutes or 1 tablespoon (15 mL) every 15 minutes. If not vomiting in 2 hours, slowly increase to 3/4 cup (180 mL) every 15 minutes. Continue until she has taken 2 1/2 cups an hour for 4 hours. Next, attempt foods. Foods that are well tolerated include rice, wheat, potatoes, bread, cereal, lean meat, fruit, yogurt, and vegetables. Poorly tolerated foods include fatty foods and food or drinks high in simple sugars.

Cough/Runny Nose

Symptomatic treatment including over the counter medication, if desired.

If she has a fever over 101 for 3 days or a colored runny nose for more than 2 weeks, call Dr Smith.

Fever

Call Dr Smith if a fever >101 lasts for more than 3 days.

Give Tylenol or Motrin. Call PCP if fever doesn't come down after 2 hours.

PCP Plan of Care for Illness: Contact CCMS at 000-000-0000 if Fruit Needs an ED Visit or Hospital Admission

Please contact CCMS if Fruit's medications are changed, or if she requires an antibiotic.

Feel free to call CCMS for any questions or referral needs at SCH.

For questions or problems, please don't hesitate to call us at 000-000-0000.

Electronically authenticated by Nancy Practitioner, ARNP, June 27, 2011, 10:48 AM.