

Home Care Orientation (Written for the L. I. Network)

Create your own orientation inservice for nurses, aides, babysitters, family caregivers.

Keep information in sight - post all important information on walls, cabinet doors, equipment

Use your child's sleep and play area walls to hang up medication schedules, medical alerts, behavior program, equipment instructions, etc. Post emergency protocol and contacts in each room. Alert caregivers to communication modes and visual and hearing impairments.

Hang up a dry erase board to keep track of your child's daily schedule. Hang up a large calendar and note appointments. (Note: use colored markers) Examples:

red	doctor appointments
blue	education/therapy sessions
green	play dates and family plans

or keep a family calendar:

red	child with special needs' activities
blue	four year old sibling's activities
green	seven year old sibling's activities
purple	spouse's appointments
yellow	your appointments

Start a notebook with photos that will include the layout of your home environment, pointing out 'work stations':

food preparation
medication storage and prep area
personal grooming supplies
clothing and linen storage
bathroom
bed
equipment location

Make a video or a poster presentation to teach "How-to":

medicate your child	follow behavior program
communicate with your child	feed your child
bathe your child	dress your child
help with homework	give verbal/visual cues to your child
play with your child	put orthotics on

(other side)

How to be a home supervisor

Your child is the “client” and the nurse or aide is an employee of an agency (unless she is a private Medicaid provider.) Your job is to learn how to be comfortable with a professional caregiver in your home. Both you and your child’s professional caregiver will be more comfortable if you set some ground rules *from the very start*.

A few examples:

Don’t make caregivers guess. Courteously inform your child’s nurse which bathroom she may use, if she may store her meal in your refrigerator, where she may place her belongings. May she help herself to your coffee or food? May she watch television while caring for your child or only programming that is appropriate for your child’s developmental level? May she use your family telephone?

If your child’s caregiver is going to be late or if she is going to have to cancel, will the agency call you or will she?

Teach your child’s caregiver how to encourage play skills and how to develop your child’s interest in music/communication/siblings and brothers. If you need a caregiver to accompany you and your child to doctor appts, schedule them so that your caregiver may complete the visit within her shift.

Some caregivers are also responsible for maintaining your child’s living environment or for preparing your child’s meals or for bathing your child. Make sure your child’s caregiver knows where sheets and towels and changes of clothes are. Do you have a separate hamper?

If you have other children and/or family pets, introduce them to your child’s professional caregiver. If you leave home, inform the caregiver of your pager/cell phone. Do you want to be called before a doctor is notified of your child’s change in status? A nurse may not change medication schedules unless she has doctor’s orders.

Is your child receiving hospice services? Does your child have DNR or DNI orders? Speak with the caregivers to make sure that everyone is aware of your wishes.

Health History

Form Updated _____

Name _____ Age _____ Date of Birth _____
Date

Pediatrician - Name _____ Phone(____) _____

Doctor – Name _____ Phone(____) _____
(Specialty)

Doctor – Name _____ Phone(____) _____
(Specialty)

Doctor – Name _____ Phone(____) _____
(Specialty)

Diagnosis/Needs:

Current Medications:

Allergies:

Daily Adaptations: (daily health assessments/treatments/equipment, activities of daily living, environmental adaptations)

Red Flag Concerns: (indications of medical emergency, behaviors, etc.)

Contact Information: (Phone/pager/cell/address)

Parent _____

Caregiver _____

Caregiver _____

(other side)

Contact Information (Phone/fax/address)

Child's School _____

School Nurse _____

Pharmacy _____

Medical Equipment _____

Developmental Milestones (if your child achieved them, when)

sit up _____ walk _____

smile _____ talk/sign/communicate _____

feed independently _____ use toilet _____

report symptoms _____ medicate independently _____

To Do List

Don't leave an appointment with a Dr. or a conference with an educator without a To Do list.

Receive prescriptions - what are the schedule/indication/side effects to look for? What is the medicine used for? Ask the Dr. or Nurse Practitioner to notify the school nurse (bring phone/fax number of the school with you). Ask the Dr. or Nurse Practitioner to call the prescription in to your pharmacy (bring phone number with you). In fact, keep a list of phone numbers with you. If your physician refers you to a sub-specialist (a cardiologist, a neurologist, etc.,) leave with a referral in hand.

If your physician recommends Occupational therapy/Physical therapy/Speech therapy/Behavior therapy/play therapy, **ask for a prescription for the service and a letter documenting the need.** Ask your physician for the name and phone number of a community resource for referrals to service providers.

If your physician recommends a new education service or placement or a new or modified behavior plan or a new piece of medical or therapeutic equipment, ask for a letter to document the need.

Letters Documenting Need and Referrals to Sub-Specialists

Gear each letter to a specific target audience, such as your health insurance company or your school district's Committee on Special Education (CSE). Include the following elements in letters written on your child's behalf:

- Child's name, date of birth & social security number
- your name, address & phone number
- health insurance information
- your child's symptoms/diagnosis/need
- describe treatment and the optimal outcome
- include at least one of the following...
 - skilled medical needs
 - educational deficit and specific program guidelines
 - equipment support

Keep letters to one side of one page

(other side)

Prepare for the Dr. Visit (for 'veteran' parents)

Bring letters you have written that you want signed to document medical necessity for therapies, equipment, educational and recreational services, psychotherapy, behavior training.

Bring insurance forms, Medicaid renewal applications. Make photocopies of these forms with your information filled in and leave the medical sections blank.

Bring in lists of prescriptions and referrals you need for:
sub-specialists (eye doctor, dentist, neuro-psych evaluations),
centers of excellence out of network or in another state or to the National Institutes of Health.

Ask for copies of test results and medical records.

Ask for developmentally appropriate guidance and referrals regarding:
socialization, sexuality, work place readiness, transition to adult services and providers.

Plan of Action Form

Create your own Plan of Action form on the back of this page

(Bring with you for discussions with health/education/therapy providers as well as service coordinator/case manager/social worker/job coach and recreation provider)

Child's name _____

Provider's name _____

Example

WHEN	THEN
run fever	document and/or call Dr. and/or medicate
vomit feeding	re-feed/re-hydrate and/or document and/or notify doctor
seizures or asthma attack	medicate with PRN (as needed) medicines and/or document and/or call Dr. and/or go to emergency room
run into traffic	administer consequence and/or document and/or call educator/therapist to adjust behavior program and/or call Dr. to adjust medication

(other side)

Plan of Action Form

Child's name _____

Provider's name _____
(doctor/teacher/therapist/service coordinator/case manager/job coach, etc.)

Example

WHEN

THEN

Child / Person-specific Checklist for 911 Systems, Police, Fire and Emergency Room Staff

Name of child or adult

Current photograph and physical description including height, weight, eye and hair color, any scars or other identifying marks

Names of parents and/or caregivers and their addresses, and home/cell/work/pager numbers

Sensory, medical or dietary issues, if any (hates to be touched, has seizures, has diabetes, is non-verbal, has a mental illness, can not swim, etc.)

Inclination for elopement (runs away or wanders) and any atypical behaviors or characteristics that may attract attention

Favorite attractions and locations where person may be found

Likes & dislikes...approach and de-escalation techniques

Method of communication...sign language, picture boards, written word, dynavox

ID wear...jewelry (medic alert), tags, laundry marks

Map and address guide to nearby properties with water sources and dangerous locations highlighted (pool, dog that bites, steep drop, etc.)

Blueprint or drawing of home, with bedroom of child/adult highlighted

This one page form is adapted from "Autism, Advocates and Law Enforcement Spectrum Professionals: Recognizing and Reducing Risk Situations for People with Autism with Disorders" by Dennis Debbaudt ,reprinted with the author's permission.

Individual Healthcare Plan (IHP)

(written by Maggie Hoffman, Donna Appell and Patty Weiner)

Today's Date ___/___/_____

Name: _____ Diagnosis: _____

DOB: ___/___/_____ Pediatrician: _____

Address: _____ Subspecialist: _____

Phone: (_____) _____ School: _____

Medical Summary (complete history is in this student's file):

Allergies:

Health Care Providers:

Current Medical Orders (to be updated as often as possible):

Transportation Plan:

Emergency Protocol:

Emergency Egress:

Emergency Contacts:

Daily Assessment:

Medications: Daily

PRN

Indicators

Blood Sugar Screening: (glucose monitoring)

Toileting Issues: (catheterization, ostomy care, timed toileting, etc.):

Seizure Monitoring:

Respiratory Needs: (suctioning, O₂, Ventilators)

Bleeding Precautions:

Skin Care:

Bowel Care:

Wound Management:

Nutrition: Special Diets

Feeding Techniques (frequency, NG/G-/J-tube, feeding pumps, texture of food)

Therapeutic Management: (i.e.: postural drainage, range of motion, positioning)

Motor Limitations:

Special Considerations: (i.e.: field trips, seizures, shunts, aspiration, vomiting, temperature instability, blood pressure, rest time)

Preparation for this Child to Enter School:

In-Services: (nurses, classroom teachers/aides, parents, etc.)

Medications:

Necessary Available Equipment: (nebulizer, glucometer, oxygen, etc.)

Safety Issues Addressed:

Nursing Interventions:

Health Related Services in Place:

Immunological Concerns: (chicken pox alert, scarlet fever, etc.)

Psychosocial or Behavioral Issues for the Child or Classmates:

Confidentiality Statement Signed?

Authorization for Treatment Signed?

Confidentiality Statement

These medical records are confidential. This information is to be shared with the following team members only:

Parent _____ Principal _____

Teacher _____ Nurse _____

School Physician _____ Social Worker _____

Date ___/___/_____

Optional: This information may be shared by anyone involved in my child's educational program.

Parent _____ Parent _____