

MEDICAL DEPARTMENT
MEDICAL ASSESSMENT UPON ADMISSION

POLICY: **The following procedures outline the basic standard of medical care for all children upon their admission to Children’s Village. These standards should serve as guidelines toward the greater level of comprehensive medical care that attends to the medical, developmental, and psychosocial needs of the children under our care.**

PROCEDURE

1. Upon admission to C.V., the child is first brought to the Medical Department.
2. Medical, psychiatric, substance abuse and immunization history should be obtained by the Admissions Department from the parent/guardian at the time of the pre-admission visit or the nurse or social worker at the time of admission.
3. Admissions Department/Social Worker will obtain medical consent and consent for psychiatric medication with the assistance of the appropriate Psychiatrist/Nurse Practitioner.
4. The nurse will review all available intake material, summarizing the past medical history in the nursing admission assessments and any previous medical problems, allergies to food or medications and current medications.

The nurse will interview the parent or guardian (if present at the time of admission), focusing on the information listed on the form. If the parent or guardian is not present at the time of admission this should be noted and attempts should be made to gather this information from the parent by phone or through contact of previous foster care placements.

The Nurse completes the medical history form through a history obtained from the child and parent/guardian or significant other accompanying the child, if present at time of admission.

This history must include history of hospitalizations (medical, psychiatric and substance abuse), surgery, communicable diseases, allergies, immunizations, medication and substance abuse history. All available information from the intake packet should be included on the medical history form.

5. The nurse conducts a nursing physical assessment and completes the admission assessment form. This assessment includes screening for communicable disease, measuring height and weight, vital signs, observations for physical injuries, scars, bruises, hygiene, psychological distress, pain, risk of pain, risk of sexually transmitted disease and other illness. All allergies and other medical alerts should be noted e.g. asthma, allergic to bee stings etc. (The medical chart will be flagged with a red sticker on the front of the chart which notes the type of allergy or medical alert.) Any significant problems will be brought to the attention of the examining physician or the nurse practitioner for further assessment.

6. Screening for Substance Abuse. The nurse will complete a questionnaire which will be faxed to the CONNECT program and substance abuse services, who will evaluate the need to conduct a comprehensive assessment screening for substance abuse. The nurse will initial and date the original form.
7. At the time of the admission nursing assessment the nurse will take a digital photo of the child for the medical chart record and for entry into the Lewis computerized medical record system. If the child has any serious marks or bruises, 2 photos should be taken of each of these and, since it may be considered as evidence for allegations of abuse, these photos should be managed as outlined in the Policy for Evidence of Alleged Abuse.
8. Following the initial nursing assessment, the admitting nurse should schedule the child for a complete physical examination by the physician or nurse practitioner within 72 hours of admission.
9. The physician or nurse practitioner will complete the history and physical examination with special attention to any current medical complaints, any significant past medical history, the reason for placement at Children's Village, family history, developmental and birth history (when available) and assessment of the child's current psychosocial and developmental functioning. The medical history will include any history of physical or sexual abuse, drug or alcohol use, criminal offenses and sexual history, including a screen for sexually transmitted diseases (HIV risk assessment, HIV testing and testing for other sexually transmitted diseases).
10. The child's immunization record is reviewed and any immunizations that are due should be given. Tuberculin testing will be given to all new admissions within one month of admission and then every two years after unless contraindicated due to a history of positive results, or history of recent testing. The physician should be notified of any history of positive tuberculin testing. In the absence of an immunization record, the unit nurse will attempt to obtain a copy of previous immunizations, documenting all attempts in the child's medical chart. If no copy of past immunizations can be obtained, the physician or nurse practitioner may decide to draw titers or begin re-immunization.
11. The initial medical examination also includes hearing and vision testing (using the Snellen chart) which is done upon admission and then yearly thereafter. Any child who fails the hearing screen should be assessed by the physician or nurse practitioner who will decide whether referral for further evaluation is indicated. Any child who fails the vision screen will be referred to the optometrist for corrective lenses. Any child with a speech delay noted at the time of the initial physical exam will be referred for speech therapy to the Greenburgh Eleven School.

12. Following complete medical assessment, the physician or nurse practitioner will make a medical summary that includes current and past medical problems and a plan for treatment to address these issues. All current medications should be listed on the front of the child's chart, also noting any food or drug allergies. The physician will also order medications and should work with the nursing team to insure that the initial medical treatment plan is instituted. Initial and subsequent lab testing will be based upon the physical exam assessment of the physician. In cases where the child is on psychiatric medications, the protocol for blood testing for children on psychiatric medications should be followed.
13. A member of the psychiatric team will be notified of all new admissions immediately upon arrival at Children's Village, including any current or significant past medical conditions and current medications.
14. Following the initial medical assessment, the unit nurse will schedule the child for evaluation by the dental department within seven days of admission. The dental department will be notified of any drug allergies and current or past medical problems, with special attention to any history of heart or kidney problems.
15. Subsequent physical examinations will take place every six months for children on psychiatric medications, and yearly for children not on psychiatric medications. Every child will be screened for sexually transmitted diseases, including HIV risk assessment every six months following the initial medical assessment.
16. A child can only be referred to an outside medical site by consultation with the physician or nurse practitioner. This excludes any life-threatening emergencies that require immediate medical care.
17. The medical department will work with the staff of Greenburgh Eleven to limit the amount of time children will be absent from school for medical appointments. An on-going effort will facilitate communication between the school and the medical department regarding medical issues of the students and general medical concerns that may come to the attention of the teaching staff.