Oklahoma Children's Hospital

Areas examined during pre-transplant evaluations and covered in reports:

1. PT IDENTIFICATION—including pt diagnosis and reason for consult

2. INFORMANTS—Who was present at the evaluation and mention of consultation with the team regarding the patient. If an interpreter was needed the name of the interpreter is also included. Length of time spent with patient, parents, etc.

3. FAMILY STRENGTHS—What are the strengths of the family that might contribute positively to the pt's pre- and post-transplant course? For example: Is the family well organized and knowledgeable regarding the pt's medical condition? If the pt is an adolescent is s/he vested in his/her medical care and aware of his/her prognosis etc?

4. BRIEF MEDICAL HISTORY—Short description of the medical history obtained from the family and the medical record. This section should be concise given that the medical team would have more of the specific details.

5. PAIN ASSESSMENT—How does the patient react to pain/medical procedures? Is the pt easily soothed and/or has good coping strategies for pain management? If a younger child, who cannot self-report pain, are the parents able to tell when the child is uncomfortable—how? If an older child that can self-report pain, what are the typical pain levels, the worst the pain gets, the lowest it gets (i.e., is pt ever pain free), and what helps relieve the pain?

6. DEVELOPMENTAL HISTORY—Typically skip for adolescents unless significantly compromised and in need of some sort of baseline, also for elementary school and older children please include information on educational history in the next section (Patient and Family Psychosocial Functioning). For this are please ask if the child is developmentally on target? What is the child able to do (e.g., sit/crawl etc)? Has the child ever received and physical/occupational/speech therapy—when & how often?

7. PATIENT AND FAMILY PSYCHOSOCIAL FUNCTIONING

Include:

a. Family history—who lives in the home/ages/professions
b. Social supports—who is there to provide practical/emotional support to the patient/family? Who will be available to come at time of transplant? Are employers aware of the situation and supportive of parents taking time off? Other relevant information based on family situation.
c. Educational history of the patient
d. Mental health history of pt and parents including current treatment and/or past treatment history, substance use (tobacco/drugs/alcohol), involvement with the judicial system. If other extended family members, e.g., grandmother, actively care for the child please inquire regarding their mental health status as well. In addition, I typically ask for any other

history of mental illness in the family. I also ask tobacco, alcohol, and drug use of parents and of patients (if age appropriate of course).

e. Coping mechanisms and how do members of the family cope with stress. Are parents having difficulty communicating regarding their own support needs?

8. ADHERENCE AND MEDICAL KNOWLEDGE

Include:

a. Current understanding of pt's medical condition—for older children include what they do know
b. Has the family been actively involved in medical care either at home or hospital? Do they receive nursing support? Does the family know the medical regimen? Problems with adherence (e.g., are parents aware of medications/do they know the pt's dosing schedule/medical regimen)? Problems understanding changes to medical regimen?
c. What have they learned about the transplant? Length of stay in Pittsburgh/what is rejection/what are immunosuppressants? Any areas that are still not clear or would like more time to clarify?
d. Does the family feel ready to proceed with transplantation if it is necessary? What are their worries/concerns?
e. How much does pt know (particularly smaller children)? How much do they understand? Are there siblings in the home that need an explanation?
f. How has communication with previous and current medical teams been for the family? Any concerns/worries/problems?

9. BEHAVIORAL OBSERVATIONS—Presentation of child and family—Was family forthcoming with information, guarded, etc? Any unusual behaviors during evaluation? Did parents present as depressed, anxious, etc? If a psychiatric diagnosis is being used for billing, this needs to include a mental status examination. Also please not mental status for parents, e.g., oriented x3/presence of obvious distortions/hallucinations.

10. RECOMMENDATIONS—This area is particularly important, the medical team should have clear recommendations based on the evaluation as well as discussions with the medical team itself and any concerns they present. Recommendations can include:

a. Increased need for information
b. Recommendations for child's delayed development (e.g., consult PT) if family has not already done that
c. Recommendations for behavioral health care for the pt and/or family members to include utilization of available therapies (e.g., Child Life, music therapy, grandparent volunteers, Chaplain, etc).
d. Recommendations that address family's concerns/pt concerns

11. BRIEF SUMMARY STATEMENT—Should state if there are any reasons why behavioral health has concerns regarding the pt being listed for transplantation or stating that at this time there are no counter indications for transplantation on the behavioral health side.

12. There is no need for a five axis diagnosis unless it is specifically warranted (i.e., pt presents with major depression, generalized anxiety). If a psychiatric diagnosis is warranted and you bill under that diagnosis for the service then please include the five axis diagnosis in your note. Otherwise (and on most occasions) billing should be linked to the underlying medical condition.