Champions for Challenging Children
Scott Gilmore, MD, EMT-P, FACEP, FAEMS
Special Populations
How Do You Care for this Child?
Governmental & Military

Pucker Factor

means
not necessarily a number, but generally refers to the intensity of fear felt during any given situation. Derived from the involuntary clenching of the buttocks during high-stress situations.

by acronymsandslang.com
Number of Children with Special Healthcare Needs

2001: 9360356
2006: 10224439
2007: 14140000
2012: 14598000
# Existing Options

## Emergency Information Form for Children With Special Needs

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth date:</th>
<th>Nickname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Home/Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>Emergency Contact Names &amp; Relationship:</td>
<td></td>
</tr>
<tr>
<td>Signature/Consent*:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Language:</td>
<td>Phone Number(s):</td>
<td></td>
</tr>
</tbody>
</table>

### Physicians:

<table>
<thead>
<tr>
<th>Primary care physician:</th>
<th>Emergency Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Specialty physician:</td>
<td>Emergency Phone:</td>
</tr>
<tr>
<td>Specialty:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Current Specialty physician:</td>
<td>Emergency Phone:</td>
</tr>
<tr>
<td>Specialty:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Anticipated Primary ED:</td>
<td>Pharmacy:</td>
</tr>
<tr>
<td>Anticipated Tertiary Care Center:</td>
<td></td>
</tr>
</tbody>
</table>

### Diagnoses/Past Procedures/Physical Exam:

1. Baseline physical findings: 
2. 
3. Baseline vital signs: 
4. 
5. 
6. 

### Management Data:

- **Allergies:** Medications/Foods to be avoided and why:
  1. 
  2. 
  3. 
- **Procedures to be avoided** and why:
  1. 
  2. 
  3. 

### Immunizations (mm/yy):

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td>Hep B</td>
</tr>
<tr>
<td>OPV</td>
<td>Varicella</td>
</tr>
<tr>
<td>MMR</td>
<td>Mumps</td>
</tr>
<tr>
<td>Hib</td>
<td>TB Status</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### Common Presenting Problems/Findings With Specific Suggested Managements

<table>
<thead>
<tr>
<th>Problem</th>
<th>Suggested Diagnostic Studies</th>
<th>Treatment Considerations</th>
</tr>
</thead>
</table>

### Comments on child, family, or other specific medical issues:

| Physician/Provider Signature: | Print Name: |

*Consent to release of this form to health care providers*
Children who especially benefit are those with:

- Significant developmental delay
- Seizure disorders
- Cardiac history
- In-clinic mental health evaluation
- Cerebral shunts
- Tracheostomies
- Autism spectrum disorder
- Children with a DNR order
- Any atypical disease or syndrome
**Diagnosis/ Past Procedures**

1. Autism/ ADHD
2. Congenital Insensitivity to Pain
3. Anhydrosis (Inability to sweat)
4. Hx of multiple fx's and hip dislocations.
5. Anaphylaxis
6. Autonomic Dysfuction

**Procedures that should be avoided or performed with caution and why:**

Scotty is sensitive to loud noises, attempt to bring his noise canceling headphones for him to wear in the ambulance if the situations allows.

Remove pt. from hot environments quickly to avoid hyperthermia.

<table>
<thead>
<tr>
<th>Name: Scotty Star</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOB:</strong> 01 / 01 / 2010</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>School:</strong></td>
</tr>
<tr>
<td><strong>Parent/ Guardian:</strong></td>
</tr>
<tr>
<td>Grandparents Addresses in STL:</td>
</tr>
<tr>
<td><strong>Preferred Hospital:</strong> St. Louis Children's Hosp.</td>
</tr>
<tr>
<td><strong>Specialist:</strong> Ortho/ Dr. Eric Gordon</td>
</tr>
</tbody>
</table>

**Baseline Neurological Status/ Baseline Physical Findings**

What is your child's baseline neurological status? If your child has any developmental delays or behavioral issues, please explain them. Please list any other information about your child that you feel would help paramedics assess your child.

At baseline, Scotty is high functioning. Per his mother, he tends to be very impulsive, is sensory sensitive and is a known flight risk. He has caused injury to himself while acting out, which can be significant due to his lack of pain response. If he is upset, he may be distracted/ calmed by a tablet or iPad and he enjoys talking about vehicles.

Does your child have any physical findings such as muscle weakness, tremor, tic, wheezing or lung congestion that is considered a normal finding for him or her? If so, please explain below.

Scotty ambulates with an even and steady gate. He cannot differentiate between hot and cold sensations and is at risk of being burned. He also does not sweat, which causes him to be at risk for hyperthermia. His skin may flush spontaneously, which is normal for him. If extreme flushing is noted, check for other signs of allergic reaction.

11/2016
Diagnosis/ Past Procedures

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2. Congenital Insensitivity to Pain
3. Anhydrosis (Inability to sweat)
4. Hx of multiple fx’s and hip dislocations.
5. Anaphylaxis
6. Autonomic Dysfunction
Anticipated Emergencies

(Please include any known specific

**Injury/trauma**

Note that Scotty does not feel pain, assess for deformities or signs of injury carefully as pt. may not show symptoms.

**Behavioral**

Keep calm and eliminate as much noise as possible. Protect pt. from attempts to self-harm. Pt may be soothed or distracted by a tablet, smart phone, or conversation about vehicles.

**Anaphylaxis**

Administer prescribed Epi pen

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Procedures that should be avoided or performed with caution and why:

Scotty is sensitive to loud noises, attempt to bring his noise cancelling headphones for him to wear in the ambulance if the situations allows.

Remove pt. from hot environments quickly to avoid hyperthermia.
Medications

1. Daytrana Patch
2. Risperdal
3. Miralax
4.Prevacid
5. Melatonin
6. Epi Pen PRN

ALLERGIES:

1. CHLORAPREP
2. PORK & BEEF
Baseline Vital Signs

Heart Rate: * Normal ranges for age

Blood Pressure:

Respirations:

Pulse Oximetry:

Temp: 97.0 F * always check temp. due to potential for poor thermoregulation.
Baseline Neurological Status/ Baseline Physical Findings

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11/2016
Thank You

gilmorrew@stlouis-mo.gov