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PCC Clinic ROS

CNS:

Activity	☐ At baseline ☐ _____	
Irritability/pain	Characterizes (description, onset, duration, progression, frequency, relieving factors/aggravating factors, associated symptoms)	
	Likely etiology	
	Management	
	Services involved	
Seizures	History/description of seizures or abnormal movements, any change (frequency, duration, type)	
	EEG (frequency, last, abnormality)	
	Management	Meds: ☐ Anti-seizure meds optimized for weight gain ☐ Seizure safety and protocol reviewed
Sleep	Concerns (e.g., insomnia, sleep apnea)	
	Management	☐ Sleep hygiene optimized ☐ Melatonin: ☐ Other meds:
Spasticity/dystonia	Characteristics (description, onset, duration, progression, frequency, relieving factors/aggravating factors, associated symptoms)	
	Management	Meds: Botox inj. (frequency, last): Other Tx: MD following:
Development	Gross motor	
	Fine motor	
	Social	
	Speech/language	
	Regression	
	MD following	
	Community supports	
Imaging	Brain MRI (last, findings)	
	Others	
Neurologist		
Others		

HEENT:

Teeth/oral cavity	Concerns	
	Dental/oral hygiene	☐ Optimized
	Dentist F/U	Dentist: Last seen: Frequency of F/U:
Sialorrhea	Discerption	
	Complications	
	Management	☐ Secretions manageable Non-pharm: Meds: Botox: Others:
Eyes	Concerns	
	Vision testing (frequency, last)	
	F/U	

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Ears	Concerns	
	Last hearing testing	
Nose	Concerns	
Throat	Concerns	☐ Adenoid hypertrophy: Degree: Management: ☐ Tonsillar hypertrophy: Degree: Management:
ENT F/U		
Others		

RESP:

Resp symptoms	Description of symptoms (e.g., cough, SOB, wheeze or change in color)	
Aspiration pneumonia/community-acquired pneumonia	Discerption	☐ Previous aspiration pneumonia Frequency: Last: Admission: Tx: ☐ Community-acquired pneumonia Frequency: Last: Admission: Tx:
Sleep-disordered breathing	Established diagnosis	☐ OSA (specify): ☐ CSA (specify): ☐ Mixed (specify):
	Description of bedtime routine	
	Description of bedroom environment	Shares bedroom with: Co-sleeps with: Lights: Technology in room: Others:

Sleep time	Weekday	Weekend
Bedtime		
Time to fall asleep		
Night Awakenings, how often?		
Night Awakenings, how long?		
Wake time		
Naps (total hours)		
Total sleep time in 24 h period		

Night symptoms of sleep-disordered breathing	Y/N	Comment
Snoring:	☐	
Pauses in breathing:	☐	
Respiratory effort/awakening after pause in breathing:	☐	
Restless sleep:	☐	
Gasping:	☐	
Cyanosis:	☐	
Increased work of breathing:	☐	
Nocturnal diaphoresis:	☐	
Nocturnal enuresis:	☐	
Mouth breathing:	☐	
Neck hyperextension:	☐	
Paradoxical breathing:	☐	

Day symptoms of sleep-disordered breathing	Y/N	Comment
Sleepiness/tiredness/fatigue:	☐	
Hyperactivity:	☐	

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Inattention:	☐	
Poor concentration:	☐	
Decline in school performance:	☐	
AM headache	☐	

Investigations/treatments	Y/N	Comments
Seen by sleep physician?	☐	
Seen/scoped by ENT? When? Finding?	☐	
Adenotonsillectomy?	☐	
Oximetry/PSG? When? Finding?	☐	
Morning VBG/CBG? When? Finding?	☐	
Echo? When? Finding?	☐	
Trial of INC/montelukast? When? Benefit?	☐	
CPAP/BPAP? Last download?	☐	
Home O2?	☐	
Others:	☐	

Trach
Indication: Brand, size, length, cuff (ml in cuff): Stoma: Choose an item. Stoma care: Choose an item. Trach change (frequency, last change, complications): Choose an item. Cuff volume change frequency: ENT F/U (MD, frequency, last F/U): RRT F/U (RRT, frequency, last F/U): Capping/speaking valve: Plan for decannulation: Trach "Go Kit" availability: ☐ No ☐ Yes Number of trachs available with family:

Suctioning	
Size of catheter, depth	
Frequency of suctioning (minimal q4hr)	
Any complications with suctioning	
Secretions (color, blood, consistency, odor)	

Ventilator - settings and alarms	
Reason for ventilation	
Device	
Interface	
Usage	
Mode	
IPAP	
EPAP	
Leak (L/min)	
Data downloaded (Y/N), date of last download	
Last/next PSG	
Weaning plan/goals	
Frequency of real alarms, action undertaken	

Humidity	
Device	
Interface	
Settings (flow/temp/O2)	
Duration on humidifier	
HME (type/use/tolerance)	

O2	
FiO2 requirement (night/day)	
Target SpO2	

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Oximetry	
Device	
Duration of monitoring (day/night)	
Average SpO2 and HR (day/night)	

Low SpO2		High SpO2	
Low HR		High HR	
Frequency of real alarms, action undertaken			

Cough assist/breath-stacking	
Settings	
Interface	
Frequency, cycles, sets	
Tolerance	

Chest PT	
Resp meds	
F/U (MD, RT)	
Others	

CVS:

Cardiac symptoms	Discerption of symptoms (e.g., chest pain, palpitations, syncope, presyncope, edema)	
Perfusion	☐ Well perfused ☐ Perfusion concerns:	
Lines	Difficult PIV access ☐ No ☐ Yes Need for central line ☐ No ☐ Yes	
Investigations	ECG	Last/frequency: Findings: Longest QTc:
	ECHO	Last/frequency: Findings:
Cardiologist F/U		
Others		

GI/NUTRITIUON:

GI symptoms	Discerption of symptoms (e.g., abdominal pain, irritability, abdominal distension)	
Emesis	☐ No emesis ☐ Emesis (specify):	
Bowel habits	Frequency	
	Consistency	
	Abnormal content	
	Management	☐ Bowel movement target and routine reviewed
GERD	☐ No reflux symptoms ☐ Reflux symptoms (specify):	
	Last gastric pH	
	Management	
GI meds		
GI F/U		
Others		

Oral intake		
Oral intake	Solids (specify texture)	
	Liquids (specify consistency)	
Chocking with oral intake	☐ No	

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	☐ Yes (specify):
Aspiration risk	☐ No ☐ Yes (specify):
Duration of feeding	
Bottle/utensils	Discerption
Positioning during feeding	Choose an item. ☐ Optimal positioning reviewed
Swallowing assessment	Type of assessment: Date: Findings:
OT F/U	
SLP F/U	

Tube
Type: Size: Balloon (volume, frequency of change): Last change date: Click or tap to enter a date. Next change date: Click or tap to enter a date. Complication with tube change (date): Emergency GT kit availability: ☐ No ☐ Yes Number of GT available with family:

Stoma/tube complications	
Complications (granuloma, irritation, infection, ulceration, bleeding, loose tube, abnormal tube output or any other concerns)	☐ None ☐ _____
Stoma care	☐ Daily ☐ Others (specify):

Nutrition	
Route	
Feed/recipe	
Feeding schedule	
Calories	
Proteins	
Volume	
Flushes	
Venting	
Positioning during feeding	

Estimated requirements
Calorie: Volume: Protein:

Measurements
Last weight: Frequency: Scale:

Last nutritional bloodwork	
Date	
Abnormal findings	

GU:

Voiding	Voiding frequency	☐ Voiding well
	Urine color and odor	☐ Normal
	Symptoms with voiding	☐ None
Renal stones	History of renal stones	☐ No ☐ Yes (specify):
	History of UTI	☐ No

UTI		☐ Yes (specify):
	Last UTI (date)	
	Previous organism	
	Previous treatment	
	Circumcised	☐ No ☐ Yes (reason):
	Prophylaxis	☐ No ☐ Yes (specify):
Intermittent catheterization	☐ No ☐ Yes (specify):	
Investigations	Last renal U/S (date, findings)	
	Others	
Follow-up	Nephrology	
	Urology	
Others		

MSK:

Symptoms	Description of symptoms (e.g., bone/joint pain, new deformities, worsening spasticity)	
Fractures	H/O fractures	☐ No ☐ Yes (specify):
	Last bone labs (date, findings)	
	Last X-ray (date, findings)	
	Last DXA scan (date, findings)	
	Management	
Scoliosis	Scoliosis	☐ No ☐ Yes (specify):
	Cobb angle (by last X-ray) (date)	
	Management	
	F/U	
Hip pathology	Discerption of hip pathology	
	Last imaging (date, findings)	
	Management	
PT	PT	
	Goal	
	Frequency	
	AFOs	
	Mobility	
F/U (ortho, PT, OT)		
Others		

SKIN:

Rashes	Discerption	
	Management	
Pressures injury	Discerption	
	Management	
	Risk of pressure injury	☐ No ☐ Yes ☐ Preventative measures reviewed
Others		

ID:

Infections	Describe history of infections	
	Last infection and its Tx	
	Prophylaxis indicated	☐ No ☐ Yes (specify indication):
Vaccination	☐ UTD ☐ Not UTD (specify): ☐ Received the flu vaccine for the season	
	Fully vaccinated	☐ No

COVID-19		☐ Yes
	History of COVID-19 in the patient	
	History of COVID-19 in the family	
	Family/care giver vaccination status	☐ Fully vaccinated ☐ Unvaccinated
Others		

ENDO:

Puberty	Signs of puberty	☐ No ☐ Yes (specify):
	Concerns	
Thyroid	Concerns	
	Last TFT (date, findings)	
Endocrinologist F/U		
Others		

HEM:

Last CBC	Date	
	Findings	
Transfusion	History of transfusion	☐ No ☐ Yes (specify):
	Last transfusion	
Medications (e.g., Fe)		
Others		

SOCIAL HISTORY
Lives in: Lives with: School: School supports: Extracurricular activities/interests: Main care provider: Social support system: CAS involvement: Police involvement: <u>Transportation:</u> Method of transpiration: Challenges with transportation: <u>Community supports:</u> Receiving LHIN services: Yes / No Services include: LHIN Care Coordinator: Homecare Respiratory Company: Nursing Agency: Nursing Hours: Personal Support Worker: Pharmacy: Erin Oak: Private Therapy: Others: <u>Funding:</u> ADP: MFTDF: Respite Care: Private Insurance: Others: