



Pediatric Clinical Parameters for Admission and Recertification

TRYSOMY 18

PATIENT'S NAME: _____ ID#: _____

NOTE: CIRCLE THE APPROPRIATE DATA AS COMPLETELY AS POSSIBLE.

GENERAL CHARACTERISTICS

1. Patient is under 18 years of age, or is being attended by pediatric specialist.
2. Child has probable life expectancy of months rather than years.
3. Consider the *entire* physical and psychosocial condition of the patient.
4. Review history, physical examination of the presenting terminal diagnosis.
5. Review medications.
6. Patient and family should desire no further aggressive therapy for the terminal illness, acute care hospitalization or cardiopulmonary resuscitation.
7. Patient with multiple medical problems that dictates a terminal prognosis. A symptom management approach rather than an aggressive approach to care is indicated.

- | | |
|--|---|
| <input type="checkbox"/> scaphocephaly | <input type="checkbox"/> dysphagia |
| <input type="checkbox"/> micrognathia | <input type="checkbox"/> failure to thrive |
| <input type="checkbox"/> low-set malformed ears | <input type="checkbox"/> multi-system involvement |
| <input type="checkbox"/> prominent occiput | |
| <input type="checkbox"/> possible cleft lip/palate (inability to suck) | |
| <input type="checkbox"/> clenched fist with overlapping fingers | |
| <input type="checkbox"/> clubfeet | |
| <input type="checkbox"/> syndactyly | |
| <input type="checkbox"/> cardiac septal defects | |
| <input type="checkbox"/> cardiomegaly | |
| <input type="checkbox"/> congestive heart failure | |
| <input type="checkbox"/> severe mental retardation | |
| <input type="checkbox"/> Intra-uterine growth retardation | |

Clinical Narrative:

Information Obtained From: _____ Date: _____

H&P Requested: _____ Yes _____ No

Date: _____ Source: _____ Signature: _____