

Background/Reason for Referral: Seizure Precautions; Fall Precautions; The following information was provided through the Pre-admission Summary written by Lydia Carter, R.N., and Attending Admission Note written by Cecilia Davoli, M.D. Haya Al-Yasin is a 5-year-old female from Kuwait presenting to Kennedy Krieger Institute with a history of right cerebellar astrocytoma, status post resection in 8/05. She has had a history of difficulty with residual hygromas and recurrent hydrocephalus and is status post VP shunt on 1/06. She has subsequently developed seizures reported to start in January 2008, and is now on Tegretol. Seizures are described as tonic-clonic. She also has both cognitive and motor disabilities related to her tumor/ resection. According to medical record, Haya's gait is ataxic and she needs supervision/ assistance for ambulation. She is otherwise described as being a fairly healthy child. Haya was admitted to Kennedy Krieger Institute for inpatient evaluation and treatment on 7/7/08. Haya was discharged from inpatient services on 7/9/08 and was planned to receive on-going outpatient services at this time.

Medications at admission include: Tegretol, Diazepam
Medications at discharge include: Tegretol, Diastat, Prevacid
ALLERGIES: NKDA/NKFA

School History: Haya attends the Hope School for Special Needs in Kuwait. She is in Pre-Kindergarten. Per family report, Haya received school-based Occupational Therapy and Speech Therapy prior to her admission.

Home Environment: Haya is reported to live in a 1-story home with her Grandmother, Father, Mother, 2 sisters, and Nanny in Kuwait. According to family, Haya uses an accessible, walk-in shower with a sitting area in order to bathe. Per family report, family did not own a car seat for Haya while in the United States and provided with a loaner car seat through Occupational Therapy. Haya's family was also provided with further recommendations of safety seats to purchase and use while in the country; however, they were recommended to keep the loaner car seat until another safety seat was purchased or until discharge from outpatient services.

Pain: No pain was displayed initially during the evaluation period; however, on 7/9/08, Haya reported pain during treatment sessions but it was difficult to distinguish location of pain due to Haya communication abilities. Pain was also noted via facial grimacing and crying. Using the Faces Pain Rating Scale, Haya was rated a 2/5 pain score.

Behavior and Cognition: At admission and at discharge, Haya demonstrated difficulties with communication, babbling during sessions and using single words in order to say "done" or "pain". During singing, Haya demonstrated lip movements during the song but is unable to vocalize. During OT sessions, Haya presented with a flat affect; however, alert throughout all treatment sessions. She responded and tolerated various forms of sensory stimulation, including auditory, visual, and tactile during sessions. She demonstrated limited eye contact during activities, requiring multiple verbal cues in order to sustain eye contact for a minimal amount of time. During basic play and school-based activities, Haya was noted to sustain attention to non-preferred or novel tasks for minimal amounts of time (2-3 seconds); however, increased attention was noted with preferred tasks (i.e., singing, Barney, etc.). Decreased attention was noted during all tasks as she was easily distracted by both internal and external stimuli. Although Haya attempted the majority of tasks provided during sessions, she required consistent physical cues x2 or more to initiate and continue her performance.

Interests: Haya was reported to enjoy Barney, Dora, books, singing, and playing with putty. Family reported that Haya appears uninterested in various toys, pushing them away with her bilateral upper extremities.

Head and Trunk Control: Haya was independent for head control. While seated on a standard chair without arms, Haya maintained static sitting balance without issues and supervision provided. During static and dynamic sitting activities, Haya required physical assistance to remain upright. She would spontaneously demonstrate quadruped positioning with up to 5 seconds at a time with a physical prompt provided at her bilateral shoulder girdle and pelvis. During ambulation, Haya required hand held assist and initiation of steps towards objects, toys, or family, as she was unable to demonstrate coordinated movement patterns in order to ambulate within the therapy room.

Equipment: Haya was admitted with personal stroller from home. No positioning equipment was reported to be used at home; however, an adaptive stroller was indicated at time of admission to promote improved positioning and prevent deformity. Per family report, Haya owns a walker that is not used due to preference for walking and a seat within the walk-in shower without issues. At discharge, it was recommended that family receive an outpatient equipment appointment for further evaluation of Haya's equipment and positioning needs.

Range of Motion (ROM): Haya demonstrated both active and passive range of motion within normal limits for her bilateral upper extremities. However, Haya was noted to have IP contractures at her fifth digits of both hands that were unable to be stretched during passive range of motion.

Tone: At admission and at discharge, Haya presented with low tone in her bilateral upper extremities, except increased tightness noted in bilateral wrist and finger flexors during simultaneous finger and wrist extension, as Haya's demonstrated a resting position of bilateral wrist flexion and finger extension. Difficulty was noted within bilateral upper extremity weight bearing positions of quadruped and prone on hands/ elbows due to Haya's decreased upper extremity tone. Bilateral IP contractures were noted within the fifth digit of both hands. Haya's increased tone requires consistent passive range of motion and splint wear in order to prevent further contractures.

Upper Extremity Strengthening: Manual Muscle Testing and Grip/Pinch strength testing was not tested due to patient's limited active movement of bilateral upper extremities observed and cognition level. However, during OT sessions, Haya noted decreased upper extremities strength, requiring increased physical assistance in order to weight bear on bilateral upper extremities whether while trying to maintain an upright position while sitting upright or using bilateral upper extremities for bed mobility. Decreased grip strength was noted during fine motor tasks, as frequent dropping of toys, puzzle pieces, and blocks and Haya was unable to grasp items no more than 2-3 seconds at a time.

Upper Extremity Function: During the admission period, Haya demonstrated initiation of a normal reaching pattern towards an object placed on both a vertical and horizontal surface; however, required physical assistance in order to reach beyond 30-40 degrees of shoulder flexion. Limited elbow extension was noted during reach, although spontaneous wrist extension was demonstrated when grasping items upon a vertical surface or in mid-air. During the session, Haya was not noted to bring both hands to midline in order to participate in bilateral play. Haya primarily used a gross palmar grasp bilaterally, using a raking pattern in order to maintain grasp of items upon a flat surface. With small items, Haya occasionally used various grasping patterns including lateral grasp, tripod grasp, and inferior pincer grasp with both hands inconsistently; however, used her left hand more than her right. Haya was not noted to demonstrate a volitional release of an object on command; however, tolerated hand-over-hand assistance in order to place objects within a toy or puzzles within a form board. During grasp of items, Haya was noted to drop toys/ objects after maintaining them in-hand for approximately 2-3 seconds at a time. Minimal to no active movement was noted in order to perform functional tasks; however, Haya was noted to inconsistently tolerate hand-over-hand assistance to perform basic tasks and play activities.

Splinting: Per family report, Haya owns a pair of fabricated resting hand splints at home but were unable to be provided during her admission. Splints were reportedly worn due times of decreased activity (i.e., watching TV) and overnight wear. Due to the increased tone in both hands and decreased spontaneous bilateral wrist extension noted during functional activities, Haya continued to be indicated to wear bilateral upper extremity splints at this time and splinting needs will be evaluated on an outpatient basis.

Visual Skills: Per parents report, Haya has normal visual skills. Throughout her admission, Haya inconsistently tracked a moving target in a vertical or horizontal line with simultaneous lateral head movement. She was noted to scan for sounds and voices spontaneously during sessions.

Visual Perceptual/visual motor: At admission and discharge, Haya was unable to demonstrate ability to identify and match primary and secondary colors and shapes. Hand-over-hand assistance was provided in order to correct match puzzle pieces or combine animal shapes together. During OT sessions, Haya was noted to hold onto a thick pre-school marker with a gross grasp. She was unable to imitate pre-handwriting strokes (horizontal line, vertical line, circle, etc); however, spontaneous scribbling, although minimal, was noted on command without hand-over-hand assistance with an initial physical cue provided by therapist while standing at vertical surface (mirror).

Oral Motor/Feeding: Limited feeding was noted during the evaluation period due to Haya's food refusals during breakfast x2 sessions and sleeping during a lunch session. According to medical orders, Haya was on a regular diet with thin liquids throughout her admission. Even though limited amount of intake was observed (approximately 1 bite of oatmeal and ¼ ounce of orange juice), no clinical signs of aspiration were noted at that time. Haya's mother was provided with education regarding clinical signs of aspiration and it was reported by her mother that Haya has not displayed any signs during meal sessions. At admission and at discharge, Haya was able to demonstrate slow, uncoordinated movements

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DEPARTMENT OF
OCCUPATIONAL THERAPY
7/29/08
Inpatient Initial Evaluation/Discharge Summary
PAGE 3 of 3

KKI #: 12-19-03
Name: Al-Yasin, Haya
DOB: 6/9/03
DOA: 7/7/08
JHH#: 84336149
LOS: 7/7/08 through 7/9/08

in order to mimic oral motor movements (i.e., forward protrusion of her tongue, tongue lateralization, etc.) demonstrated by the OT on command 50% of the time.

Activities of Daily Living: At admission and at discharge, Haya required total assistance for all Activities of Daily living including eating, grooming, upper body dressing, and lower body dressing. When provided with a wet cloth in order to wipe her hands off during 1 OT session, Haya initiated the task by bringing her hands together; however required hand-over-hand assistance in order perform the task. Per family report, Haya performed some finger feeding; however, was dependent for all further ADL skills prior to admission.

Summary/Recommendations: Haya Al-Yasin is a 5-year-old female from Kuwait presenting to Kennedy Krieger Institute with a history of right cerebellar astrocytoma, status post resection in 8/05. She has had a history of difficulty with residual hygromas and recurrent hydrocephalus and is status post VP shunt on 1/06. She has subsequently developed seizures reported to start in January 2008, and is now on Tegretol. Seizures are described as tonic-clinic. She also has both cognitive and motor disabilities related to her tumor/ resection. According to medical record, Haya's gait is ataxic and she needs supervision/ assistance for ambulation. She is otherwise described as being a fairly healthy child. Haya was admitted to Kennedy Krieger Institute for inpatient evaluation and treatment on 7/7/08. Haya was discharged from inpatient services on 7/9/08 and was planned to receive on-going outpatient services at this time. **Impairments:** decreased postural control, decreased attention to task, decreased communication skills, variable bilateral upper extremity tone, decreased bilateral upper extremity strength, decreased bilateral upper extremity functioning including fine motor skills, on-going upper extremity splinting needs, impaired visual perceptual/ visual motor skills, decreased ability to perform Activities of Daily Living skills. **Activity:** During the initial evaluation period and at discharge, Haya attempted to participate in activities; however, required hand-over-hand assistance in order to participate in various play and sensory tasks.

Participation: Haya received Inpatient Occupational Therapy for 60 minutes daily for evaluation and treatment in order to address the impairments listed within this initial evaluation/ discharge summary. Haya is recommended to receive continued Occupational Therapy services via outpatient or school-based therapy upon her return to home. Upon discharge from inpatient admission, Haya is recommended to receive outpatient Occupational Therapy x2 weekly with primary Occupational Therapist.

Plan: Plan for Haya to be discharged to home with her family. Plan for family members to implement a home program with recommendations for upper extremity functioning, posture/trunk control, and ADL skills. Plan for Haya to return for outpatient Occupational Therapy x2 weekly with primary Occupational Therapist, Jennifer Vance, MOTR/L. Plan for family to purchase a car seat for Haya's transportation while in the United States with provided recommendations from therapist; however, family is recommended to keep loaner car seat provided by inpatient Occupational Therapist until their return to Kuwait.

Contact Information: Please contact this therapist for further question or information as needed.

Jennifer L. Vance, MOTR/L
Staff Occupational Therapist
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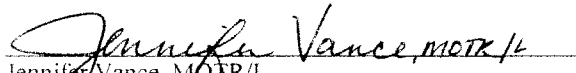
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WeeFims:

At admission: Eating-1 Grooming-1 UB Dressing- 1 LB Dressing- 1
Discharge goal: Eating-1 Grooming-1 UB Dressing- 1 LB Dressing- 1
Discharge status: Eating-1 Grooming-1 UB Dressing- 1 LB Dressing- 1

KKOTS:

At admission: UEMS- 41/100 OMMS- 12/35
Discharge goal: UEMS- 42/100 OMMS- 15/35
Discharge status: UEMS- 42/100 OMMS- 15/35


Jennifer Vance, MOTR/L
Staff Occupational Therapist