Kennedy Krieger Institute

KKI 12-19-[illegible]
AL YASIN, HAYA
JHH
[illegible]
Alyasin, Haya

NURSING ADMISSION DATABASE

In the past 24° has there been: ☐ Fever (38.5°C) ☐ Vomiting ☐ Diarrhea ☒ None
In the past 2 weeks has there been exposure to: ☐ Chicken Pox ☐ Measles ☐ Mumps ☒ No Exposure
Has child had Chicken Pox: ☒ No ☐ Yes If yes, date when exposed _____ Vaccinated ☒ No ☐ Yes
Parents/Guardians Name(s): Maha & Mohammad Alyasin
Phone #s: Home (410) 216 6073 Cell (713) 502 8206 Work (_____) _____
Emergency Contact: Name Maha (Mom's) Relationship cell # Phone Number 011 965 666 155
Admitted From: ☒ Home ☐ Hospital ☐ Other: _____
Family Household Composition: Grandma, Mom, Dad, pt, 2 sisters, nanny
School Placement: Hope School for Special Needs (Kuwait) Level /Grade: Pre-K ☐ N/A
Primary Physician: Fahad Alnourkhaizem Phone Number 011 965 7838 9
Admitting Diagnoses: Rehab Eval re: Seizures
Reason for Hospitalization: ☐ Feeding Program ☒ Rehabilitation ☒ Medical Eval ☐ Other: _____
Visitation Plans: ☒ Room In Nightly ☐ Room In Occasionally ☐ Other: _____
Previous Hospitalizations/Illnesses: 2005 Adenoidectomy, tumor resection (in Germany U. of Freiburg
Shunt placed also Germany 06 (see website) pt seizure Jan 2008 x 30 min

Www. Haya asha. com

MEDICATION LIST: Please list all Prescription and Over the Counter Medications, Vitamins or Herbal Remedies Taken

Medication	Dosage	Frequency	Route	Time Last Taken
Tegretol	10 mg	BID (0,12)		2A, 2P
Valium Supps	2.5 mg	PRN for seizure 5min	PR	

Special Needs for Medication Administration: ☐ per GT/NGT/JT ☐ Other: _____

Allergies to Foods, Drugs, or Other: ☒ No Known Allergies ☐ Yes If yes, list reaction and treatment:

Food/Drug/Other	Reaction	Treatment
Had a reaction to medication given to sedate before MRI		
reaction possibly 2° to tumor, PO lig parents cant remember name		
Tegretol has caused general itching but pt. continues to receive it.		

Complimentary Medicine: ☐ Energetic Healing ☒ Massage ☐ Acupuncture ☐ Other _____
Are Immunizations Up-to-date? ☒ Yes ☐ No If no, which ones are needed: _____
Has Child had a TB Test? ☒ No ☐ Yes If yes, result: ☐ Negative ☐ Positive Date _____

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JHH
6/09/03 X F 003
F 7/07/04 832

ASSESSMENT:

ADMISSION Vital Signs:

T 37 P 101 R 22 B/P 103 / 61 SaO_2 _____ %

Weight 22.4 kg Height 106 cm Head Circumference _____ cm (If less than 2 years of age)

Neurological:

Memory Deficits - Describe pt non-verbal

Sleep Pattern: 7-8 hours a night; Nap occasionally 1° hours a day

Sleep Aids: ☐ Yes ☒ No

Explain: _____

Seizure Activity: ☐ No ☒ Yes If yes, date of last seizure and description: _____

tonic-clonic seizures c foaming at mouth, de saturations, occasionally lasting > 5 min, occasionally staring episode, eye twitch

last seizure 6/18/08

Cardiovascular:

Circulatory History: ☐ Arrhythmias ☐ Hypertension ☐ Hypotension ☐ Other: none

Murmur: ☐ Yes ☒ No

Respiratory::

Respiratory History: ☒ Asthma ☐ BPD ☐ Apnea seasonal allergies

Can Patient Cough? ☐ Yes ☐ No

Elimination – Gastrointestinal/Genitourinary:

Bowel Function: ☐ Continent ☒ Diapers ☐ Bowel Program ☐ Other (describe) training for bowels

Last Bowel Movement: 7/6/08 Frequency Bowel Movements Q Day

Bladder Function: ☐ Continent ☒ Diapers ☐ CIC – Frequency: _____ Catheter Size: _____

Other (describe) _____ Toileting Schedule _____

Special needs for Bowel or Bladder (describe) training for stool, pt motions to mom

Nutrition:

Diet: ☒ Regular ☐ Chopped Fine ☐ Soft ☐ Ground ☐ Pureed

Restrictions: ☐ NPO ☐ Other: _____ Difficulty Swallowing? ☐ Yes ☒ No

Formula: _____ Meal Frequency: TID c Snacks

Special Feeds: ☐ NG ☐ OG ☐ GT Tube Type: ☐ PEG ☐ Mic-Key ☐ Mic ☐ Other: _____

Tube Size: _____

Recent Weight Change: ☐ Gained ☐ Lost If lost, how much? none

Method of Feeding: ☐ Uses Utensils ☒ Finger Feeds ☒ Cup ☐ Bottle ☒ Straw ☐ Self-Feed

☒ Partial Assistance ☐ Total Assistance

Other Nutrition: pt likes milk c vanilla GB

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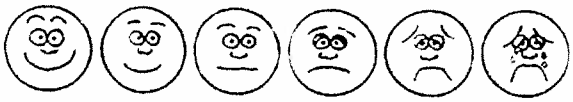
6/09/03 X F
F 7/07/

Musculoskeletal:

Motor Function: ☐ Head Control ☐ Sits ☒ Walks ☐ Quadriplegic ☐ Paraplegic ☐ Other: _____ (☒ Walks: ō assistance)
Mobility: ☐ Ambulatory ☐ Bedrest ☒ Wheelchair ☐ Other: _____
Motor Response: ☐ Hemiparesis ☐ Hypotonic ☐ Hypertonic ☐ Spastic ☒ Other: poor balance
Adaptive Equipment and Usage: ☐ N/A ☐ Cane/Crutches ☒ Walker ☐ Wheelchair ☐ Other: _____ (☒ Walker: ō seat)

Pain: (Circle pain level on appropriate pain scale)

Faces Scale instructions: *Point to each face using the words to describe the pain intensity. Ask the child to choose face that best describes own pain and record the appropriate number.*



Face 0 = does not have any pain
Face 1 = hurts just a little bit
Face 2 = hurts a little more
Face 3 = hurts even more
Face 4 = hurts a whole lot
Face 5 = hurts as much as you can imagine, although you do not have to be crying

Numeric Pain Intensity Scale: 0 1 2 3 4* 5* 6* 7* 8* 9* 10*

(*Pain level requiring action) [0 = no pain, 5 = moderate pain, 10 = worse pain imaginable]

Pain relief measures: tylenol

Emotional/Behavior: ☒ Calm ☐ Crying ☐ Talkative ☐ Hyperactive ☐ Aggressive
☐ Self-Injurious ☐ Other: _____
Usual Coping Behavior: crying occasionally cries all day ō no relief
Eye Contact: ☒ Yes ☐ No Separation Anxieties: ☒ Yes ☐ No

Other Health:

Dressing: ☐ Self ☐ Partial Assistance ☒ Total Assistance
Dental Hygiene: ☒ Good ☐ Fair ☐ Poor Explain _____
Menses Pattern: ☒ N/A ☐ No ☐ Yes If yes, date of Last Menstrual Period _____
Sexually Active: ☒ N/A ☐ No ☐ Yes - If yes, describe birth control method: _____
☐ Alcohol Use: ☐ Yes ☒ No Drug Use: ☐ Yes ☒ No Tobacco Use: ☐ Yes ☒ No

Admission WeeFim Score:

Bathing 1 Toileting 1 Bladder Management 1 Toilet Transfers 1 Tub/Shower Transfers 1 Bowel Management 1

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6/09/03

Fall Risk Assessment Score: ***(*Complete Fall Risk Assessment Tool)*** **Score:** _____

	Risk Level (Check Level)	Fall Risk Scale	Action
	Standard Fall Prevention Interventions	≤ 59	See Standard Fall Prevention Interventions
X	High Risk	> 60	See High Risk Fall Prevention Interventions

Braden Scale /Braden Q (< 5 yrs. Old) Scale Score: **(*Complete Braden Assessment Tool) Score:**___

	Risk Level (Check Level)	Pressure Sore Risk Score	Action
X	No Risk	19 – 23	Observe for changes
	At Risk	15 – 18	Implement Interventions for At and Moderate Pressure Ulcer Risk
	Moderate Risk	13 - 14	
	High Risk	10 – 12 <16 (Braden Q)	Implement Interventions for High and Very High Pressure Ulcer Risk
	Very High Risk	9 or less	

Learning and Education Needs:

Patient's Primary Language: ☐ English ☒ Other:_____ Guardian's Primary Language: Arabic
Can Guardian: Read English - ☒ Yes ☐ No Write English - ☒ Yes ☐ No Interpreter Needed - ☒ Yes ☒ No
Do you feel you have any emotional barriers for learning? ☐ Yes ☒ No Parents speak and understand English
Do you feel you have any physical limitations for learning? ☐ Yes ☒ No
Do you need any special accomodations? ☐ No ☒ Yes If yes, what: Ref - bed may well interpret for embassy coordinatio
What method(s) of learning do you prefer: ☒ Verbal ☒ Written ☒ Demonstration ☐ Other
Cultural/Religious Beliefs or Requests: No pork, no alcohol
Patient/Family Educational Needs: Medical recommendations re: seizures
Preliminary Discharge Needs: PT/OT

Additional Information:

Appliances/Equipment Brought to Hospital: Stroller
If patient has any equipment at home such as feeding pump, suction machine, list the name and phone number of the vendor: ———
Laundry: ☐ Home ☒ Hospital
Any additional information to help us care for your child: pt likes milk & vanilla CIB

Information Source Mom, Nana Alyasin

Interviewer(s): Cristina Bafol RN Date/Time: 7/7/08 1100