**Information Source(s):** (Check all that apply)

- [ ] Child / Family
- [ ] Primary care physician
- [ ] Medical records
- [ ] Medical specialist(s) (please specify):
- [ ] Other (please specify):

**Health History**

**Did the child have / does the child have...**

- [ ] Complications during pregnancy or delivery?
- [ ] Premature birth?
- [ ] Chronic illness or handicaps?
- [ ] Current injuries?
- [ ] Allergies to medications, food, animals, environment?
- [ ] Current medications?

**Potential for traumatic stress / impact on child’s coping:**

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Risk for medical trauma may increase if the child:**

- Developed developmental delays / disorders due to birth complications / prematurity
- Experiences severe pain or medical crises due to injury / chronic illness / animal bites / allergies (e.g. asthma attack, serious allergic reaction)
- Experienced any life-threatening medical episodes or consequences (e.g. physical scars / handicaps)

**Lifetime Medical Experiences**

**Has the child had...**

- [ ] Serious or life-threatening illnesses or injuries?
- [ ] Prolonged or painful treatments (blood transfusions, surgical pinning/plating/casting, spinal taps, invasive procedures)?
- [ ] Emergency room visits?
- [ ] Surgeries?
- [ ] Lengthy hospital stays?
- [ ] Ambulance transports?

**Potential for traumatic stress / impact on child’s coping:**

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Risk for medical trauma may increase if the child:**

- Was alone / without caregiver for initial or lengthy parts of treatment
- Lacked supportive relationships
- Was unprepared for / did not understand treatment
- Had severe pain / painful treatment
- Experienced scary sights / sounds in hospital
- Experienced previous trauma (e.g. abuse, neglect)
- Had prior behavioral / emotional problems
- Experienced concurrent losses

**Emotional Distress**

**Has the child...**

- [ ] Reacted strongly (e.g., fear) to going to doctor, seeing ambulances, being in or near hospitals, getting needle shots?
- [ ] Overreacted to minor injuries?

**Potential for traumatic stress / impact on child’s coping:**

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Risk for medical trauma may increase if the child:**

- Changed health care providers frequently / has been unable to form bond with familiar provider
- Lacked consistent source of reassurance
- Experienced previous trauma (e.g. abuse, neglect)

**Exposure**

**Has the child...**

- [ ] Known anyone in birth / resource family with serious illness, injury, or prolonged hospitalization?
- [ ] Witnessed serious injury, painful medical procedure or death in hospital?

**Potential for traumatic stress / impact on child’s coping:**

- [ ] Mild
- [ ] Moderate
- [ ] Severe

**Risk for medical trauma may increase if the child:**

- Was separated from caregiver due to that person’s illness / injury / hospitalization
- Witnessed injury / painful procedure / death while visiting hospital
- Was unprepared for / did not understand what was happening during hospital visit
Assessment / Concerns:

Action Plan:

- Physician notified (name):

- Request records from:

- Additional contact with (specify goals of contact):

- Arrange to keep same medical provider (“medical home”) throughout placement (name):

- Designate consistent caregiver / support person to attend appointments (name):

**Provide instruction to resource and / or birth parent – check any/all that apply:**

- Continue with previous medical provider if possible
- Provide age-appropriate, accurate information about medical condition / treatment
- Explore child’s thoughts and feelings – including distortions, magical thinking, and inaccurate information
- Reassure child that s/he has done nothing wrong to cause the illness / injury / treatment
- Normalize anxious feelings and prepare child for medical exams / treatment (explain process; explore worries; provide reassurance; teach distraction coping techniques)
- Share information about medical trauma and child’s history with health care provider
- BEFORE medical appointments talk / plan with health care providers about child’s possible stress reactions
- Anticipate and understand behavioral regression, outbursts, and other responses that children use to communicate their anxiousness and distress during medical visits / treatment; avoid taking these responses personally
- Return to normal routines as soon as possible after treatment
- Seek mental health treatment if serious concerns about 1) child’s ability to cope and/or 2) behavioral changes associated with medical events
- Attend to your own needs to prevent burnout

**Provide educational materials – to providers, resource and/or birth parent – check any / all that apply:**

- Pediatric Medical Traumatic Stress Toolkit (email: cpts@email.chop.edu for copy)
- Health Care Toolbox: [http://healthcaretoolbox.org](http://healthcaretoolbox.org)
- After the Injury: [http://aftertheinjury.org](http://aftertheinjury.org)

Screen for trauma symptoms

Other:

Other:

Form completed on: _______________ Date: _______________ Time: _______________ Initials: _______________