STANDARDIZED PROCEDURE
PERFORMANCE OF STANDARDIZED NEURO-DEVELOPMENTAL SCREENINGS/EVALUATIONS/PSYCHOSOCIAL ASSESSMENT

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

DEVELOPMENTAL EVALUATION

PURPOSE:

Infants and children referred to the HRIF Program face risks for abnormalities in their development.

ASSESSMENT:

Developmental status shall be evaluated using standardized developmental evaluation tools. The choice of tools shall be based on the specific needs and risks of each child. Tools utilized include:

- The Revised Developmental Screening Inventory (“Gesell”)
- The Bayley Scales of Infant Development III
- The Bayley Scales of Infant Development III, Screening Test
- The Mullen Scales of Early Learning
- The Neonatal Behavioral Assessment Scale
- The Early Language Milestone Scale
- The Peabody Picture Vocabulary Test
- The Receptive One Word Vocabulary Test
- The Expressive One Word Vocabulary Test
- MCHAT autism screening tool
- The Movement ABC-2 (for older children enrolled in research protocols)

PLAN:
Infants or children found to have abnormalities in their development shall be referred to appropriate early intervention services (as available) with the consent of their parent or guardian.

PARENT EDUCATION:

Parents or guardians shall be given education regarding the results of developmental evaluations and anticipatory guidance regarding ways to promote the developmental status of their child. Parents will be informed regarding community resources and how to access appropriate services.

NEUROMUSCULAR EVALUATION

PURPOSE:

Infants and children referred to the HRIF Program are at risk for abnormalities in their neuromuscular status, particularly cerebral palsy.

ASSESSMENT:

Neuromuscular status shall be evaluated through a focused neurological examination. The evaluation is standardized and based on the work of Dr. Amiel-Tison.

PLAN:

Patients with abnormalities in their neuromuscular status shall be referred for appropriate services including physical and occupational therapy.

Patients will be referred for neurological evaluations by a pediatric neurologist when necessary.

PARENT EDUCATION:

Parents and guardians will be given education regarding the findings on the neuromuscular evaluation. Education regarding positioning to prevent abnormalities in neuromuscular status will be provided. If referrals to other providers are recommended, education will be provided regarding these recommendation and the process necessary for the child to receive additional services.
COMPREHENSIVE HISTORY AND PHYSICAL EVALUATION

PURPOSE:

To obtain information necessary to provide comprehensive case management, anticipatory guidance, and appropriate referrals for this high risk population.

ASSESSMENT:

History and review of systems will be obtained and documented in the medical record. This shall include (but is not limited to):
- parental concerns
- current and past medications
- f/u with primary care and medical specialties
- illnesses, hospitalizations
- diet
- sleep
- immunizations

Reports, assessments, and medical records from other providers will be reviewed when available.

Consultation with other providers including: audiologists, ophthalmologist, primary care providers, medical specialists and community service providers will be obtained by telephone or electronic means when indicated.

Growth shall be evaluated through measurements of head circumference, length, and weight. Growth parameters will be plotted on WHO or NCHS growth curves using both chronologic and adjusted age. When growth is not optimal, a more detailed diet history shall be obtained.

A physical examination shall be performed and documented in the medical record.

PLAN:

Comprehensive case management shall include referral to community service agencies, anticipatory guidance, and referral to audiology, ophthalmologist and other medical providers as indicated. Direct referrals will be made or recommendations/requests to the primary care provider will be made based on the needs of the child and the health insurance requirements.

When growth is not optimal, anticipatory guidance regarding intake will be provided. Referrals may be made to pediatric nutritionists, gastroenterologists, or the WIC supplemental nutrition program.

The NP will either refer for care, OR manage minor childhood conditions discovered in the course of the evaluation. Medications may be furnished in
accordance with MCP641,1D, “Furnishing and ordering of Drugs and Devices by Nurse Practitioners…” In the event a child is discovered to have an emergent medical condition, immediate physician consultation shall be sought and the child will be referred to the Emergency Room.

**Audiology:** Children with concerning findings during the assessment (abnormal response to sounds, speech and language delays, etc) will be referred for audiology assessments.

In accordance with the American Academy of Pediatrics 2007 Position Statement on “Principles and Guidelines for Early Hearing Detection…” it will be recommended that all children with risk factors have at least one diagnostic audiology assessment by 24 to 30 months. These referrals will usually be made to audiologists throughout the community.

**Ophthalmology:** Children with concerning findings during the assessment (abnormal physical findings, difficulty tracking, etc) will be referred for ophthalmology assessments. All children with known risk factors will be referred for ongoing ophthalmology assessments as recommended by their ophthalmologist. Referrals are made to ophthalmologists throughout the community.

**Home Health:** Children seen in the HRIF program are normally referred for home health evaluation at the time of discharge from the NICU. If concerns are uncovered during the evaluation that should be addressed by a home health evaluation the family will be referred either to a home health agency or to county public health nursing programs.

With the written consent of the family, a comprehensive report from the HRIF evaluation will be sent to the primary care provider and other involved service providers (PHN, education service providers, medical specialty providers, etc.).

**PARENT EDUCATION:**

Anticipatory guidance and education shall be provided based on the findings of the assessments.

Parents and guardians will be educated regarding all recommendations and referrals.
PSYCHOSOCIAL EVALUATION

PURPOSE:

To obtain information needed to provide appropriate referrals, counseling, and support for families/caregivers of high risk infants and children.

ASSESSMENT:

The NP shall review social work notes from NICU stay if available. The NP shall question the parent/guardian to elicit living arrangements, insurance coverage, financial stressors, concerns, and parent/guardian stressors/emotional status.

PLAN

Immediate referral to consulting social worker or other agencies if urgent concerns are identified. (These include but are not limited to: parent/guardian depression, suspicion for child abuse/neglect, family violence). Referral to community resources for other concerns.

PARENT EDUCATION

Resources available and how to access support.

VII. RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438

VIII. HISTORY OF POLICY

Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016