Medical Trauma Assessment & Action Form©

(For Child Welfare Professionals)

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…	**Risk for medical trauma may increase if the child:**
❑	Complications during pregnancy or delivery?	• 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)
❑	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**

Lifetime Medical Experiences

	Has the child had…	**Risk for medical trauma may increase if the child:**
❑	Serious or life-threatening illnesses or injuries?	• 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
❑	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**

Emotional Distress

	Has the child…	**Risk for medical trauma may increase if the child:**
❑	Reacted strongly (e.g., fear) to going to doctor, seeing ambulances, being in or near hospitals, getting needle shots?	• 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)
❑	Overreacted to minor injuries?	

Potential for traumatic stress / impact on child's coping:	❑	Mild	❑	Moderate	❑	**Severe**

Exposure

	Has the child…	**Risk for medical trauma may increase if the child:**
❑	Known anyone in birth / resource family with serious illness, injury, or prolonged hospitalization?	• 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
❑	Witnessed serious injury, painful medical procedure or death in hospital?	

Potential for traumatic stress / impact on child's coping:	❑	Mild	❑	Moderate	❑	**Severe**

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Assessment / Concerns:

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	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 ☐ After the Injury: http://aftertheinjury.org ☐ National Child Traumatic Stress Network: http://nctsn.org
❑	**Screen for trauma symptoms**
❑	**Other:**
❑	**Other:**

Form completed on: **Date:** ________________ **Time:** ________________ **Initials:** ________________

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