

My patient is an 18 mo girl S/P cluster transplant. She has two older brothers who live in the household. Her parents are married and both live with all three siblings. My patient has been in the hospital for a significant time since birth. The ICARE assessments I found during the interview include:

I: Both parents try to keep my patient safe in the house. They do take precautions to “hide” poisonous substances from her and also keep sharp objects away from her. Overall they feel they are doing a good job “child-proofing” the house. There seems to be an issue regarding feeding that was sensitive to discuss, as there has been an issue regarding neglect.

C: The patient has hearing issues bilaterally and an appointment has been made for fitting of hearing aids. Regarding the parents communications issues, they do not seem to stay in close communication with their daughter at this time. Reasons for this seem to be the emotional stress and preoccupation with the older siblings, who feel left behind.

A: The parents state that health insurance is not an issue, although they do not want to elaborate on it.

R: The parents state that any basic child needs are met, but looking at the history, feeding and childcare seems to be an issue in this case. Although there is not a financial issue regarding this, it seems to be more a time issue with the parents and the unwillingness to be involved in their daughter’s care. Shelter needs are met.

E: The parents are not much involved at this time with their daughter’s care. This overall seems to be because of the suspicion towards medical staff. As there is a social neglect issue and, as such, a custody issue, the parents are very uncooperative towards the medical staff and any aspect related to this. Other reasons for this seem to be the emotional stress and preoccupation with the older siblings, who feel left behind

Overall these issues affect the patient’s well-being as the interaction between patient and family seems to be deteriorating. Although financial issues are present, looking at the history, most needs are met now with toll-free numbers to call the hospital, free transportation etc. Talking to the family, the major issues seems to be that the parents seem out of touch with their daughter and very

emotionally stressed by everything that is going on. To address these issues, I will sit down with the parents and get them informed regarding the medical confusion regarding tests done, results and the overall plan. Regarding the emotional stress, they did not want any real counseling for it, but did feel they needed help. I gave them the number for MUMS (mothers united for moral support), Parental Stress Center and WIC. Although I am not sure if there is any support group within the hospital itself, I will follow up with that I told them. Regarding an overall goal, we have decided that the goal would be to be more involved in their child's care. From our perspective, we need to keep the parents better informed about what is being done to their daughter on a level that they understand. From their end, they need to keep in better communication. They promised to call at least 3 times a week and try to visit once a week. Regarding the emotional stress, they will contact the numbers I provided them and hopefully they will be of benefit. I told them I will follow up with them weekly, but most likely will talk to them more often.