GETTING TO KNOW _____ NAME

HOW _____ NAME COMMUNICATES

Check all that apply	Describe (use of tools, signs, etc)
☐ Talking ☐ Sign language ☐ TTY ☐ Picture board ☐ Gesture/facial ☐ Other ☐ Computer keyboard	
Gestures/images to show fear	
Gestures/images to show hunger	
Gestures/images to show toileting needs	
Other gestures/images	

MOBILITY/HOW _____ NAME MOVES AROUND

Can do these things without assistance	Needs help with
☐ sit up ☐ crawl ☐ stand	☐ sit up ☐ crawl ☐ stand
☐ walk ☐ walk with assistance	☐ walk ☐ walk with assistance
☐ climb stairs ☐ run	☐ climb stairs ☐ run

TOOLS/EQUIPMENT THAT AID IN MOVEMENT:

Equipment and Brand Name	Used For	Trouble-shooting/ If the alarm sounds, try	Phone for repair

GETTING TO KNOW

_____
NAME

(CONTINUED)

Describe position routines and preferences:

Describe transfer routines and strategies:

Other comments about mobility:

EATING / DRINKING

Is _____ likely to eat non-food items? ☐ YES ☐ NO
NAME

Prevention / interventions:

Any special positioning:

EATING / DRINKING (CONTINUED)

ASSISTANCE NEEDED

☐ none
uses: ☐ knife ☐ fork ☐ spoon

☐ supervision

☐ limited assistance

☐ complete assistance

☐ Feeding tube
☐ NG ☐ OG ☐ GT ☐ G / J tube

TUBE FEEDINGS

☐ gravity ☐ pump (pump rate: _____)

Formula Name / location:

Formula Amount:

Flush Amount:

How often:

Feeding tube care:

GETTING TO KNOW

NAME

(CONTINUED)

Location of extra feeding tubes:

How often are feeding tubes changed:

Care of skin around feeding tube:

Favorite foods:

Foods to avoid:

Food allergies & signs of allergic reaction:

Required foods/supplements:

FOOD PREPARATIONS

- ☐ none
- ☐ cut into pieces
- ☐ lightly blended
- ☐ pureed

DRINKS FROM

- ☐ does not take anything by mouth
- ☐ bottle
- ☐ sippy cup
- ☐ regular cup/glass

BREATHING / RESPIRATORY CARE

CHECK ALL THAT APPLY:

☐ **OXYGEN** Liters: _____ Route: _____

☐ **SVN** Medication: _____ Amount: _____ Frequency: _____

☐ **SUCTIONING** Route: _____ Catheter Size: _____ Frequency: _____

☐ **TRACHEOSTOMY** Size / Brand: _____ Change Frequency: _____

☐ **VENTILATOR** Type: _____

Settings: IMV _____ SIMV _____ Volume _____

Peak Pressure _____ PEEP _____ Rate _____

☐ **PULSE OX** Type: _____

Settings: Low Alarm _____ High Alarm: _____

☐ **APNEA MONITOR** Type: _____

Settings: High Heart Rate _____ Low Heart Rate _____

Apnea settings in seconds _____

☐ **CPAP** Type: _____

Settings: Pressure _____

☐ **MEDICATIONS**

☐ Albuterol

Nebulizer _____ Dose: _____ Frequency: _____

Puffs _____ Frequency: _____

☐ Intal

Nebulizer _____ Dose: _____ Frequency: _____

Puffs _____ Frequency: _____

☐ Provental

Nebulizer _____ Dose: _____ Frequency: _____

Puffs _____ Frequency: _____

GETTING TO KNOW _____

NAME

(CONTINUED)

☐ **CLAPPING (CPT)**

Frequency: _____

OTHER COMMENTS / INSTRUCTIONS:

_____

_____

_____

_____

_____

_____

BATHING / TOILETING

BATHING

☐ Tub ☐ Shower ☐ Other: _____

Assistance needed:

☐ none ☐ supervision

☐ limited assistance ☐ complete assistance

TEETH BRUSHING

Assistance needed:

☐ none ☐ supervision

☐ limited assistance ☐ complete assistance

TOILETING

Assistance needed:

☐ none ☐ supervision ☐ limited assistance ☐ complete assistance

How often?

☐ reminders needed

_____ will let you know s/he needs to go by _____

NAME

TOILETING (CONTINUED)

Location of menstrual supplies, if needed

EMOTIONAL REGULATION / BEHAVIOR

How _____ (NAME) shows affection: _____ (E.G., HUGGING, SMILING, PETTING)

How _____ (NAME) shows fear: _____ (E.G., HIDING, ROCKING, SILENCE, CRYING)

How _____ (NAME) plays with other children: _____ (E.G., EASILY? SHY? AGGRESSIVE?)

_____ (NAME'S) favorite activity with others:

What encourages _____ (NAME) to cooperate:

What helps _____ (NAME) change from one task to another:

GETTING TO KNOW _____ NAME

(CONTINUED)

How _____ NAME responds to too much or not enough stimulation:

Meltdowns: ☐ YES ☐ NO

Can be caused by: _____

Warning signs: _____

How to help: _____

BEDTIME ROUTINE

ACTIVITIES

☐ Read a story (location/title of favorites) _____

☐ Sing a song (name of song) _____

☐ Recite a standard prayer (location/title/text) _____

☐ Say our own prayers

ANY BEDTIME PROPS? DESCRIPTION/LOCATION:

(E.G., STUFFED ANIMAL, BLANKET)

POSITIONING/TURNING:

STRATEGIES FOR WAKEFULNESS: