

**St Louis County Public Health
CLIENT CARE PLAN**

Client: Pathway , Healthy Infant/Child

Client ID#: 1200090392
Admission Date: 01-11-2008

16 Abuse Potential Problem Family

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Safety	Appropriate Care Evidence of abuse / neglect

17 Growth and Development Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Signs/Symptoms-Physical	Other Appropriate growth pattern for gestational and/or chronological age
S	Signs/Symptoms-Physical	Other Bowel / urinary patterns
S	Growth/Development Care	Appropriate Developmental Tasks For Age / Condition Denver II
S	Rest/Sleep	Appropriate For Age / Condition
S	Bonding/Attachment	Responses To Parent / Caregiver's Stimulation / Nurturance
S	Screening Procedures	Other Hearing & vision
S	Wellness	Immunizations Do Immunization Status assessment

41 Health Care Supervision Potential Problem Individual

Admission Rating **K** **B** **S**
Desired Outcome **K** **B** **S**

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Medical/Dental Care	Adequate / Appropriate