

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

Client: Pathway , Hlthy Inf/Child 2009

Client ID#: 1246396766
Admission Date: 06-30-2009

16 Abuse Potential Problem Individual

Signs & Symptoms:

Assessment Date: 06-30-2009
Initial Rating **K** **B** **S**
Last Rating **K** **B** **S**
Target Outcome **K** **B** **S**

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|---------------|--|
| S | Safety | Date Created: 06-30-2009 Appropriate Care Evidence of abuse / neglect |
| S | Legal System | Date Created: 06-30-2009 Other FHV - Substantiated child maltreatment- birth to 6 yrs, all cases admitted |

17 Growth and Development Potential Problem Individual

Signs & Symptoms:

Assessment Date: 06-30-2009
Initial Rating **K** **B** **S**
Last Rating **K** **B** **S**
Target Outcome **K** **B** **S**

- ①
- ②
- ③
- ④
- ⑤
- ⑥
- ⑤

| <i>Cat.</i> | <i>Target</i> | <i>Care Description Note</i> |
|-------------|-------------------------|---|
| S | Signs/Symptoms-Physical | Date Created: 06-30-2009 Other Appropriate growth pattern for gestational and / or chronological age |
| S | Signs/Symptoms-Physical | Date Created: 06-30-2009 Other Bowel / urinary problems |
| S | Rest/Sleep | Date Created: 06-30-2009 Appropriate For Age / Condition |
| S | Screening Procedures | Date Created: 06-30-2009 Other Newborn hearing |
| S | Screening Procedures | Date Created: 06-30-2009 Developmental FHV - Adequate / appropriate subsequent developmental screening |
| S | Screening Procedures | Date Created: 06-30-2009 Developmental FHV - Adequate / appropriate first developmental screening |

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| Cat. | Target | Care Description Note |
|------|-------------------------|---|
| S | Screening Procedures | Date Created: 06-30-2009 Other FHV - Adequate / appropriate first ASQ-SE |
| S | Screening Procedures | Date Created: 06-30-2009 Other FHV - Adequate / appropriate subsequent ASQ-SE |
| CM | Growth/Development Care | Date Created: 06-30-2009 Other FHV - Referred for Social Emotional assessment, follow up or intervention |
| CM | Growth/Development Care | Date Created: 06-30-2009 Other FHV - Referred for developmental assessment, follow up or intervention |
| S | Growth/Development Care | Date Created: 06-30-2009 Other FHV - Follow up on dev referral |
| S | Growth/Development Care | Date Created: 06-30-2009 Other FHV - Follow up on SE referral |

41 Health Care Supervision

Potential Problem

Individual

Signs & Symptoms:

Assessment Date: 06-30-2009
Initial Rating K B S
Last Rating K B S
Target Outcome K B S

| Cat. | Target | Care Description Note |
|------|---------------------|---|
| CM | Medical/Dental Care | Date Created: 06-30-2009 Other FHV - Referral to health care resources for child's primary medical care provider |
| S | Medical/Dental Care | Date Created: 06-30-2009 Other FHV - Follow up on health care resources referral for child's primary medical care provider |
| S | Wellness | Date Created: 06-30-2009 Other Do Immunization Status assessment & C&TC outreach if applicable. |
| S | Medical/Dental Care | Date Created: 06-30-2009 Receives Care When Scheduled FHV - Current with periodicity schedule for preventive health care |
| S | Medical/Dental Care | Date Created: 06-30-2009 Receives Care When Scheduled FHV - Referred if not current with periodicity schedule for preventive health care |