Care Coordination Panel

Preclinic Update

Suzanne McKee, RN, BSN
Spina Bifida Program
Orlando Health’s Arnold Palmer Hospital for Children, Orlando, FL
Overview of SBC (Spina Bifida Clinic) in Orlando

• Friday mornings, 9 am - 12 noon
• Post-clinic conference 12-12:30 pm
• Multiple providers:
  • orthopedics
  • neurosurgery
  • urology
  • pulmonology
  • GI (2nd and 4th Fridays)
  • nursing
  • rehab
  • social work
  • orthotist
• Imaging: majority is done prior to clinic
Established patients:

- Chart Review and Preparation the week of clinic
  - Start early, usually on Monday before clinic on Friday
  - Review studies ordered for visit
  - Review chart: interim office visits, surgeries
  - Review recommendations from last clinic visit
- Start calling families and/or email
- Review “Preclinic Update” from previous year and update each area with current issues
Spina Bifida Center Pre-Clinic Update

Name: ______________________

Date of Birth: __________

Allergies: ______________________________

Level of Function: _______________________

Use of assistive devices: ___________________________

Developmental Program or School: ________________

Bowel and Bladder program: _______________________

X-rays or Diagnostic studies: ______________________

PROBLEMS SINCE LAST CLINIC VISIT:

Neurosurgery: _____________________________

Orthopedics: _______________________________

Urology/Nephrology: _________________________

Pulmonology: ______________________________

GI: _______________________________________

Other: _____________________________________

Concerns this visit:

Changes in family since last clinic visit: __________

Pediatrician or M.D.: _________________________

Funding agency: _____________________________

“Spina Bifida Health Guide” Notebook: Pediatric

Signature: ___________________________ Date: __________

Patient Name: ______________________

Clinic Date: ________________________

CURRENT MEDICATIONS

<table>
<thead>
<tr>
<th>Name of medication/stem/vitamins</th>
<th>Dose</th>
<th>How often</th>
<th>Reason for taking</th>
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DATE | SURGEON | SIGNIFICANT OPERATIVE & INVASIVE PROCEDURES
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Signature: __________________________ Date: __________
Spina Bifida Center Pre-Clinic Update

Name: [redacted]  Spina Bifida Center Date: 5-XX-XX

Date of Birth: [redacted]  Last clinic visit: 5-XX-XX

Allergy: Latex Preconstrictions, Omniscit, Ancef

Level of Function: L-3+ non-ambulatory and globally delayed

Type of assistive device: AFOs (Hanger), walker (DMF = Integrity) wheelchair (NaMotion)

Developmental: Program or School: 2nd grade at [redacted] Elementary; now has a para at school which has been very helpful; receives OT, PT, ST

Bowel and Bladder: program: CIC 4/6 with 10 Fr catheter, (Affordable Medical): Perineal daily X-rays or Diagnostic studies: 4-XX-XX: RUS, Shunt followed; pr refused to do FB MRI

PROBLEMS SINCE LAST CLINIC VISIT:

Neurosurgery: VP shunt set at 1.8; refused to lie down for FB MRI; mom has noticed some "soft" changes concerning for TCS: changes in one of her toes, foot position also changing; has not had UTIs; some lower back pain, especially late in day; now treated with Ibuprofen

Orthopedic: needs new AFOs and wheelchair and would like to discuss different type of chair; some abrasions healing on both legs; some changes in one of her toes as well as position of feet

Urology/Nephrology: no UTIs but has started leaking between CIC; does DETROL dose need to be increased?

Pulmonary: no concerns

GI: Persists daily well, every other weekend father still uses cone enema with her

Others: ongoing issues with FICA - puts almost anything she can get her hands on into her mouth...stuffing from toys, dirt, food out of refrigerator, etc. better with para at school

Concerns this visit: 1) orthotic issues - new AFOs and wheelchair, 2) new medication, 3) could she be...

CURRENT MEDICATIONS

<table>
<thead>
<tr>
<th>Name of medication or herbal preparation</th>
<th>Dose</th>
<th>How often</th>
<th>Reason for taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETROL (perineal: Tolterodine tartrate)</td>
<td>0.4</td>
<td>Daily</td>
<td>Bladder control</td>
</tr>
<tr>
<td>Multivitamin</td>
<td></td>
<td>Daily</td>
<td>General health</td>
</tr>
<tr>
<td>Probiotic</td>
<td>1</td>
<td>Daily</td>
<td>Bowel health</td>
</tr>
<tr>
<td>Metamucil</td>
<td>1</td>
<td>3 times a week</td>
<td>Pain discomfort</td>
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<tr>
<td>Tylenol</td>
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DATE | SURGEON | SIGNIFICANT OPERATIVE & INVASIVE PROCEDURES

<table>
<thead>
<tr>
<th>Date</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>12/24/10</td>
<td>Right percutaneous endoscopic lumbar discectomy</td>
</tr>
<tr>
<td>09/21/10</td>
<td>Bilateral open lumbosacral fusion with bilateral leg cast application</td>
</tr>
<tr>
<td>09/15/10</td>
<td>Right and left disc decompression and percutaneous transforaminal procedure</td>
</tr>
<tr>
<td>09/07/12</td>
<td>Right and left disc decompression and percutaneous transforaminal procedure</td>
</tr>
<tr>
<td>08/30/12</td>
<td>Removal of subcutaneous muscle repair</td>
</tr>
<tr>
<td>06/11/13</td>
<td>Bilateral sacroiliac fusion with internal fixation and taping; fluoroscopic assistance</td>
</tr>
<tr>
<td>07/07/13</td>
<td>Exploration of left leg surgical site, evacuation of post-operative abdominal abscess; left leg wound debridement and closure</td>
</tr>
<tr>
<td>08/17/14</td>
<td>Bilateral sublaminar and pedicle screw fixation, posterior fixation</td>
</tr>
<tr>
<td>09/18/14</td>
<td>Replacement of lumbar spinous process</td>
</tr>
<tr>
<td>02/14/15</td>
<td>Wound dehiscence, spine replacement</td>
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New Patients

• Review medical records

• **Initial Dictation:** brief narrative summary of essential history
  • Saves time for providers
  • More thorough review of records (sometimes voluminous!)
  • Organization of info into consistent general formation
  • Determine studies/imaging needs
  • Has pt been seen by OH providers?
  • Call parents to “put the pieces of the puzzle” together

• **Preclinic Update:** completed as well as Initial Dictation
This is the initial visit to the Spina Bifida Clinic for [redacted], a young boy now 3 years 6 months old, who moved from his native Puerto Rico to Florida in June 2010. He was born on 24 January, 2007 following prenatal diagnosis of spina bifida. The pregnancy was complicated but mother received prenatal care and took daily vitamins during pregnancy. Infant weighed 8 pounds 4 ounces at birth and was evaluated by 8.5 months. He had an open and closed spinal cord and myelomeningocele.

Neurosurgically, [redacted] was closed by Dr. [redacted] in Puerto Rico on the 3rd day of life. A week later Dr. [redacted] performed ventriculoperitoneal shunt for residual shunt pressures of about 11 months of age. He has done well since then. He [redacted] was performing well and had an MRI showing normal brain development with no dysraphic areas. He also had a MRI of the neck and spine showing no anomalies.

Orthopedically, [redacted] has been seen by Dr. [redacted] at [redacted] for evaluation of 36 month follow-up concerning concerns that were ongoing from before his birth. Dr. [redacted] performed left knee anterior release and medial and lateral bandage lengthening on August 31, 2010, at Arnold Palmer Hospital. All future orthopedic care will be coordinated through the Spina Bifida Clinic in Orlando.

Unfortunately, [redacted] is in need of follow-up due to previous history of chronic urinary tract infections. He also had two weeks of hospitalization for which he was seen at [redacted] on [redacted] for [redacted] at 8:00. A report from [redacted] to [redacted] is included in this document that [redacted] upon admission. Although he has been on antibiotics, the infection is still present.

Pediatrician: [redacted] is a primary care physician in [redacted]. He alleges to be seeing the patient, but documentation is not up to date and he is expected to be seen by him in the next few weeks.

Neurologically, [redacted] continues to progress as expected. [redacted] has been scheduled to attend the Spina Bifida Clinic on 2-26-11 to be evaluated by our team of physicians. The objectives of this visit includes assessment of current condition and updating the progress noted for each discipline. Support, education, and resources will be offered as needed.

Sueanne McKay, RN, BSN
Spina Bifida Name Coordinator
Spina Bifida Center
Benefits of Preclinic Update

• Increase time with patients at clinic
• More detailed history is possible; able to give more time to family
• Providers receive updates electronically the day before clinic along with list of studies obtained
• Improved preparation for visit, specific to patient’s needs, e.g.:
  • Samples of larger/different catheters
  • Educational information can be provided at clinic
    • SBA info sheets
    • Books/resources
  • Enhanced communication with providers: some areas of need highlighted
• Review appointment date/time: decreases “no shows”
• LOTS of TEACHING occurs: bowel program, skin/wounds, latex, education and learning issues, etc.