

Paediatric Assessment

1. DEMOGRAPHICS

Child Name:		Diagnosis:		Assessment Date:	
Male/Female:				Time:	
Date of Birth:					
Assessed by:					
Gestation Term	weeks	Birth Weight	kg	NVD <input type="checkbox"/>	C-section <input type="checkbox"/>
Subsequent History					
Type of Surgery		Date		Complications	

Medication _____

2. SUBJECTIVE ASSESSMENT (obtained from caregiver)

a. Impairments (only describe impairments relevant to the individual child)

Mental function

Sight, hearing

Speech

Feeding

Pain

Respiratory or cardiac function

Continence

Skin condition

b. Activities

Learning and applying knowledge

Communication

Self-care; dressing, bathing, brushing teeth

Physical activity (highest level of activity, duration or distance?)

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c. Participation

Domestic life (how he spends his day?)

Interpersonal relationships

Community and social life

d. Environment

Appliances

Transport

Accessibility in home (type of house, no. of rooms, no. of people sleeping per room, available amenities, space move around) and other areas

Support of community and family involvement

Services (disability and child support grant)

GENERAL OBSERVATION

Is child walking, in a buggy or wheelchair, using appliances?

Observe child undressing and comment.

3. OBJECTIVE ASSESSMENT

a. Activity

START AT HIGHEST FUNCTIONAL LEVEL!

If standing, assess POSTURE in standing, with appliances on.

If in a wheelchair, assess POSTURE in wheelchair (this is where he spends most of his time)

Describe and analyse FUNCTION IN HIGHEST LEVEL.

If ambulant, describe: walking

Running

Jumping

Hopping left and right

Stair climbing

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Throwing and catching a ball

Assess BALANCE in highest functional level, both static and dynamic.

Observe and describe how child moves to a lower functional level, eg. transitional movement from STANDING TO SITTING ON A CHAIR AND STANDING TO SITTING ON THE FLOOR AND BACK UP AGAIN.

Observe and describe how child gets into and out of HALF KNEELING, KNEELING and CRAWLING. Is child able to maintain these positions? Is he able to play in these positions? Describe type of play.

If the highest functional position is SITTING SUPPORTED IN A WHEELCHAIR, describe what child can do in this position. Can he reach and grasp an object? Can he hold a pen and write? Does he need help in getting out of wheelchair – how much assistance does he need?

Transfer child to the mat. Can he SIT UNSUPPORTED? If not, describe what is preventing him from doing so. Try LONG SIT, CROSS LEG SITTING, SIDE SITTING. What can he do in these positions, eg. maintain position with bilateral arm support, free one hand to reach or play, move out of these positions?

If child is unable to sit, position him in SUPINE. Describe function in this position. Can he reach symmetrically with both arms? Can he kick legs? Can he roll to SIDE LYING or PRONE?

In PRONE describe what he can do. Describe how he gets into PUPPY PRONE, can he maintain this? Can he lift his head? Can he free one arm and reach forward without collapsing on opposite side? Can he creep in this position, describe how. Can he move out of this position into SUPINE or CRAWLING POSITION? Describe this movement.

b. Impairments

CHEST CONDITION

Chronic productive cough?

TONE

Describe tone in all affected muscle groups.

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ROM

If full range of motion, document FROM.

If range is limited, you must measure limitation with goniometer and record accurately.

MUSCLE LENGTH

Note when muscle is shortened.

4. Review ICF Framework before analysing problems

5. PROBLEM LIST

Document FUNCTIONAL problems

Prioritise the most important problems and analyse completely, using the following table.

Functional Problem	Missing Component	Underlying Reason	Intervention	Indicator
<i>Usually activity or participation restriction</i>	<i>Usually activity</i>	<i>Usually impairment</i>		

6. Short Term Aims

Must be functional aims (likely to be achieved in the next few treatment sessions)

7. Long Term Aim

Think of ONE function you would like to improve in 6 months' time

