



SPINA BIFIDA
ASSOCIATION

Care Coordination Panel

Preclinic Update

Suzanne McKee, RN, BSN

Spina Bifida Program

Orlando Health's Arnold Palmer Hospital for Children,
Orlando, FL

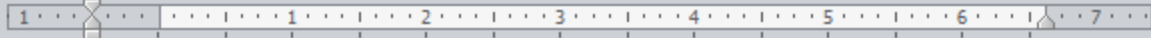
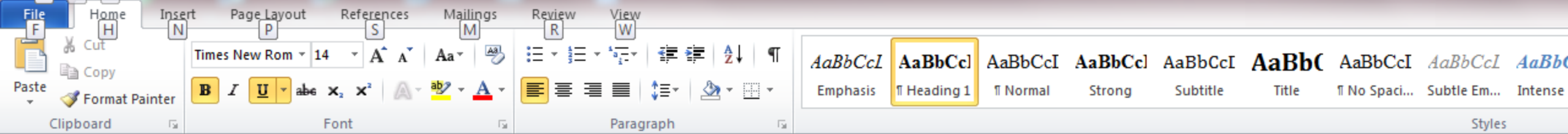
Overview of SBC (Spina Bifida Clinic) in Orlando

- 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

ORGANIZATION IS KEY

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: Spina Bifida Center **Date:**

Date of Birth: Last clinic visit:

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: Staywell

"Spina Bifida Health Guide" Notebook: Pediatric:

Adult:

Signature:

Date:

Patient Name:

Clinic Date:

CURRENT MEDICATIONS

Name of medication/vitamin/herbal preparations	Dose	How often	Reason for taking

DATE	SURGEON	SIGNIFICANT OPERATIVE & INVASIVE PROCEDURES

Signature:

Date:

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Styles

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

Allergies: Latex Precautions, Omnicef, Ancef

Level of Function: L3-4; non-verbal and globally delayed

Use of assistive devices: AFOs (Hanger), walker (DME= Integrity) wheelchair (NuMotion)

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 q3h with 10 Fr catheters; (Affordable Medical); Peristeen daily

X-rays or Diagnostic studies: 4-XX-XX: RUS, Shunt Series; pt refused to do FB MRI

PROBLEMS SINCE LAST CLINIC VISIT:

Neurosurgery: VP shunt set at 1.5; refused to lie still for FB MRI; mom has noticed some "soft" changes concerning for TC: 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

Orthopedics: needs new AFOs and wheelchair and would like to discuss different type of chair; some abrasions healing on both heels; 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?

Pulmonology: no concerns

GI: Peristeen daily works well; every other weekend father still uses cone enema with her

Other: ongoing issues with PICA – 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) ortho issues – new AFOs and wheelchair, 2) uro medication, 3) could she be

Patient Name: [REDACTED]

Clinic Date: [REDACTED]

CURRENT MEDICATIONS

Name of medication/vitamin/herbal preparations	Dose	How often	Reason for taking
Detrol (generic Tolterodine tartrate)	2 mg	Daily	Bladder continence
Multivitamin	One	Daily	General health
Probiotic	1	Daily	Bowel health
Melatonin		2-3 times/week	Sleep
Ibuprofen		Pm	Pain/discomfort

DATE	SURGEON	SIGNIFICANT OPERATIVE & INVASIVE PROCEDURES
12-06-10	[REDACTED]	Myelomeningocele closure/repair
12-08-10	[REDACTED]	Right endoscopic assisted ventriculoperitoneal shunt placement
12-28-10	[REDACTED]	Repair of wound dehiscence at site of myelomeningocele repair
03-21-11	[REDACTED]	Bilateral Open Achilles tenotomy with bilateral long leg cast application
08-10-11	[REDACTED]	Right ventriculoperitoneal shunt revision with endoscopic assistance
10-17-11	[REDACTED]	Right VP shunt revision with endoscopic assistance and removal of scar tissue
07-03-12	[REDACTED]	Right and left clubfoot extensive posterior and posteromedial release
07-12-12	[REDACTED]	Tendon lengthening bilateral feet
08-29-12	[REDACTED]	Removal of subcutaneous K wires bilateral feet
06-19-13	[REDACTED]	Bilateral distal tibia and fibula derotational osteotomies with internal fixation and casting; fluoroscopic assistance
07-02-13	[REDACTED]	Exploration of left leg surgical site; evacuation of post-operative surgical site hematoma; left leg surgical site wound culture
03-07-14	[REDACTED]	Bilateral subtrochanteric Varus Derotational Osteotomy; bilateral periacetabular Pemberton type innominate osteotomy
03-19-14	[REDACTED]	Replacement of soiled hip spica cast
03-28-14	[REDACTED]	Wound dehiscence, spica replacement
06-14-14	[REDACTED]	Removal of subcutaneous K wires bilateral feet

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

Initial Dictation Template and Sample

LAST NAME, FIRST NAME

Date of Birth:

Informant:

Date of Visit:

This is the initial visit to the Spina Bifida Clinic for

Neurosurgically,

Orthopedically,

Urologically,

Pediatrically,

Socially,

_____ is scheduled to attend the Spina Bifida Clinic on _____ to be evaluated by the team of physicians. The objectives of that visit include assessment of current condition and updating x-ray studies needed for each discipline. Support, education, and resources will be offered as needed.

Suzanne McKee, RN, BSN
Spina Bifida Nurse Coordinator
Spina Bifida Program

Date of Birth: _____

Informant: Medical Records

Date of Visit: 8-19-11

This is the initial visit to the Spina Bifida Center for _____, a young boy now 3 years 10 months old, who moved from his native Puerto Rico to Florida in June 2010. He was born to 24 year old, gravida 1 para 0 following prenatal diagnosis of spina bifida. The pregnancy was unplanned but mother received prenatal care and took only vitamins during gestation. Infant weighed 8 pounds 3 ounces and was delivered by C-section. His back was closed and shunt placed during initial hospitalization.

Neurosurgically, _____'s back was closed by Dr. _____ in Puerto Rico on the 3rd day of life. A week later Dr. _____ inserted ventriculo-peritoneal shunt that required revision at about 11 months of age. He has done well since then. Dr. _____ saw child in office visit last June. CT Head and Shunt Series from Florida Hospital showed intact non-programmable medium to high pressure shunt as well as small, symmetric, well-decompressor ventricles. No new studies were obtained for clinic.

Orthopedically, _____ has been seen at _____ in Tampa for equipment such as braces and walker. Dr. _____, physiatrist, saw child last March and referred him to Dr. _____ for evaluation of bilateral knee flexion contractures that were impairing his mobility. Dr. _____ performed left knee posterior release (left medial and lateral hamstring lengthening) on August 3, 2011, at Arnold Palmer Hospital. All future orthopedic care will be coordinated through the Spina Bifida Clinic in Orlando.

Urologically, child is catheterized three times daily due to previous history of chronic urinary tract infections. He also has issues with constipation for which Miralax is used. Renal Ultrasound was done at Arnold Palmer Hospital on 8-2-11 for this clinic. A report from _____ for RUS 3/11 is included in chart although there are no images for review.

Pediatrically, _____'s primary care physician is Dr. _____ in _____. He is allergic to Septra and latex precautions are observed. Immunizations are up to date and he is reported to be very healthy overall.

Socially, _____ lives with his parents, _____ and _____ in _____, FL. He attends pre-kindergarten classes at _____ Elementary.

_____ is scheduled to attend the Spina Bifida Clinic on 8-19-11 to be evaluated by the team of physicians. The objectives of that visit include assessment of current condition and updating x-ray studies needed for each discipline. Support, education, and resources will be offered as needed.

Suzanne McKee, RN, BSN
Spina Bifida Nurse 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.