Adaptive Care Program "Pause for Me" Checklist

Arkansas Children's
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COMMUNICATION

1. How does your child communicate what he or she needs or wants?

- ☐ Speaks 1-2 words
- ☐ Speaks in full sentences
- ☐ Writes words
- ☐ Uses sign language
- ☐ Other (describe: _____)
- ☐ Uses laptop, tablet or other device
- ☐ Gestures
- ☐ Pictures
- ☐ Does not communicate at all

2. How does your child respond to others?

- ☐ Not able to follow spoken directions
- ☐ Follows spoken directions

3. How well does your child understand new information?

- ☐ Not at all
- ☐ Somewhat
- ☐ Well
- ☐ No problem

4. Please let us know any other important information about how your child communicates:

_____

BEHAVIOR

1. How does your child usually react to a new environment?

- ☐ Uncooperative
- ☐ Scared or upset
- ☐ Aggressive or angry
- ☐ Self-soothing
- ☐ Happy, calm
- ☐ Cooperative

2. How does your child let others know he or she is upset or in pain? (check all that apply)

- ☐ Talks louder or faster or repeats phrases repeats phrases
- ☐ Yells or screams
- ☐ Hides
- ☐ Tries to hurt self (for example, biting, pinching, banging head)
- ☐ Is aggressive toward others (for example, bites, runs into or hits others)
- ☐ Becomes sick
- ☐ Increases rocking motions, twirling, or hand-flapping
- ☐ Increases self-soothing (for example, wrings hands or pats or rubs self)
- ☐ Tries to escape or run away
- ☐ Paces
- ☐ Destroys his or her belongings
- ☐ Destroys the belongings of others
- ☐ Does not respond to requests
- ☐ Other (describe: _____)

3. Does your child have any difficulty being able to transition from one activity to another?

- ☐ Yes
- ☐ No

4. If yes, how can we help your child transition from one activity to another?

_____

5. Please let us know about any other important information about your child's behaviors:

_____

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"Pause for Me" Checklist Cont'd…

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ENVIRONMENT

1. What kinds of triggers might upset your child? (check all that apply)

- ☐ Noise
- ☐ Touch
- ☐ Bright lights
- ☐ Large medical equipment (for example, X-ray machine, MRI)
- ☐ Close contact with unknown adults
- ☐ Large waiting room
- ☐ Wrist band
- ☐ Small waiting room
- ☐ Nurses, doctors
- ☐ Hospital gown
- ☐ Small medical equipment (for example, thermometer, blood pressure cuff)
- ☐ Close contact with other children
- ☐ Certain fabrics, textures, colors or patterns
- ☐ IV's or needles
- ☐ Other (describe: _____)

2. Has your child ever had difficulty with any of the following (check all that apply)

- ☐ Blood pressure
- ☐ Needles
- ☐ Eye exam
- ☐ Ear exam
- ☐ Lying down, sitting or standing during an exam
- ☐ Heart rate checks
- ☐ Weight/height check
- ☐ Other (describe: _____)

3. Please let us know about any other important information about how the clinic or hospital setting might affect your child:

_____

HOW CAN WE BE MOST HELPFUL?

1. What is the best way to prepare your child before his or her visit?

- ☐ Talk through what will happen step-by-step
- ☐ Watch a video of what will happen step-by-step
- ☐ Other (describe: _____)
- ☐ Provide pictures of what will happen step-by-step
- ☐ Show your child what will happen step-by-step

2. What is the best way to help your child during the visit?

- ☐ Tell or show step-by-step what will happen
- ☐ Provide comfort items
- ☐ Other (describe: _____)
- ☐ Help your child think of other things during the visit
- ☐ Play with your child during the visit

3. What else would be helpful during your child's visit?

- ☐ Headphones
- ☐ Low lighting
- ☐ Comfort item from home
- ☐ Medication prior to visit
- ☐ Book or puzzle
- ☐ Sunglasses
- ☐ Have a staff person with you and your child
- ☐ Child sits on your lap or holds your hand
- ☐ Stress ball or fidget toy
- ☐ Other (describe: _____)

4. If you checked your child benefits from medication, please tell us what kind, the dosage and how to fill (for example, liquid or pills) _____

5. Is there anything else that would comfort or help your child during his or her visit?

_____

6. What type of rewards does your child enjoy after he or she does well at something?

_____