

*Medical specialists caring for children who experience early adversity and are adopted*

## The Comprehensive Assessment for Fostered and Adopted children

Judith Eckerle, MD

### Adoption and a comprehensive workup

- Children who are available for adoption are at greater risk of having medical conditions
- Early trauma often goes undiagnosed or is misdiagnosed
- Understanding the complexities of adopted children with a **team professional approach** will help to better prepare caregivers, schools and other providers to meet children's needs

### The Medical Assessment of Foster/Adopted Children

#### Consider FASD

- 1) Growth deficiency (height or weight < 10th percentile)
- 2) A unique cluster of minor facial anomalies (small eyes, smooth philtrum, thin upper lip)
- 3) Central nervous system damage (structural, neurological, and/or functional impairment)
- 4) Prenatal alcohol exposure

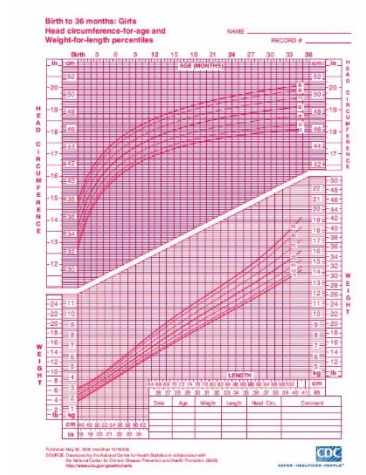
#### OT screening: Developmental delays

- School based versus medically based therapies
- PT, OT Speech needed?
- Recommendations for school, home

#### Imaging is not routinely recommended unless neurological signs

#### Labs for the assessment

- CBCC
- Iron studies: Ferritin, iron panel, transferrin
- Vit D screening
- TSH and Free T4
- Other labs:
  - Major infectious disease testing: HIV, Hepatitis B/C, syphilis
  - History of suspected sexual abuse? GC Chlamydia urine testing (+ blood testing)
  - International adoption: Stool O and P x 3, Giardia antigen
  - Contact with homeless/prison system, international: Quantiferon gold testing (5yo+)
- Developmental Delays: consider genetic labs, counseling/referral
- ENT for chronic snoring
- Sleep: Melatonin, clonidine, behavioral modifications, ENT for OSA, sleep study
- Pediatric GI: chronic constipation, may need cleanout
- Consider allergies, Eosinophilic esophagitis
- Pediatric psychology and pediatric neuropsychology, psychiatry



Lip-Philtrum Guide I