



## LEVEL 2 Best Practice Guidelines For Medical Evaluations Of Children Found in Drug Exposed Settings

This is for the children that are found in a setting where drugs are found and/or used, chemicals are stored, or where children are otherwise exposed.

These children should not be medically symptomatic. If the children are having any respiratory or neurological symptoms, they must go to an emergency facility.

### LAW ENFORCEMENT

#### Information to provide to: Medical Providers and DCFS

1. The quantity and types of drugs/chemicals present, how found (i.e. uncapped, in tin cans), so that potential exposures of the child can be determined. Document the condition of the home, (i.e. the odors, state of lab- actively cooking, decanting stage, or drying stage etc.) or drug-endangered setting.
2. The photographs of the scene ( i.e. height of chemicals, location of drugs, general state of children, guns, pornography). This information aids in the child endangerment prosecution and shows medical providers the potential exposures and possible sex abuse issues.

#### Within 72 hours

Determine if Children's Justice Center interview is needed.

#### Follow-up

1. Update databases as needed.

### CHILD PROTECTIVE SERVICES

#### Information to provide to Medical Providers and Law Enforcement

1. The documentation of the scene in terms of potential exposure.
2. Transport child as needed to a medical provider as designated in your local DEC protocols.
3. As per local protocol.

#### Within 72 hours

1. Children who are not having any medical problems, should be seen by a medical provider, who is aware of the needs of a drug-exposed child. All children who have lived in the home will need to be examined. Their information needs to be collected for tracking.
2. The medical histories of the children need to be investigated and documented and shared with medical providers. Allergies, medical conditions and medications are critical to give to the shelter and providers.
3. Kinship placements: medical need for evaluations are the same.

#### Follow-up

1. Input all the gathered information into a database and activity log as determined by the local, state protocols.
2. Refer for mental health services.

### MEDICAL PERSONNEL

#### Within 5 days

1. Head to toe exam of the children medically stable and document any findings that might need treatment. This may occur in a specialized clinic or private health care providers office. This should include a comprehensive medical evaluation including a good pulmonary exam, skin exam, neurologic exam, developmental screen and affect (scared, happy, detached). May include observations by RN caseworkers or caregivers to document the affect of the children.
2. Based on scene information, patient history or medical need, the provider may recommend the following tests determined by the level of exposure. The testing may include a CBC (anemia, cancers, thrombocytopenias), Chemistry Panel to include BUN/Cr and LFT's (kidney and liver damage, electrolyte imbalances). If there is a positive history that needles or sexual abuse exposure was present, STD testing (GCL/PCR screen; HIV; RPR; Hepatitis Panel) will be done with follow-up testing at 3 and 6 months.
3. Chain of Evidence forms may be utilized or usual medical protocols, for testing of blood, cultures or hair. Legal Guardian must sign consent.

#### Comprehensive Medical Evaluation checklist:

1. A complete medical evaluation.
2. Lab testing based on scene exposure.
3. Developmental screen using an age appropriate standardized tool, and referral as needed for full evaluation.
4. Mental health screen and referral for therapy.
5. Dental referral.
6. Referral to primary health care provider.

#### Follow-Up

1. Repeat medical evaluation in 30 days, 6 months and 1 yr.
2. Follow up developmental evaluations as needed based on the initial evaluations.
3. Follow up mental health interventions and assessments as needed.
4. Any specialty referrals (sex abuse exam; ENT; Cardiac, dermatology etc.)

### SHELTER CARE

1. Complete shelter nursing assessment. Refer for acute medical needs.
2. Pay specific attention to the pulmonary exam as some exposures can cause acute respiratory problems.
3. Document all medical history including chronic conditions; medications taken daily and/or regularly. Be sure to document allergies to drugs; latex or environment.
4. Continue care assigned by State Protocol for Health Care (i.e. Fostering Healthy Children Nurses protocol; documentation, tracking and data collection with entry of special DEC assignment).
5. If knowledgeable about kinship care, give information to Kin to follow through with medical and other care needs.
6. Document any concerning behavior observed. Refer to services as needed.