**Individualized Plan of Care**

**To be initiated during the first home visit (in addition to the Initial Home Visit Form) and revised on subsequent home visits.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Case Child’s Name: |  |  | Date initiated: |  |
| HHLPSS ID# |  |  |  |

| **Problem** | **Outcomes** | **Actions** |  | **Additional Information (specific for family)** | **Date Covered** | **PHN Initials** |
| --- | --- | --- | --- | --- | --- | --- |
| Elevated Blood Lead Level. | Child will have 1 blood lead tests <5ug/dL | PHN will discuss with the child’s caretaker and communicate with the medical provider the need for repeat BLL testing within recommended timeframes. |  | Date of next blood lead test should be: |  |  |
|  |  | PHN will monitor changes in BLL for a steady decline in lead levels. If a decline does not occur, the PHN will reassess exposures and need for additional referrals |  |  |  |  |
| Elevated Blood Lead Level.(continued) | Child will have at least 1 consecutive blood lead test <5ug/dL. | PHN will provide information on good hygiene and housekeeping measures to reduce lead exposure. | Key housekeeping and health messages specific to family (check all that were discussed): |  |  |
|  |  |  | **☐** | Encouraged frequent adult-supervised handwashing, especially prior to meals, snacks, after playing outside, and at and bedtime. |  |  |
|  |  |  | **☐** | Discussed wet mopping and cleaning techniques. |  |  |
|  |  |  | **☐** | Observed child for pica/mouthing behavior. |  |  |
|  |  |  | **☐** | Discouraged child from eating or sleeping on the floors until lead hazards are corrected. |  |  |
|  |  |  | **☐** | Encouraged caregiver to wash toys, pacifiers, and bottles frequently. |  |  |
|  |  |  | **☐** | Educational pamphlets were provided. |  |  |
|  |  |  | **☐** | Other (Specify): |  |  |
| Lead hazard present  | Lead hazards in the child’s environment will be identified. | PHN will conduct a visual assessment to identify potential lead hazards in the home at the time of the first home visit. | Age of home: |  |  |  |
|  |  |  | Check off main lead sources found during initial visit:  |  |  |
|  |  |  | **☐** | Deteriorated Paint |  |  |
|  |  |  | **☐** | Bare Soil |  |  |
|  |  |  | **☐** | Water |  |  |
|  |  |  | **☐** | Imported painted toys, lead jewelry  |  |  |
|  |  |  | **☐** | Food storage & preparation  |  |  |
|  |  |  | **☐** | Ethnic foods/medications  |  |  |
|  |  |  | **☐** | Occupation/hobby sources  |  |  |
|  |  |  | **☐** | Neighborhood exposures  |  |  |
|  |  |  | **☐** | Other (Specify) |  |  |
|  |  | PHN will follow-up with the environmental investigator to ensure MDHHS LSHP application is completed within recommended timeframes and environmental investigation (EI) is scheduled |  | Based on criteria from LSHP; date of environmental investigation should be no later than:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) |  |  |
|  |  | Once EI complete, PHN will ensure that results of the lead investigation were reviewed with the family. |  |  |  |  |
| Lead hazard present(continued) | Lead hazards are addressed.  | PHN will ensure that ways to decrease the identified lead exposure risks (both short and long-term strategies) are discussed with the family. | Specific SHORT-TERM recommendations for family (check all that were discussed): |  |  |
|  |  |  | **☐** | Advised on ways to create barriers between the child and lead sources (contact paper, duct tape, relocation of furniture, etc.). |  |  |
|  |  |  | **☐** | Advised on relocation to lead safe housing. |  |  |
|  |  |  | **☐** | Reviewed ways to eliminate work and hobby related exposures. |  |  |
|  |  |  | **☐** | Discussed ways to avoid exposure through food containers, folk remedies, or cosmetics.  |  |  |
|  |  |  | **☐** | Encouraged the use of door mats. |  |  |
|  |  |  | **☐** | Other (Specify):  |  |  |
| Lead hazard present(continued) | Lead hazards are addressed.(continued) | PHN will ensure that ways to decrease the identified lead exposure risks (both short and long-term strategies) are discussed with the family. | Specific LONG-TERM recommendations for family (check all that were discussed):  |  |  |
|  |  |  | **☐** | Discussed ways to cover bare soil. |  |  |
|  |  |  | **☐** | Discussed remediation of lead hazards and follow-up dust testing. |  |  |
|  |  |  | **☐** | Discussed ways to reduce exposure to lead in drinking water. |  |  |
|  |  |  | **☐** | Reviewed use of lead-safe work practices in renovation. |  |  |
|  |  |  | **☐** | Other (Specify): |  |  |
|  |  | PHN will work with the environmental investigator to complete the LSHP application to identify resources for addressing lead hazards.  |  |  |  |  |
|  |  | PHN will check with the MDHHS LSHP to see if the rental property owner/homeowner is aware of need to address lead hazards.  |  |  |  |  |
|  |  | PHN will check with the MDHHS LSHP to ensure that property owner is referred to prosecutor’s office or district court if lead hazards are not addressed within specified period of time.  |  |  |  |  |
| Need for medical follow-up.  | Child will have a physical exam and be screened for anemia.  | PHN will communicate all necessary information to the primary care provider.  |  |  |  |  |
|  |  | PHN will encourage the family and provider to make sure the child has a complete physical exam.  |  |  |  |  |
|  |  | PHN will encourage the family, provider, or WIC clinic to test the child for anemia.  |  | Results of test for anemia: Date for future blood testing:  |  |  |
| Need for medical follow-up. (continued) | All children in the home will be tested for an EBLL.  | PHN will encourage the family to test all children in the home, especially those under the age of six. |  | Names and ages of other children in the home that should be tested: |  |  |
|  | An EBLL will be recorded in the child’s permanent medical problem list. | PHN will encourage family and medical provider to include an EBLL in the problem list of the child’s medical record. |  |  |  |  |
| Potential for poor nutrition. | Child will be provided a diet following the MyPlate recommendations. | PHN will assess child’s current diet, especially iron, vitamin C, calcium, and total fat intake. | Specific dietary recommendations based on dietary assessment (check all that were recommended):  |  |  |
|  |  |  | **☐** | Incorporate more iron rich foods by providing iron-fortified cereals to young children or one serving of lean red meat per day to older children. |  |  |
|  |  |  | **☐** | Provide adequate intake of Vitamin C by providing 2 servings of citrus fruit juices or fruits per day. |  |  |
|  |  |  | **☐** | Increase calcium intake to ensure 2 servings of dairy products or other calcium-rich foods a day. |  |  |
|  |  |  | **☐** | Other (Specify): |  |  |
|  |  | PHN will provide information on the food recommendations to the family. | **☐** | Nutrition information pamphlet provided to family. |  |  |
|  |  | PHN will encourage families not to give children supplements unless under the direct supervision of a physician. |  |  |  |  |
| Potential for poor nutrition.(continued) | Child will be enrolled in WIC if eligible. | PHN will determine WIC Eligibility. | Check one: |  |  |
|  |  |  | **☐** | Family receiving WIC services |  |  |
|  |  |  | **☐** | Family referred to WIC |  |  |
|  |  |  | **☐** | Not eligible for WIC services |  |  |
|  | Caregiver will get assistance in providing good nutrition for the child. | PHN will provide families with additional nutritional referrals as needed. | Other nutritional referrals recommended for the family: |  |  |
| Need for long-term developmental follow-up. | Family will verbalize an understanding of the need for long-term development follow-up. | PHN will discuss with the family the need to look for behaviors that may interfere with learning (e.g., inattention, distractibility, impulsivity). | Date of ASQ screening if done: |  |  |
|  |  | PHN will discuss with the family and primary care provider periods when development delays may be apparent (1st, 4th, 6th or 7th grade). PHN will encourage parental sharing of child’s diagnosis w/ classroom teacher(s)  | Specific recommendations for the family based on development screen (check all that apply):  |  |  |
|  |  |  |[ ]  Recommend HeadStart/ Early HeadStart. |  |  |
|  |  |  |[ ]  Refer to Early On. |  |  |
|  |  |  |[ ]  Consider YMCA program/other enrichment programs. |  |  |
|  |  |  |[ ]  Encourage play groups. |  |  |
|  |  |  |[ ]  Recommended games for parents to play on-one-one with child.  |  |  |
|  |  |  |[ ]  Provide contact information for the appropriate MSU Extension program if applicable in your area. |  |  |
|  |  |  |[ ]  Other (Specify):  |  |  |
|  |  | PHN will provide family with recommendations for informal/formal intervention programs and refer the child for additional testing if necessary.  |  |  |  |  |
| Potential for family lost to follow-up services.  | PHN and medical provider will be notified if family changes addresses.  | PHN will discuss with family the importance of maintaining contact with the PHN and medical provider. PHN will reinforce parent responsibility for ongoing health & developmental monitoring.  |  |  |  |  |
| Need for additional services.  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **PHN Signature:** |  |  | **Date:** |  |
| I have discussed my child’s care plan with the Health Department representative and agree to follow the recommendations to protect my child from further exposure to lead. |
|  | **Parent Signature:** |  |  | **Date:** |  |