

Patient Label

Date of Pre-op: _____

Primary Diagnosis: _____

Date of Surgery: _____

Coping Assessment

- Coping concerns identified by (circle): Parent / Staff / Child
- Developmental concerns (circle): Autism / Global Delay / ADHD / Other _____
- Anxiety (circle): Generalized / Situational
- Previous history of treatment non-compliance or challenges
- Complex Medical History/ Challenges

Communication Differences NO

- Nonverbal/minimal interaction
- Beginning language/interacts with toys
- Communication Device used _____
- Interacts with others/may not regulate behavior
- High functioning
- Other: _____

Coping Challenges		Accommodations Recommended
Sensory/Transition Issues: <ul style="list-style-type: none"> <input type="radio"/> Loud Noise <input type="radio"/> Taste Aversion <input type="radio"/> Difficulty with Transitions <input type="radio"/> Bright Lights <input type="radio"/> Touch 		Supportive Environment: <ul style="list-style-type: none"> <input type="radio"/> Quiet Room <input type="radio"/> Minimize Interactions <input type="radio"/> Adjusted Arrival Time <input type="radio"/> Staff Support Required <input type="radio"/> No change of clothes required
Behaviour Issues: <ul style="list-style-type: none"> <input type="radio"/> Takes Medication for Behaviour <input type="radio"/> Challenges taking Oral Medicine <input type="radio"/> Fear of Needles <input type="radio"/> Fear of Mask <input type="radio"/> Fear of Hospital <input type="radio"/> Panic <input type="radio"/> Vomiting <input type="radio"/> Flight Risk <input type="radio"/> Combative 		Coping Strategies: <ul style="list-style-type: none"> <input type="radio"/> Distraction: IPAD TOYS <input type="radio"/> Specific Motivator: _____ <input type="radio"/> Service Animal <input type="radio"/> Breathing/ Counting/ Talking/ Singing <input type="radio"/> Would like a Scent for Mask <input type="radio"/> Comfort Items:
Induction: <ul style="list-style-type: none"> <input type="radio"/> Pre-medication 	<ul style="list-style-type: none"> <input type="radio"/> Inhalation Induction <input type="radio"/> I.V. Induction 	<ul style="list-style-type: none"> <input type="radio"/> Topical Analgesic cream

NOTES: