

Assessment for the Pediatric Renal Social Worker

The bio-psychosocial assessment is ongoing in the pediatric setting. At every encounter, the social worker assesses key areas to determine patient and family function. The assessment helps the team understand the uniqueness of the individual patient and family, while helping the social worker develop a long-term relationship. It differentiates the clinical social worker from a friendly visitor.

The bio-psychosocial assessment is the foundation of Social Work practice. Each team member approaches assessment from their own training framework. Encompassing key social work values, an assessment by the team's social worker promotes empowerment, diversity, safety, compassion and the role of the individual patient and family within society.

The initial assessment provides an opportunity to engage in discussion and learn about a family. The social worker first must explain the social work role to the family. Doing so within the context of the treatment team establishes credibility. Although it is vital to collect a significant amount of information, it is also important that the social worker is not viewed as a census taker, with pen and clipboard.

What does your team find most helpful to understand a patient and family? Generally, an initial assessment asks about living arrangements and family relationships; educational level and vocation of the caregivers as well as the patient; transportation accessibility; experience with illness; spiritual and cultural beliefs; financial resources; involvement of extended family or friends; substance use; legal problems; hopes and dreams of the family; and expectations of the team concept. Ongoing assessment pieces can include all of these, along with coping, team relationships, how the patient and family view care, short and long-term goals and a better understanding of family life and involvement in community.

This information is both problem- and solution-focused. It is important for the social worker to be aware of risk factors, barriers to care and issues generally identified by families dealing with chronic care needs. The social worker can then use this information to help families identify their own needs and to develop a basis for support. Defining coping styles, family and community support, and how the patient is perceived within the family unit are additional important pieces.

Meeting with family members alone and together is imperative. Roles can often be more clearly observed in a family session but individuals within the family and extended support system can provide a more thorough understanding. Children's voices and opinions are important, along with their adult caregivers. Balancing subjective information with objectivity is important, as there are often many perspectives. Obtaining information may be therapeutic for the family and practical for the treatment

team. Often, this may be information that has never been discussed. The social worker must be careful about what to share with the health care team. Depending upon the information obtained and the team's perspective, preconceived notions that could negatively impact relationships are to be avoided.

Submitted by:

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Assessment of the Pediatric Renal Patient

Date/Time: _____

Location: _____

Referral Source and Date, Reason and Patient Demographics (Name, Age, Race, Diagnosis, Social Security Number):

Information Sources:

☐ Medical Team ☐ Patient ☐ Caretaker ☐ Other Family/Friend
☐ Medical Record ☐ Computer ☐ Community Agency

Persons Authorized to Consent:

History:

Reason for Hospitalization/Clinic Visit:

Caregivers (Name/Relationship/Age/Employment/Marital/Educational Status):

Patient Interests/Activities/School or Employment:

Siblings (Name(s)/Age(s)/School/Health):

Others in the Household: __ None or Specify

Emergency Contact Name(s)/City/Relationship/Number(s):

Previous Social Work Involvement:

Comments: _____

Living Situation

Address: _____

Phone: _____

☐ House ☐ Apt ☐ Trailer ☐ Facility

Utilities Active: ☐ All or Specify those missing _____

Reliable Transportation: _____

Indoor pets: _____

Comments: _____

Financial Resources/Insurance Information

Insurance: ☐ Private ☐ Medicaid ☐ SSI ☐ Self-pay

Resources: ☐ Employment ☐ Public Assistance ☐ WIC ☐ Food Stamps

Comments: _____

Action:

Problems Identified:

- | | | |
|---|---|---|
| <input type="checkbox"/> Concrete Service Needs | <input type="checkbox"/> Abuse Issues | <input type="checkbox"/> Adjustment to Illness |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Counseling Needs | <input type="checkbox"/> Educational/Vocational Needs |
| <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Language Issues | <input type="checkbox"/> Adherence |
| <input type="checkbox"/> Other, Specify | <input type="checkbox"/> None Identified | |

Interventions:

- | | | |
|--|---|--|
| <input type="checkbox"/> Psychosocial Assessment | <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Referral(s) |
| <input type="checkbox"/> Group Work | <input type="checkbox"/> Screening | <input type="checkbox"/> Education |
| <input type="checkbox"/> Visitor Restriction | <input type="checkbox"/> Supportive Counseling | <input type="checkbox"/> Team for Patients at Risk |
| <input type="checkbox"/> Consultation with Staff | <input type="checkbox"/> Completed Interdisciplinary Form | <input type="checkbox"/> Other |

Comments: _____

Assessment:

Impact of Illness on the Family

Cognitive/Emotional Assessment: Yes/No/Unable to Assess (UA)/Not Applicable (NA)

☐ Patient is an infant; therefore, all items are "Not Applicable"

Patient Primary Caretaker

- | | | |
|-------|-------|--|
| _____ | _____ | Appears capable of decision making |
| _____ | _____ | Verbalizes Understanding of Health Condition/Impact on Lifestyle |
| _____ | _____ | Engages in Problem Solving |
| _____ | _____ | Cultural Issues Impacting Health Care |
| _____ | _____ | Adequate Coping Abilities / Social Support |
| _____ | _____ | Past Medical Care Contributory |
| _____ | _____ | Spiritual Needs Addressed |
| _____ | _____ | Other, specify |

Comments: _____

Yes/No/Unable to Assess (UA)/Not Applicable (NA)

☐ Patient is an infant; therefore, all items are "Not Applicable"

Patient Primary Caretaker

_____	_____	Psychiatric History
_____	_____	Substance Abuse, Specify Type
_____	_____	Language Barriers
_____	_____	Concerns about Patient/Caregiver Interaction
_____	_____	Educational/Vocational Deficits
_____	_____	DHS Involvement
_____	_____	History of Abuse: Physical/Sexual/Neglect/Domestic
_____	_____	Custody Disputes
_____	_____	Finances
_____	_____	Arrest/Incarceration History
_____	_____	Physical Illness
_____	_____	Other, Specify

Comments: _____

Plan:

☐ Continue interventions as noted above

☐ Focus on additional needs, specify:

Signature, Credentials: _____