For each of these exercises use your reading and the book *Caring for Our Children* (available in an online version through our website).

**Child Care Case Study: EPSDT**

A family you have been taking care of since birth comes in for their daughter’s 6 m/o EPSDT. This is mom’s first child and she has been breast-feeding. She mentions she will be starting work in a month and asks about changing to bottled breast milk. She hasn’t asked about childcare. You ask her what arrangements she has made.

Consider the following scenarios:

1. She has not started looking and is not sure where to start. She asks you if you have any advice.
   a. What types of options does she have?
   b. Would you recommend certain types of child care?
   c. What are some major differences?
   d. Where could she/you turn for more information?
   e. Where can she/you turn for checklists on choosing quality child care?

2. She is planning on having her mother watch her daughter. What are examples of some health and safety tips she might need to hear from you?

3. Her child has some development special needs from being born prematurely at 29 weeks. She is overall in stable health. Mom is feeling financial pressure to return to work. What should she look for in child care?

http://pediatrics.aappublications.org/content/115/1/187.full.pdf

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Child Care Case Study: Pink Eye

A 3 year old girl named Melissa comes to see you with her mother with the complaint of “pink eye.” The mother tells you that her day care said Melissa had to get antibiotics from the doctor before Melissa could return. Melissa’s mom is a school teacher and cannot miss work easily. The family has been worked into your schedule to see you today. Melissa’s mom says to you, “I just need some eye drops or they won’t let her go back.”

Melissa is playful, active and has minimal URI symptoms. Her left eye has slight tearing; the conjunctiva is mildly and evenly red, with no pain, no discharge, no abrasion, or eyelid edema or redness.

You diagnose her with non-purulent conjunctivitis and believe it is likely viral.

1. Would you prescribe antibiotic eye drops?
   Why or why not?

2. Why did day care send the mom to see you?

3. Can child care require a parent to get antibiotics before allowing re-entry?

4. What could you do as a busy pediatrician to alleviate this issue?
Child Care Cases Study: Asthma

A 4 y/o boy named Robert is admitted with his first asthma exacerbation. He was in a child care center when his asthma attack started and arrived to the hospital via ambulance in moderate distress. He has recovered well during his hospitalization, being managed on oxygen, steroids, and bronchodilators. He is being discharged with 2 more days of Prelone, as well as an Albuterol inhaler, Albuterol SVN, and inhaled steroids. He has never been on medications for asthma.

1. How would the issue of child care affect your discharge planning?
   a. Can Robert safely attend child care again?
      
      If Yes, What has to be considered?
      
      If No, Why?
      
      Would the type of child care he is attending make a difference to your recommendations or management?
      
      b. When is he ready to go back to child care?
      
      c. Who will show them when/how to administer Albuterol?

2. When the family returns for follow-up, the mom tells you that Robert’s child care center does not administer medications. Is there anything you can do, as a pediatrician? What resources does the mother have to help her through this?
Child Care Case Study: Speech Delay

A 2 y/o comes in for an EPSDT. The mom shares that her son has only 3-4 words including “ma-ma” and “ba-ba”. She has other children and he does seem slow in his language development compared to his siblings. Mom is an attorney and dad is a physician. They are a little embarrassed about his delay and feel confident it will resolve on its own. In addition to evaluating his hearing and past medical history, consider the following questions:

1. How would child care be relevant in the evaluation of his speech delay?

2. What strategies would you give the family to collaborate with child care in their son’s evaluation?

3. What strategies would you give the family to collaborate with child care in their son’s management?
Child Care Case Study: Seizures

An 18 m/o is admitted to the hospital with seizures and fever. He was at home at the time. Because of atypical presentation and difficulty obtaining a history, the child is admitted to r/o bacterial meningitis. The child is diagnosed as having his first febrile seizure and a viral illness. After a smooth hospital course, the family is about to be discharged and the child is playful and active. Just before leaving the father comments “It’s probably best to keep him at home now. He was going to day care before, but that’s not a good idea, is it?”

1. How would you respond?

2. Can a child with a history of febrile seizures attend child care safely?

3. How could you prepare child care to have this child come back?