

Marini & Associates

Forensic Rehabilitation Consultants

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Life Care Plan

Regarding

Francis Sticks

June 1, 2004

Prepared for

*Mr. Attorney
Attorneys at Law
Las Vegas, NV*

Prepared by: Irmo D. Marini, Ph.D., CRC, CLCP, FVE®

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June, 2004

Client:	Francis Sticks	Date of Birth:	3/20/99
		Date of Injury:	3/20/99
Address:	0000 Harrison Ave., Las Vegas, NV 89104 Ph: (000) 555-5555	Date of Interview:	5/24/03
Referral:	Mr. Attorney Attorneys at Law Las Vegas, NV	Francis's SS#:	123-45-6789

This report is entitled Life Care Plan and should be in it's final form, however, if new information becomes available before trial, the right is reserved to incorporate this information into this Plan as needed.

INTRODUCTION

The development of a life care plan can be conceptualized as having two main components. The first involves **direct costs** incurred to an individual and significant others in accommodating the disability. Examples of direct costs would include wheelchairs, adaptive equipment, physician and non-physician visits, personal assistant expenses, home modifications, ostomy supplies, prescription and non-prescription drugs, etc. The second component involves **indirect costs** related to the disability which would include projections of lost wages, future diminution of earnings and loss of labor market access, etc. This preliminary life care plan specifically details the current and future life care requirements of Miss Francis Sticks and is designed to provide information specific to his needs in relation to her birthing injury where she sustained a hypoxic ischemic encephalopathy resulting in cerebral palsy and brain injury. In deriving this plan, the following resources were utilized:

- a) A clinical interview with mother Ms. Kim Sticks on Saturday, May 24, 2003 and subsequent follow-up phone calls,
- b) Direct observation of Francis Sticks on the 5/24/03 interview
- c) Consultation with Dr. M. Instance, PCP re: future medical needs
- d) Review of available medical records noted under the Medical History section of this Plan
- e) A Guide to Rehabilitation (1997) re: Cerebral Palsy and Traumatic Brain Injury; Medical, Psychosocial, and Vocational Aspects of Disability (1995) on Cerebral Palsy and Brain Injury; Handbook of Severe Disability (1981) on Cerebral Palsy; The Birth of a Handicapped Child: A Wholistic Model for Grieving; Developmental Tasks and Transitions of Adolescents with Chronic Illnesses and Disabilities (in the Psychological and Social Impact of Disability (1981); Theory and Practice of Brief Therapy; and Assessing the Worth of a Child in Personal Injury Litigation Cases.
- f) Consultation with various DME vendors (Greg at Horton Labs)
- g) Consultation with billing dept. at relevant physician offices re routine service costs
- h) Consultation with various home health agencies re 24 hour skilled care – Ginger Carr of Gentiva; Helena @ Crawford HH; Joanne @ Advantage HH (5/28/04; 6/01/04)
- i) Consultation with PT, and SP of KidsFirst in Las Vegas re adaptive aids – Ming Chidester and Sue Gillam
- j) Phone consultation with Krisha of Apria Health Care re: G-tube apparatus and costs
- l) Consultation with Dr. Specialist re future medical care needs
- m) Lori Alberts of Fiant Hills nursing home and Carla Johnston of Las Vegas nursing center (5/27/04)
- n) Trish at Moreo construction and Charles at English & Assoc (5/24/04)
- o) NV Nurse Practice Act – rules and regulations website
- p) Joan Jones of NV State Nursing Board (5/28/04)
- q) Brenda @ Mulberry Assisted Living and Penny @ Sebastian Assisted Living (5/28/04)
- r) Fed. Medicaid rules re: services provided at Level I and II facilities – on website

Please note the following information was conveyed to this Life Care Planner by Ms. Kim Sticks (mother), due to Francis's age and medical condition.

CLIENT IDENTIFYING INFORMATION

Miss Francis Sticks, born 3/20/99 and currently 4 years, two months of age was seen for the development of a comprehensive life care plan and future vocational earning capacity loss regarding her birthing injury where she reportedly sustained and hypoxic ischemic encephalopathy. Miss Sticks was referred by her attorney Bennett Riggs of Las Vegas, Nevada. Francis is a Caucasian, right hand dominant young lady who approximately stands 3 ft. and weighs an estimated 34 lbs.

FAMILY HISTORY

Francis Sticks lives with her mother Kimberly, age 32 this July, in a 2nd floor two-bedroom, two-bathroom apartment in downtown Las Vegas. Francis was born with complications at WW Hastings hospital in Talequah, OK. She is the only child of Kimberly Sticks and divorced from birth father Willis Sticks since 2001. As of March 2001, Francis began receiving SSI payments in the amount of \$460 per month. Francis's maternal grandmother lives 20 minutes away in Roland, Oklahoma. Grandmother and grandfather are divorced, and grandfather Eddy Symonds lives 15 minutes away in Van Buren, Nevada with Kimberly's younger brother Jason. Neither men visit Francis often; Jason sees her approximately every four weeks. Older sister Monica (33) also lives in Van Buren and sees Francis once every two weeks. Biological father and his family have little contact with Francis, leaving mostly Kim with majority of caretaking responsibilities.

Kimberly has worked as an optician for the past 12 years and currently employed with Bodiford Eye Center full-time where she earns approximately \$1,800 per month. Kimberly Sticks does not own any other property or have any major debts.

EDUCATIONAL HISTORY

Since Francis has no formal education at this time, it is appropriate protocol and standard procedure in future earnings vocational assessments to explore the education level of the child's parents and significant other relatives to form a basis as to what the child's career path would in all probability have occurred. Statistically, parents who go to college typically have children who go to college in 70% of cases. In the Sticks's case, primary caregiver Kimberly completed high school at Van Buren high and completed 1 year of college (was A-B student) at the current University of AR, Las Vegas and is an optician. Maternal grandmother Deborah Bond received her GED and completed 2 years of college; has worked as a mortgage officer for past 6 years. Maternal grandfather Eddy Simonds has a high school diploma and has been employed as a factory worker supervisor. Francis's aunt Monica has a high school diploma and has been employed as an accounts manager for Beverley Enterprises the past 8 years. Uncle Jason Simonds has a high school diploma and has been a factory worker with Universal Packaging the last 6 years. Kimberly Sticks was uncertain as to her ex-husband's family history in this regard other than Willis Sticks did not complete high school (grade 9) and is a construction worker. His family's educational history is reportedly similar to his. As such, and as I will report later under the vocational assessment section, *it is my opinion that based on this family history, especially noting Francis's primary caregiving mother's, there is a vocational probability that Francis Sticks would minimally have completed high school; therefore, her future earning capacity loss will be based on the U.S. Census Bureau's Historical Income Tables for Caucasian females with a high school education.*

MEDICAL HISTORY

Although a summarized medical history from the medical records provided are chronologically reported below, Kimberly Sticks reports no past relevant medical history related to the birth of Francis. Kimberly and biological father Willis have no other prior related disability history in their families. Kimberly Sticks's account of the birthing complications are that she was reportedly hospitalized the Monday prior to Francis's birth, labor was induced on Wednesday with no significant dilation, hospital staff broke her water on Saturday morning at approximately 9 AM, and Kimberly Sticks indicates that the attending midwife informed her that time that there were feces in her water. Francis was subsequently delivered by c-section with no anesthesia at 5:09 p.m. that evening, Kimberly reports she was no longer contracting and believes the hospital should've delivered Francis earlier than they did. As the summarized medical records indicate below, Francis Sticks remained in hospital for three months while her mother commuted back and forth from Ronald McDonald House. Available medical records indicate following:

3/20/99 Saint Mariet Hospital Radiology Report CT Brain by Dr. M. Carstens. Impression: No significant CT abnormality of the neonatal brain.

3/21/99 Saint Mariet Hospital Radiology Report Chest and Abdomen by Dr. M. Carstens. Impression: Endotracheal tube lies in good position at the T2 level. There are some coarse markings noted throughout the lungs, which may represent retained fluid, pneumonia or possible meconium, aspiration cannot be excluded. A WAC catheter is in place at T9 and a WVC at T8. There is a nonspecific bowel gas pattern.

3/21/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. R. Krieger. Impression: ET tube above the carina. Umbilical catheters are noted with arterial catheter tip at approximately T8 and venous catheter tip at T8-T9. Hazy bilateral infiltrates are unchanged. No pneumothorax found.

3/22/99 Saint Mariet Hospital Neurophysiology Report Pediatric Electroencephalogram by Dr. G. Miller. Impression: Abnormal study that shows a burst/suppression pattern. No electrographic seizures were noted.

3/22/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. P. Barrett. Impression: ET tube above the clavicles. Mild bilateral infiltrates.

3/23/99 Saint Mariet Hospital Consultation Report by Dr. G. Miller. Reason for Consultation: Neonatal depression and seizures. Impression: It is my impression that this young lady has suffered from neonatal depression and as a result has had fairly refractory seizures.

3/24/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. M. Clouser. Impression: Compared to the previous study of 3/24/99. The ET tube has been retracted and the tip is now well above the carina. Mild diffuse infiltrates consistent with RDS. Artifact over the right upper lobe. WAC and UVC at the T7-T8 level. The PICC line comes down to the left side of the neck and is seen over the right first rib in the supraclavicular fossa region.

3/24/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. P. Barrett. Impression: ETT near the carina. Right upper lobe atelectasis.

4/07/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. J. Jennings. Impression: Perihilar infiltrates slightly increased compared to 3/24/99.

4/08/99 Saint Mariet Hospital Neurophysiology Report Pediatric Electroencephalogram by Dr. H. Morgan. Impression: this impression is abnormal because of a poorly reactive cortical background with poor cortical organization and poor differentiation for sleep/wake cycling. Periods of desaturation do not appear to be related to any electrical cortical seizure activity. There has been some interval improvement compared to the previous recording. Background is no longer burst /suppression, representing an improvement in the overall quality of the background. No seizures identified.

4/09/99 Saint Mariet Hospital Consultation Report by Dr. W. Hawkins. Reason for Consultation: for evaluation of upper airway with history of desaturations. Impression: There is no evidence of upper airway obstruction noted. The supraglottic edema most likely contributed to the reflux.

4/10/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. P. Barrett. Impression: Bilateral lung haze.

4/13/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. P. Barrett. Impression: Right upper lobe infiltrate. This is not as dense as barium would appear.

4/13/99 Saint Mariet Hospital Radiology Report UGI by Dr. T. Kim. Impression: There is no evidence of gastroesophageal reflux. Gastric outlet appears patent. Position of the ligament of treitz appears normal.

4/18/99 Saint Mariet Hospital Radiology Report Portable Chest by Dr. B. Gerety. Impression: There is now an orogastric tube present. The tip of which is in the area of the gastric fundus.

4/26/99 Saint Mariet Hospital Operative Report by Dr. S. Jegathesan. Preoperative Diagnosis: Hypoxia. Gastroesophageal reflux. Feeding difficulties. Name of Operation: Nissen fundoplication, gastrostomy, pyloromyotomy, and insertion of a central venous line via left subclavian approach. The patient was returned to the neonatal intensive care unit without difficulties.

4/26/99 Saint Mariet Hospital Operative Report by Dr. S. Jegathesan. Preoperative Diagnosis: Status postoperative gastroschisis, acidosis. Name of operation: Muscle Biopsy. She needed a muscle biopsy to estimate the respiratory chain enzymes in the muscle. After the operation, the patient was returned to the neonatal intensive care unit.

4/26/99 Saint Mariet Hospital Radiology Report Chest by Dr. M. Clouser. Impression: Study shows left central line per subclavian with tip SVC. NG tube pulled since 4/18/99. No pneumothorax. Some left perihilar infiltrate cannot be excluded.

5/11/99 The Children's Hospital at Saint Mariet Multi-Channel Recording Analysis by Dr. A. Karathanos. Summary: No significant episodes of apnea, bradycardia were recorded at the present time. Three episodes of oxygen desaturations (75-77%) were seen. Periodic breathing within normal limits.

5/11/99 The Children's Hospital at Saint Mariet Multi-Channel Recording Analysis by Dr. C. Adkisson. Summary: There were five 10-15" central apneas, one 15-20" central apnea and two 26-32" central apneas associated with bradycardia and severe desaturations. There was a severe 32-second central, possibly mixed apnea with bradycardia and a saturation of 45%. There were thirty-two 10-31" obstructive apneas, five associated with bradycardia, and eight associated with desaturations. Interpretation: Abnormal Pneumogram.

5/17/99 Saint Mariet Hospital Discharge Summary by Dr. C. Adkisson. Discharge Diagnoses: Thirty-seven weeks gestation, currently 45 weeks corrected gestational age. Perinatal depression with neurologic deficit. Clinical seizures, abnormal electroencephalographic pattern. Clinical sepsis, resolved. Hypotension, resolved. History of apnea and desaturation episodes, home on apnea monitor and pulse oximeter.

5/21/99 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well two-month infant. Neurological deficit secondary to perinatal depression. Plan: Immunizations will be given today. Will make referral to BOST for PT and OT to be started as soon as possible. Return in 2 months or earlier if needed.

5/28/99 Holt Krock Clinic Medical Imaging Department by Dr. Farrell. Chest. Impression: normal chest.

5/28/99 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Bronchiolitis, likely viral. Plan: arrange for home nebulizer. To use Albuterol updraft every 2-3 hrs. follow up in one week or earlier if symptoms worsen.

7/15/99 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well four-month-old child. Developmental delay. Bilateral otitis media. Plan: Referral to Ophthalmology for complete eye exam and evaluation for visual acuity. Arrange for pneumogram and make an appointment with ACH Neurology Clinic for follow up. Return in 2 weeks for follow up.

7/19/99 Bost Human Development Services Evaluation Narrative performed by P. Scoggins, M.S.E. Recommendations: Based on the results of the three evaluations, Francis shows significant delays in all areas. It is recommended that Francis remain in the Developmental Day Treatment program where her special needs can be met.

7/22/99 Bost Human Development Services Physical Therapy Evaluation performed by L. Lowder PT. Francis was administered the Peabody Developmental Motor Scale and the West Haverstraw Test of Posture and Locomotion. Test Results: On the Peabody, Francis was found to be functioning at the age equivalency of one month, placing her 2.05 standard deviations below the mean for gross motor development. These scores also represent a delay of 75% qualifying her to receive physical therapy services. On the Haverstraw test Francis had a motor age of one month, with no highest complete level of accomplishment and the highest level with at least one skill mastered was at three months. These scores give her a motor quotient of .25, representing a profound delay in gross motor development. Recommendations: Primary areas to be addressed include primitive reflexes/protective righting reactions, balance, non-locomotor skills. Francis is in need of a wedge, sidelyer and some form of seating system for positioning.

7/22/99 Bost Human Development Services Occupational Therapy Evaluation performed by R. Mack OT. Test Administered: Peabody Developmental Motor Scales. Francis scored as follows: Basal age level one month. Ceiling Age level two months. Age equivalent one month. Skill level: Grasping raw score of 5, Z score, -1.75. Hand use raw score of 3, Z score -1.23. Eye-hand coordination raw score 3, Z score -1.48. Recommendations: Based on the results of this evaluation, occupational services are indicated at this time due to Francis demonstrating a current level of functioning of approximately one month.

8/03/99 Bost Human Development Center Speech and Language Evaluation Report performed by A. Pogue SLP. Francis was Administered the Rosetti Infant- Toddler Language Scale to assess her communication skills. For her age level of 0-3 she presented with the following deficits in the developmental areas assessed: Interaction-Attachment-50%. Pragmatics-80%. Play-100%. Language Comprehension-83%. Language Expression-100%. Francis was also administered the Birth to Three Checklist of Learning

and Language Behavior. The assessment yielded the following scores: Language Comprehension 2.25 months. Language expression 0 months. Avenues of learning 0 months. Social/Personal Behaviors .75 months. Recommendations: Results of this evaluation confirm a deficit of at least 25% in the areas of receptive language, play skills, social/personal skills and expressive language meeting eligibility requirements for speech-language therapy in the early intervention program at BOST.

12/07/99 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well eight and a half month old. Developmental delay. Deficient immunizations. Plan: will get her third HiB and DtaP. Also discussed doing swallow study in the near future and to return 12 month checkup and as needed.

12/17/99 AR Children's Hospital ENT Clinic Note referred by Dr. J. M. Instance to Dr. C. Bower. Recommendation: A swallowing study, which will be set up in the next two to three weeks. It is felt that PE tubes are indicated at this time. Her upper airway difficulty has improved on the Robinul as recommended by Dr. Seibert and we will plan on placing the PE tubes in the next few weeks as well as repeating the swallowing study.

1/09/00 Splint Regional Medical Center Medical Imaging Consultation referred by Dr. J. Greene to Dr. C. Cassady. Procedure: Chest: One View. Impression: Mild bilateral pneumonic infiltrative changes.

1/09/00 AR Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. S. Furlow to Dr. B. Greenberg. Impression: Interstitial pulmonary disease with areas of subsegmental atelectasis.

1/09/00 Splint Regional Medical Center Medical Imaging Consultation referred by Dr. J. Greene to Dr. C. Cassady. Procedure: Chest: One View. Impression: Progressive bilateral pneumonia

1/09/00 AR Children's Hospital Admission Record referring Dr. M. Instance, attending Dr. M. Heulitt. Reason for Admission: Respiratory distress.

1/10/00 AR Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Moss to Dr. J. Allison. Impression: Tube and catheter position as described. Worsening of lung disease.

1/10/00 AR Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Heulitt to Dr. B. Greenberg. Impression: Comparison examination.

1/10/00 AR Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Moss to Dr. J. Allison. Impression: Right upper lobe and left lower lobe atelectasis. Tube and catheter position as described.

1/11/00 NV Children's Hospital Diagnostic Radiology Portable AP Chest referred by Dr. M. Moss to Dr. T. Vanderzalm. Impression: Basically stable chest.

1/11/00 NV Children's Hospital Diagnostic Radiology Portable AP Chest referred by Dr. M. Moss to Dr. T. Vanderzalm. Impression: Diffuse infiltrates and patchy bilateral atelectasis. Lungs much better expanded than they were on the film of this morning.

1/12/00 NV Children's Hospital Diagnostic Radiology Portable AP Chest referred by Dr. M. Moss to Dr. J. Seibert. Impression: Increasing atelectasis, particularly in the left lower lung in this patient with RSV pneumonia.

1/13/00 NV Children's Hospital Diagnostic Radiology Portable AP Chest referred by Dr. M. Moss to Dr. T. Vanderzalm. Impression: Improved aeration. Persistent extensive bilateral infiltrates. No acute abnormality. ET tube tip at level of glottis.

1/13/00 NV Children's Hospital Diagnostic Radiology Portable AP Chest referred by Dr. M. Moss to Dr. S. Klein. Impression: Better ET tube position.

1/14/00 NV Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Moss to Dr. S. Klein. Impression: Stable perihilar interstitial lung disease, most likely viral in etiology.

1/15/00 NV Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Moss to Dr. T. Vanderzalm. Impression: Stable bilateral perihilar interstitial disease, in a patient with known RSV.

1/16/00 NV Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. M. Moss to Dr. J. Allison. Impression: Viral pneumonitis without significant interval change.

1/17/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. M. Moss to Dr. T. Vanderzalm. Impression: Slowly improving lungs. Improving although incompletely resolved bibasilar atelectasis.

1/18/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. A. Adnan to Dr. T. Vanderzalm. Impression: New airspace densities in the right lung all consistent with atelectasis superimposed on the pattern of diffusely prominent markings that has been present for some time. Endotracheal tube tip near carina.

1/19/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. S. Schexnayder to Dr. B. Greenberg. Comparison.

1/20/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. S. Schexnayder to Dr. T. Vanderzalm. Impression: Lungs less expanded. Probably basically stable changes related to RSV with bilateral atelectasis.

1/20/00 NV Children's Hospital Diagnostic Radiology Chest referred by Dr. S. Schexnayder to Dr. J. Allison. Impression: RSV with diffuse atelectasis. Tube and catheter position as described above. No pneumothorax identified.

1/21/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. S. Schexnayder to Dr. S. Klein. Impression: Persistent bilateral pneumonia. Expiratory film may be causing apparent worsening.

1/22/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. S. Schexnayder to Dr. S. Klein. Impression: Continued resolution of bronchiolitis.

1/23/00 NV Children's Hospital Diagnostic Radiology Portable PA Chest referred by Dr. S. Schexnayder to Dr. B. Greenberg.

1/25/00 NV Children's Hospital Speech Pathology Initial Consultation referred by Drs. J. Schemer, M. Moss.

1/25/00 NV Children's Hospital Department of Rehabilitation Occupational Therapy Developmental Evaluation referred to M. Yelvington OT by Dr. Moss.

1/26/00 NV Children's Hospital Diagnostic Radiology Esophageal Swallowing Study referred by Dr. S. Aburahma to Dr. S. Klein, Impression: Aspiration with both thin and nectar inconsistencies.

1/27/00 NV Children's Hospital Diagnostic Radiology Portable Chest referred by Dr. S. Aburahma to Dr. S. Klein, Impression: Decreased bilateral infiltrate. Persistent cardomegaly.

2/04/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Status post severe RSV bronchopneumonia and respiratory failure. Right acute otitis media. Plan: Start on antibiotic for 10 days. Continue Atrovant with Aerochamber 3 times daily and meds as directed before. Follow up in 2 weeks.

3/22/00 NV Children's Hospital Operative Report by Dr. C. Bower. Preoperative Diagnosis: Chronic otitis media. Procedure: Tympanostomy with tube insertion under general anesthetic bilaterally. The patient was transferred to the recovery room having tolerated the procedure well.

3/22/00 NV Children's Hospital Admission Record referred by Dr. M. Instance. Reason for admission: Dysphagia/rec acute otitis media.

3/31/00 Bost Human Development Services Discharge Summary written by R. Mack OT. Reason for Discharge: Francis's parents have decided not to participate in BOST'S Home Bound program and have been discharged from BOST'S Therapy program as of 3/31/00. At the time of discharge Francis was experiencing moderate delays in bed, reaching and feeding as measured on the Occupational Therapy Activities of Daily Living Assessment.

3/31/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well nourished 12-month infant. Developmental delay. Plan: I will dictate a letter of medical necessity recommending receiving therapy at home to avoid contact with viral illness, which will potentially exacerbate bronchiolitis and RAD. Will refer to Dr. Fiedorek. Gastroenterologist in Las Vegas, to assess her swallowing ability. Return in three months.

3/31/00 Bost Human Development Services Speech Therapy Discharge Summary written by A. Pogue. Discharge diagnosis: Severe neonatal depression/developmental delay. Reason for discharge: She no longer attends BOST.

4/06/00 NV Children's Hospital Audiological evaluation.

5/01/00 Splint Medical Center Admission Note Dr. J. Hendrickson. Chief Complaint: Head injury. Impression: Subdural by history. Hypoxic ischemic encephalopathy, by history. Plan: Neuro checks are done. A blood count will be checked. Neurosurgery consult obtained. Further workup as clinical course dictates.

5/01/00 Splint Regional Medical Center Medical Imaging Consultation. CT cranial complex referred to Dr. L. Farrell by Dr. J. Hendrickson. Impression: Suspicion for a high right frontal subdural hematoma. The findings have been discussed with Dr. Anderson in the emergency room.

5/01/00 Splint Regional Medical Center Medical Imaging Consultation. CT cranial complex referred to Dr. J. Farrell by Dr. J. Hendrickson. Impression: Stable small right subdural hematoma.

5/01/00 Splint Regional Medical Center Medical Imaging Consultation. CT cranial complex referred to Dr. J. Farrell by Dr. J. Hendrickson. Impression: Small high-density subdural hematoma over the right frontal lobe.

5/08/00 Health Pediatric and Adolescent Medicine Progress Note by Dr. J. Hendrickson. Impression: Bronchitis. Right otitis. Plan: Augmentin 200 mg. twice daily. To follow up with Dr. Instance tomorrow, sooner if further respiratory problems.

5/10/00 Splint Regional Medical Center Medical Imaging Consultation. CT cranial complex for subdural hematoma referred to Dr. L. Farrell by Dr. E. Landherr. Impression: On image number 17 there is a density area in the right frontal region, which I believe, is artifactual. On the remaining levels, no abnormalities are seen and no evidence for subdural hematoma.

5/16/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Status post non-displaced skull fracture. Otitis media, resolved. Plan: Reassurance. Continue Augmentin for a total of 10 days and return for next checkup and as needed.

7/27/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well sixteen-month infant. Speech, gross and fine motor delay. History of hypoxic ischemic encephalopathy. Plan: Will arrange for the following study to assess her swallowing ability. To contact Dr. Sharp's office for scheduling MRI either local or at Children's Hospital. Reschedule appointment with GI. Return for 18-month checkup as needed.

8/10/00 NV Children's Hospital Admission Record referred by M. Instance. Reason for Admission: Neonatal HIE/MRI-Head.

8/10/00 NV Children's Hospital MRI-Head by C. Glasier. Impression: Small amount of edema in the thalami bilaterally and thinning of the posterior body corpus callosum consistent with previous injury.

8/23/00 The Gregory Kistler Treatment Center for Children Physical Therapy Initial Evaluation referred by Dr. M. Instance. Francis falls forward into trunk flexion when placed in a sitting position. She pushes into extension frequently to object to position or handling. Movements include flailing of extended extremities, rolling, pushing to extension and random movements of the head and neck, with a preference to left lateral flexion of the cervical spine. Francis was evaluated using the Peabody Developmental Motor Scales and the Battelle Developmental Inventory. On the Peabody she scored as follows. Chronological age-17 months. Basal age level-0-1 month. Ceiling age-6-7 months. Age equivalent-3 months. On the BDI Francis scored as follows. Chronological age-17 months. Basal age level-<0-5 months. Ceiling age-6-11 months. Age equivalent-2 months. Francis has significant delays in her motor skills, including trunk and head control on sitting, weight bearing thru upper and lower extremities, prone positions and quadruped and standing activities.

8/29/00 NV Children's Hospital Surgery Clinic Note by Dr. R. Jackson. Impression: I discussed the possibility of problems with the fundoplication with the parents, although this seems unlikely with the symptoms. We will initial Reglan to increase gastric emptying. An upper GI will be performed through the gastrostomy to evaluate the fundoplication.

8/31/00 The Gregory Kistler Treatment Center for Children Speech-Language Therapy Initial Evaluation referred by Dr. M. Instance to C. Whitaker SLP. An oral –motor assessment reveals low tone in Francis's lips, cheeks, jaws and tongue. Her palate is extremely high and narrow. Francis's scores on the Rossetti Infant Toddler Language Scale indicate that her skills are significantly below average. Interaction-Attachment-47% delay. Pragmatics-29% delay. Gesture->29% delay. Play-65% delay. Language Comprehension-65% delay. Language Expression->82% delay. Francis was administered the Bzoch League Receptive-Expressive Emergent Language Scale 2nd Edition. Her scores here also indicated that her language skills are significantly below average for her age. Receptive Language age-9 months. Expressive Language age-6 months. Combined Language age-7.5 months.

9/13/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. C. Gaby. Impression: Gastroenteritis. Plan: Observation

9/22/00 The Gregory Kistler Treatment Center for Children Occupational Therapy Initial Evaluation referred by Dr. M. Instance to J. Ray OTR. Francis was evaluated using the Peabody Developmental Motor Scales and the Pediatric Evaluation of disability Inventory. Using the Peabody, Francis was tested in the areas of grasping, hand use, eye-hand coordination, and manual dexterity. Her scores are as follows. Chronological Age Level-18 months. Ceiling Age Level 6-7 months. Percentile-2. percentage delay-94%. Age equivalent-1month. Francis's scores on the PEDI indicate that she requires total assistance with all of her self-care needs.

11/03/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Left acute otitis media with perforated eardrum. Plan: Augmentin 200 mg. b.i.d for ten days and Floxin ear drops 3 times a day for 7 days. Follow up in 2 weeks or earlier as needed.

11/28/00 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Otitis media, resolved.

3/23/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Right acute otitis media, right middle lobe pneumonia, hiatal hernia. Plan: Rocephin 600 mg. IM. To follow with Vantin twice a day for ten days. To return in two weeks for follow up and a check up. Refer to Pediatric Surgery at AK. Children's Hospital to evaluate hiatal hernia.

3/23/01 Splint Medical Plaza X-Ray report referred by Dr. M. Instance to Dr. C. Cassady. Chest: Two views. Impression: Mild symmetrical hyperinflation. Air lucency in the supradiaphragmatic location compatible with hiatus hernia. Barium study to confirm suggested.

4/03/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Otitis media, resolved. Pneumonia resolved. Plan: to use Albuterol inhaler as needed and continue Valtin as directed before.

5/10/01 NV Neurosurgery and Spine Center Progress Sheet Dr. E. Landherr referred by Dr. Hendrickson. Treatment plan: CT scans reviewed and compared-hematoma now resolved and scan looks good. Patient released from our care.

6/04/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. J. Hendrickson. Impression: Tonsillitis. Plan: Augmentin 200 mg. twice daily for a ten-day course. Tylenol and fluids. To call if further concerns.

7/31/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Bronchitis, Sinustis, and Allergic rhinitis. Plan: Vantin for ten days. Trial on Nasonex 1 action each nostril once a day. Continue Claritin and Robinul. If no improvement, return for re-evaluation.

8/11/01 Splint Regional Medical Center Medical Imaging Consultation. Chest PA/LAT referred by Dr. S. Reyenga to Dr. N. Crow. Impression: Pneumonia, hiatal hernia.

8/12/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Pneumonitis and reactive airway disease exacerbation, resolved. Plan: Continue with Flovent two puffs twice a day. Albuteral MDI with Aerochamber to be used as needed.

8/12/01 Splint Regional Medical Center Admission Note by Dr. M. Instance. Chief Complaint: Fever and worsening cough. Impression: Pneumonia, reactive airway disease exacerbation, and Hypoxic ischemic encephalopathy.

8/15/01 Splint Regional Medical Center Discharge Summary by Dr. M. Instance. Discharge Diagnosis: Pneumonitis, reactive airway disease Exacerbation, glucose intolerance. Disposition: Discharge home to mother.

11/01/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Well two and a half year old child, severe developmental delay, swallowing dysfunction. Hiatal hernia. Reactive airway disease and allergic rhinitis, stable. Plan: increase pediasure to 9.5 oz x 5 days. Rescheduled for swallowing study. Synagis immunization will be given. Continue multivitamin with fluoride on a daily basis and return in six months and as needed.

12/11/01 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Left acute otitis media. Plan: Zithromax. Follow up in two weeks or sooner if symptoms persist or worsen.

1/22/02 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Bilateral acute otitis media. Plan: Vantin for ten days. Return as scheduled before on Friday for preoperative clearance.

1/29/02 NV Children's Hospital Discharge Summary referred by Dr. M. Instance to Dr. R. Dyleski, Attending. Discharge diagnosis: Chronic otitis media and effusion. Follow up 4-6 weeks with Dr. Dyleski. Medications: Amoral, Tylenol # 3 and Cortisporin ear drops. Regular home diet.

1/29/02 NV Children's Hospital Operative Report referred by Dr. M. Instance to Dr. R. Dyleski, Attending. Preoperative diagnosis: Chronic otitis media and effusion. Procedure: Bilateral T-tube placement. Adenoidectomy. Retracted eardrum on the left with fixed atelectasis and serous effusion. On the right serous effusion. The adenoids were 70% obstructing. The patient was extubated in the operating room and was transferred to the recovery room, having tolerated the procedure well.

1/29/02 NV Children's Hospital Admission Record referred by Dr. M. Instance. Reason for Admission: Chronic otitis media/adenoid hypertrophy.

3/20/02 NV Children's Hospital Speech/Language Pathology Oral Pharyngeal Videofluoroscopic Swallowing Analysis referred to S. Klein SLP by Dr. R. Dyleski. Recommendations: It is recommended that Francis continue to receive all of her nutrition and hydration through her G tube. Continue with speech therapy. Taste stimulation should be avoided at this time. A repeat swallow study should be considered only when there is a significant change in her swallowing abilities. Impressions: The oral phase was judged to be disordered due to poor lip closure, reduced tongue mobility, reduced A/P lingual movement, tongue thrust, increased oral transit time uncontrolled bolus and oral hypersensitivity. The pharyngeal phase was judged to be disordered due to delayed pharyngeal swallowing (2-3 seconds, vallecular pooling, pyriform sinus pooling, reduced laryngeal closure, transglottic aspiration during the swallow, poor sensitivity to aspiration, also no cough.

4/02/02 Kids Health Pediatric and Adolescent Medicine Progress Note by Dr. M. Instance. Impression: Hypertrophy of the skin surrounding the gastric tube. Plan: Referral to Dr. Akai for evaluation.

4/11/02 The Gregory Kistler Treatment Center for Children Physical Therapy Evaluation performed by R. C. Stevens, PT. Recommendations: The Rifton Pacer gait trainer is recommended for Francis. This device will encourage weight bearing of the lower extremities, which is important for proper bone density and joint formation as well as strengthening her muscles and providing an independent means of mobility. Evaluation: Francis is unable to stand independently without upper extremity support. Her current means of mobility is rolling. She is unable to use a walker secondary to decreased strength, decreased balance and decreased cognition. It is unsafe for her to use a walker without maximum assistance.

4/15/02 Splint Regional Medical Center Operative Report by Dr. N. Akkad. Preoperative diagnosis: Granuloma at the site of PEG tube. Operation: Excision of granuloma. The patient tolerated the procedure well, extubated and transferred back to the recovery room in stable condition.

5/22/02 KIDS FIRST/Program Operations Center, Las Vegas, AR., Speech-language, and oral-motor evaluations performed by Angie Haustein, M.S.,CCC. Tests administered: Preschool Language Scale-3 (PLS-3), The Nonspeech Test for Receptive/Expressive Language (NST). Patient scored as follows: **(PLS-3)**, Auditory Comprehension: Std. score 50, percentile rank-1, Age Equivalent-0-10 (**74% delay**). Expressive Communication: Std. score-50, percentile rank-1, Age Equivalent -0-09 (**76% delay**). Total Language Score: Std. score-50, percentile rank-1, Age Equivalent 0-10 (**74% delay**). **(NST)**, Receptive Language Age Equivalent: 11-14 months (**63-71% delay**), pre-receptive tasks-9/10, early receptive tasks-9/21, receptive tasks-1/19. Expressive Language Age Equivalent: 9-12 months (**68-76% delay**), pre-expressive tasks-2/3, early expressive tasks-8/17, expressive tasks-2/30. No formal assessment of patient's articulation, phonological development, voice, and prosody were performed during these evaluations. Oral-

Motor/Feeding Skills: Oral phase was judged to be disordered due to poor lip closure, reduced tongue mobility, reduced anterior/posterior lingual movement, tongue thrust, increased oral transit time, uncontrolled bolus, and oral hypersensitivity. Pharyngeal phase was judged to be disordered due to delayed pharyngeal swallow, vallecular pooling, pyriform sinus pooling, reduced laryngeal closure, transglottic aspiration during the swallow, and poor sensitivity to aspiration (no cough). **Recommendations:** Patient to continue to receive speech and language therapy to develop and improve receptive and expressive language skills, as well as oral-motor therapy to normalize sensitivity. Interventions should consist of 90 minutes/weekly. Language emphasis should be placed on establishing joint attention, encouraging babbling, imitation, and turn-taking, stimulating independent vocalizations, increasing variety in phonetic repertoire, stimulating babbling and use of jargon, developing use of communicative gestures, developing receptive and expressive vocabulary, developing functional play with objects, fostering imitative and independent verbalizations, and developing response to cued directions. Oral-motor interventions should include direct oral-motor stimulation exercises to normalize sensitivity to tactile stimulation and to facilitate tooth brushing and oral swabbing. Patient should receive hearing screening and tympanogram to determine her present level of auditory function.

6/12/02 Splint Medical Plaza, Las Vegas, AR., Consultation referred by Dr. M.S. Instance to Dr. Adam C. Gold. Procedure: Two-view chest. Impression: Bilateral consolidation. Infiltrate seen anteriorly over heart. Possible left lower lobe pneumonia. A bubble of gas seen above diaphragm may represent a hiatal hernia.

7/02/02 Splint Medical Plaza, Forth Smith, AR., Consultation referred by Dr. M.S. Instance to Dr. David G. Albers. Procedure: AP and lateral radiographs of right lower extremity. Impression: Fracture of distal femur. This involves distal femoral metaphyseal region and its junction with femoral shaft. There is impaction at fracture site. No other fractures noted.

07/19/02 The Gregory Kistler Treatment Center for Children, Inc., Forth Smith, AR., Physical Therapy Re-Evaluation performed by Rose C. Stevens, P.T. Tests administered were Gross Motor Function Measure (**GMFM**), the Pediatric Evaluation of Disability Inventory (**PEDI**) and clinical observations. Patient's abilities prior to her fracture were taken into consideration in regards to these tests. Patient scored as follows: (**GMFM**)- a) lying and rolling – 82% Dimension percent score, b) sitting – 57%, c) crawling and kneeling – 12%, d) standing – 0%, e) walking, running, and jumping – 0%. Total 30%, **Goal Total Score: 17%**. (**PEDI**): Mobility/Functional Skills – Normative Std. Score: below 10, Mobility/Caregiver Assistance – Normative Std. Score: below 10. Normative standard scores below 10 indicate significant motor delays. Inspection/Posture: Patient has lateral C curve (convex) to right of thoracic spine. Patient sits with posterior pelvic tilt, decreased spinal curves, and forward head. Patient can stand with forearms resting on stable object and knees hyperextended for three minutes. She cruises with her trunk leaning heaving against a support surface with maximal assistance. Muscle Tone: Patient presents with fluctuating muscle tone and underlying low muscle tone. Range of Motion/Strength: Overall passive range of motion is within normal limits. Active range of motion is limited secondary to

overall decrease in strength. Weakness is evident with poor transition skills and difficulty with co-contraction. Transitions: Patient transitions from prone to supine into forearms and knees independently and can pull up into tall kneel independently. She requires assistance to pull-to-stand through half-kneel. Amount of assistance varies with her behavior (normally maximum assistance). Balance: Difficulty maintaining tall-kneel with upper-extremity assistance or standing at bench with good posture secondary to decreased balance, decreased muscle co-contraction, and fluctuating muscle tone. Gait/Endurance: Patient ambulates in a gait trainer with poor posture/lower-extremity alignment and moderate assistance for propulsion. Patient ambulates approximately 40 feet with an average of four rest breaks secondary to decreased endurance. **Recommendations:** Patient to continue to receive physical therapy two times a week for a total of 60 minutes per week to work on activities that will address patient's goals.

7/19/02 The Gregory Kistler Treatment Center for Children, Inc., Forth Smith, AR., Physical Therapy Addendum by Mignon Chidester, M.S., P.T. Patient suffered a hairline fracture to her right femur on July 8, 2002 and was non-weight bearing on the right leg. She has been approved to resume all therapy per Dr. Keith Bolyard on August 7, 2002. Plan of Care: Patient's increased tolerance to therapy in the last month and ability to resume all therapy, an increase in physical therapy services is recommended from current 60 minutes to a total of 90 minutes.

8/20/02 The Gregory Kistler Treatment Center for Children, Inc., Forth Smith, AR., Occupational Therapy Re-Evaluation performed by Gloria Pense, OTR/L. Tests administered were Peabody Developmental Motor Scales (**PDMS**) and Battelle Developmental Inventory (**BDI**). Patient scored as follows and is compared to scores from previous testing done on 2/20/02:

PDMS	2/20/02	8/20/02
Chronological Age	35 months	41 months
Basal Age Level	2-3 months	4-5 months
Ceiling Age Level	8-9 months	8-9 months
Scaled Score	383	391
Age Equivalent	4 months	5 months
Percent delay	89%	88%

				2/20/02
Fine Motor Scale	Raw Score	Percentile	Z-score	T-score
Grasping	24	50	0.00	50
Hand Use	6	2	-2.05	29
Eye-Hand Coord	16	2	-2.05	29
Manual Dexterity	0	2	-2.05	29

Total Score	46	1	-2.33	27
8/20/02				
Fine Motor Scale	Raw Score	Percentile	Z-score	T-score
Grasping	26	24	-0.71	43
Hand Use	11	2	-2.05	29
Eye-Hand Coord	18	4	-1.75	32
Manual Dexterity	0	2	-2.05	29
Total Score	55	1	-2.33	27

BDI

2/20/02				
Component	Raw Score	Percentile Rank	Z-score	T-score
Fine Muscle	4	1	-2.33	27
Perceptual Motor	2	1	-2.33	27
Fine Motor Score	6	1	-2.33	27
Age Equivalency: 3 months		91% Delay		

8/20/02				
Component	Raw Score	Percentile Rank	Z-score	T-score
Fine Muscle	10	1	-2.33	27
Perceptual Motor	2	1	-2.33	27
Fine Motor Score	12	1	-2.33	27
Age Equivalency: 6 months		86% Delay		

Fine Motor: Patient has shown improvements in fine motor skills as evidenced by increased scores on both PDMS and the BDI. She continues to show decreased midline and bilateral hand use but can hold onto beaded necklaces. Sensory/Social: Patient has made great progress with her ability to transition between people, places, and activities. **Summary/Recommendations:** Patient displays improvement in fine motor skills but according to the BDI and PDMS continues to exhibit significant delays of 86 to 88 percent,

respectively. She is totally dependent in all self-care needs. Recommended that patient continue to receive direct occupational therapy two times per week for a total of 90 minutes.

01/20/03 The Gregory Kistler Treatment Center for Children, Inc., Forth Smith, AR., Physical Therapy Re-Evaluation performed by Mignon Chidester, M.S., P.T. Tests administered were Gross Motor Function Measure (**GMFM**), the Pediatric Evaluation of Disability Inventory (**PEDI**) and clinical observations. Patient scored as follows: (**GMFM**)- a) lying and rolling – 80% Dimension percent score, b) sitting – 70%, c) crawling and kneeling – 14%, d) standing – 2%, e) walking, running, and jumping – 0%. Total 30%, **Goal Total Score: 33%**.. (**PEDI**): Mobility/Functional Skills – Raw Score -8, Normative Std. Score: below 10, Mobility/Caregiver Assistance –Raw Score-4, Normative Std. Score: below 10. Normative standard scores below 10 indicate significant gross motor delays. Gross Motor Overview and Assessment: Patient has made some positive changes in her gross motor skills. She is able to hold an object in both hands and demonstrate intentional play. She has learned to move about room or play yard by transitioning from sit into quadraped back to sit onto opposite hip. She displays the cognitive motor plan, which is new, but does not have the coordination, nor enough global strength to perform without maximal assistance. She is able to stand with assistance by leaning her upper body onto a surface, displaying knee hyperextension for approximately two minutes, but can stand with bilateral hand support only for 30 to 60 seconds before crashing down to the floor. Patient can ambulate utilizing her Rifton Gait trainer, but displays poor posture and lower extremity alignment. **Summary/Recommendations:** Patient has made progress, but does display significant delays in her gross motor skills and functional abilities as assessed by the GMFM and PEDI. Recommended that patient continue to receive physical therapy two times a week for a total of 90 minutes.

1/28/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Progress note by Dr. M.S. Instance. Impression: Viral Illness. Plan: Symptomatic treatment. If continues to be symptomatic by the end of this week, to return back for evaluation.

1/28/03 Splint Medical Plaza, Las Vegas, AR., Consultation referred by Dr. M.S. Instance to Dr. Fareeda A Al-Refai. Procedure: PA and lateral view of chest –compared to 6/12/02. Impression: Hiatal hernia with peribronchial thickening.

02/7/03 The Gregory Kistler Treatment Center for Children, Inc., Forth Smith, AR., Occupational Therapy Re-Evaluation performed by Pamela Taylor, OTR/L. . Tests administered were Peabody Developmental Motor Scales-2 (**PDMS-2**) and Pediatric Evaluation of Disability Inventory (**PEDI**) and teacher observation. Patient scored as follows:

	PDMS-2			
	Raw Score	Age Equivalent	Standard Score	Percentile
Grasping	22	5 months	1	≤1
Visual-Motor- Integration	25	6 months	1	≤1

Sum of Standard Score: 2, Fine Motor Standard Score Quotient (FMQ): 46

Fine Motor Percentile: ≤ 1 , Fine Motor Z-Score: -3.60. A fine motor quotient (FMQ) of 78 or below indicates a significant deficit. This evaluation shows that patient is having difficulty with both her grasp and her eye-hand coordination.

PEDI

Domain	Raw Score	Normative Standard Score	Scaled Score
Self-Care/Functional Skills	9	≤ 10	30.7
Social Function/Functional Skills	10	≤ 10	34.0
Self-Care/Caregiver Assist	2	≤ 10	20.1
Social Function/Caregiver Assistance	2	≤ 10	20.4

Patient requires total assistance for feeding, grooming, bathing, and toileting. She requires maximal assistance for dressing. Patient requires moderate assistance with functional comprehension. She requires total assistance for functional expression, problem solving, peer play, and safety. Range of Motion/Tone: Patient exhibits full passive range of motion with her upper extremities. She has fluctuating tone with limits her movement. **Summary/Recommendations:** Patient has made progress with her fine motor skills over the past six months. She now with briefly explores toys using both hands at the same time. She is able to propel a tricycle with her feet on the floor and her hands on the steering wheel, and occasionally demonstrates the ability to steer using both hands on the steering wheel. She is able to help more with upper extremity dressing, though she still requires maximal assistance. She is able to sit on a bench at a table, upright to participate with activities on tabletops without hyperextension or throwing herself backwards. Patient continues to lag behind her age mates with her grasp and her eye-hand coordination, as is evidenced by her Z-score of -3.60 on the PDMS-2. It is recommended that she continue to receive occupational therapy for 90 minutes per week.

02/20/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Progress note by Dr. M.S. Instance. Impression: Sinusitis. Plan: Cefzil 250 mg. b.i.d. for two weeks.

03/10/03 Kids First/Program Operations, UAMS Dept. of Pediatrics/Nevada Children's Hospital, Las Vegas, AR. Confidential Psychological/Developmental Evaluation performed by Linda P. Coursey, M.S., Psychological Examiner. Tests administered were The Stanford-Binet Intelligence Scale: Fourth Edition (**SBIS: IV**), Bayley Scales of Infant Development: Second Edition (**BSID II**), and behavioral observations. Impressions: Patient was unable to perform tasks on the **SBIS;IV**, due to her severe motor and communication impairments that prevented her from responding to subtest items. No composite (standardized) score could be obtained. Results of the **BSID:II** indicate developmental functioning is at an 11-month level. **Recommendations:** Continue enrollment in an early intervention program for cognitive, language, social and motor development. Continue to provide stimulating

environment, including developmentally appropriate toys, games, book, and activities. Consider psychological/developmental re-evaluation in 12 months to assess progress.

05/08/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Progress note by Dr. M.S. Instance. Impression: Right acute otitis media. Plan: Omnicef twice a day for five days. Floxin otic drops three times a day for five days. Refer to PT at Kistler Center and inquire to see if patient can be transferred to Stepping Stone School. Patient to return in two week for re-exam of ear.

05/22/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Note by Dr. M.S. Instance to “whom it may concern”. Patient is status post Nissen fundoplication and totally dependent on gastric tube feedings. It is a medical necessity to change the Mickey button of her gastric tube at least four-times-a-year for adequate functioning.

05/22/03 Kids First/Program Operations, MS Dept. of Pediatrics Children’s Hospital, LAS Vegas , NV. Speech/Language and oral Motor Re-Evaluation performed by Sue Gillum, M.S., CCC, Speech-Language Pathologist. Tests administered were Preschool Language Scale -3 (**PLS-3**), Receptive-Expressive Emergent Language Scale-2 (**REEL-2**), and observations of Oral-Motor/Feeding Skills. Patient scored as follows: **PLS-3**, Auditory Comprehension: 1 percentile rank, Age Equivalent: 0-8 (**84% delay**), Expressive Communication: 1 percentile rank, Age Equivalent: 0-9 (**83% delay**), Total Language Scores: 1 percentile rank, Age Equivalent: 0-8 (**84% delay**). Results for the **REEL-2**: Receptive Language Age: 10 months, Expressive Language Age: 5 months, Combined Language Age: 7.5 months. Receptive Mastered Skills: 10 months -Emerging Skills: 12 months. Expressive Mastered Skills: 5 months – Emerging Skills: 10 months. Preceding scores indicate severe delays in receptive and expressive language skills. Assessment of articulation, voice, and prosody was deferred due to patient’s lack of expressive verbalizations. Oral-Motor/Feeding Skills: Patient has made some improvements in lip closure and pypotonicity and in acceptance of oral muscle stimulation and exercises. Patient continues to exhibit hypotonicity of the face with poor control of range of movement. Heavy drooling with pooling continues to be observed and patient maintains open mouth posture with a forward carriage of the tongue. She is able to close mouth on command now and enjoys oral massage to stimulate the oral muscles. Impressions: Receptive language: severely delayed. Expressive language: severely delayed. Articulation, voice, and prosody: not yet assessed. Oral-motor/Feeding skills: severely disordered. Hearing and middle ear function: failed screening. Referral for full hearing evaluation is recommended. **Recommendations:** Patient to continue to receive speech/language and oral motor therapy to develop and improve her receptive language, expressive language and oral skills. Interventions should consist of 120 minutes per week, as tolerated, and modified as needed. Oral-motor intervention should include direct oral-motor stimulation exercises to increase tone. Patient should receive additional language stimulation within classroom and at home to support and facilitate generalization of language skills. Recommendations from ACH Dept. of Audiology should be followed as soon as possible.

05/27/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Progress note by Dr. M.S. Instance. Impression: 1. Ear infection, resolved. 2. Allergic rhinitis. Plan: To add Rhinocort one spray in each nostril daily along with Zyrtec and return as needed.

06/23/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Progress note by Dr. Denise Hendrickson. Impression: 1. Bruises to thighs and genitalia, suspicious for sexual abuse. 2. First degree sunburn. Plan: This will be reported to SCAN. Mother is advised of this action.

07/11/03 The Gregory Kistler Treatment Center for Children, Inc., Physical Therapy Re-Evaluation performed by Mignon Chidester, M.S., P.T. Tests administered were Gross Motor Function Measure (**GMFM**), the Pediatric Evaluation of Disability Inventory (**PEDI**) and clinical observations. Patient has met only one of the previous four goals listed in her plan of care of January 2003 that of display of improved motor plan and lower extremity strength. Patient scored as follows: July 2003 scores were not published within report; only those for January 2003; reason unknown for this omission by examiner. Clinical observations: Inspection/Posture: Patient will sit in various positions on the floor for long sitting, with legs stiffly extended, ring sitting, or at times will tailor sit. Muscle Tone/Strength: Patient presents with low muscle tone with a primarily impairment of the inability to sustain a muscle activity. Range of Motion: Patient has within functional limits of range of motion of all extremities with laxity at both knees, evident by hyperextension and both ankles, evident by mid-foot pronation. **Summary/Plan of Care:** Recommended that patient receive physical therapy for a total of 90 minutes per week.

07/18/03 The Gregory Kistler Treatment Center for Children, Inc., Occupational Therapy Re-Evaluation performed by Pamela Taylor, OTR/L. Test administered was Pediatric Evaluation of Disability Inventory (**PEDI**). Test scores were as follows:

Domain	Raw Score	Standard Score	Scaled Score
Self-Care/Functional Skills	10	≤10	31.9
Social Function/Functional Skills	11	≤10	35.1
Self-Care/Caregiver Assistance	3	≤10	25.4
Social Function/Caregiver Assistance	2	≤10	20.4

Scores show slight improvement from her scores six months ago. Patient is able to open her mouth for her teeth to be brushed and is able to hold toothbrush, but requires assistance to actually brush teeth. Range of Motion: Patient exhibits full passive range of motion in her upper extremities. Her active range of motion is limited by her fluctuating tone. Fine Motor: Patient is currently beginning to scribble with a pencil. She demonstrates a pronated grasp. **Summary/Pan of Care:** Patient has a standard score of less than ten for self-care and social function on the **PEDI** evaluation. Recommended that patient receive occupational therapy three times a week for 30 minutes sessions to address: 1. To demonstrate increased self-care, 2. To demonstrate increased eye-hand coordination, and 3. To demonstrate an increased grasp.

09/08/03 Kids First/Program Operations, MS Dept. of Pediatrics/Nevada Children's Hospital, Hearing Screening performed by Sue Gillum, M.S., CCC,-SLP. The hearing screening was failed, consideration for referral due to probable middle ear pathology was recommended.

09/10/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, NV Progress note by Dr. M.S. Instance. Impression: Bilateral acute otitis media. Plan: Vantin 100 mg. b.i.d. for five days. Ciprodex otic drops twice a day for five days and Tylenol with codeine as needed for discomfort. Follow-up in two weeks.

09/24/03 Nevada Children's Hospital, Rehabilitation Clinic Note by Ester H. Specialist, D.O. Referral from Dr. M. Instance for second opinion regarding her injury and pending litigation. Assessment: Hypotonia with developmental delay and possible mental retardation along with visual impairment and hearing impairment. Plan: Previous examination in July of 2003 recommended that patient neuropsychiatric testing of her mental status. Has not been completed as of date of exam (09/24/03) and is recommended again. Also recommended continue to work with local ENT for her hearing impairment and local ophthalmologist for visual impairment. Recommend that patient continue therapies at Kistler Center.

12/12/03 Splint Health System, Kids Health Pediatric and Adolescent Medicine, Las Vegas, AR. Note by Dr. M.S. Instance to "whom it may concern". Patient has severe swallowing dysfunction that led to placement of gastrostomy tube shortly after birth for feeding and has had regular swallowing study showing persistent dysfunction putting her a high risk for aspiration. Therefore, feeding through her gastrostomy tube is the sole source of her nutrition. Patient also suffers from severe developmental delay and generalized bypotonia.

12/16/03 Splint Medical Plaza, Las Vegas, NV., Consultation referred by Dr. Cecil W. Gaby to Dr. Jeffrey B. Ferrell. Procedure: X-Ray Report -Two-views of chest. Impression: Moderate sized hiatal hernia with some minimal left basilar atelectatic change. Similar changes are noted on the old exam.

12/17/03 Kids Health Pediatric and Adolescent Medicine, Las Vegas, NV. Progress note by Dr. Deepa Rajakrishnan. Impression: Influenza and Pneumonia. Plan: Since the patient has had trouble previously taking Augmentin, switch her to Cefzil for five days b.i.d. and also give her albuterol inhaler to be used three times a day.

01/14/04 Kids First/Program Operations, MS Dept. of Pediatrics/Nevada Children's Hospital, Las Vegas, NV. Hearing Screening performed by Sue Gillum, M.S., CCC,-SLP. The hearing screening was failed – 3rd failure, recommended referral due to probable middle ear pathology.

02/26/04 Kids First/Program Operations, MS Dept. of Pediatrics/Nevada Children's Hospital, Las Vegas, NV Speech/Language Re-Evaluation Addendum performed by Sue Gilliam, M.S., CCC,-SLP. Test administered was Test of Early Language Development-3 (TELD-3). Patient scored as follows:

	Raw Score	Standard Score	Age Equivalent	%ile
Receptive:	6	52	1 year, 7 months	1 st
Expressive:	3	≤50	≤1 year, 7 months	1 st
Spoken Language Quotient:		41		1 st

Patient's SLQ of 41 with a percentile rank of 1 indicates a **profound delay in overall language skills**. Receptive Language subtest score of 52 with a percentile rank of 1 **indicates a profound delay in receptive language skills**. Expressive Language subtest score of ≤50 with a percentile rank of 1 indicates a **profound delay in expressive language skills**. **Recommendations:** See previous evaluation report.

03/24/04 Kids Health Pediatric and Adolescent Medicine, Las Vegas, NV. Progress note by Dr. M.S. Instance. Impression: 1. Bilateral acute otitis media. 2. Upper respiratory tract infection. Plan: Zithromax one a day for five days. Continue Robinul and Zyrtec and may use decongestant as needed.

04/09/04 Kids Health Pediatric and Adolescent Medicine, Las Vegas, NV. Progress note by Dr. M.S. Instance. Impression: 1. Health maintenance visit. 2. Global developmental delay. 3. History of hypoxia ischemic insult at birth leading to encephalopathy. 4. Allergic rhinitis. Plan: Increase Zyrtec dose to 1 ½ teaspoon. Mother indicated a desire to use an aide for a few hours a day to help take care of patient. Contact social worker at Kids First regarding this matter. Continue with current feeding schedule. Refer to pediatric dentist since patient has never had dental exam. Mother elected to contact Dr. Murphy's office to schedule an appointment. Patient to return in six weeks for a follow-up.

CURRENT MEDICAL AND LIVING CIRCUMSTANCES

As of my 4/17/04 observations of Francis Sticks and interviews with her mother, she indicated Francis has experienced ongoing respiratory problems, once had pneumonia, and has been hospitalized at least three times for such. Francis is reportedly on antibiotics a majority of the time including Zymphrolmax and Bantin for ear infections and upper respiratory problems. Kimberly Sticks further indicates Francis favors using her right hand which is stronger than her left and is able to grasp with both hands, although some arm movements are nonpurposeful. She is ***totally dependent in all aspects of activities of daily living***. In addition, mother feeds her through a G-tube placed in her stomach and she receives Compleat drinks five times per day (takes 45 mins each) at 8:30 a.m., 11:30 a.m., 2:30 p.m., 5:30 p.m., and 8:30 p.m. Although Francis was non-responsive verbally or otherwise to my attempts to interact with her, her mother indicates that she is able to understand some of Francis's nonverbal communication. Francis apparently chokes sometimes during the night (estimated at once every two weeks) where Kimberly Sticks lays her across her lap to clear her mucus and clean the bed from same. Approximately once every three months Francis must be suctioned through the nose or throat. Francis at this time is essentially unable to verbally communicate her needs. From observation, she appears easily distracted and becomes agitated on a daily basis according to her mother, which are defined as temper tantrums. When she becomes angry or agitated she has a tendency for self abuse by pulling her hair out or banging her head. Approximately once every two weeks, Francis is found wandering in the apartment during the night.

Francis attends preschool and is engaged in therapies during the day while her mother is at work. Recently, Ms. Sticks indicates she has only been able to work four out of five days due to bringing Francis in for medical intervention related to colds and infections. In my last conversation with Kim Sticks on July 30, she indicated her employer let her go upon learning how much time she would need to be off work for the trial. This claim has not been substantiated.

Francis ambulates mainly by rolling herself along the floor. She apparently also pushes herself on her buttocks across the hardwood floor in the apartment. She is observed being able to stand with assistance, however, is unable to coordinate any purposeful steps. She must be carried into the bath tub due to the washroom being inaccessible for a wheelchair. The rest of the apartment appears fairly spacious. Francis wears bilateral AFOs daily. She wears diapers which are changed an average of eight to 10 times per day. Francis has been unable to communicate her need to evacuate her bowel or bladder and will in all probability require diapers and adult version of same throughout her life.

As of my last 4/17/04 interview with Kim Sticks, Francis continues with the G tube, continues with respiratory and ear infections about once per month for which he takes antibiotics, still wearing diapers, arms are uncoordinated to grasp objects with both hands, can stand briefly with assistance, has had to switch to Gregory Kistler Institute for therapy because Kidsfirst no longer takes children after each five, she continues with self abusive behaviors twice per week sometimes with no apparent reason, husband Willis no longer comes around since September 2003, has no expressive language, Kim is the total care giver and could use some counseling and respite. Medical records indicate she has asked for a provider for a few hours per day. She does not want another child. Current day for Francis includes getting up at 5 a.m., getting bathed, taken to school, picked up at 4 p.m., dinner and in bed by 8 p.m. but awoken for final feeding at 8:30 p.m..

VOCATIONAL ASSESSMENT

According to her Dr., Francis Sticks in all probability will remain totally and permanently disabled from a vocational standpoint. As such, it is standard protocol among vocational experts to then extrapolate the probable career path of a disabled child by relying on the educational and occupational progress of his/her parents and relevant family members. Based on research by Toppino, Reed and Agrusa (1998) as well as Isom et al. (2001), statistics indicate that when both parents have less than a high school education, only 18 percent of their children will complete college; however, when both parents have post-graduate education, 70 percent of their children complete college. As noted earlier in Francis's family history regarding education, there is a statistically high probability that she would have completed high school and hence participated in a labor market consistent with the remuneration earned by such graduates. In present-day dollars for Caucasian females with this level of education, their lifetime earnings are calculated between 25 to 64 by the US Census Bureau. For all high school graduate females, median income was \$24,217 per year or \$910,559 over lifetime (source - Bureau of Labor Statistics, Bureau of the Census, July, 2002). For Caucasian females only not including education, annual earnings were \$30,849 or \$1,159,922 over lifetime. This does not include earnings prior to age 25, but does factor in Francis's worklife expectancy which is expected to be 37.6 years from age 25 (Skoog & Ciecka, 2004). An economist will be required to estimate future inflation and discounting of the dollar. Based on current estimates, however, it is my opinion that Francis Sticks will remain permanently and totally disabled from a vocational standpoint and therefore will sustain an estimated *average future earning capacity loss of between approximately \$910,559 to \$1,159,922 or more over her lifetime (mean of \$1,035,241).*

LIFE CARE NEEDS

The purpose of this section is to identify the "Life Care Needs" for Miss Francis Sticks. The primary sources of data used for identification of the needs associated with her injury include; medical and ancillary medicals forwarded by her attorney Mr. Bennett Riggs; information obtained directly from Ms. Kimberly Sticks on several occasions; direct observation of Francis's functional ability, consultation with Drs. Instance and Specialist, consultation with home health provider Ginger Carr of Gentiva in Las Vegas area noted under Home/Facility Care, consultation with realtors Debbie of Sagely & Edwards as well as James Vitale of Remax in Las Vegas, Trish of Moreo construction certified environmental specialists, Lori Albers of Fianna Nursing home, Carla Johnston of Las Vegas nursing center; KidsFirst's physical therapist Ming Chidester and speech therapist Sue Gillam re: future equipment needs, consultation with KidsFirst billing dept. re: therapies and dietician services, and reference to standard resources including: A Guide to Rehabilitation (1997); Handbook of Severe Disability (1981), Durable Medical Equipment suppliers; and, the professional judgment of the author who has a Ph.D. in Rehabilitation, is a Certified Life Care Planner, Forensic Vocational Expert and Certified Rehabilitation Counselor (See Appendix A for vita). The categorical written narrative justifications and related charts here include:(a) projected medical evaluations, (b) projected medical therapeutic modalities, (c) home/facility care, (d) transportation, (e) drug/supply needs, (f) aids for independent function, (g) home furnishings and accessories, (h) future medical care (routine evaluations), (i) wheelchair needs, (j) wheelchair accessories and maintenance, (k) architectural renovations, (l) future medical – aggressive

treatment, and (m) health maintenance activities. *Note that the chart format protocol used in this plan was originally developed by Dr. Paul Deutsch and is the published peer reviewed accepted standard for developing Life Care Plans for our profession.*

SUMMARY

The purpose of this section is to summarize the costs that can be associated with the injury sustained by Miss Francis Sticks in March 20, 1999. These costs are presented in terms of the annual costs in 2004 dollars AND DO NOT REFLECT FUTURE INFLATION OR DISCOUNTING OF THE DOLLAR. Note that asterisked numbers are not necessarily in annual dollars and may represent time limited or one time-costs. Therefore, the total current day dollar value noted below should be adjusted by an Economist and projected over Francis Stagg's anticipated life expectancy.

a) Projected Evaluations	\$ 5,558*
b) Projected Therapeutic Modalities	\$ 45,939*
c) Home/Facility Care	\$ 183,960
d) Transportation	\$ 4,040
e) Drug/Supply Needs	\$ 19,450*
f) Aids for Independent Functions	\$ 10,007*
g) Home Furnishings and Accessories	\$ 6
h) Future Medical Care-Routine Evaluation	\$ 2,066
i) Wheelchair Needs	\$ 2,607*
j) Wheelchair Accessories and Maintenance	\$ 27
k) Architectural Renovations.....	\$ 97,200*
l) Future Medical – Aggressive Treatment	\$ TBD
m) Health Maintenance Activities.....	\$ 1,010*
Earning Capacity Loss	\$ 1,073,787*

* Denotes cost should not be interpreted as an annual cost and must be individually adjusted by an Economist.

Sincerely and With Warm Regards,

Irmo Marini, Ph.D., C.R.C., CLCP, FVE
Certified Rehabilitation Counselor
Certified Life Care Planner
Forensic Vocational Expert ®

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 4/29/04

Life Care Plan

Projected Evaluations

Evaluation	Age/Yr Initiated	Age/Yr Suspended	Frequency	Base Cost Per Year	Comment	Recommended
Physical therapy Evaluation Gregory Kistler	2004	21 prn after	\$160 (@ \$160 each eval)	\$160		Dr. Specialist Physiatrist
Speech Therapy evaluation Gregory Kistler	2004	21 prn after	TBD (@ \$225 each eval)	\$225		Dr. Specialist
Case Management Evaluation/review and services Karen Podcornik	2004	2004	4 hr one time eval (@ \$50 hr and \$50 hr travel time @ 1 hr each visit)	\$300	Clinical interview to And review of medical history to determine needs	Case Manager Karen Podcornik
Nutrition evaluation	2004	Life	2 X yr (@ \$75 each)	\$150	Monitor dietary intake	Dr. Instance Pediatician
Occupational therapy evaluation	2004	21 and prn after	TBD (@ \$160 each eval)	\$160	TBD	Dr. Specialist

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Projected Evaluations (b)

Evaluation	Age/Yr Initiated	Age/Yr Suspended	Frequency	Base Cost Per Year	Comment	Recommended
Psychological Evaluation (mother)	2003	One time only	One time only	\$175 one time	Clin Psychology of LV	Dr. Marini
Audiologist evaluation	2003	2017	Once per year	\$75	Center for Learning Pam Laffon	Dr. Instance
Neuropsychological evaluation	2003	2017	Once per year	\$585 (@ \$225 interview and \$360 neuropsych testing)	Dr. Douglas Brown	Dr. Instance (1-2 X yr recommended, once used here)

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Projected Therapeutic Modalities

Therapy	Age/Yr Initiated	Age/Yr Suspended	Treatment Frequency	Base Cost Per Year	Comments	Recommended
Physical therapy Gregory Kistler	2004	21 then based on progress	2-3 X week (@ \$150 per 45 min)	\$15,600 (2 X used per new records calling for 90 mins)	For passive range of motion, minimize contractures and spasticity	Dr. Specialist Pediatric physiatrist
Speech therapy Gregory Kistler	2004	21 then based on progress	2-3 X week (@ \$125 per 45 min)	\$19,500 (3 X used per new records calling for 2 hrs)	Oromotor stimulation for excessive salivation	Dr. Specialist
Occupational therapy Gregory Kistler	2004	21 then based on progress	2-3 X week (@ \$150 per 45 min)	\$15,600 (2 X used per new records calling for 90 mins)	Upper extremity strength and dexterity	Dr. Specialist
Case Management	2004	Life	12 hrs year (@ \$50 hr + \$50 travel)	\$1,200	Monitor health, referral to Drs., equipment, attend appts,	Karen Podcornik
					Updated medical records indicate therapists recommend 90 mins week each therapy	

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Projected Therapeutic Modalities (b)

Therapy	Age/Yr Initiated	Age/Yr Suspended	Treatment Frequency	Base Cost Per Year	Comments	Recommended
Psychotherapy for Kim Sticks	2004 (age 6)	2004 (1 X week for 3-6 mths)	1 X week (for 18 weeks)	\$2,700 one time (@ \$150 per hr)	Parent's own admission, stressed. Grief work. Marital counseling. Brief therapy for specific periods.	Dr. Marini Clin Psychology of LV contacted (lower cost)
Psychotherapy for Kim Sticks	2012 (13 yrs of age)	2012	1 X week (for 18 weeks)	\$2,700 one time	Parental adjustment re beginning of high school.	Dr. Marini
Psychotherapy for Kim Sticks	2018 (19 yrs old)	2018	1 X week (for 18 weeks)	\$2,700 one time	Parental adjustment as Francis normally completing high school	Dr. Marini

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Home / Facility Care – Option A (Per Dr. Instance)

Facility	Home Care/Service	Age/Yr Initiated	Age/Yr Suspended	Hrs/ Shifts/Days	Base Cost Per Year	Comments
No help – Kim Sticks cares for Francis by herself until no longer able per Dr. Instance	Feedings, medications (feedings are approx 45 mins each @ 8:30, 11:30, 2:30, 5:30 and 8:30 PM)	TBD after 2018 LPN for evening 4 hours feedings, meds, changing, bath – part time shift 5:30 – 9:30 pm)	Life expectancy (from the end of formal school years)	LPN from 5:30 am-7 pm at \$21 per hour CNA from 7 pm – 5:30 am at \$12 per hr	\$149,285 per year	Robinul goes in at 6/12/6 pm G-tube
Kim Sticks with no assistance	NA	NA	NA	NA	NA	NA

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Home / Facility Care – Option B

Facility Home Care/Service Age/Yr Initiated Age/Yr Suspended Hrs/ Shifts/Days Base Cost Per Year Comments

Facility	Home Care/Service	Age/Yr Initiated	Age/Yr Suspended	Hrs/ Shifts/Days	Base Cost Per Year	Comments
Fanta Nursing home (Lori Albers) OPTION B IS NURSING HOME	24/7 supervised nursing care (Kim Stick's born in 1971 life expectancy is 48.7 yrs)	2018 Francis becomes old enough for a nursing home	Lifetime	24/7 nurse care (\$135 per day excluding tube fed meals which would continue to be charged in addition to care)	\$49,275 per yr	OPTION B if Kim Sticks becomes disabled or dies prematurely after Francis's 18 th birthday

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Home / Facility Care – Option C (combination)

Facility	Home Care/Service	Age/Yr Initiated	Age/Yr Suspended	Hrs/ Shifts/Days	Base Cost Per Year	Comments
Private home health in-home care by Gentiva (Ginger Carr) Kim Stick does morning care	Feedings, medications (feedings are approx 45 mins each @ 8:30, 11:30, 2:30, 5:30 and 8:30 PM)	2004 (LPN for evening 4 hours feedings, meds, changing, bath – part time shift 5:30 – 9:30 pm)	2017 (to the end of formal school years)	Morning visit while in school for 190 days – Sherry Cedarville School (cost is \$21 per hour for LPN)	\$15,960 per year *school days	Robinul goes in at 6/12/6 pm G-tube - school nurse does noon, Kim does 6 a.m.
Gentiva – LPN for 12 hrs (6-6 pm) summer weekdays	Ibid	2004	2017	6 a.m. to 6 p.m. weekdays for 45 days (9 of 11 weeks in summer)	\$11,340 per yr	While Kim Sticks works during Summer
Gentiva (in comparison with other agencies, this is the most cost-effective)	Feeding, medications, toileting, bathing, dressing, sitting	2004	2017	12 hours a day over 50 <u>weekends</u> on Saturdays (12 X 50 @ \$21 hr)	\$12,600 per yr	Kim Sticks gets respite on Saturdays

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Transportation

Equipment Description	Age Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Wheelchair accessible van with lift and EZlock tiedowns (Ford E-150 Econoline Conversion van)	2004	Every 9 years	To transport Francis once she outgrows car seat and remains in wheelchair.	\$2,640 per year (\$39,400 per vehicle with mods minus price of car @ est. \$13,000)	Francis will become to big to transfer and will need to remain in wheelchair (recommended by PT)	Rollx Vans (800) 956-6668
Van lift maintenance	2005	Yearly	N/A	\$100 per year	Post-warranty van lift maintenance check and parts replacement excluding every 9 th yr from 2005	Local Vendor

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Drug / Supply Needs

Supply Description	Drug (Prescription)	Purpose	Per Unit Cost	Per Year Cost	Comments	Recommended By
Robinul Central Discount Pharmacy 452-8686	5 cc X 3 day	Stomach acids	\$27.77 per mth supply (1 mg)	\$333	Noted	Dr. Instance
Polycose	12.3 oz powder	Increase weight gain/more calories	\$20.28 per jar (1 jar X 2-3 weeks)	\$422	Noted	Dr. Instance
G-tube Mickey button kit (Kim Sticks changes)	Changed 4 X per year	Connects to chloroplast ring covering stoma	\$475 per kit (includes 1 60 cc syringe, feed tube, bolus extendor, gauze, button)	\$1,900 per yr (\$475 X 4)	Updated med records indicate orders to change 4 X yr and confirmed in Sticks interview	Dr. Instance
Feeding tube extenders (kit)	3 per month	Feeding mechanism	Free with kit (Tina – Apria 314 522-2600)	N/A	Noted	Dr. Instance
Syringes (kit and separately free)	60 cc X 3 per month	Secures and holds connection	Free from Apria	N/A	Noted	Dr. Instance

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-08/03

Life Care Plan

Drug / Supply Needs (b)

Supply Description	Drug (Prescription)	Purpose	Per Unit Cost	Per Year Cost	Comments	Recommended By
Compleat	24 cans 8.5 ounces X 6 day	Nutritional sustenance with meat/vegetable base provides more energy	8.5 oz X 6 cans day (@ \$202.80 case 24 or \$8.45 per can)	\$16,705 per yr (offset approx \$1,800 yr for food otherwise)	Noted	Dr. Instance
Diapers	396 units (approx 8 diapers a day)	Sanitary way to collect evacuations	\$506 for 396 at \$1.27 each diaper stop at end of 2003	\$3,708	Noted	Dr. Instance
Latex gloves	100 per box	Sanitary in cleaning Francis	\$12 per box 100 (@ 16 gloves daily)	\$700 (16 X .12 X 365)	Noted	Dr. Marini
Wet wipes	Box of 40	Sanitary wipes for bowel/bladder incontinence	\$2.79 per box (use 8 per day)	\$204	Noted	Dr. Marini
Protection Plus Ultra Briefs (20" – 31") (Express Medical 800 633-9188) p. 27	Case of 96	Bowel and bladder incontinence 2004 until 2015	\$58 a case of 96 diapers @ using 6 per day = 180 per mth = \$87 per mth	\$3,625 (until 2015)	Noted	Dr. Marini
Protection Plus Ultra Briefs (32" – 44')	Case of 96	Collects incontinence 2015 for life	\$63 a case of 96 diapers @ using 6 per day = 180 per mth = \$95 per mth	\$3,337 (from 2015 to life)	Noted	Dr. Marini

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Aids for Independent Function

Equipment	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Prentke Romich Vanguard II Voice Synthesizer	2004	1 X 5 yrs	Communication device	\$1,399 per yr (@ \$6,995 unit)	Noted – recommended by SP Sue Gillam	Prentke Romich 800 262-1933
Carrying case with strap	2004	1 X 5 years	Carries Vanguard	\$25 per yr (\$125 unit)	Noted	Prentke Romich 800 262-1933
Extended 5 yr warranty	2004	1 x 5 YRS	n/a	\$350 per yr (@ \$1,750 for 5 yrs)	Noted	Prentke Romich 800 262-1933
Roho Cushion (CARE p. 62)	2004	1 X 3 years	Protects buttocks from sores while seated	\$100 per yr (@ \$299 per roho)	Updated from new records/interview to every 3 yrs instead of 2	CARE

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Aids for Independent Function (b)

Equipment	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Vanguard battery	2007	1 X 3 yrs	Activates Vanguard	\$128 per yr (@ \$385 each)	Noted	Prentke Romich 800 262-1933
Size 2 walker – 12”	2004	1 X only	Strength, pressure release, circulation	\$720 per yr until 2006 (\$2,160 one X until 7 yr)	Ming – PT	Abilitations
Medium stander	2007	1 X only	Strength, pressure release, circulation	\$386 per yr until 2014 (\$2,700 one X until 14 yr)	Ming – PT	Abillitations
Commode Shower chair	2005	1 X 5 years	Safety in bathing, independence in bathing	\$205 per yr (@ \$1,025 per unit)	Ming – PT	CARE Catalog
Large stander age 14 – adult	2014	1 X only	Strength, pressure release, circulation	\$2,700 one X only	Ming – PT	Abilitations

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Aids for Independent Function (c)

Equipment	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Exercise mat	2004	1 X 2 yrs	Exercise, balance	\$95 per yr (@ \$189 each)	Noted	Abilitations
Stander with tray	2004	One time	Standing support	\$1,871 one time (@ \$1,575 + \$306)	Noted – Ming PT	Abilitations
Shower/tub grab bars	2004	1 X 5 years	Safety/Independence	\$18 (@ \$30, \$31 and \$32 for 3 rails of various length)	Noted	CARE Catalog
Electric lift system	2004	1 X 7 years	Assist in/out of bed and (lift is \$2,430 plus \$119 for sling)	\$364 per yr (\$2,549 per unit)	Noted – Ming PT	Spinlife.com Lisa 800 850-0335
Lift battery replacement	2006	1 X 2 yr	Automate the lift	\$105 per yr (@ \$210 each and exclude first 2 yrs after new purchase every 7 yrs)	Noted	Spinlife

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Aids for Independent Function (d)

Equipment	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Electric hospital bed with rails	2004	1 X 10 yrs	Sleep protection and pressure release	\$139 per yr (\$1,390 unit)	Ming – PT	Care Catalog
T 2000 Shoes (goes with AFOs)	2004	1 X year until 2018	Goes with AFO for foot support in standing	\$74 per yr	Ming – PT	Horton Labs – Greg
Bilateral AFOs	2004	1 per yr until 2018	Ibid as above	\$1,164 per yr (@ \$582 each foot)	Ming – PT	Hortons Lab
Walker	2004	1 X 3 years until 2018 then 1 X 5 years	Ambulatory aid	\$115 per yr until 2018 then 1 X 5 yrs (@ \$345 each)	Dr. Specialist	Care Catalog
Balance ball	2004	1 X 2 years	Balancing assistance	\$50 per yr (@ \$99 each)	Noted	Abilitations

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Future Medical Care - Routine Evaluations

Routine Medical Care Description	Frequency of Visits	Purpose	Per Day Cost	Per Year Cost	Comments	Recommended By
PCP Dr. Bishop 632-6688	2 X per year beginning age 19	Monitor overall health, referrals to specialists, prescribe meds	\$65 - \$115 (not including X rays or tests)	\$180 (@ \$90 X 2)	Noted	Dr. Instance
Gastrentology Marsha at Dr. Akkad 709-7414	1 X per year for life	Change G tube, reflux, infection, respiratory complications, cuts away excess skin	\$92 office visit \$593 tube change	\$685	Instance recommended 2-3 X yr but Dr. Akkad said once per yr	Dr. Instance Dr. Akkad
Pediatrician Dr. Instance	3 X year until age 19	Overall checkup and annual CBC	\$112 (CBC is \$26)	\$362 (\$362 for 3 visits)	Noted	Dr. Instance
Orthopedist Dr. Bouton 709-7350	2 X year for life	Monitor for musculoskeletal chgs	\$100	\$200	Subject to contractures, atrophy, scoliosis	Dr. Instance
Dentist Dr. Willis	2 X yr for life	Cleaning under sedation, monitoring due to inability to brush teeth	\$100	\$200	Dr. Willis in office under sedation and required due to swallow problems and unable to brush teeth	Dr. Instance

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Future Medical Care - Routine Evaluations (b)

Routine Medical Care Description	Frequency of Visits	Purpose	Per Day Cost	Per Year Cost	Comments	Recommended By
ENT Specialist Children's Hospital Dr. Bouman)	2 X year	Monitor respiratory system and COPD	\$160	\$320	Has had several respiratory and ear infections documented – Sticks interview states monthly	Dr. Instance

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Wheelchair Needs

Wheelchair Type	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Pediatric Panther Size 2 tilt in space wheelchair with accessories (see Appendix B)	2004	1 X only until 2007	Mobility	\$931 per yr until 2007 (@ \$2,443 + \$1,283)	Needed for transporting to/from appointments, social (Ming)	Adaptivemall
Panther Size 3 – 14”	2008	2 X only every 4 yrs until age 19	Mobility	\$931 per yr until 2018	Needed for transporting to/from appointments, school (Ming)	Adaptivemall
Panther adult	2019	1 X 5 yrs	Mobility	\$745 per yr to life	Needed for transporting to/from appointments, social occasions (Ming)	Adaptivemall

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Wheelchair Accessories and Maintenance

Wheelchair Accessory	Age/Yr Purchased	Replace Schedule	Equipment Purpose	Base Cost	Comments	Catalog/Supplier
Thoracic supports	N/A	N/A	Positioning centered and remains in chair	N/A	Noted	Adaptivemall
Foot pedals	N/A	N/A	Footrest	N/A	Noted	Ibid
Knee Abductor	N/A	N/A	Positioning – prevents sliding	N/A	Noted	Ibid
Air Compressor	2003	1 X 3 yrs	Wheelchair tire filler	\$7 per yr (@ \$20 each)	Noted	Wal Mart
Replace tires, spokes, tubes	2014	1 X year	Wear and tear	\$20 per yr	Noted	Mid West Medical & Mobility

Amended 5/25/04

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Architectural Renovations

Accessibility Needs

Costs

<p>Existing apartment is on second floor with no elevator and therefore unsafe for Francis re maneuvering stairs. Ms. Sticks intends to have Francis with her indefinitely therefore any future home must be accessible for a wheelchair user and be safe in that regard as well pertaining to safe exits in case of fire or inclement weather.</p> <p>New home will require making all door widths 36" wide, widening the hallway to 40", lower light switches, wheel-under sinks, washroom large enough to support wheelchair, storage space for equipment and supplies.</p> <p>Hardwood, vinyl or tile floor only to accommodate wheelchair and/or walker. (Best floors 646-8787) Hill Bldg Consultants – 494-4444 English & Assoc (Charles) 783-6666</p>	<p>Wheel-in shower measuring a minimum 14 X 14 sq. ft.</p> <p>Tile for 1,600 sq. ft. home approx \$5,200</p> <p>Vinyl for 1,600 sq. ft. home approx \$2,600 (roughly same as carpet)</p>	<p>The Stick's will eventually need to move into an accessible one level home. In speaking with two Las Vegas licensed realtors (James Vita of Remax and Debbie of Hagely Realtors, both concured the home square footage with lot in the area averaged \$80 - \$100 (mean of \$90 used here). Note that the prices quoted here <u>do not</u> include the price of the home itself but rather only the "additional" costs to accommodate the wheelchair. Mr. Vital indicated that without a lot, home sq. footage was averaging \$65 per ft. As such, prices quoted are above what the Sticks would customarily have to afford. These include:</p> <ul style="list-style-type: none"> a) larger lot if building (estimated in price of added home sq. footage) b) adding 10% for accommodations to newly built home (Moreo construction estimates minimum between 8% -12%) regular 3 bed, 2 bath approximate 1,600 sq. ft. home value of \$144,000 = \$14,400 c) option either additions to a new home (b), or modifying an existing home estimated at \$11,000 (bathroom), \$850 per widening each door X 3 = \$13,550 <p>averaged = \$13,975 over and above just to accommodate Francis's disability</p>

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Future Medical Care – Aggressive Treatment

Routine Medical Care Description	Frequency of Visits	Purpose	Per Day Cost	Per Year Cost	Comments	Recommended By
Osteoporosis	TBD	Correct deformities, contractures	TBD	TBD	Literature on risk factors	Handbook of Severe Disabilities
Fracture risk	TBD	Reset broken bones	TBD	TBD	Not factored into damages	Dr. Instance
Respiratory Infections (pneumonia)	TBD	Stabilize respiratory distress	\$16,000 (per visit) (average 10 day stay @ \$,1600 day inclusive)	TBD	Already been hospitalized for this at great risk for reoccurrence	Dr. Instance
Hip subluxation	TBD		TBD	TBD	Not factored into damages	Dr. Instance

Client Name: Francis Sticks

Date of Birth: 3/20/99

Date of Accident: 3/20/99

Date Prepared: 05-07/03

Life Care Plan

Health Maintenance Activities

Equipment Description	Purpose	Age/Yr Purchased	Replacement/ Attendance Schedule	Base Cost	Growth Trend	Catalog/Supplier
Coordination games, learning games, other activities	Noted	2004	1 X per yr	\$500 per yr limit	To be determined by an Economist	Abilitations
Special Touch Summer Camp	Summer camp for disabled youth/respice for parent/mental health	2005	One time a year for 2 weeks until age 18	\$510 yr until age 18 (@ \$255 week X 2)	To be determined by an Economist	Special Touch Sparks, NV (Kirk Henderson)

