

Commonly Missed Diagnoses: Head-to-Toe Assessment

H Headache and other pain, or Hydrocephalus related issue (ex. Shunt blockage)

E Epilepsy

A Aspiration pneumonia or dysphagia

D Drugs! Patients are at high risk for adverse effects or polypharmacy.

Have a follow up plan if prescribing psychotropics!

T Teeth! Dental abscesses or impacted teeth can cause pain, aggressive behavior, food refusal

O Ocular or Otolaryngology issue – Vision problem, Hearing issue, Obstructive Sleep Apnea (up to 80%)

T Tummy – GERD, Constipation, Bowel obstruction and volvulus

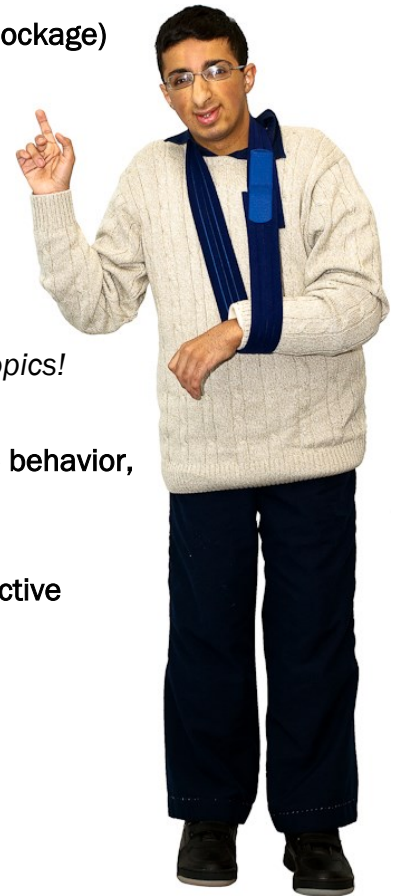
O Osteoporosis and atypical fractures, pressure sores

E Etiology or cause of IDD - is it known? – some genetic syndromes have important acute presentations
(ex. Calcium disturbance in William’s Syndrome)

S Serious illness can present atypically – ask caregivers how this patient expresses pain.

Is there a subtle sign that they are very ill?

S Screen for abuse



All Behaviour is Communication!

♦Listen to Caregivers ♦Ensure access (reduce noise, fluorescent light) ♦Link – ask about community supports ♦Look for a Care Plan ♦Wallet sized [Health Passport](#)

Do you suspect a patient you are seeing has developmental disability but has not been identified? Refer to [Developmental Services Ontario!](#)

(Do you think your patient might benefit from a Coordinated Care Plan because of their complex health needs and repeated visits to hospital? Refer to “[Health Links](#)”.)