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? Refer to “Health Links”.)

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