

Case 1:

A 9 year old girl with cerebral palsy presents to your clinic as a new patient with the chief complaint of foot pain. You walk in and notice she is in a wheelchair and appears sad. You discover a broken orthotic brace and due to poor fit, she has a small ulcer on her ankle.

Her guardian present with her today is her maternal grandmother who recently obtained custody of her and 4 siblings, who are all present in the room. GM doesn't know the patient's medical history, medications, or her subspecialists. She mentions that the other 4 children developed a very itchy rash this week and she's worried they have scabies.

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Case 2:

A 15 year old male presents for an adolescent well check. You notice he hasn't been seen since age 11. At that visit, his diagnoses included asthma, ADHD, mild cognitive delay, and obesity. Since that time his BMI has gotten exponentially higher and he now weighs 325 lbs.

You sit down with the child and mother and ask about any concerns or problems. Mom says, "He's fine. He is just here to get his shots."

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Case 3:

As you start to knock on the door of a duo well child check during a busy Friday afternoon you overhear the mother yelling into her cell phone. You review the charts and notice a history of maternal drug abuse listed on the 4 month old's newborn record and the 2 year old's growth chart shows poor weight gain consistent with failure to thrive as well as previous CPS involvement.

You walk in and find the 4 month old lying on the exam table unattended and crying. The 2 year old is wildly spinning on your exam chair. Mom continues to yell into the phone and doesn't acknowledge you when you enter the room.