

Supplemental Information

1. How long after going to bed does your child usually fall asleep?
2. Do you think your child has sleeping difficulties?

For questions 3-10, please use the following scale:

- 0 = the sleep behavior never occurs
- 1 = the problem occurs once or twice a month
- 2 = occurs one or two times a week
- 3 = occurs between three and five nights a week
- 4 = the sleep problem happens every night

3. The child goes to bed reluctantly.	0	1	2	3	4
4. The child has difficulty getting to sleep at night (and may require a parent to be present).	0	1	2	3	4
5. The child does not fall asleep in his or her own bed.	0	1	2	3	4
6. The child wakes up two or more times in the night.	0	1	2	3	4
7. After waking up in the night the child has difficulty falling asleep again by himself or herself.	0	1	2	3	4
8. The child sleeps in the parent’s bed at some time during the night.	0	1	2	3	4
9. If the child wakes, he or she uses a comforter (eg, pacifier) and requires a parent to replace it.	0	1	2	3	4
10. The child wants a drink during the night (including breast or bottle-feed).	0	1	2	3	4

Caffeine Intake Assessment

1. Does your child ever drink caffeinated beverages (for example: coke, other soda, coffee, energy drinks, sweet tea)?

YESNO
2. If yes, how often (for example: multiple times per day, every day, once a week, twice a week)?
3. Has your child consumed any caffeinated beverages today? If so, how much?

YESNOHow much? _____

SUPPLEMENTAL FIGURE 2 TCSQ.

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Special Needs Program Care Coordination Intensity Scoring- Medical Fragility Subscale

Patient:		CM:		Date Completed:			
CM Triggers	0	1	2	3	4	5	Score
Medical Fragility							
Medical Specialists	None	1-2	3-4	5-7	8-10	11+	
Clinic Visits/Day Surgery Visits (any location)	None	1-2 per qtr	3-4 per qtr	5-6 per qtr	7-10 per qtr	11+ per qtr	
Emergency Room Utilizations	None	1 per qtr	2 per qtr	3 per qtr	4 per qtr	5+ per qtr	
Hospitalizations/ Short Stays	None	1 per qtr	2 per qtr	3 per qtr	4 per qtr	5+ per qtr	
Hospital Days	None		1-4 days per qtr	5-10 days per qtr	11-21 days per qtr	22+ days per qtr	
Technology Needs		Mobility assistance and Orthotics	Pulmonary, cardiorespiratory monitoring, home oxygen, subcutaneous infusion devices	Ostomy, feeding tubes, implanted devices, TPN, noninvasive ventilation	Central vascular lines, tracheotomy	Tracheotomy with invasive ventilation, peritoneal dialysis	
Medications		<10 enteral medications	>10 enteral medications	Enteral vasoactive medications	IV medications	IV vasoactive medications	
Other Factors to Consider:						Total Score:	

Trigger Definitions

Medical Specialists: Specialists that are seen or consulted by the CM or family within the past year. Excludes therapy, radiology, and lab visits.

Clinic/Day Surgery Visits: Count number per quarter that patient actually attended, whether CM attended or not. This includes visits at CHW and outside of CHW.

Hospitalizations/Short Stays: Count number per quarter that patient actually attended, whether CM attended or not. Short stays = O/N but <23 hours.

Technology Needs:

Category	Examples
Mobility assistance and orthotics	Wheelchair, AFOs
Pulmonary	Vest, nebulizer, cough assist, suction
Cardiorespiratory monitoring	Pulse oxygen, apnea monitor, cardiac monitor, blood pressure monitoring, Dinamap
Ostomy	Colostomy, ileostomy, vesicostomy
Feeding tubes	NG, NJ, GJ, J
Implanted devices	Pacemaker, VNS, baclofen pump, port
Noninvasive ventilation	C-Pap, bi-pap
Central vascular lines	Tunneled and nontunneled

Q:17 SUPPLEMENTAL FIGURE 3 Medical Fragility Subscale of Children's Hospital of Wisconsin Special Needs Program Care Coordination Intensity Scoring. AFOs, ankle foot orthosis; CHW, Children's Hospital of Wisconsin; IV, intravenous; NG, nasogastric tube; NJ, nasogastric tube; GJ, gastrojejun tube; J, jejunal tube; O/N, overnight; TPN, total parenteral nutrition; VNS, vagus nerve stimulator.