



**Appendices by Provider Need:**

**Floor Provider:**

- Appendix A – Initiating the Discussion
- Appendix C – Functional Plan
- Appendix D – Informing Meeting
- Appendix E – SSRD Facts for Families

**Psych Team:**

- Appendix B – Functional Disability Inventory

**RN:**

- Appendix C – Functional Plan

**Ancillary Team Supports**

- **Child Life:** to support an individualized functional plan
- **Pain Team:** as indicated (if using narcotics, start bowel regimen)
- **PT:** limitations related to gross motor activity, limitations in lower extremities, sensory desensitization
- **OT:** limitations related to fine motor activity, limitations in upper extremities, fine motor skills, sensory integration, ADLs
- **Rehab:** if symptoms are complex or difficult to manage
- **Integrative Medicine:** biofeedback, holistic approach to mind-body connection, breathing exercises, guided imagery
- **SCAN:** If suspected medical abuse/overuse

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**CLINICAL PATHWAY:**  
**Somatic Symptom and Related Disorders Pathway (SSRD)**  
**Appendix A: Initiating the Discussion**

THIS PATHWAY  
SERVES AS A GUIDE  
AND DOES NOT  
REPLACE CLINICAL  
JUDGMENT.

Your child has been admitted with medically unexplained physical symptoms that are significant. We have developed a standard approach to help patients like your son/daughter.

- **Step 1:** We will assemble a team that includes *[select all that apply: pediatricians, subspecialists, psychiatry, psychology, social work, physical therapy, occupational therapy, speech therapy, and child life]*. The goal of these consultations is to identify what is causing your child's symptoms, and to promote your child's recovery.
- **Step 2:** We will review the medical work up in detail, and consider whether any additional evaluations are needed.
- **Step 3:** While the workup is being conducted, we will implement a functional plan to help normalize your child's schedule so that he or she is able to participate in the evaluation and treatments. This may include things like asking him or her to be out of bed for meals, taking walks on the unit, etc. Regardless of the diagnosis, these measures have been shown to improve health.
- **Step 4:** Once the workup is complete, we will hold a team meeting with providers and family to discuss our findings and create a treatment plan.
- **Step 5:** We will initiate a plan to support your child's recovery while in the hospital, and will create a plan with outpatient providers to support your child's continued recovery at discharge.

Our goal, by the end of your child's stay, is for your child to have a complete evaluation, discuss the results, review the diagnosis, and create a treatment plan. Your child's symptoms may not be gone when your child is ready to leave the hospital. We will work to establish goals to improve your child's health and help your child return to normal activities. If needed, we can collaborate with your child's school, primary care doctor and other providers in the community to promote your child's functioning and continued improvement upon discharge.



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ID \_\_\_\_\_ Date \_\_\_\_\_

**Functional Disability Inventory**  
*Parent Form*

When people are sick or not feeling well it is sometimes difficult for them to do their regular activities. In the past two weeks, would your child have had any physical trouble or difficulty doing these activities?

|   | <b>No<br/>Trouble</b>      | <b>A Little<br/>Trouble</b> | <b>Some<br/>Trouble</b>    | <b>A Lot of<br/>Trouble</b> | <b>Impossible</b>          |
|---|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|
| 1. Walking to the bathroom.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 2. Walking up stairs.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 3. Doing something with a friend.<br>(For example, playing a game.) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 4. Doing chores at home.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 5. Eating regular meals.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 6. Being up all day without a nap or rest.                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 7. Riding the school bus or traveling in the car.                   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |

***Remember, you are being asked about difficulty due to physical health.***

|  | <b>No<br/>Trouble</b>      | <b>A Little<br/>Trouble</b> | <b>Some<br/>Trouble</b>    | <b>A Lot of<br/>Trouble</b> | <b>Impossible</b>          |
|--|----------------------------|-----------------------------|----------------------------|-----------------------------|----------------------------|
| 8. Being at school all day.                                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 9. Doing the activities in gym class<br>(or playing sports). | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 10. Reading or doing homework.                               | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 11. Watching TV.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 12. Walking the length of a football field.                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 13. Running the length of a football field.                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 14. Going shopping.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |
| 15. Getting to sleep at night and staying asleep.            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3  | <input type="checkbox"/> 4 |



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**CLINICAL PATHWAY:**  
**Somatic Symptom and Related Disorders Pathway (SSRD)**  
**Appendix B: Functional Disability Inventory**

THIS PATHWAY  
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ID \_\_\_\_\_ Date \_\_\_\_\_

**Functional Disability Inventory**  
*Child and Adolescent Form*

When people are sick or not feeling well it is sometimes difficult for them to do their regular activities. In the past two weeks, would you have had any physical trouble or difficulty doing these activities?

|   | No Trouble                 | A Little Trouble           | Some Trouble               | A Lot of Trouble           | Impossible                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Walking to the bathroom.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Walking up stairs.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Doing something with a friend.<br>(For example, playing a game.) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. Doing chores at home.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. Eating regular meals.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. Being up all day without a nap or rest.                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. Riding the school bus or traveling in the car.                   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Remember, you are being asked about difficulty due to physical health.**

|  | No Trouble                 | A Little Trouble           | Some Trouble               | A Lot of Trouble           | Impossible                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 8. Being at school all day.                                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9. Doing the activities in gym class<br>(or playing sports). | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10. Reading or doing homework.                               | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. Watching TV.   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 12. Walking the length of a football field.                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 13. Running the length of a football field.                  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 14. Going shopping.  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 15. Getting to sleep at night and staying asleep.            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |



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**CLINICAL PATHWAY:**  
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**Appendix C: Initial Functional Plan**

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The primary provider should place “Activities – Functional Plan” order with applicable interventions to communicate with nursing and therapists.

- Establish sleep-wake cycle (e.g., lights on at 8am, lights off at 9pm)
- Out of bed for every meal
- Promote activities of daily living (i.e., hygiene, wearing own clothes)
- Walks on unit per ambulation order (if appropriate, consider PT consult if safety concerns)
- Homework ad lib
- Child Life to provide patient with age-appropriate activities and facilitate visual daily schedule
- RN and PCA to enforce daily activity plan as prescribed by PT, OT, Integrative Medicine on board in patient’s room (i.e., walks on unit, breathing exercises, structured meals, etc.)

\*Child Life will help individualize the functional plan



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**CLINICAL PATHWAY:**  
**Somatic Symptom and Related Disorders Pathway (SSRD)**  
**Appendix D: Script for the Informing Meeting**

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*It is key to have representation from every subspecialty participate in the informing meeting, including primary team, psychiatry, and each subspecialty service that was consulted on the case or saw the patient as an outpatient in the context of the patient's presenting symptoms. It is helpful to review or bring records of completed and pending diagnostic studies completed inpatient/outpatient/outside facilities, including lab studies and imaging.*

As we said at the beginning of your son/daughter's admission, after all of the specialists have consulted and completed your child's medical workup, we come together as a multidisciplinary team to discuss what we have found to be contributing to your child's symptoms, and what the evidence-based treatment is for the condition. We want to give you a chance to ask questions and to be sure that you feel comfortable about our assessment and treatment plan.

We want to share with you a summary of your child's symptoms, why we consulted with these specialists, what diagnoses we were considering, and what our findings did or did not support. Please tell us along the way if we have any part of the history wrong, or if there is anything you do not understand. And please let us know if there is any particular medical condition or diagnosis that you feel we have not adequately addressed.

**Primary Team review:**

Your child first presented with: \_\_\_\_

Prior work-up included: \_\_\_\_

**Each subspecialist review:**

The differential diagnoses that are consistent with your child's symptoms include: \_\_\_\_

The workup that we performed included \_\_\_\_, and revealed \_\_\_\_.

Therefore, the following diagnoses were ruled in/out: \_\_\_\_

Given these findings and with the input from our specialists, we think your child's symptoms are best understood as \_\_\_\_\*:

In our experience, symptoms due to \_\_\_\_ respond best to the following treatment approach:  
(specify as applicable)

- Cognitive behavioral therapy
- Medication management: \_\_\_\_
- Behavioral management: \_\_\_\_
- Outpatient support (PT, OT, Integrative Medicine, Psychiatry)
- Close follow up with your pediatrician to continue following your symptoms
- Continued follow up with relevant subspecialists

\*If a psychosomatic or somatic symptom disorder is being considered, the attending leading the meeting should use the actual term (i.e., conversion rather than "stress") and ask Psychiatry to give a formulation of potential contributors.



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## Physical Symptoms of Emotional Distress: Somatic Symptoms and Related Disorders

*Adapted from the American Academy of Child and Adolescent Psychiatry*

### What are Somatic Symptoms?

Physical complaints are common in children. As many as 1 in 10 children will complain of an ache, pain, or worry about their body on any given day. Sometimes when there is no medical illness that fully explains the complaint, it may be that emotions are being felt as physical symptoms. Physical symptoms of emotional distress are called **somatic symptoms**. **Somatization** is the name used when emotional distress is expressed by physical symptoms. Everyone experiences somatization at times. Examples include your heart beating fast or butterflies in your stomach when you feel nervous or muscles becoming tense and sore when you feel angry or under stress. These symptoms are very real to your child; they are not "faking it."

### What are Somatic Symptoms and Related Disorders?

A Somatic Symptom and Related Disorder (SSRD) is diagnosed when your child has physical symptoms that are not explained by a medical illness or when symptoms of a known illness affect your child much more than expected and these symptoms interfere with daily life such as missing school, not wanting to play with friends, or avoiding fun activities.

SSRD Symptoms may include:

- body pains including headaches, joint pains
- stomach aches, nausea, vomiting
- fatigue, dizziness, memory problems
- weakness, numbness
- trouble breathing, shortness of breath
- changes in vision or hearing including sudden blindness
- a "stuck" feeling or a "lump" in the throat
- seizure-like episodes, fainting, abnormal movements

There are different types of SSRDs. Your child may be diagnosed with: Psychological Factors Affecting a Medical Condition, Somatic Symptom Disorder, or Conversion Disorder (Functional Neurological Symptom Disorder). Terms like "functional," "nonorganic," "psychogenic," "psychosomatic," "pseudo seizures," "amplified," and "medically unexplained" are also sometimes used.

### Why does my child have an SSRD?

A child may have an SSRD for many reasons. Sometimes it starts with an illness, injury, or infection, but the symptoms do not go away after the illness has been treated. Other times somatic symptoms start without any prior illness or injury. Somatic symptoms may also be strong feelings or struggles that a child has not been able to share in words.



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When a child's feelings build up inside, their body may express those feelings physically.

### **How are SSRD diagnoses made?**

Varied professionals including your child's primary care provider, pediatric specialists (for example, neurologists or gastroenterologists), child and adolescent psychiatrists, and pediatric psychologists may be involved in the assessment, diagnosis, and treatment.

The evaluation typically involves:

- an evaluation of physical, emotional, and behavioral symptoms and daily functioning
- a physical exam
- reviewing the results of medical tests (lab work, imaging, or procedures)

### **How are SSRDs treated?**

**SSRDs are treatable.** Sometimes symptoms are short-lived and disappear quickly without treatment. Other times, a child needs a course of treatment. Psychotherapy (talk therapy) focusing on helping a child express feelings is very important. The main goal of treatment is to help a child return to normal levels of functioning.

Treatment will be based on the needs of your individual child and may include:

- Psychotherapy to help understand the connection between feelings and physical symptoms and to teach skills like breathing exercises, relaxation, and biofeedback
- Physiotherapy and occupational therapy to help muscle strength and movement
- Actions to relieve physical discomfort such as massage, ice, or heat
- Small, gradual steps to improve function
- Return to school with the help of school accommodations and support from teachers, nurses, and school counselors
- Return to after school activities as soon as possible (e.g. spending time with friends, sports, clubs)
- Regular check-ins with your health care team to check for improvements and any new treatment changes

### **What can I do to help my child?**

As a family member, you are an important member of the treatment team; you know your child best and can help others understand your child.

Ways you can help include:

- Asking for medical and behavioral health providers who understand the mind body connection
- Encouraging new ways for your child to talk about uncomfortable feelings
- Helping your child practice coping and relaxation strategies



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**CLINICAL PATHWAY:**  
**Somatic Symptom and Related Disorders Pathway (SSRD)**  
**Appendix E: SSRD Facts for Families**

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- Supporting your child's efforts to focus less on physical symptoms
- Working with school and other programs to help your child return to usual activities as soon as possible
- Helping your own anxiety that may develop, as a concerned parent or other family member



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