Case #1: Cameron (Toxic Stress)

This is your first time to meet Cameron, a 3 year old male, who comes to the clinic with his mother, 16 month old half-sister and maternal boyfriend for a well-child exam. Cameron has scattered clinic supplies (gloves, otoscope caps, etc) across the room prior to your arrival. His mom provides her cell phone to Cameron in order for him to sit still. Mom has concerns for Cameron's appetite and growth following IUGR and FTT that a previous doctor had diagnosed. Though his weight is less than 5%, Cameron's BMI is ~25%. Diet history notes significant snacks and sugar sweetened beverages. The family has SNAP and WIC benefits, and a food insecurity screen is negative.

Speech, both phonologic and expressive components, lag. When asked about language examples, maternal boyfriend describes Cameron's skill operating cell phones and video games. Overall, Cameron demonstrates 1-3 words phrases with ~50% clarity. He does not identify his age, his gender, or name any body parts, though mom explains that he is 'shy'. There is no family history of speech or hearing disorders. Cameron had been in private daycare briefly before the family moved.

Cameron warms during the encounter. However, as you raise your hands to his eye level to check his ears, you notice that he jerks away. The exam, beyond the presence of extensive dental caries, is normal. The visit concludes with a discussion of speech delay, the need for audiology and developmental evaluation, and a dental referral is made for treatment of extensive dental caries. Mom agrees to return in 2-3 months for speech follow up.

Cameron and his family return 16 days later. Mom and boyfriend had a physical altercation one week earlier, and are now reunited. Due to the mom and boyfriend being briefly incarcerated, Cameron and his sister were placed in temporary kinship care. The children did not witness IPV though awoke during the ensuing caregivers' arrest. Cameron and his sister were assessed by a child abuse pediatrician at Human Service intake and found to be without injury. Mom lost her job during incarceration. Maternal boyfriend, also, is unemployed. Cameron plays with his mom's cellphone, has intermittent eye contact and this time does not flinch during your exam.

Case #2: John (Epigenetics)

John is a 5 year old male who you've cared for since birth. He has persistent asthma, allergic rhinitis, recurrent AOM with left tympanic rupture and conductive hearing loss, speech delay, obesity, and environmental smoke exposure. John comes in today complaining of left otorrhea, and during the visit the parents reveal that he was recently hospitalized for asthma exacerbation. On further questioning you learn he stopped taking his controller medication one month ago. Today on exam his O2 sat is 97% with wheezing throughout. On reviewing the medical record you note that he has missed multiple Pulmonary and PCP appointments in the past year.

Additional information:

- Birth history: Full-term, LGA, IDM born to 32yo G7P6 mother with DM, obesity, asthma, and tobacco use.
- Ten ED visits by 1st birthday and NAT evaluation at 9 months for facial bruising consistent with hand imprint.
- Poorly-controlled persistent asthma: Fifteen ED visits, five hospitalizations (PICU once). Several documents question medication compliance.