

## Pre/Post Adoption Medical Tests/Screening

**Pediatricians who specialize in pre-adopt/post-adopt med evaluations:**

PEAR: [http://www.pear-now.org/PEAR\\_IA\\_Doctor\\_E-Directory.pdf](http://www.pear-now.org/PEAR_IA_Doctor_E-Directory.pdf)

<http://www.comeunity.com/adoption/health/clinics.html>

<http://www.aap.org/sections/adoption/default.cfm>

<http://www.med.umn.edu/peds/iac/topics/otherprofessionals/home.html>

From: <http://www.orphandoctor.com/>: **Recommended Screening Tests and Evaluations:** Once the child has arrived home, an initial visit to the doctor should ideally occur within 10-14 days, unless the child has an acute illness and then a sick visit is obviously imperative within 24-48 hours. Once the family knows their travel dates, they can schedule the adoption consultation appointment.

Antibody titers for children over one year of age who have a credible vaccine record from the country of origin:

- diphtheria antibodies
- tetanus antibodies
- polio neutralizing antibodies for type 1,2, 3
- chicken pox antibodies (varicella antibodies)
- measles, mumps, rubella (depends on the country and reliability of these vaccines)

- HIV-1,2 ELISA
- Hepatitis B serology (Hep B surface antibody, Hep B surface antigen, Hep B core antibody total)
- Hep C ELISA
- Hep A total with reflex to IgM in case of acute infection
- Syphilis serology (RPR, FTA-ABS)
- lead level (venous)
- Complete Blood count with differential and platelets
- Hemoglobin electrophoresis
- Thyroid screen TSH Free T4 Total T4
- Rickets screen
- Alkaline phosphatase
- Calcium
- Phosphorus
- Liver Enzymes SGOT, SGPT
- Kidney Function tests BUN, Creatinine
- Audiology evaluation for all children adopted from abroad (unknown birth history and possible prematurity).
- Vision screening by a board certified pediatric ophthalmologist for all children adopted from abroad (unknown birth history and possible prematurity).
- Dental visit with a pediatric dentist should be done by 18 months of age (poor nutrition, exposure to sugar in the bottle).
- TB skin test on arrival and again 6 months from the time of arrival (If the BCG site is not healed wait until it is healed and if more than a few months is needed for healing, consider having a chest x-ray; then do the PPD (TB skin test) when the BCG scar is completely healed.

- Consider repeating HIV, Hep B, C 6 months after arrival (lengthy incubation periods and exposure just at the time of departure).
- Full developmental assessment on arrival and every few months to determine the need for Early Intervention
- <http://www.orphandoctor.com/services/assessment/guidelines.html>

**Adoption Medical Topics discussion:**

<http://www.adoptmed.org>

[www.adoptivefamilies.com](http://www.adoptivefamilies.com)

**Travel First-Aid:**

<http://www.med.umn.edu/peds/iac/topics/travelpackinglist/home.html>

<http://www.orphandoctor.com/services/travel/checklist.html>

**Great adoption book list, medical and parenting:**

<http://www.adoptmed.org/books/>

How to measure head circumference : <http://www.med.umn.edu/peds/iac/>

**Fetal Alcohol Syndrome:** <http://kidshealth.org/parent/medical/brain/fas.html> watch for characteristics of the syndrome, which include: low birth weight, small head circumference, [failure to thrive](#), developmental delay, organ dysfunction, facial abnormalities, including smaller eye openings, flattened cheekbones, and indistinct philtrum (an underdeveloped groove between the nose and the upper lip), epilepsy, poor coordination/fine motor skills, poor socialization skills, such as difficulty building and maintaining friendships and relating to groups, lack of imagination or curiosity, learning difficulties, including poor memory, inability to understand concepts such as time and money, poor language comprehension, poor problem-solving skills, behavioral problems, including hyperactivity, inability to concentrate, social withdrawal, stubbornness, impulsiveness, and anxiety. MORE

FAS:<http://www.adoptionarticlesdirectory.com/Article/Typical-medical-issues-encountered-in-internationally-adopted-children/373> . How to take photos for FAS analysis:

<http://www.med.umn.edu/peds/iac/topics/photographsforfacialanalysis/home.html>

**GROWTH CHARTS:** <http://www.cdc.gov/growthcharts/> The most common type of growth failure seen in orphanages is psychosocial growth retardation, a stress-induced failure of linear growth (kids are short). Children with psychosocial growth retardation fall behind one month of growth for every three to four months of orphanage life. <http://www.med.umn.edu/peds/iac/topics/medinfo/home.html>

**Developmental milestones:** <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>