

# Commonly Missed Diagnoses: Head-to-Toe Assessment

**H** Headache and other pain, or Hydrocephalus related issue (ex. Shunt blockage)

**E** Epilepsy

**A** Aspiration pneumonia or dysphagia

**D** Drugs! Patients are at high risk for adverse effects or polypharmacy.

*Have a follow up plan if prescribing psychotropics!*

**T** Teeth! Dental abscesses or impacted teeth can cause pain, aggressive behavior, food refusal

**O** Ocular or Otolaryngology issue – Vision problem, Hearing issue, Obstructive Sleep Apnea (up to 80%)

**T** Tummy – GERD, Constipation, Bowel obstruction and volvulus

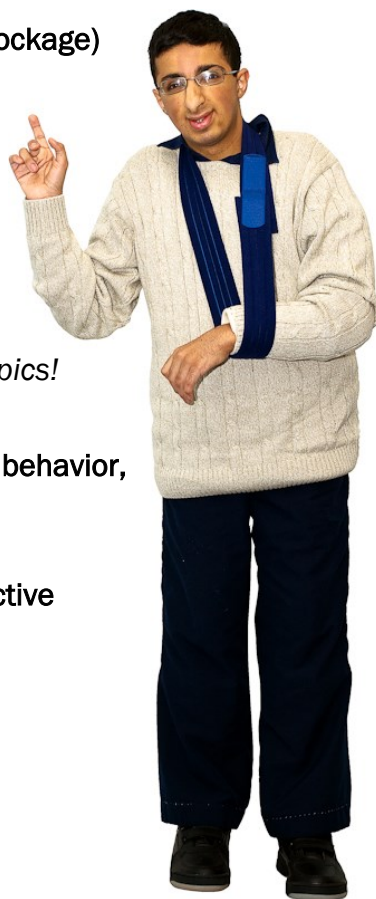
**O** Osteoporosis and atypical fractures, pressure sores

**E** Etiology or cause of IDD - is it known? – some genetic syndromes have important acute presentations  
(ex. Calcium disturbance in William’s Syndrome)

**S** Serious illness can present atypically – ask caregivers how this patient expresses pain.

Is there a subtle sign that they are very ill?

**S** Screen for abuse



## All Behaviour is Communication!

♦Listen to Caregivers ♦Ensure access (reduce noise, fluorescent light) ♦Link – ask about community supports ♦Look for a Care Plan ♦Wallet sized [Health Passport](#)

**Do you suspect a patient you are seeing has developmental disability but has not been identified? Refer to [Developmental Services Ontario!](#)**

(Do you think your patient might benefit from a Coordinated Care Plan because of their complex health needs and repeated visits to hospital? Refer to "[Health Links](#)".)