

Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 308A/B

Poster Session 7: Child Trauma/Adverse Childhood Experiences

#53PeacefulKids-VanessaCoward-Oberle

Vanessa Cowart-Oberle, MS
CIT, Group Facilitator, & Child Specialist

Peaceful Kids' Guide to Emotions



The St. Louis Crisis Nursery

Trauma-informed crisis intervention, 24-hour help line, strength-based therapeutics, parenting education, community outreach, and care coordination for families.

The Mission

"The Saint Louis Crisis Nursery is committed to the prevention of child abuse and neglect and provides trauma-informed emergency intervention, 24-hour respite care, and support to families in crisis through:

- Short-term care for young children in a safe and nurturing environment
- Empowering families to resolve crises and build resiliency through culturally responsive interventions
- Equitable access to concrete support, crisis counseling, and parenting education
- Grassroots community outreach and training to build child abuse prevention awareness
- Advocacy for the safety and wellbeing of all children and families in our region"

Impact

"99% of children in our program remain free from abuse and neglect, have set national and even international standards for child abuse prevention in other communities throughout the world.

This year, nearly 4,000 children will call the Nursery "home" while their families weather the storms of life."

About the Book

A book edited with The St. Louis Crisis Nursery in mind with evidence-based information and interventions for families of children, toddlers to preteens, illustrated by children, to teach emotions, emotional regulation, and co-regulation, drawing from gold standards in the field:

- TF-CBT
- ACT
- DBT
- Mindfulness
- Art, music, drama techniques

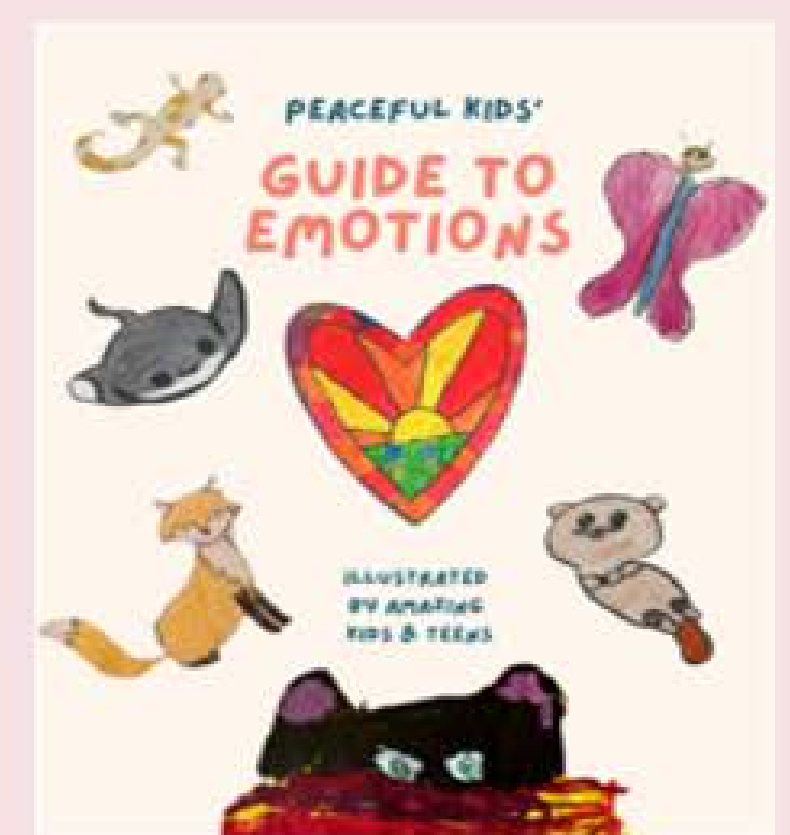
Written by a survivor of trauma who has struggled with depression, OCD, and alexithymia

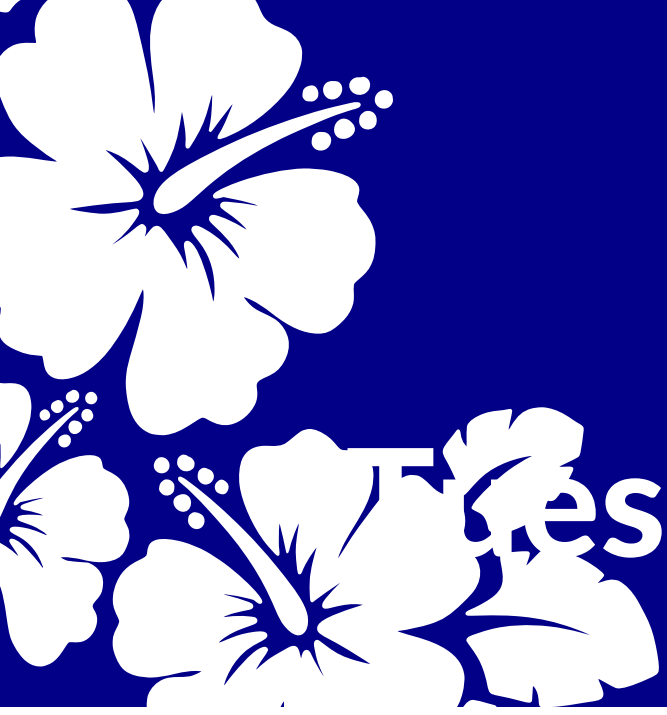
~~Gatekeeping~~ mental healthcare & parenting support

Co-created WITH kids

Application for wide range of families at various levels of education, socioeconomic status, age of children, and ability

All profits go to The St. Louis Crisis Nursery
Several copies donated to SLCN for parents & providers
Other crisis nurseries in future





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Poster Session 7: Child Trauma/Adverse Childhood Experiences

#38 Building Resiliency in Children: Examining the Role of a Safe and Consistent Adult- Taylor Baierlein



Building Resiliency in Children:

Examining the Role of a Safe and Consistent Adult

Presented by: Taylor Baierlein and Megan Pierce

Overview:

Research has shown that having one consistent, healthy relationship with an adult can greatly affect the outcome of a child's future (Ashton et al., 2021).

While some children may experience this relationship within their family circle, identifying safe, stable, and supportive adults beyond immediate kinship can be pivotal in increasing a child's chances of success, particularly for those who have experienced severe trauma. The BE BOLD Youth Program, launched in July of 2019, addresses this need by providing weekly advocacy to female children who have experienced extensive trauma and abuse. Trained volunteer advocates engage with the children every week, offering guidance, education, and support aimed at fostering self-empowerment, facilitating safer decision-making, and advocating for identified unmet needs. Upon entering the BE BOLD program, all participating children were initially considered at risk of Commercial Sexual Exploitation of Children (CSEC). Studies highlight that, "A critical step in preventing childhood sexual abuse and violence against children is to promote awareness and education about these issues" (Manukrishnan & Bhagobati, 2024).

Remarkably, after approximately one year with their volunteer, 90% of these children exhibited no ongoing concerns related to CSEC. Tracking additional factors, such as academic improvement, stable and safe placements, employment opportunities, and most importantly, the establishment of a lifelong connection with their advocate, the BE BOLD program demonstrates holistic and long-term success.

Understanding the essential qualities of these supportive volunteers and equipping them to effectively contribute to the well-being of children is the essential factor for creating a world with well-adjusted children. These children, in turn, will evolve into well-adjusted adults, becoming neighbors, parents, and leaders of the next generation.

The Approach

Child Advocates of Placer County (CAPC) oversees the BE BOLD Youth Program, which serves as a vital bridge between vulnerable children in our community and volunteer advocates. CAPC provides Court Appointed Special Advocates (CASAs) to advocate for youth in the juvenile dependency system throughout their court cases. BE BOLD arose from the recognition that many children in the county's foster care system exhibited similar vulnerabilities, such as sexual abuse history, running away, probation involvement, substance use, and mental health challenges.

"While the complete eradication of Adverse Childhood Experiences seems unlikely, actions to strengthen childhood access to trusted adults may partially ease immediate harms and protect future generations" (Ashton et al., 2021).

After extensive research and over 100+ hours of training on CSEC, BE BOLD launched as a pilot program, evolving into a hybrid role alongside the existing CASA functions at CAPC. Today, trained volunteers serve as BE BOLD advocates, championing the needs of children and providing weekly, ongoing support. BE BOLD serves children with dependency, delinquency, and voluntary cases, collaborating with the Placer County Multidisciplinary Team (MDT). Together, this collaboration engages in case planning, referral discussions, resource identification, and participating in county-wide trainings and events.



The Data



Children have been served by the BE BOLD Youth Program since its inception in 2019.

In 2024, there are currently 38 active cases in the program, categorized as follows:



The BE BOLD program extends support to children aged 7 to 19, with the capacity to continue assistance up to age 21.

The Process

BE BOLD volunteers participate in a comprehensive process designed to empower them to become qualified advocates for children who have experienced trauma. The journey includes:

- Participate in CASA training to acquire specialized skills for supporting and advocating for children.
- Complete a thorough application, undergo a comprehensive interview, provide three references, and pass a background check.
- Case managers strategically match volunteers with a youth based on compatibility and shared experience.
- Attend a CSEC specific training to broaden knowledge and understand essential qualities for success in supporting these children.
- Initiate weekly visits with the child, focusing on providing support, education, and guidance toward goal achievement.
- Participate in monthly team meetings and BE BOLD events to share and receive CSEC resources aimed at empowering children.
- Collaborate with the Multidisciplinary Team in Placer County as needed.

The Results: Providing safe adult relationships, education to support life skill development, and creating community connections has a direct positive impact on children who have experienced trauma.

69% of age-appropriate children located a job.

82% made a "lifetime" connection with their volunteer.

90% of the children who participated in BE BOLD had no existing CSEC concerns after being a part of the program.

92% were on track in school.

98% were placed in a stable home after the program.

*This was established from 88 closed cases.

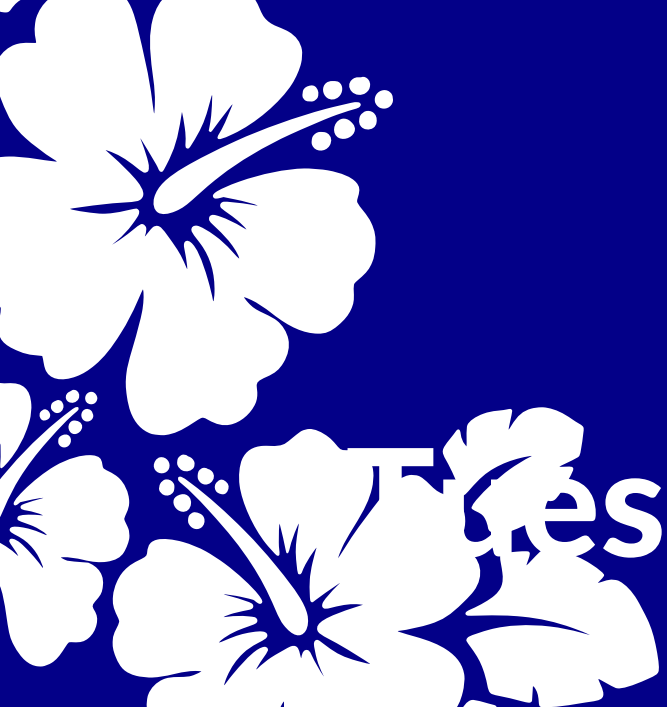
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Manukrishnan, S. & Bhagobati, S. (2024). Surviving Childhood Sexual Abuse: A Qualitative Study of the Long-Term Consequences of Childhood Sexual Abuse on Adult Women's Mental Health. *Journal of Psychological Health*, 33(4), 448-458. <https://doi.org/10.1080/14780894.2024.2311114>

www.caseplacer.org/be-bold







Poster Presentations

Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 308A/B

Poster Session 7: Child Trauma/Adverse Childhood Experiences

#14 The Effects of the Family Success Network (FSN) on Family Protective Factors against Child Maltreatment: Preliminary Findings and Implementation Determinants-
Deborah Moon, Michelle Johnson-Motoyama, Ph.D., M.S.W., Nancy, Rolock, AM, PhD, Henry L. Zucker, Yiran Zhang, Jeesuo Jeon





The Effects of the Family Success Network (FSN) on Family Protective Factors against Child Maltreatment: Preliminary Findings and Implementation Determinants

Deborah J. Moon, Ph.D., LCSW¹, & Jeesuo Jeon, MSW²

Co-Authors: Michelle Johnson-Motoyama, Ph.D.³, Nancy Rolock, Ph.D.², David Crampton, Ph.D.³, Hyunjin Lee, MSW¹, Eric Gonzalez, Assistant Executive Director⁴, Nicole Sillaman, Executive Director⁴

¹ School of Social Work, University of Pittsburgh ² Mandel School of Social Science, Case Western Reserve University ³ College of Social Work, Ohio State University ⁴ Ohio Children's Trust Fund



Abstract

Background

Child maltreatment is a serious public health problem that causes a substantial burden on society. The Family Success Network (FSN) is a voluntary, multi-component, community-based, family support program that seeks to prevent child maltreatment by building protective factors such as *Positive Family Functioning, Parent Nurturing and Attachment with Child* as well as *Social and Concrete Supports* for disadvantaged families. The FSN provides tailored services to families including parenting, financial literacy, and basic life skills programs, as well as concrete supports and home visiting. Services are delivered through a family coaching model built upon the core principles of relational engagement, the key to achieving intended outcomes in many health and human services interventions. With support from the U.S. Children's Bureau, the Ohio Children's Trust Fund is currently piloting FSN in three Northeast Ohio counties. In this poster, we present year 3 preliminary findings from the FSN process and outcome evaluation.

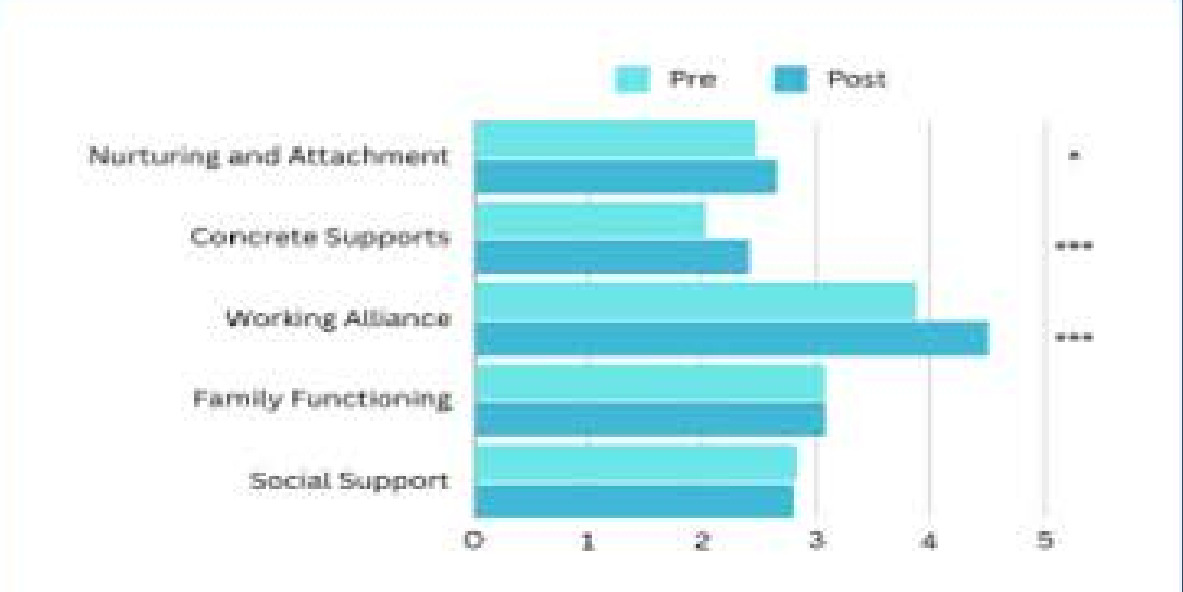
Method

The study utilizes a randomized wait-list control group design. Protective factors and caregiver relational engagement were assessed at pre and post intervention phases using validated measures. Implementation determinants were examined via focus groups and interviews with service providers, leadership, a participant, and implementation team following the initial implementation phase.

Critical Findings

- Nurturing and attachment (n=150), working alliance (n=157), and concrete support (n=151) showed a significant increase after the program.
- Other protective factors domains, social support and family functioning did not significantly change after the program.
- The majority of participants reported high (77.06%, n=131) or moderate (20%, n=34) sense of alliance with family coaches.
- Post-FSN working alliance was positively correlated with post family functioning and social support.
- According to focus groups and interviews, lived experience of the family coaches, and stigma related to existing CPS system were major facilitators of FSN implementation, positively impacting reach and engagement with families.
- Qualitative data also indicated that community characteristics, leadership capacity, professional boundaries, and families' limited exposure to prevention services could be barriers to FSN implementation.

Quantitative and Qualitative Results



1) Working alliance (post) and Family functioning (post) was positively correlated ($r = .33, p < .001$).

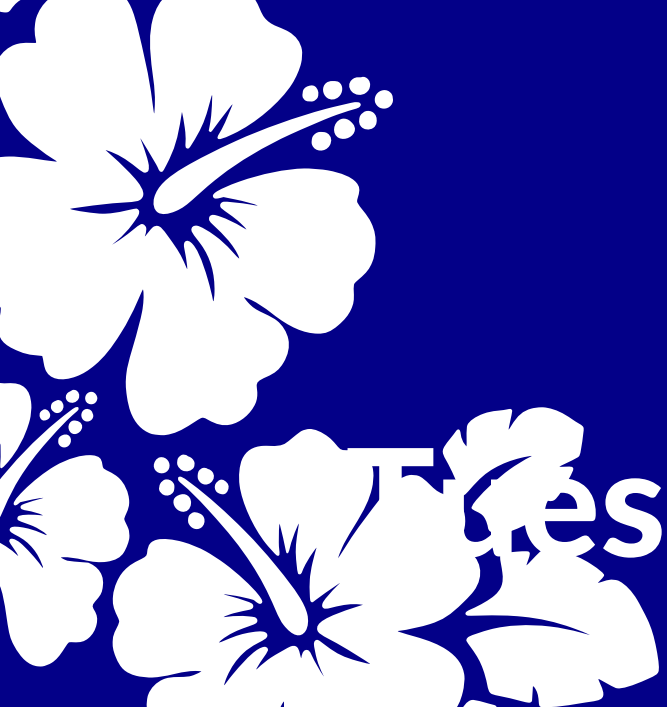
2) Working alliance (post) and Social support (post) was positively correlated ($r = .24, p < .05$).

	Facilitators	Barriers
Community	▪ Collaboration with community agencies	▪ Community characteristics (low trust, resources, safety)
Organization	▪ Organizational Resilience	▪ Limited leadership capacity
Provider	▪ Lived experience of family coaches	▪ Maintaining professional boundaries
Program	▪ FSN as a prevention program (voluntary, no paperwork etc) ▪ Concrete support	▪ Limited exposure to prevention services
Environmental	▪ Complex family needs	▪ Environmental issues such as inflation, housing crisis
Sociocultural	▪ Stigma associated with CPS	▪ Stigma associated with child maltreatment prevention programs

Implications and Future Directions

- FSN is a promising intervention model to engage and support families in under-resourced communities without the stigma associated with traditional Child Protective Services.
- Caregiver-provider relationship may have the potential to influence FSN outcomes. More studies are needed to examine the mechanistic value of relational engagement in maltreatment prevention programs.
- Efforts are needed to change the prevention landscape to address the stigma around child maltreatment prevention programs that can interfere with engaging families in such services as FSN.





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#21 Do We Need to Suspect Ingestion in Infants? A Fatal Fentanyl Overdose in a Non-Ambulatory Infant- Cynthia Ong, Robin Foster, MD

Do We Need to Suspect Ingestion in Infants? A Fatal Fentanyl Overdose in a Non-Ambulatory Infant

Cynthia Ong¹, Robin Foster¹

¹Virginia Commonwealth University Health, Children's Hospital of Richmond



Background

- Illicit opiate use has continued to increase in prevalence in the United States over the past few decades [1]
- Within pediatrics, opiate ingestion (47%) is the most common cause of ingestion-related fatalities ≤ 5 years old [2]
 - Child mortality ≤ 5 years old related to opiate ingestion continues to trend upwards, accounting for 24% of mortalities in 2005 to 52% of mortalities in 2018 (Figure 1)

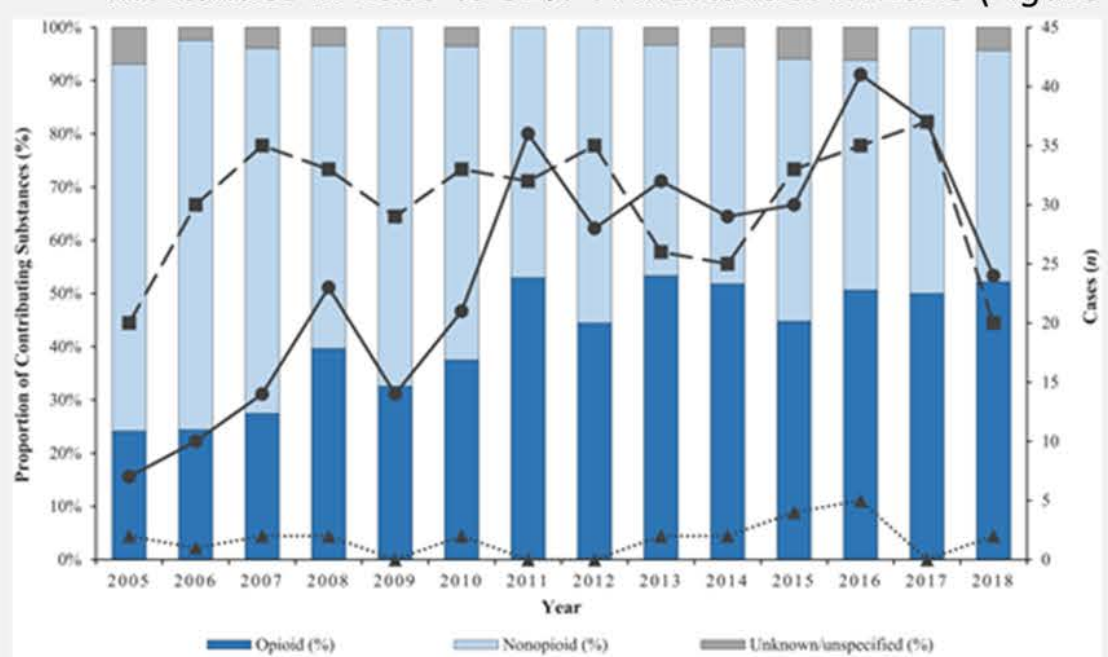


Figure 1. Ingestion-Related-Fatalities in Children ≤ 5 Years Old [2]

- One third of ingestion-related deaths were not in the care of a biological parent (grandparent, other relative, babysitter, foster care) [2]
- In Virginia in 2023, 36% of child mortality involved a history of being substance-exposed and 54% of child mortality involved parental history of substance use [3]
- With a potency one hundred times greater morphine, small doses of fentanyl pose significant risk of mortality [4]
 - Ingestion in young children is often attributed to exploration and curiosity, but there have been several cases of opiate toxicity in non-ambulatory children.
 - Fentanyl overdose in children has been reported in accidental oral ingestion or oral/skin contact with transdermal patches [5]

Case Presentation

History:

- A 7-month-old previously healthy female presented to the emergency department in cardiac arrest after being found pulseless while co-sleeping with her maternal grandmother
- The patient underwent CPR by EMS en route to the hospital and underwent intubation in the emergency department

Vital Signs:

- Initial temperature of 34.4°C requiring active rewarming
- Hypotension requiring epinephrine drip

Physical Exam:

- Pinpoint pupils prompting naloxone administration which was followed by decerebrate posturing
- Seizure like activity prompting ceftriaxone and anti-epileptic medication loading doses (Keppra, Versed)

Imaging:

- Head CT demonstrating loss of differentiation of gray-white matter with cerebral edema consistent with anoxic brain injury
- EEG demonstrating severe background suppression

Labs:

- Urine drugs of abuse screen: positive for fentanyl
- Comprehensive urine: positive for fentanyl/norfentanyl and benzoylecgonine (cocaine)
- CBC: WBC 27, Hgb 12.2, Plt 672

Hospital Course:

- The patient was admitted to the PICU, but despite extensive resuscitation efforts met brain death criteria
- Child Protective Services (CPS) and Law Enforcement have open investigations
- Criminal prosecution is pending

Discussion

- Previous documented cases of young children with fentanyl ingestion did not have a positive history of known ingestion, but did report known family history of substance use disorder [4]
 - A low threshold to suspect opioid overdose in cases of CNS depression and respiratory depression is prudent as fentanyl overdose may require greater doses of naloxone
- Substance use in conjunction with unsafe sleep, a known risk factor for infant death, may pose an even greater risk of mortality given unintentional ingestion/exposure

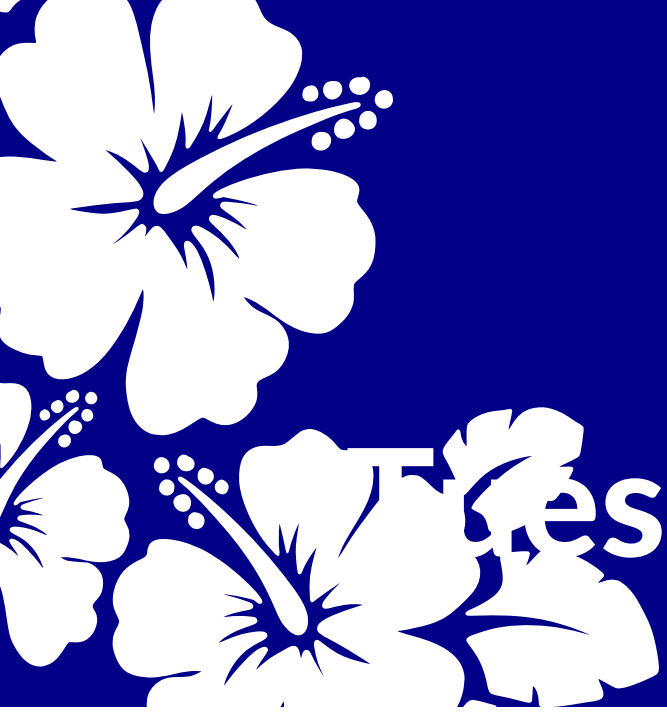
Conclusions

- While substance-exposed infants are often screened by CPS to perform assessments and provide additional resources, non-primary caretakers are not screened for substance use introducing a gap in risk assessment.
- In this time of increasing opiate drug use, it is important to universally educate all families regardless of history of prior drug use regarding **potential drug exposure/ingestion and safe medication storage** in the primary home and other homes where the child may be cared for.
- Additionally, education regarding **safe sleep** in both primary and non-primary caretakers is prudent, especially in the setting of possible substance use.

References

- [1] CDC. "Understanding the Opioid Overdose Epidemic." August 8, 2023. <https://www.cdc.gov/opioids/basics/epidemic.html#:~:text=The%20number%20of%20people%20who,in%202021%20involved%20an%20opioid.>
- [2] Christopher E. Gaw, Allison E. Curry, Kevin C. Osterhoudt, Joanne N. Wood, Daniel J. Corwin; Characteristics of Fatal Poisonings Among Infants and Young Children in the United States. Pediatrics April 2023; 151 (4): e2022059016. 10.1542/peds.2022-059016
- [3] Reynolds, EJ. Office of the Children's Ombudsman 2023 Annual Report. Commonwealth of Virginia. 2023. <https://rga.lis.virginia.gov/Published/2023/RD722>
- [4] Slingsby B, Moore JL, Barron CE. Infant and Toddler Ingestion of Illicit Fentanyl: A Case Series. Clinical Pediatrics. 2019;58(13):1449-1451. doi:10.1177/0009922819877870
- [5] Slingsby B, Moore JL, Barron CE. Infant and Toddler Ingestion of Illicit Fentanyl: A Case Series. Clin Pediatr (Phila). 2019 Nov;58(13):1449-1451. doi: 10.1177/0009922819877870. Epub 2019 Sep 22. PMID: 31544503.





Poster Presentations

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Poster Session 7: Child Trauma/Adverse Childhood Experiences

#29 Characteristics and Trends of Pediatric Injuries in Jeju Island, South Korea: A Community level Serial Cross-sectional analysis- Sung Wook Song



Characteristics and Trends of Pediatric Injuries in Jeju Island, South Korea: A Community level Serial Cross-sectional analysis

Sung Wook Song

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ABSTRACT

This retrospective cross-sectional study analyzes the epidemiology and injury patterns of pediatric trauma on Jeju Island over a 10-year period, utilizing data from the Jeju Injury Surveillance System (JISS). Covering 132,698 pediatric patients aged ≤18 years who visited the ED due to injuries...

BACKGROUND

Pediatric trauma represents a significant public health concern worldwide, impacting the well-being of children and placing a substantial burden on healthcare systems. Understanding the epidemiology and patterns of pediatric injuries is crucial for developing targeted prevention strategies and allocating resources effectively...

METHODS

This retrospective cross-sectional study analyzes the epidemiology and injury patterns of pediatric trauma on Jeju Island over a 10-year period (2008 ~ 2018), utilizing data from the Jeju Injury Surveillance System (JISS). Covering 132,698 pediatric patients aged ≤18 years who visited to the injuries in the department of emergency this hospital (Figure 1)...

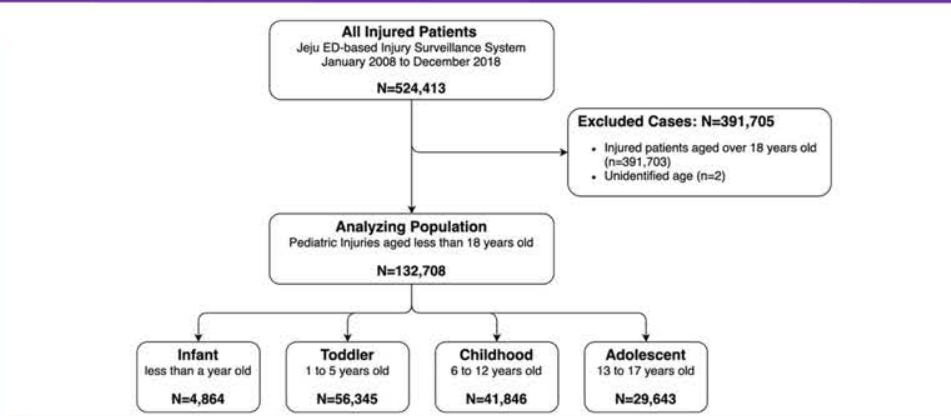


Figure 1. Study flow

RESULTS

Table 1. Demographic characteristics of the study population. Table with columns for Total, Infant, Toddler, Childhood, Adolescent, and P-value. Rows include District, Inhabitant, Season, Time, Week, Mental status, ED arrival mode, and ED disposition.

Table 2. Injury profiles of the study population

Table with columns for Location, Activity, Intention, Mechanism, and Injury type. Rows list various injury categories and their corresponding counts and rates across different age groups.

Table 3. The age-adjusted incidence, hospitalization and mortality rates of special group in pediatric injury

Table with columns for Incidence rate, Hospitalization rate, and Mortality rate. Rows list injury types and special groups like Tourists, Homehold, Sports related, School/educational, and School/educational injury.

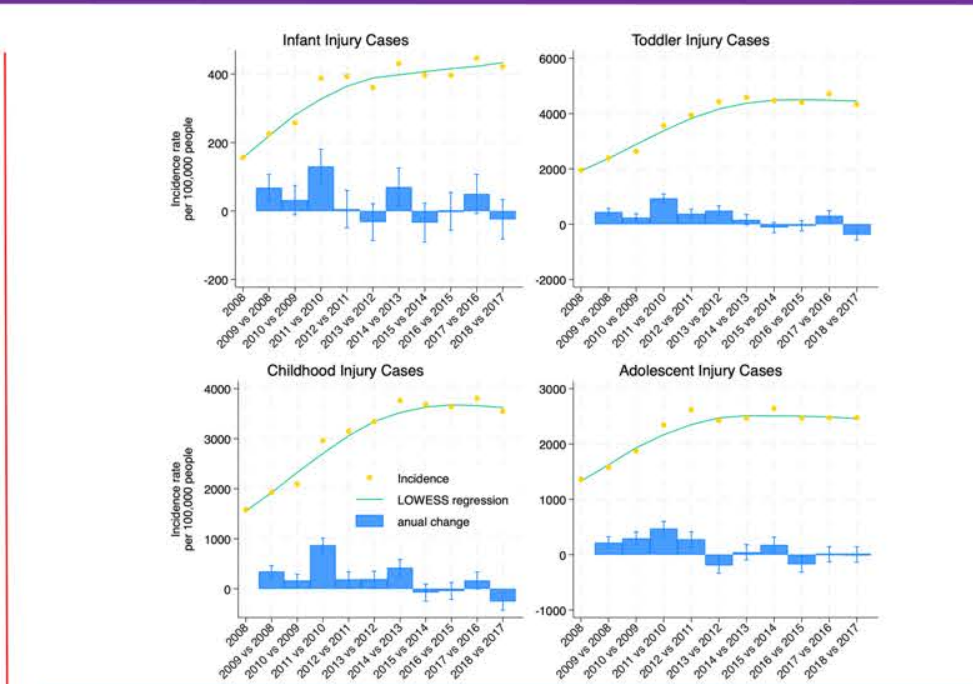


Figure 2. Yearly trend according to the age-group of pediatric injuries

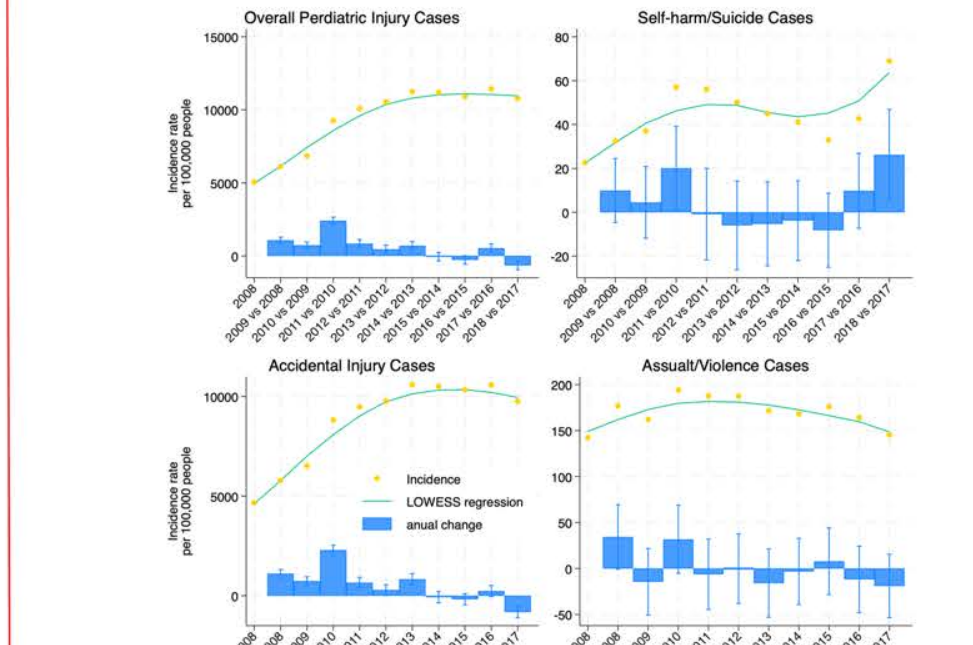
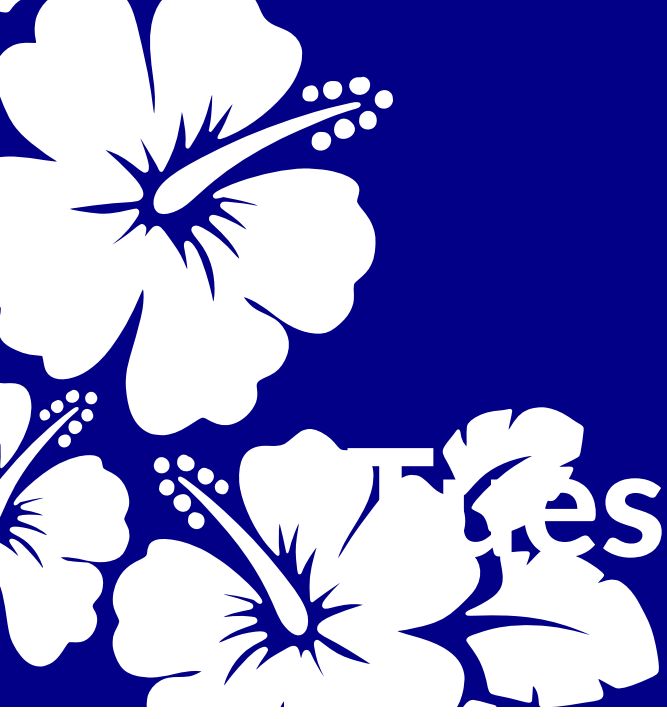


Figure 3. Yearly trend according to the type of pediatric injuries

CONCLUSIONS

The analysis suggests that preventive measures should be age-specific, considering the differences in injury patterns and associated factors. Targeted interventions are needed for adolescents, focusing on intentional injuries and alcohol-related incidents.





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Tuesday, April 9, 2024 | 3:45 -5:00 pm | ROOM 308A/B

Poster Session 7: Child Trauma/Adverse Childhood Experiences

#2 The Implications of Adverse Childhood Experiences and Toxic Stress on Maladaptive Eating Behavior- Kaitlyn Manoogian

#15 Extrapolating and Analyzing Data For Pediatric Ingestions and their Correlates Using ICD-10 Codes: Recommendations For Improvement and Patient Care- Alissa Briggs, Kelsey Gregory, Reshma Oodal, Christina Howard, Tonya Jernigan



Extrapolating and Analyzing Data For Pediatric Ingestions and their Correlates Using ICD-10 Codes: Recommendations For Improvement and Patient Care

Alissa Briggs, PhD, Kelsey Gregory, MD, Reshma Oodal, MD, Tonya Jernigan, LCSW, Jennie Green, MD, Christina Howard, MD



ABSTRACT

Nearly 60,000 children end up in emergency departments (ED) yearly due to ingestions of substances [1]. However, this number likely underestimates the problem because ICD-10 codes assigned at ED presentation vary and sometimes fail to indicate a harmful ingestion occurred. Determining downstream effects of harmful ingestions is complicated by difficulty identifying initial ingestion cases. To describe the challenge of tracking harmful pediatric ingestions and examine potential correlates, the investigators reviewed the charts of patients given medication lock-bags after they presented to the ED for ingestion. The investigators' child protection team, Pediatric Forensic Medicine (PFM), reviewed the charts of 80 patients given lock-bags and gathered data on ICD-10 codes assigned at the time of the known ingestion presentation, as well as subsequent medical encounters. The study was approved by the institution's IRB. The study identified that 11% of harmful ingestion encounters within the study cohort lacked a ICD-10 code that would identify the encounter as involving a harmful ingestion. Twenty-five percent of patients had subsequent encounters. Of the patients with subsequent encounters, 46% had developmental delays, 15% had a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD), and 12% had a diagnosis of Autism Spectrum Disorder (ASD).

BACKGROUND

Ingestions contribute to child fatalities and near fatalities.

Children under 4 are at the greatest risk of death by poisoning. Most (61%) poisoning deaths are attributed to medications and/or illicit drugs [2]. Moreover, some child victims of poisoning experience significant central nervous system (CNS) and cardiorespiratory depression, which may lead to poor developmental outcomes due to hypoperfusion/hypoxia.

Recently the Kentucky Child Fatality and Near Fatality External Review Panel proposed partnerships with KY healthcare systems to specifically address overdose ingestions, which was the underlying etiology of 29% of cases reviewed from 2021 and 27% from 2022 [3].

The investigators' child protection team, PFM, maintains a database of patients for whom medication lock bags are given for grant reporting purposes. Lock bags are provided to prevent harmful ingestion after a pediatric patient has either been in the emergency department for known ingestion or it is learned that there is high risk in the home environment for ingestion during PFM team assessment.

OBJECTIVES

- 1) Describe challenges associated with discovering the volume of harmful pediatric ingestions
- 2) Describe possible downstream effects of pediatric poisoning that health professionals should monitor and address.

METHODS

The PFM team obtained IRB approval to review the charts of patients whose family received a medication lock bag to prevent future ingestion. Lock bags were distributed between 9/24/2019 and 11/28/2023 to 80 pediatric patients.

Charts were reviewed to determine the ICD-10 code assigned at the time of harmful ingestion. If available, ICD-10 codes given before and after the harmful ingestion were also examined. When multiple codes were assigned at a visit, all codes were noted. These were recorded in an Excel spreadsheet to facilitate analysis.

Previous and subsequent ICD-10 codes were reviewed and categorized as follows: cardiac related, hearing loss, 2nd harmful ingestion, developmental delay, ADHD, ASD

RESULTS

80 patients were given medication lock bags between 9/24/2019 and 11/28/23. No lock bags were distributed between 9/24/2019 and 8/25/20. Four patients were excluded from the analysis due to not presenting for an ingestion.

79% of patients were < 4. The average age was 2 years, 8 months. The age range was 1 month to 14 years.

Objective 1:

11% of harmful ingestion encounters lacked an ICD-10 code indicating it as such.

The alternative ICD-10 codes were:

- Encounter for examination/observation
- Encounter for medical screening examination
- Acute respiratory failure with hypercapnia
- Cardiac arrest
- Altered mental status
- Generalized abdominal pain
- Somnolence
- Acute encephalopathy

Objective 2:

Possible correlates or downstream effects:

- 19 patients (25%) had subsequent encounters in EMR
 - 15 of these patients had subsequent encounters for conditions not previously identified
 - 10 of these patients had multiple subsequent ICD-10 codes in EMR
- 4 patients had previous encounters in EMR that had the same/similar ICD-10 codes to their subsequent encounters. There was no age difference between these patients' age (3 years, 2 months) and the age of patients with subsequent encounters for conditions not previously identified (3 years, 1 month)
- 5 patients had Intrauterine drug exposure. 3 of these patients had encounters for developmental delays and 1 of these patients had an encounter for cardiac related concerns.

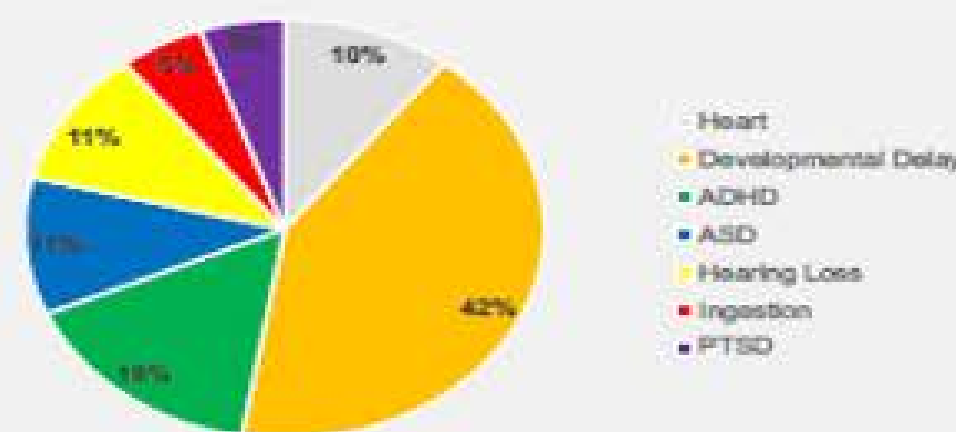


Figure 1: Percent new, subsequent ICD-10 code categories in the patient chart.

RESULTS, Cont

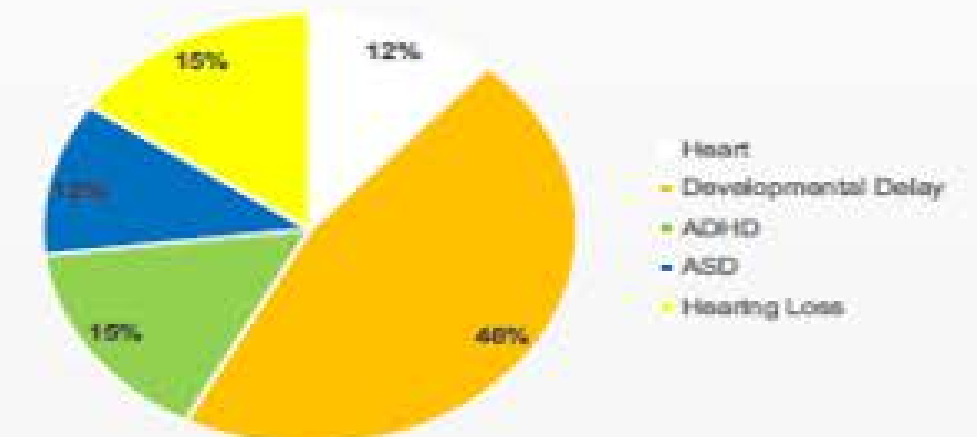


Figure 2: Percent of other ICD-10 code categories in the patient chart.

DISCUSSION

Objective 1:

Studies regarding poisoning in children often rely on review of emergency department records. The current study demonstrated that due to variability in ICD-10 coding, any study of pediatric poisoning that relies on ICD-10 codes to generate a list of cases will unintentionally exclude a significant minority of cases.

Future studies might test the assumption that poisoning cases are under-coded by examining all pediatric emergency room visits within a distinct time frame.

When an ICD-10 code indicating a harmful ingestion was absent, codes that were provided described symptoms or indicated the encounter was for examination/observation.

Those who code patient visits to the emergency department may benefit from further education from toxicologists and child abuse pediatricians regarding best practices in coding for these encounters and the importance of being able to track and review pediatric poisoning cases.

Objective 2:

The prevalence of developmental delays and neurodevelopmental disorders among patients with an ingestion encounter exceeds the prevalence in the general population. Furthermore, 3 out of the 5 patients with intrauterine drug exposure also experienced developmental delays.

No studies were found in the literature regarding ingestions/poisonings and later developmental delays and neurodevelopmental disorders. Many studies examine the effects of intrauterine exposure to illicit substances and neonatal abstinence syndrome.

Future research should expand to examine the developmental impact of ingestion during infancy and early childhood by substance and polysubstance. Pediatricians should consider closely monitoring the development of pediatric poisoning victims.

Because patients with developmental and neurodevelopmental disorders may be more prone to ingestion - making these disorders a risk factor rather than an outcome - future studies should develop strategies to control for existing developmental concerns or risk factors (e.g., family history and birth history) at the time of ingestion.

Regardless, pediatricians should educate all parents, especially parents of children with developmental delays, regarding safe medication and substance storage. Adults should also receive this education at the time of prescription.

For References, Contact Information, and a PDF of the Poster:

