<table>
<thead>
<tr>
<th>Distress</th>
<th>Emotional Support</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assess and manage pain.</td>
<td>• Who and what does the patient need now?</td>
<td>• Assess parents’ or siblings’ and others’ distress.</td>
</tr>
<tr>
<td>• Ask about fears and worries.</td>
<td>• Barriers to mobilizing existing supports?</td>
<td>• Gauge family stressors and resources.</td>
</tr>
<tr>
<td>• Consider grief and loss.</td>
<td></td>
<td>• Address other needs (beyond medical.)</td>
</tr>
</tbody>
</table>

Traumatic Stress in Ill or Injured Children

AFTER THE ABC’S CONSIDER THE DEF’S
**ASK PARENT:** Since this has happened, does your child…
- get **Physical** symptoms if reminded of the illness or injury?
- try not to **Talk** about it?
- **Startle** easily (for example, jump at sudden noises?)
- get very **Distressed** if reminded of the illness or injury?

**ASK CHILD:**
- Have you been really scared or thought you might die?
- Does a sudden noise really make you jump?
- Do you feel very upset when something reminds you of being sick or hurt?
- Do you have people who care about you and pay attention to what you say?

**REMEMBER RISK FACTORS:**
- Severe pain at any time?
- Exposed to scary sights and sounds?
- Separated from parents or caretakers?
- Loved ones ill or injured? Did anyone die?
- Other losses such as, home, pet, belongings?
- Is child mourning loss of ability, body image, or future?
- Prior scary experiences?
- Prior behavior problems?

**If multiple concerns or risk factors present, arrange follow-up and consider referral for further assessment.**