1. How did the patient's history of trauma affect him and his development? What about the recent trek across central America?
2. How do you balance the need to work up patients up medically (MRI, LP, serial labs, etc) for escalating behavioral issues, considering a known history of complex PTSD/developmental trauma disorder?
3. Is it appropriate to chemically restrain psychiatric patients for a prolonged period of time, in order to just rule out medical issues or while they await transfer to a psychiatric unit? Should it be considered medical/surgical restraints (only renew every 24 hours) or behavioral restraints (document on them and renew the every 15 minutes)? On the other hand, how can we ensure the safety of other staff in our units? After all, most pediatric nurses are not trained as psychiatric nurses, don't know how to properly restrain patients, don't know things like never turn your back on such a patient, etc.
4. A child psychiatrist once described trying to consult on behaviorally challenging patients in the medical hospital as being a football coach trying to teach a bunch of basketball players how to play rugby. What do you think about that statement?

Key themes: historical, cultural issues; developmental trauma disorder/complex PTSD; provider safety; moral and ethical distress