



Review of Systems

Make All:

Abn NL N/A

- Constipation?
- OSA symptoms?
- If has congenital heart disease, assess for signs of congestive heart failure
- Emotional status of parents and intrafamilial relationships?
- Symptoms of celiac disease?
- Chronic cardiac or pulmonary disease? (Needs PCV23 @ age 2)
- add item

Anticipatory Guidance Discussed

Make All:

Yes No N/A

- Parent to parent contact, support groups, current books and pamphlets
- Discuss complementary and alternative therapies
- Discuss cervical spine positioning, especially for anesthesia or surgical or radiologic procedures
- Review signs and symptoms of myopathy
- Contact physician for change in gait, change in use of arms or hands, change in bowel or bladder function, neck pain, head tilt, torticollis, or new-onset weakness
- Advise risk of some contact sports, trampolines



notes

- At 30 months, discuss transition to preschool and development of IEP

notes

- Discuss behavioral and social progress

notes

Yes No N/A

- Reassure regarding delayed and irregular dental eruption

notes

- Establish optimal dietary and physical exercise patterns

notes

- add item

notes

Plan

Select All

- Discuss risk of recurrence of Down syndrome

notes

- If constipation, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung

notes

- Hgb annually; CRP and ferritin or CHr if possible risk iron deficiency or hgb < 11 gm

notes

- TSH (annually)

notes

- If myopathic signs or symptoms: obtain neutral position spine films and, if normal, obtain flexion and extension films and refer to pedi neurosurgeon or orthopedic surgeon with expertise in evaluating and treating atlanto-axial instability

notes

- If normal hearing established, behavioral audiogram and tympanometry until bilateral ear specific teting possible. Refer child with abnormal hearing to OT

notes

- If normal ear-specific hearing established, behavioral audiogram

notes

- Sleep study by age 4

notes

- Refer to pedi ophtho or ophtho with experience with Down syndrome (annually 1-5 y; every 2 yrs 5-13 yrs; every 3 yrs



13-21 yrs)

notes



- Check for sx of celiac disease; if sx present, obtain tissue transglutaminase IgA and quantitative IgA

notes



- ECI - PT, OT, ST

notes



- If chronic cardiac or pulmonary disease, give 23-valent pneumococcal vaccine at age > 2 years

notes



- add item

notes



Screening

Order OAE

Order select a screening



Lab

Order Hemoglobin (In Office)

Order C Reactive Protein

Order Ferritin

Order TSH

Order select a lab



Radiology

Order Cervical Spine Xray

Order select a radiology



Followup

Order Next well visit

Order by Phone (list reason and time frame)

Order by Phone (nurse call to check on)

Order select a followup



Referral

Order Ophthalmology

Order Occupational Therapy



Order Developmental/Behavioral Pediatrics

Order select a referral



Additional Notes

Visit Documents

Navigational Anchors in Downs Syndrome 1 yr to 5 yr Well Supplement

- 1. Review of Systems
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