

\*

Edit

#### Forms

select a form

## Informant/Relationship

Vitals		
Length		in
Weight	lbs	oz
Head Circumference		cm
Temperature		°F
	Tympanic	•

#### BMI

O More

#### Vital Notes

			-		
Problem List (C	hart-wide)	Display:	All Statuses		Edit
Status	Problem	Problem Note		Onset	Resolved

Reminders (Chart-wide) No Saved Note	Reminders	(Chart-wide)	No Saved Notes
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#### Concerns

Confide	ential Notes (Chart-wide) No Saved Notes	Edit
creening	9	
Order	MCHAT	
Order	select a screening	

Select All

Using Open Cup/Sippy Cup



notes		
Off bottle		
notes		
Balanced diet (wide variety, fruits/vegetables, limit junk foo	)	
notes		
Vitamins		
notes		
add item		

# Development

# Select All

Development Screener Reviewed	
notes	•
MCHAT	
notes	•
add item	*
notes	*

## Anticipatory Guidance - Handout

Select All	
Discussed and appropriate handout given	
notes	
add item	
notes	-

## **Physical Exam Free Text**

#### Diagnoses

Well child visit, 18 month

notes

✓ Include on Patient Reports

pcc 12/24/2024 12:53PM

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<b>DT</b>					
РΙ	$P \vdash I$	5	I X	NIO	Well
			±0	1.10	VVCII



select	diagnosis	-
notes		~
Lab		Print Labels Generate Requisition
Order	select a lab	·
Radiology		Generate Requisition
Order	select a radiology	*
Referral		
Order	select a referral	

## Plan

## Immunizations

Vaccines				Print
	There are n	o immunizations recorded for this patient		
Ordered				
Diseases				
	There are n	o vaccine-preventable diseases for this patie	nt	
Forecastin	g Results U	pdated: NA	Show Informational Warnings(0)	Refresh
	es For Childronce and Race		re not intended to replace clinical decisi	on making
Eligibilit	y Status: se	lect an eligibility status		-
Immunizat	ion Orders			
Select V	accine Lots			
Order	Refuse	DTaP (Daptacel)		
Order	Refuse	select an immunization		•

## Immunization Consent



Edit

## Select All

Education about immunizations and the appropriate CDC VIS were made available to guardians. Guardian was counseled about the risks and benefits of each vaccine administered, consent was obtained prior to administration.

notes	-
	_

# Vaccine refusal form signed

notes	•	
add item	-	]
notes	-	1

## Followup

Order	2 year well visit	
Order	select a followup	•

Next Visit (Chart-wide) No Saved Notes

## Visit Documents

Navigational Anchors in P	TPEDS 18 Mo Well
1. Forms	
2. Informant/Relationship	
3. Vitals	
4. Concerns	
5. History	
6. Screening	
7. Nutrition	
8. Development	
9. Anticipatory Guidance	
10. Physical Exam	
11. Diagnoses	
12. Lab	
13. Radiology	
14. Referrals	
15. Prescriptions	
16. Medical Procedures	
17. Plan Notes	
18. Immunizations	
19. Immunization Consent	
20. Follow Up	
21. Visit Documents	