



Forms

select a form ▼

Intake

Informant/Relationship

▼

Vitals

Length in +

Weight lbs oz +

Head Circumference cm +

BMI +

Temperature °F +

Tympanic ▼

More

Vital Notes

▼

Problem List (Chart-wide)

Display: All Statuses ▼

Edit

Status	Problem	Problem Note	Onset	Resolved

Reminders (Chart-wide) No Saved Notes

Edit

Concerns

▼

History

▼

Newborn State Screen

Select All

Normal

notes ▼

Pending

notes ▼



add item

notes

Screening

Order select a screening

Nutrition

Select All

Breast milk or formula

notes

Bottle

notes

Vitamin D

notes

add item

notes

Development

Make All: Yes No N/A

Yes No N/A

Communicative (seems to hear and see)

notes

Physical Development (lifts head briefly)

notes

Physical Development (Can suck, swallow and breathe easily)

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, 2 week

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes

Lab

Print Labels

Generate Requisition

Bilirubin (Total/Direct)

select a lab

Radiology

Generate Requisition

select a radiology

Referral

Lactation

select a referral

Medical Procedure

select a medical procedure

Plan

Immunizations

Vaccines

	There are no immunizations recorded for this patient
Ordered	

Diseases



There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA

Show Informational Warnings(0)

Refresh

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 12/24/24

Eligibility Status:

Immunization Orders

Select Vaccine Lots

Order

Refuse

Immunization Consent

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.

Advised parents to get Tdap and flu vaccines.

Vaccine refusal form signed

add item

Followup

Order 1 month well visit

Order

Next Visit (Chart-wide) No Saved Notes

Edit

Visit Documents



Navigational Anchors in PTPEDS 2 Wk Well

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