DTD	ED	S	6	Mo	Well	1
F 1 F	レレ	5	U	1410	VVCI	l



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#### Forms

select a form

## Informant/Relationship

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

#### O More

### Vital Notes

		*
Reminders (Chart-wide)	No Saved Notes	Edit

	ist (Chart-wide)	Display: All	Statuses 🔹	Edit
Status Problem		Problem Note	Onset	Resolved
Concerns				
listory				
	ntial Notes (Chart-wide) No Saved Not	tes		Edit
				Edit
	ntial Notes (Chart-wide) No Saved Not			Edit
Screening				Edit

Select All

Breast milk or formula

notes

•

•

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Introduction of solid foods	
notes	•
add item	-
notes	-

## Development

### Select All

Development	Screener	Reviewed
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notes

add item

notes

# Anticipatory Guidance - Handout

## Select All

Discussed and appropriate handout given	
notes	•
add item	
notes	¥

# **Physical Exam Free Text**

- [	

### Diagnoses

	notes				
	Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note	
1	select diagnosis				•
	notes				



Radiology			Generate Requisition
Order	select a ra	diology	•
Referral			
Order	select a re	ferral	•
Medical P	rocedure		
Order		edical procedure	-
Plan			
mmunizat Vaccines	tions		Print
vaccines	There are n	o immunizations recorded for this patient	Fille
Ordered	There are n	o infindinzations recorded for this patient	
Diseases			d
	There are n	o vaccine-preventable diseases for this patient	
Forecasting	g Results U	odated: NA V Sh	ow Informational Warnings(0) Refresh
Insurar		en e as of 12/24/24	ended to replace clinical decision making
Eligibilit	y Status: se	lect an eligibility status	-
mmunizati			
Select Va	accine Lots		
Order	Refuse	DTaP/Hib/IPV/HepB (Vaxelis)	
Order	Refuse	Prevnar 20	
Order	Refuse	Rotavirus (RotaTeq)	

### 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.

notes

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#### PTPEDS 6 Mo Well



Vaccine refusal form signed			
notes	-		
add item	-		
notes	-		

# Followup

Order	9 month well visit	
Order	select a followup	•

# Visit Documents

Navigational Anchors in PTPEDS 6 Mo Well
1. Forms
2. Informant/Relationship
3. Concerns
4. History
5. Screening Orders
6. Nutrition
7. Development
8. Anticipatory Guidance
9. Physical Exam
10. Diagnoses
11. Lab
12. Prescriptions
13. Medical Procedures
14. Immunizations
15. Immunization Consent
16. Visit Documents