| PTPEDS 9 | 9 Mo Well |
|----------|-----------|
|----------|-----------|



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Edit

Edit

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Forms

select a form

Informant/Relationship

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

More

Vital Notes

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

Reminders (Chart-wide) No Saved Notes

Concerns

| | - |
|---------|---|
| History | |

Confidential Notes (Chart-wide) No Saved Notes

Screening

Order select a screening

Nutrition

| Select All | |
|------------|-----------------|
| Breast m | nilk or formula |

notes



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| Solids (type, frequency) | |
|--------------------------|---|
| notes | |
| add item | · |
| notes | • |

Development

Select All

| Development Screener Reviewed |
|-------------------------------|
| notes |
| |
| add item |
| notes |

Anticipatory Guidance - Handout

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

Physical Exam Free Text

| Diagnoses | | | |
|-----------|--|--|--|

| Dia | gn | OS | es |
|-----|----|----|----|
|-----|----|----|----|

| | notes | | |
|----|----------------------------------|-------------------|-----------------------------------|
| | Add to Problem List Onset: mm/dd | /yy Problem Note: | problem note |
| | select diagnosis | | |
| | notes | | |
| La | b | | Print Labels Generate Requisition |
| | Order select a lab | | |



| Order | select a radiology | * |
|-------------|--|---|
| 23.04272.22 | Concernation and the second se | |

Referral

| Order | ct a referral |
|-------|---------------|
| Order | ct a referral |

Medical Procedure

| Order select a medical procedure | | - |
|----------------------------------|--|---|
|----------------------------------|--|---|

Plan

| l | |
|---|--|
| | |

Immunizations

| Vaccines | | | Print |
|---------------|-------------------------------------|--|----------|
| TI | here are no immunizations recorde | d for this patient | |
| Ordered | | | |
| Diseases | | | |
| T | here are no vaccine-preventable dis | seases for this patient | |
| orecasting R | esults Updated: NA | Show Informational Warnings(0) | Refresh |
| | | Forecast results are not intended to replace clinical decisi | on makin |
| Vaccines F | or Children | | |
| Insurance | and Race as of 12/24/24 | | |
| Eligibility S | tatus: select an eligibility status | | • |
| mmunization | Orders | | |
| Select Vacc | ine Lots | | |
| | | | |

Immunization Consent

Refuse

select an immunization

Select All

Order

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

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Edit

Followup

| Order | 12 month well visit | |
|-------|---------------------|--|
| Order | select a followup | |

Next Visit (Chart-wide) No Saved Notes

Visit Documents

| Navigational Anchors in PTPEDS 9 Mo Well | |
|--|--|
| 1. Forms | |
| 2. Informant/Relationship | |
| 3. Problem List | |
| 4. Concerns | |
| 5. History | |
| 6. Screening Orders | |
| 7. Nutrition | |
| 8. Development | |
| 9. Anticipatory Guidance - Handout | |
| 10. Physical Exam | |
| 11. Diagnoses | |
| 12. Lab | |
| 13. Radiology | |
| 14. Prescriptions | |
| 15. Medical Procedures | |
| 16. Immunizations | |
| 17. Immunization Consent | |
| 18. Followup | |
| 19. Visit Documents | |
| | |