



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
 ▾
- At 30 months, discuss transition to preschool and development of IEP
 ▾
- Discuss behavioral and social progress
 ▾

Yes No N/A

- Reassure regarding delayed and irregular dental eruption
 ▾
- Establish optimal dietary and physical exercise patterns
 ▾
- add item
 ▾

Plan

Select All

- Discuss risk of recurrence of Down syndrome
 ▾
- If constipation, evaluate for limited diet or fluids, hypotonia, hypothyroidism, GI malformation, Hirschsprung
 ▾
- Hgb annually; CRP and ferritin or CHr if possible risk iron deficiency or hgb < 11 gm
 ▾
- TSH (annually)
 ▾
- 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
 ▾
- If normal hearing established, behavioral audiogram and tympanometry until bilateral ear specific teting possible. Refer child with abnormal hearing to OT
 ▾
- If normal ear-specific hearing established, behavioral audiogram
 ▾



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

Print Labels

Generate Requisition

Order Hemoglobin (In Office)

Order C Reactive Protein

Order Ferritin

Order TSH

Order select a lab ▼

Radiology

Generate Requisition

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 TLC Down Syndrome 1 yr to 5 yr Well Supplement

1. Review of Systems
2. Anticipatory Guidance Discussed
3. Plan
4. Screening
5. Lab
6. Radiology
7. Followup
8. Referral
9. Prescriptions
10. Visit Documents