



**Review of Systems**

Make All:

Abn NL N/A

- 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?
- add item

**Anticipatory Guidance Discussed**

Make All:

Yes No N/A

- 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
- Discuss behavioral and social progress
- Discuss self-help skills, ADHD, OCD, wandering off, transition to middle school



Discuss dermatological issues with parents

notes ▼

Yes No N/A Discuss physical and psychological changes through puberty, need for gynecologic care in the pubescent female

notes ▼

add item

notes ▼

**Plan**

Select All

Hgb annually; CRP and ferritin or CHr if possible risk iron deficiency or hgb < 11 gm

notes ▼

TSH (annually)

notes ▼

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

notes ▼

If normal ear-specific hearing established, behavioral audiogram

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 ▼

add item

notes ▼

**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** select a referral ▼

**Additional Notes**

**Visit Documents**

**Navigational Anchors in TLC Down Syndrome 5 yr to 13 yr Well Supplement**

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