



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Well Child Module**

(VEN)

## **EHR Component Guide**

Version 2.6 Patch 4  
December 2011

Office of Information Technology (OIT)  
Division of Information Resource Management  
Albuquerque, New Mexico

# Table of Contents

<b>1.0</b>	<b>Introduction.....</b>	<b>1</b>
1.1	Background .....	1
1.2	New Features .....	2
1.2.1	Ages and Stages Questionnaire (ASQ) Screening.....	2
1.2.2	Informal Development Screening .....	3
1.2.3	Intervention Reminders .....	3
1.2.4	Anticipatory Guidance Suggestions.....	4
1.2.5	Patient Education Documentation .....	4
1.2.6	PCC+ Growth Grids.....	4
1.2.7	ASQ DEVELOPMENT SCORE Measurement Panel .....	4
1.2.8	Health Summary Component .....	5
1.2.9	Knowledgebase .....	5
<b>2.0</b>	<b>Setup Checklist.....</b>	<b>6</b>
<b>3.0</b>	<b>Fixes and Modifications .....</b>	<b>8</b>
<b>4.0</b>	<b>Adding Well Child Components to EHR .....</b>	<b>9</b>
4.1	Accessing Design Mode .....	9
4.2	Layout Manager.....	10
<b>5.0</b>	<b>Pediatric Growth Charts .....</b>	<b>14</b>
5.1	Chart Form .....	14
5.1.1	Height and Weight Chart .....	14
5.1.2	Body Mass Index Chart Form.....	15
5.1.3	Head Circumference.....	16
5.2	Table Data .....	17
5.2.1	Table Data for Height and Weight .....	17
5.2.2	Table Data for Body Mass .....	17
5.2.3	Table Data for Head Circumference .....	18
5.3	Print Charts.....	18
<b>6.0</b>	<b>Well Child Reminders.....</b>	<b>22</b>
6.1	Age Specific Exams.....	22
6.2	General Health Screen .....	23
6.3	PT ED Nutrition.....	23
6.4	Special Risk Screen.....	23
6.5	Behavioral Health Screen .....	23
6.6	PT ED Social Competence .....	24
6.7	PT ED Parent Infant Interact.....	24
6.8	PT ED for the Parents.....	24
6.9	PT ED Responsibility .....	25
<b>7.0</b>	<b>Well Child Patient Education .....</b>	<b>26</b>
7.1	Well Child Patient Education Update .....	26

---

7.2	Patient Education Already Documented .....	27
<b>8.0</b>	<b>Well Child Patient Education .....</b>	<b>28</b>
8.1	Well Child Patient Education Update .....	28
8.2	Patient Education Already Document .....	29
<b>9.0</b>	<b>Ages and Stages Questionnaire (ASQ) .....</b>	<b>30</b>
9.1	Getting Started .....	30
9.2	Gestational Age .....	32
9.3	Print Questionnaire .....	33
9.4	Enter Today's Scores .....	33
9.5	Enter Historical Scores .....	34
9.6	Print Activities .....	37
	<b>Contact Information .....</b>	<b>38</b>

## **Preface**

This document provides a review of the VEN Well Child Components for use in Electronic Health Record (EHR).

## 1.0 Introduction

### 1.1 Background

From an information systems perspective, well child care is one of the most common yet complex clinical services. Traditionally, the well child record has been captured on a series of special encounter forms—each form corresponding to a specific age from birth through adolescence. For example, several commonly-used record sets contain forms for two weeks, two months, four months, six months, 12 months, and so on. Each form in the set contains the age specific guidelines for developmental screening, anticipatory guidance, examinations, immunizations, and nutritional counseling. Ideally, children are scheduled for appointments that correspond to the ages on the encounter forms. As a result, the guidelines and reminders on the form precisely match the age of the child. Experience tells us that this precision is rarely, if ever, achieved. When synchronization is lost, it becomes more difficult to maintain standardized care. What do we do with the child who comes in for six month checkup at age eight months? What about the infant who shows up on time for a six month checkup, but received incomplete care on the four month visit. How do illness and unusual social circumstances affect the guidelines? How can providers keep up with the hundreds of guidelines that are applied between birth and age 21?

The objective of the Well Child Module (WCM) is to use information technology to standardize well child care throughout Indian Country. To the greatest extent possible, this application facilitates compliance with a set of national guidelines and standards. Current guidelines are provided by a group of senior pediatricians who serve Indian communities. In general, the guidelines are taken from nationally-recognized sources of child-care standards including: Bright Futures, the American Academy of Pediatrics, the Ages and Stages Child Monitoring Program, and the Indian Health Service (IHS) Patient Education Advisory Group.

The WCM leverages the power of information technology and automated decision support in two specific ways to:

- Capture and encapsulate a complex data set that is collected piecemeal over an extended period of time
- Customize the data collection instrument precisely for each specific well child visit.

The WCM is part of a long continuum of RPMS innovations related to the informatics of well child care. This includes the first automated immunization reminders (IHS, 1970), the first comprehensive immunization forecasting system (RPMS, 1995), and the first “intelligent,” computer generated well child care forms (PCC+, 2000).

## 1.2 New Features

This patch contains four new EHR components:

- Ages and Stages Questionnaire, Third Edition (ASQ - 3)
- Pediatric Growth Grids
- A full set of guidelines for anticipatory guidance, screening exams, lab tests, etc.
- Well child patient education

In addition there is a desktop Knowledgebase Management Component that is available only to the lead pediatric provider(s). This component helps manage the all of the guidelines that are applied between birth and age 21.

### 1.2.1 Ages and Stages Questionnaire (ASQ) Screening

The ASQ is a validated, commercial instrument for standardized monitoring childhood development. The current edition, ASQ – 3, contains a set of 21 age-specific questionnaires. The child’s mother answers the questions on the ASQ form and the results are scored by pediatric personnel. The WCM includes a GUI desktop component for generating the appropriate ASQ form on a local laser printer. The same component enables the clinic staff to enter the results directly into RPMS at the point of care.

ASQ results are stored as “measurements” and are displayed in a new ASQ measurement panel on the Health Summary, PCC+ form, and EHR. If the child’s score is abnormal, you can print specific intervention guidelines for yourself and the parents. In Figure 1-1, the 22 month questionnaire was used. The scores for all five ASQ dimensions are displayed with the passing threshold scores shown in parentheses

	ASQ	COMMUNICATION	GROSS MOTOR	FINE MOTOR	PROB SOLV	PERS-SOCIAL
08/01/06	22	25 (35)	30 (40)	35 (36.5)	40 (36.5)	45 (39.5)

Figure 1-1: ASQ measurement example showing actual and passing threshold scores

Other validated, development screening tools exist—including the PEDS(R) instruments used by Arizona pediatricians. New autism screening tools (such as the SARRC Autistic Disorder Screening Kit) are also becoming available. We intend to add more options to future versions of the WCM.

**Note:** You can install the WCM without the ASQ component. Tell your site manager to uncheck the ASQ box when he/she installs the WCM on your RPMS server. Later, if you decide to purchase the ASQ CD, the WCM can be re-installed – this time with the ASQ feature checked.

## 1.2.2 Informal Developmental Screening

Some sites may not be able to conduct ASQ screening on every well child visit. As a stopgap measure, the WCM can print representative milestones from the Denver Developmental Screening Test (DDST). The child's age determines exactly which milestones are presented, as well as the percentage of children at that age who are expected to pass a particular milestone. Percentages are shown in parentheses. Figure 1-2 is provided as an example.

```
Male  24 months

FINE MOTOR (% at this age)
___ Tower of 2 Cubes (100)
___ Tower of 4 Cubes (90)
___ Tower of 6 Cubes (75)
___ Tower of 8 Cubes (25)

GROSS MOTOR (% at this age)
___ Kick Ball Forward (100)
___ Throw Ball Overhand (75)
___ Jump Up (50)

LANGUAGE (% at this age)
___ Body Parts - 6 (80)
___ Speech 1/2 Understand (70)
___ Speech All Understand (30)

SOCIAL (% at this age)
___ Remove Garment (90)
___ Wash & Dry Hands (60)
```

Figure 1-2: Informal Developmental Screening example

## 1.2.3 Intervention Reminders

Special exams and interventions are due throughout childhood. The WMC provides the following age specific reminders:

- Special risk exams; such as TB screening
- Age specific exams; such as strabismus, scoliosis
- General screening exams; such as lead levels
- Autism screening questions
- Immunizations (Both history and forecast lists are automatically generated by the computer.)

## 1.2.4 Anticipatory Guidance Suggestions

Anticipatory guidance is a cornerstone of well child care. Thousands of age-specific, general-patient-education topics and nutritional counseling topics are available for display. All topics follow IHS national coding standards. If a topic is selected, the appropriate code is automatically applied. The WCM provides much more detail about patient education activities than any previous RPMS application, including:

Anticipatory Guidance Topics (20 subcategories such as injury prevention); for example: “Car seat”

Nutrition Counseling Topics; such as “Limit sugar”

## 1.2.5 Patient Education Documentation

Thus far, we have described guidelines that are read-only. In addition, the WCM enables users to quickly record well child patient education services including topics discussed, service time, level of understanding and patient education provider. This information can be viewed/updated in the EHR’s traditional patient education component.

## 1.2.6 PCC+ Growth Grids

PCC+ growth grids have been available to PCC+ users for over a year. These same grids are available to traditional PCC users using the new desktop component for the clinical workstation. Both growth grids and immunization lists can be printed as patient handouts. Special growth grids used with certain conditions (e.g., trisomy 21) are not yet available in the WCM.

## 1.2.7 ASQ DEVELOPMENT SCORE Measurement Panel

This measurement panel contains the date of measurement, name of ASQ instrument (months), and five individual ASQ scores. By default, it displays up to the last five sets of ASQ results, as shown in Figure 1-3. You can edit the quantity and timeframe using the usual tools for Health Summary maintenance.

----- MEASUREMENT PANELS (max 5 visits or 2 years) -----								
	HT	%ile	WT	%ile	BP	HC	VU	VC
07/25/05	69.00	>97	155.00	>97	122/77			
07/19/05	67.00	>97	155.00	>97	120/80			
02/14/05	66.00	>97	144.00	>97	122/99	18.00		
02/07/05	65.00	>97	155.00	>97	122/66	18.00		
06/03/04			177.50	>97				
	ASQ	COMMUNICATION	GROSS MOTOR	FINE MOTOR	PROB SOLV	PERS-SOCIAL		
07/27/05	36	20 (25.2)	45 (30.0)	30 (20.6)	25 (20.4)	40 (25.0)		

Figure 1-3: ASQ DEVELOPMENT Measurement Panel



The list of guidelines is identical to the list displayed in the Health Summary. The number of guidelines varies depending on patient age and local policies. Typically, some white space is available at the bottom of the list. Users can take notes in the white space if extra room is needed. The primary provider should sign this page.

### 1.2.8 Health Summary Component

There is a new Well Child Health Summary component that contains much of the information contained in the new EHR components. This feature provides an alternate, synchronous method to view well child information.

### 1.2.9 Knowledgebase

From the moment a child is born until its 21st birthday, there are thousands of age-specific guidelines and reminders that apply to well child care. To make matters even more complicated, the recommended guidelines are constantly updated by pediatric advisory groups and other domain experts. Since very few of us are capable of holding all this information in our heads, the WCM does it for us. All current guidelines and reminders are stored in a master list called the WCM Knowledgebase. The knowledgebase is the heart, soul, and brain of the WCM. The WCM also includes a powerful tool called the Knowledgebase Editor. This GUI tool resembles an Excel spreadsheet. It enables pediatric experts at each site to edit the knowledgebase and thereby determine exactly which age-specific guidelines from the master list will be presented on each visit. The Knowledgebase Editor is a secured component, and only designated users who hold the proper key are allowed access.

## 2.0 Setup Checklist

Please refer to the patch notes for installation of the patch. This is a PCC+ Version 2.6 Patch 4 (VEN). The patch is technically part of the PCC+ application, but its main purpose is to bring the features of PCC+'s Well Child Module to the EHR.

**Note:** This patch can be installed at any site - including sites that are only running EHR without PCC+. EHR-only sites do not need to install and configure traditional PCC+. These sites simply need to install this patch to achieve full WCM functionality. At sites that are running PCC+ alongside the EHR, this patch will not have any effect on traditional PCC+ (except for fixing several bugs documented in the release notes)

More comprehensive information about VEN Version 2.6 can be accessed via the following link: [http://www.ihs.gov/Cio/RPMS/PackageDocs/ven/ven\\_026u.pdf](http://www.ihs.gov/Cio/RPMS/PackageDocs/ven/ven_026u.pdf)

To use the ASQ feature of the WCM, each site must purchase an ASQ CD for each location (building) where the ASQ is to be used. You will not be able to install the ASQ component without this CD ROM due to copyright and licensing restrictions. The CD must be purchased separately and is not included in the distribution. Each license includes one CD ROM that contains all ASQ materials and the right to make unlimited, printed copies of those materials within that building. A copy of the CD ROM must be inserted on your local RPMS server during WCM installation to enable this feature.

Order the CD ROM on line at: <http://www.brookespublishing.com>

Once at the web site, navigate to the store, childhood development, and ASQ 3. Make sure that the package you order includes a CD ROM with PDF files containing all the ASQ data collection forms. Spring 2010 is the item to order (the publisher may change the details at any time).

**Note:** The WCM can be installed without the ASQ component. Tell your site manager to uncheck the ASQ box when the WCM is installed on your RPMS server. Later, if you decide to purchase the ASQ CD, the WCM can be re-installed – this time with the ASQ feature checked.

ASQ NOTE: <http://www.brookespublishing.com>

The ASQ component cannot be installed without this CD ROM due to copyright and licensing restrictions. These files must be purchased separately and are not included in the distribution. To meet licensing requirements, you must purchase one copy of the CD for each facility (separate clinic site/hospital complex) where well-child care is provided. Copy the CD contents to the same workstations as the ASQ Manager component.

## 3.0 Fixes and Modifications

Patch 4 fixes several issues encountered in earlier versions of the well child module:

- A new version of the ASQ has been released. Patch 4 supports the now version 3.0 and is backward compatible with previous versions.
- Users reported issues with the gestational age adjustment for ASQ forms. This has been corrected.
- Users reported that under certain circumstances, data points were missing on the growth grid. Now all data points are plotted correctly.
- In the past there was no way to enter historical ASQ scores. Now, historical results can be entered.

## 4.0 Adding Well Child Components to EHR

After installing, VEN Version 2.6 Patch 4 has four additional objects (three if you do not have a license to use ASQ) available in your EHR object repository. These components are added to the EHR framework like any other object.

Four new objects:

- Well Child ASQ (license required)
- Well Child Patient Education
- Well Child Pediatric Growth Charts

Well Child Reminders List

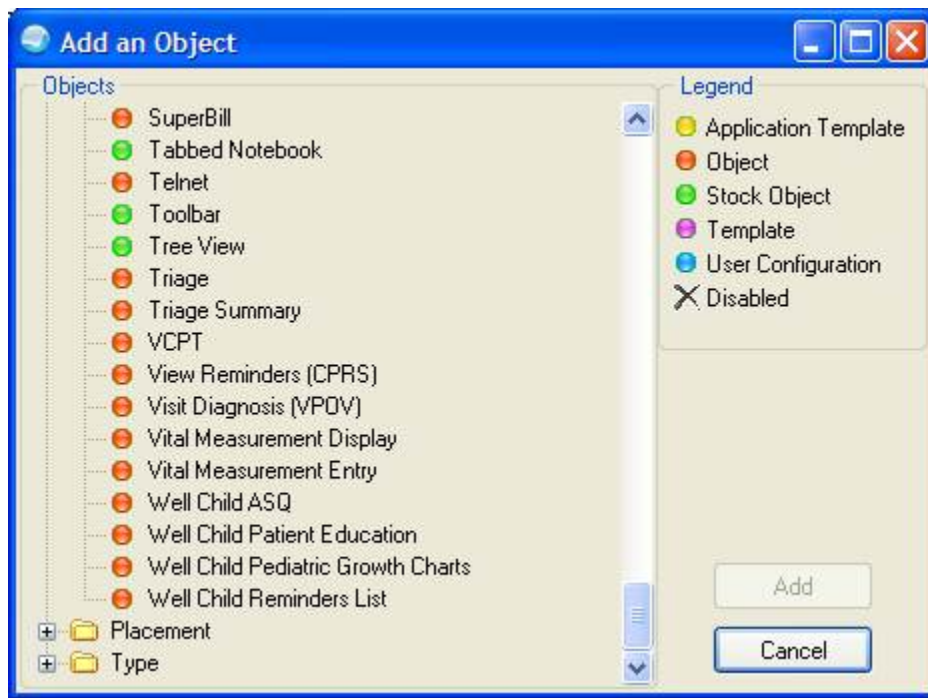


Figure 4-1: Add an Object dialog

### 4.1 Accessing Design Mode

Make sure you are in the EHR application.

Right-click on the top bar to display a contextual menu and select Design Mode.

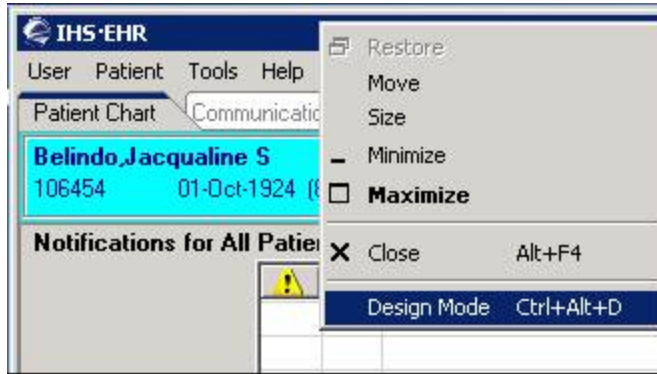


Figure 4-2: Location of Design Mode in EHR

After selecting Design Mode, the Design menu becomes available. See Figure 4-3 for menu options.

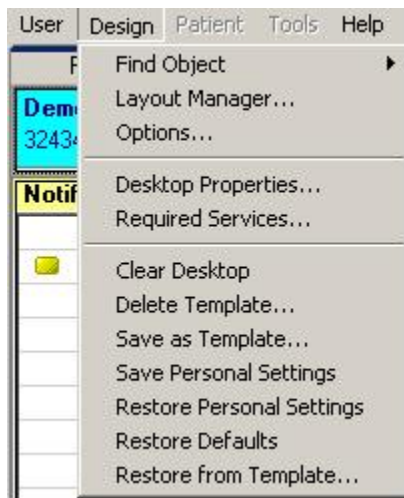


Figure 4-3: Design Menu options

## 4.2 Layout Manager

Select the Layout Manager option in the Design menu to edit from one location. Determine where to put the Well Child Components.

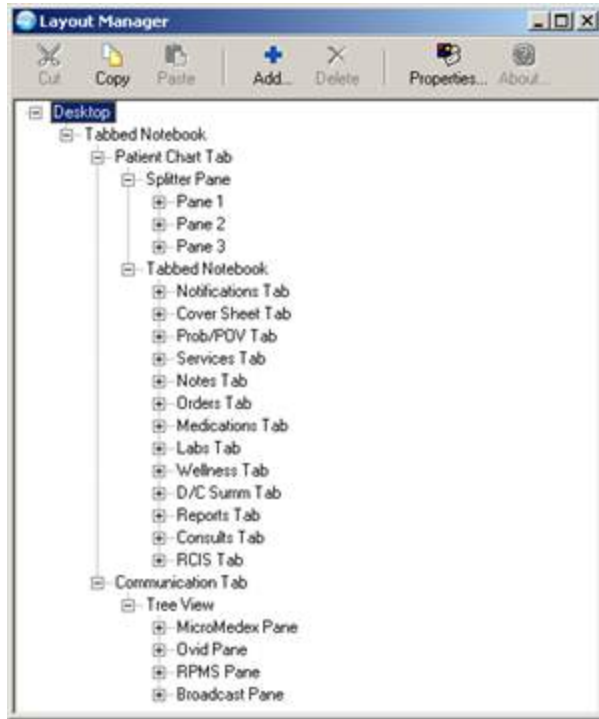


Figure 4-4: Layout Manager window

- **Add**: Use this button to add an object to a particular section. After clicking **Add**, the application displays the Add an Object dialog.

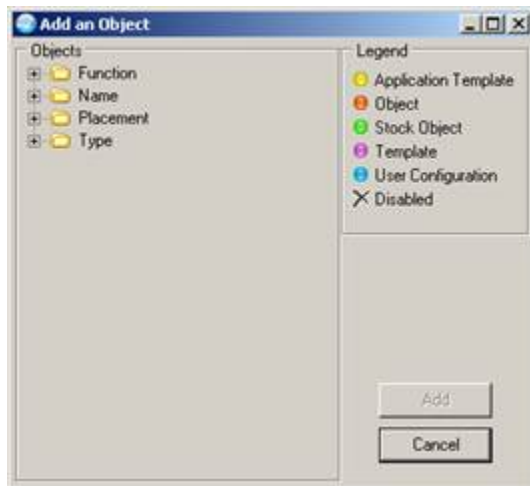


Figure 4-5: Add an Object dialog

Click on the **Name** Folder to expand it and display a listing of the objects.

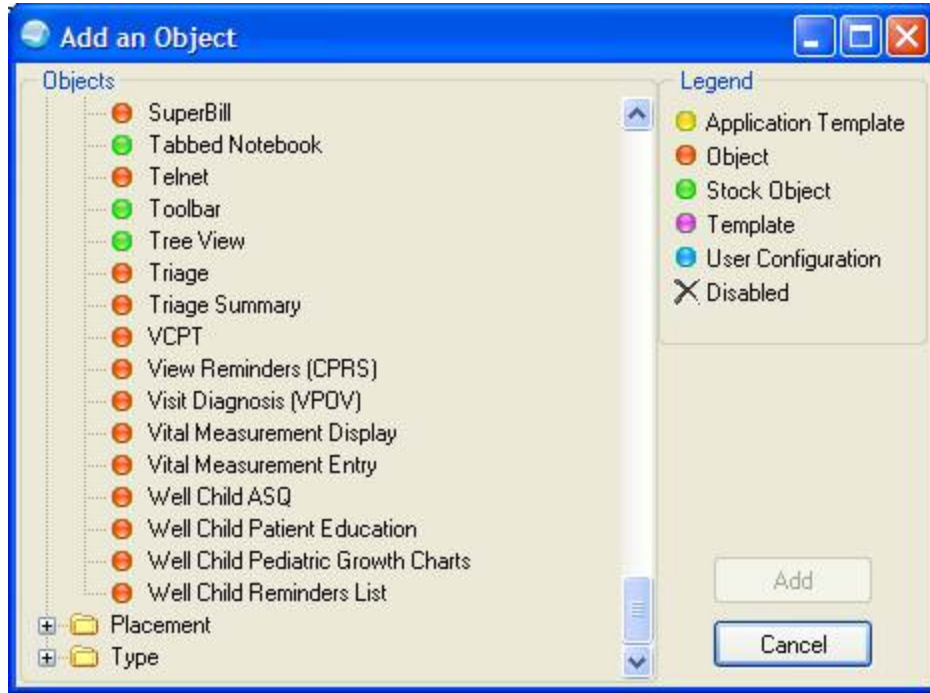


Figure 4-6: Expanded list of Objects

From the list, select the Well Child objects and click **Add**.

When complete, save the template and log out of the EHR. Then Log in to the EHR.

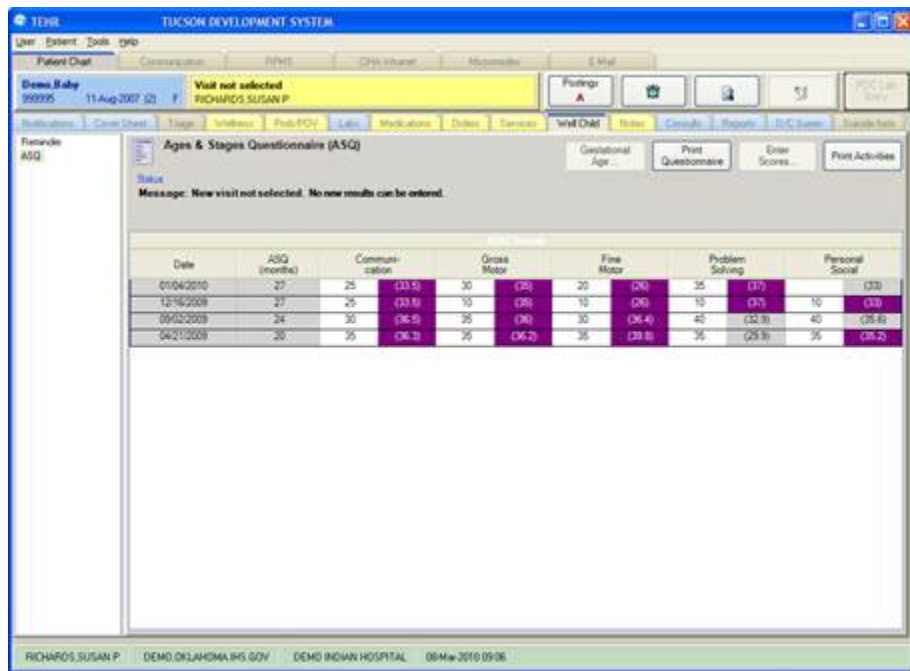


Figure 4-7: Sample Layout



Another window displays. See the figure below.

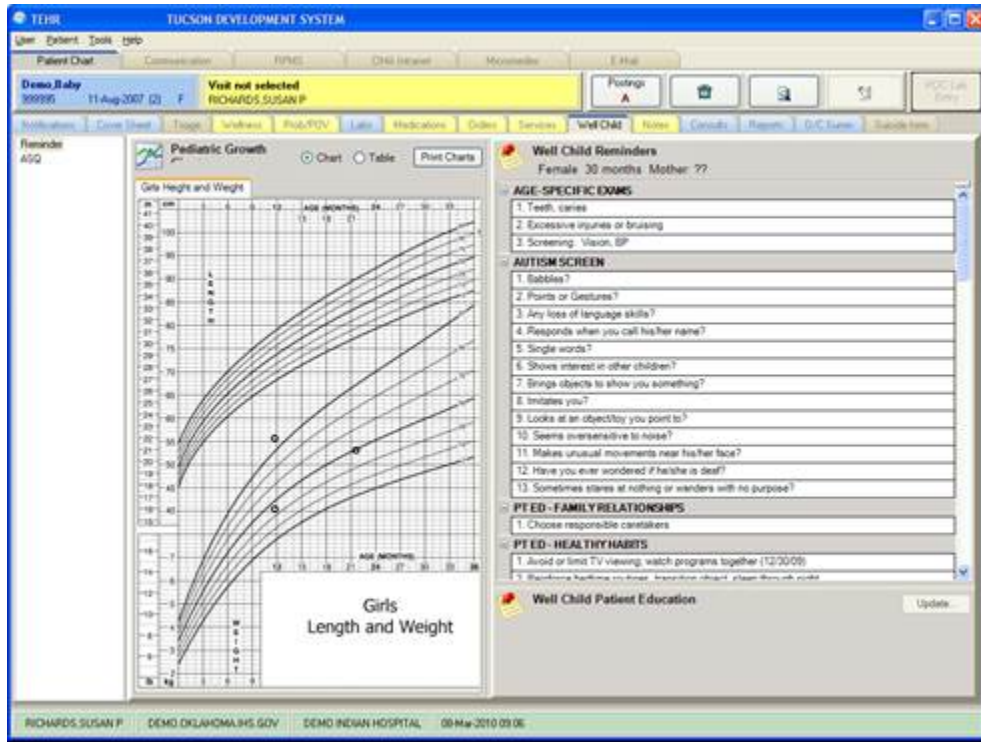


Figure 4-8: Well Child window

## 5.0 Pediatric Growth Charts

The Pediatric Growth Charts object shows growth information about the current patient. You can display the charts, the table data for the charts, and print the charts where the charts display in a PDF document.

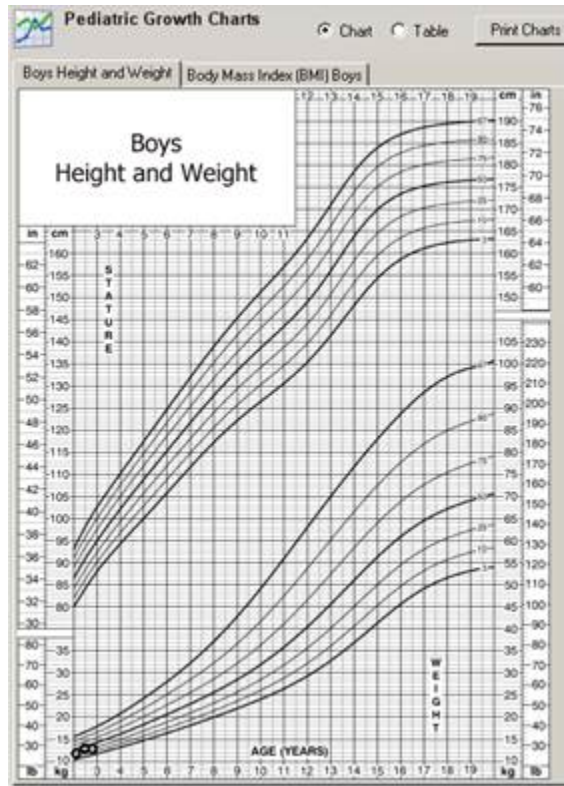


Figure 5-1: Sample Pediatric Growth Charts object

The WCM plots growth measurements directly on the CDC growth charts including the CDC BMI chart.

- If the child is over 23 months, view the BMI chart in the component.
- Younger babies get the head circumference chart instead of the BMI.
- The BMI is computed using the standard RPMS algorithm.

### 5.1 Chart Form

The following shows the pediatric growth charts in Chart form.

#### 5.1.1 Height and Weight Chart

The default chart view is the height and weight chart.

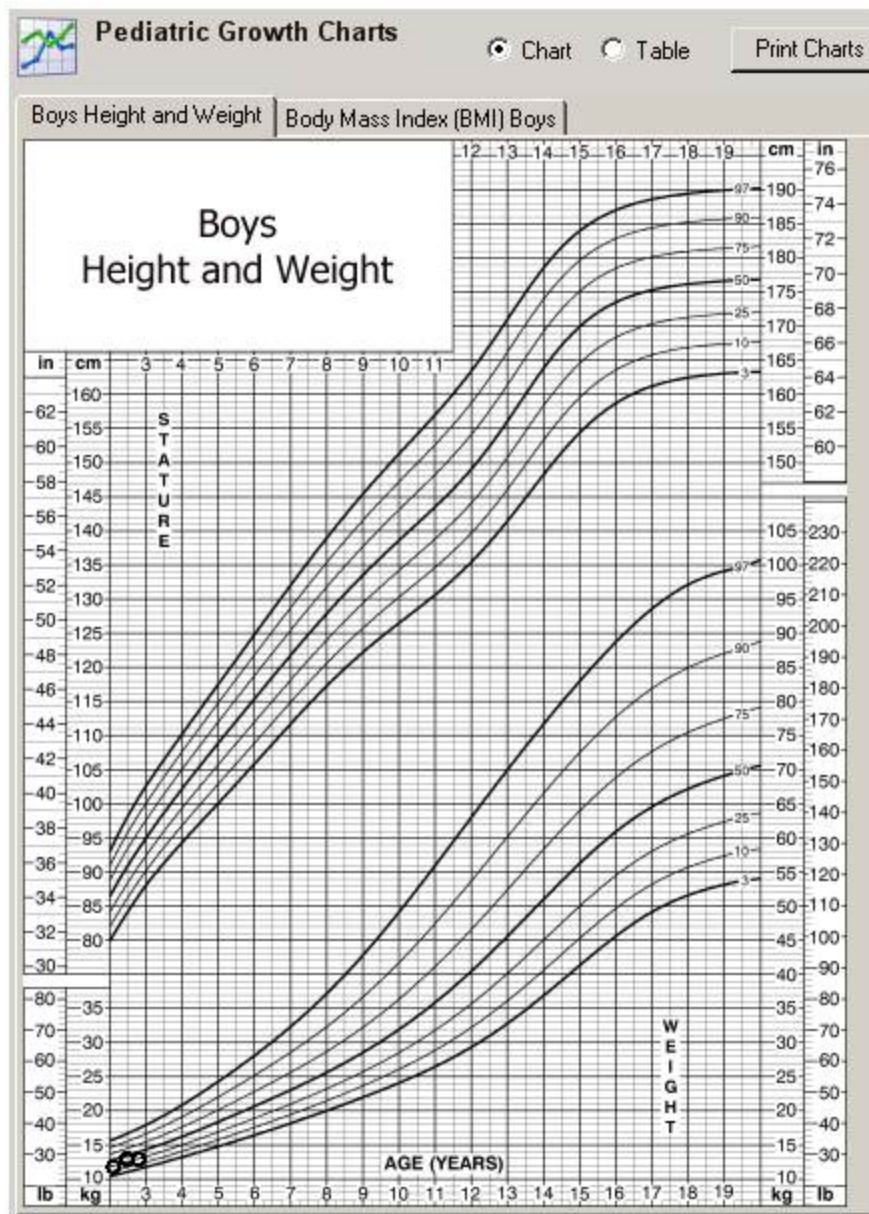


Figure 5-2: Sample Child Growth Chart

### 5.1.2 Body Mass Index Chart Form

Use the Body Mass Index button to display the body mass chart form.

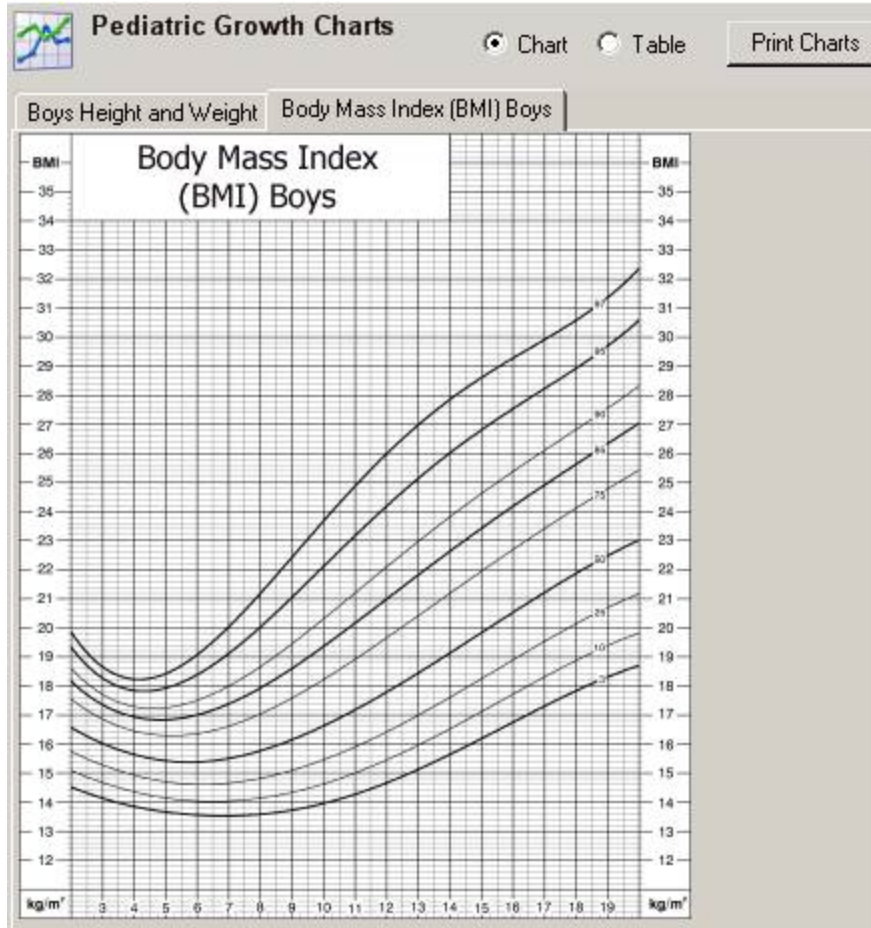


Figure 5-3: Sample Body Mass Index Chart

### 5.1.3 Head Circumference

Use the Head Circumference button to display the head circumference chart form.

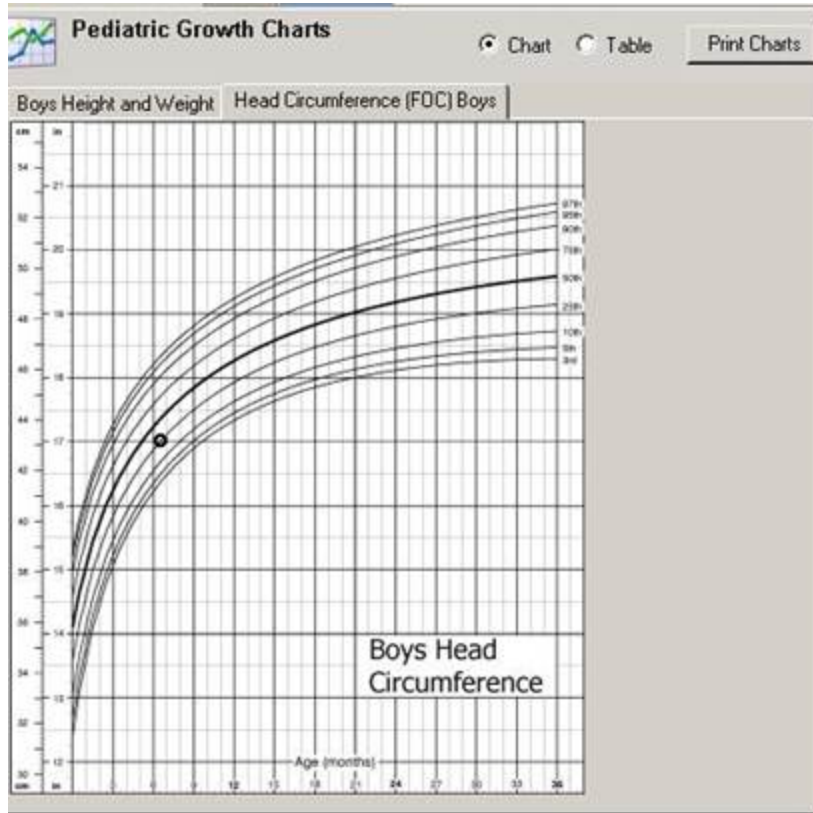


Figure 5-4: Sample Head Circumference Chart

## 5.2 Table Data

The table data displays for any of the chart forms.

### 5.2.1 Table Data for Height and Weight

The table data for height and weight shows age and weight data used.

The screenshot shows the 'Pediatric Growth Charts' application with the 'Boys Height and Weight' table selected. The table displays the following data:

Age	Weight
33.2 months	12.94 kg, 28.5 lbs
29.5 months	12.94 kg, 28.5 lbs
25 months	11.85 kg, 26.1 lbs

Figure 5-5: Sample Table Data for height and weight

### 5.2.2 Table Data for Body Mass

The table data for body mass shows the Age and BNI for the body mass index.

Pediatric Growth Charts	
Boys Height and Weight Body Mass Index (BMI) Boys	
Age	BMI
42.4 months	17.8 kg/m <sup>2</sup>
38.4 months	17.6 kg/m <sup>2</sup>
36.3 months	17.4 kg/m <sup>2</sup>
27.1 months	19.2 kg/m <sup>2</sup>
27.1 months	19.2 kg/m <sup>2</sup>

Figure 5-6: Sample Table data for Body Mass Index

### 5.2.3 Table Data for Head Circumference

The table data for head circumference shows Age and FOC data used.

Pediatric Growth Charts	
Boys Height and Weight Head Circumference (FOC) Boys	
Age	FOC
6 months	43.18 cm, 17.2 in

Figure 5-7: Sample Table Data for Head Circumference

## 5.3 Print Charts

The Print Charts function requires that you have PDF Reader software installed on your local workstation. This function displays the growth chart data in Adobe Acrobat PDF documents. The Adobe application must be loaded to use this feature.

To display the HRN number on the PDF, do the following:

Go into Design Mode (in the RPMS-EHR application) and select the Pediatric Growth Charts component. Right-click on the component to display a contextual menu, and select the Properties option. The application displays the Properties for Well Child Pediatric Growth Charts dialog.

Properties for Well Child Pediatric Growth Charts	
Property	Value
TOP	6
LEFT	4
HEIGHT	548
WIDTH	434
ALIGN	None
ANCHORS	<input checked="" type="checkbox"/> Top; Left
PrintHRN	<input checked="" type="checkbox"/> True
<div style="text-align: right;"> <input type="button" value="OK"/> <input type="button" value="Cancel"/> <input type="button" value="Apply"/> </div>	

Figure 5-8: Properties for Well Child Growth Charts dialog

The PrintHRN Value must be set to TRUE. Exit Design Mode before using the Print Charts button.

Below is an example of the HRN showing on the PDF document.

Patient:	Demo,Baby (999995)
DOB:	8/11/2007
Sex:	Female

Figure 5-9: Sample HRN number on document

Press Print Charts to display the PDF document.

Page one of the PDF document shows the growth charts of the height and weight.

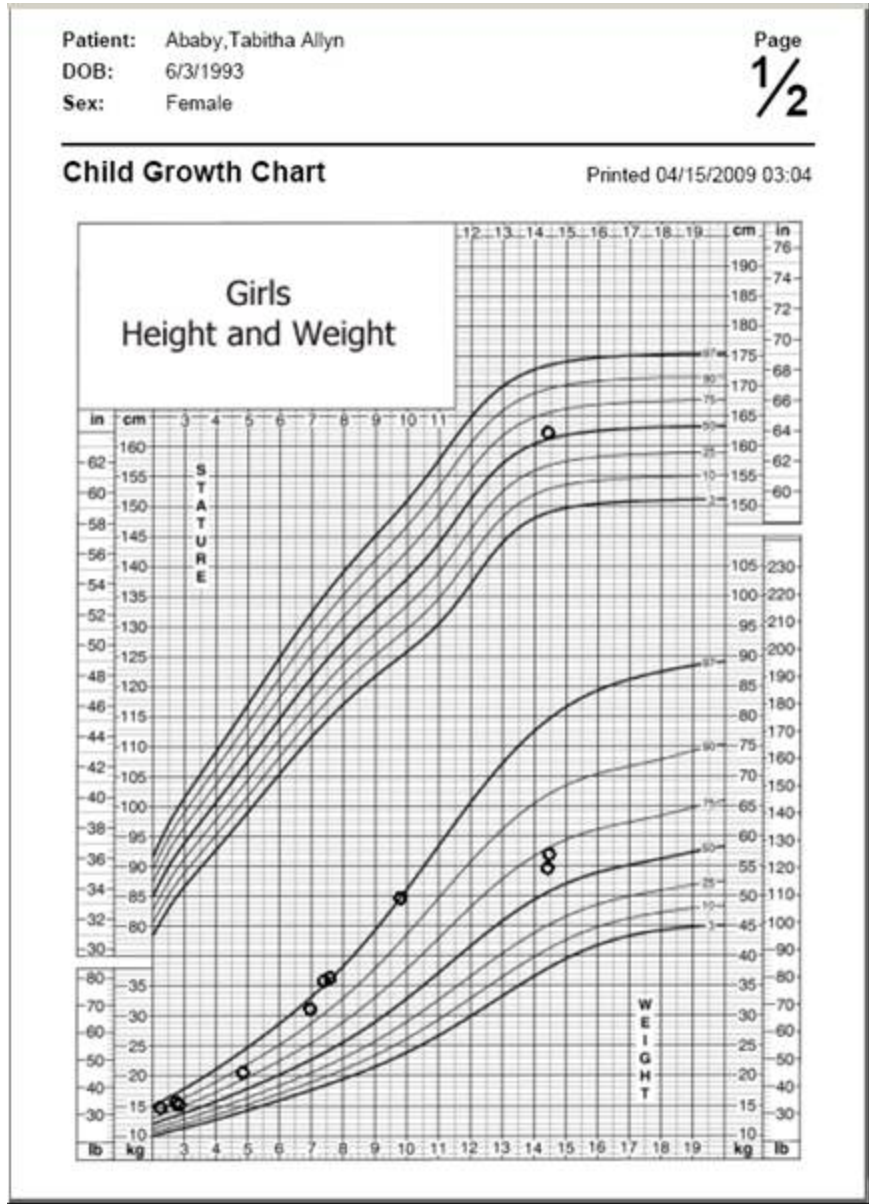


Figure 5-10: Sample Page 1 of the print chart function

Page two of the PDF document can show the growth chart of the body mass (for example).



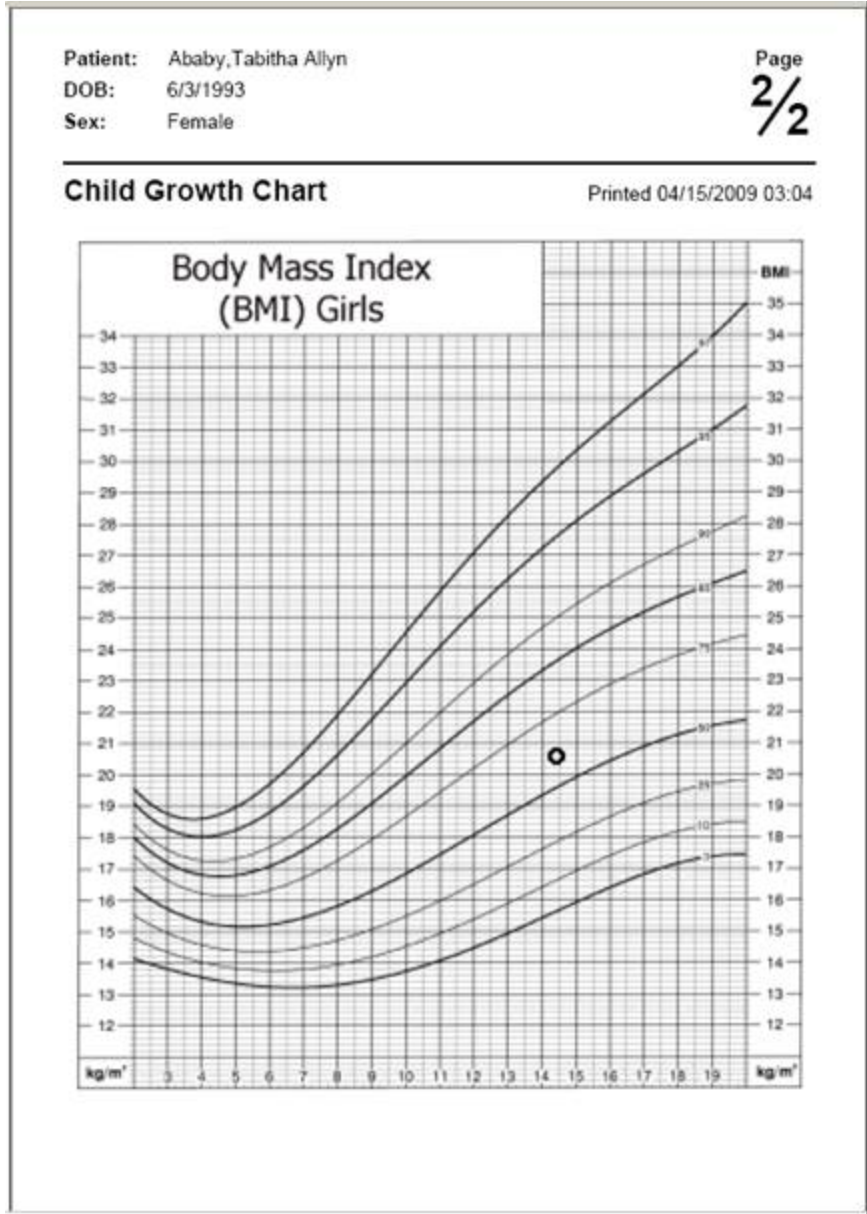


Figure 5-11: Sample Page 2 of the print chart function

## 6.0 Well Child Reminders

The Well Child Reminders object displays the reminders for a well-child for the sex and age of the child displayed in the top part of the object. For example, the reminders for a male, age six years one month are shown below.

Well Child Reminders	
Male 6 years and 1 month Mother: AGU	
<input type="checkbox"/> AGE-SPECIFIC EXAMS	
	1. Teeth
	2. Signs of possible abuse or neglect
<input type="checkbox"/> GENERAL HEALTH SCREEN	
	1. Vision
	2. Hearing
	3. BP
<input type="checkbox"/> PT ED - NUTRITION	
	1. Eat most meals as a family
	2. Limit high-fat, low-nutrient foods

Figure 6-1: Sample Well Child Reminders object

Use view-only object to review the reminders under various categories for the child. Reminders vary according to the sex and age of the child.

Each category can expand/collapse as needed by clicking the button to the left of the category name. To move up or down on the page, use the scroll bars.

The well child reminders are stored in a master list called the WCM (Well Child Module) Knowledgebase.

Below are some examples of Well Child Reminders.

### 6.1 Age Specific Exams

Below is a sample of age specific exams reminders.

AGE-SPECIFIC EXAMS	
	1. Feet, gait, walking
	2. Early childhood caries or dental injuries
	3. Signs of possible abuse/neglect, excessive bruising or injuries

Figure 6-2: Sample Age Specific Exams Reminders

## 6.2 General Health Screen

Below is a sample General Health Screen reminders.

<b>GENERAL HEALTH SCREEN</b>	
1.	Anemia (if not done)
2.	Lead (if not done)
3.	Autism

Figure 6-3: Sample General Health Screen Reminders

## 6.3 PT ED Nutrition

Below is a sample of PT ED Nutrition reminders.

<b>PTED - NUTRITION</b>	
1.	Provide 3 nutritious meals, 2-3 healthy snacks daily
2.	Variety of foods
3.	Normal decreased appetite and weight gain
4.	Whole milk
5.	Limit juice to 8 oz/day
6.	Eat meals as a family
7.	Encourage child to feed self, drink from cup
8.	Let child decide what/how much to eat; do not force (likes/dislikes)
9.	Avoid 'choke foods' nuts, popcorn, carrot sticks, raisins, hard candy, etc.
10.	Limit sugar
11.	Avoid food struggles

Figure 6-4: Sample TP ED Nutrition Reminders

## 6.4 Special Risk Screen

Below are the Special Risk Screen reminders.

<b>SPECIAL RISK SCREEN</b>	
1.	At risk for TB: PPD
2.	Family hx of lipid disorder, diabetes, acanthosis: Lipid screen
3.	Anemia screen
4.	Lead

Figure 6-5: Sample Special Risk Screen reminders

## 6.5 Behavioral Health Screen

Below are the Behavioral Health Screen reminders.

<b>BEHAVIORAL HEALTH SCREEN</b>	
1.	Stressors
2.	Substance use (including tobacco)
3.	Sexual behavior
4.	Cruelty, history of abuse
5.	Depression, suicide risk
6.	School/learning problems

Figure 6-6: Sample Behavioral Health Screen reminders

## 6.6 PT ED Social Competence

Below are the PT ED Social Competence reminders.

<b>PT ED - SOCIAL COMPETENCE</b>	
1.	Praise child, encourage talking about activities and feelings
2.	Read interactively with child; listen as he reads aloud
3.	Set appropriate limits, establish consequences

Figure 6-7: Sample PT ED Social Competence reminders

## 6.7 PT ED Parent Infant Interact

Below are the PT ED Parent Infant Interact reminders.

<b>PT ED - PARENT-INFANT INTERACT</b>	
1.	Show affection and praise good behavior
2.	Model respect, family values, safe driving practices,
3.	Respect teen's need for privacy
4.	Establish realistic expectations, clear limits, consequ
5.	Normal development
6.	Help teens avoid harmful behaviors (drugs, alcohol,
7.	Spend time with adolescent

Figure 6-8: Sample PT ED Parent Infant Interact reminders

## 6.8 PT ED for the Parents

Below are the PT ED for the Parents reminders.

<b>PT ED - FOR THE PARENTS</b>	
1.	Show affection and praise good behavior
2.	Model respect, family values, safe driving practices, healthy behaviors
3.	Respect teen's need for privacy
4.	Establish realistic expectations, clear limits, consequences.
5.	Normal development
6.	Help teens avoid harmful behaviors (drugs, alcohol, tobacco or sex)
7.	Spend time with adolescent

Figure 6-9: Sample PT ED for the Parents reminders

## 6.9 PT ED Responsibility

Below are the PT ED Responsibility reminders.

<b>PT ED - RESPONSIBILITY</b>	
1.	Menstruating girls: anemia screen
2.	Girls with amenorrhea or menstrual complaints: pelvi
3.	Boys: assess risk of testicular cancer (hx of cryptorc
4.	Family history acanthosis, obesity: Lipid screen
5.	At risk for TB: PPD
6.	Sexually-active: needs annual STD screening (urine
7.	Athletes: significant injuries

Figure 6-10: Sample PT ED Responsibility reminders

## 7.0 Well Child Patient Education

The Well Child Patient Education object in the RPMS-EHR application provides a means to update well child patient education.

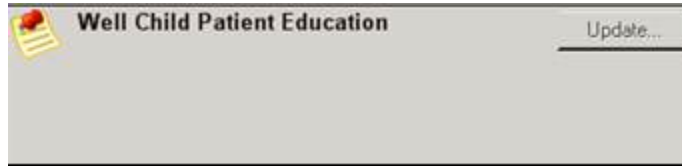


Figure 7-1: Well Child Patient Education object

## 7.1 Well Child Patient Education Update

Click Update (on the Well Child Patient Education object) to access the Well Child Patient Education Update dialog.

Figure 7-2: Sample Well Child Patient Education Update dialog

Check a patient education subject that was used in encounter, and then complete the Patient Education Time and Level of Understanding field.

## Patient Education Time

This indicates the number of minutes spent on the patient education. If the patient is a very young child, then the patient education applies to the parents.

## Level of Understanding

Use an option from the drop-down list to indicate the level of understanding for the patient education topic.

If more than one subject was checked, then the time will be divided equally among the subjects.

Click **OK** to save the information. The application confirms that the data was saved. (Otherwise, click **Cancel** to not save). The user is returned to the RPMS-EHR application. If OK is clicked, the application updates the Patient Education component with the well child patient education.

## 7.2 Patient Education Already Documented

Another well child patient education record can be added by clicking Update (again). This time the application displays the date behind the patient education topic that was documented. For example, the figure below shows that item 13 was documented on 4/21/09.

The screenshot shows a dialog box titled "Well Child Patient Education Update". It contains a list of 13 items, each with a checkbox and a description. The items are grouped into three categories: "PT ED - NUTRITION" (items 1-10), "PT ED - ORAL HEALTH" (item 11), and "PT ED - SOCIAL COMPETENCE" (items 12-13). Item 13, "Talk, sing and read together (4/21/09)", is selected. Below the list, there are two input fields: "Patient Education Time (minutes):" and "Level of Understanding:". At the bottom right, there are "Ok" and "Cancel" buttons.

Item	Description
1	Provide 3 nutritious meals, 2-3 healthy snacks daily
2	Variety of foods
3	Normal decreased appetite and weight gain
4	Whole milk
5	Limit juice to 8 oz/day
6	Eat meals as a family
7	Encourage child to feed self, drink from cup
8	Let child decide what/how much to eat; do not force (likes/dislikes)
9	Limit sugar
10	Avoid food struggles
11	Brush child's teeth with soft toothbrush, water only
12	Praise good behavior and accomplishments
13	Talk, sing and read together (4/21/09)

Figure 7-3: Sample Well Child Patient Education Update dialog with data

## 8.0 Well Child Patient Education

The Well Child Patient Education object in the RPMS-EHR application provides a means to update well child patient education.



Figure 8-1: Well Child Patient Education object

A visit must be selected before Update becomes active.

## 8.1 Well Child Patient Education Update

Click **Update** (on the Well Child Patient Education object) to access the Well Child Patient Education Update dialog.

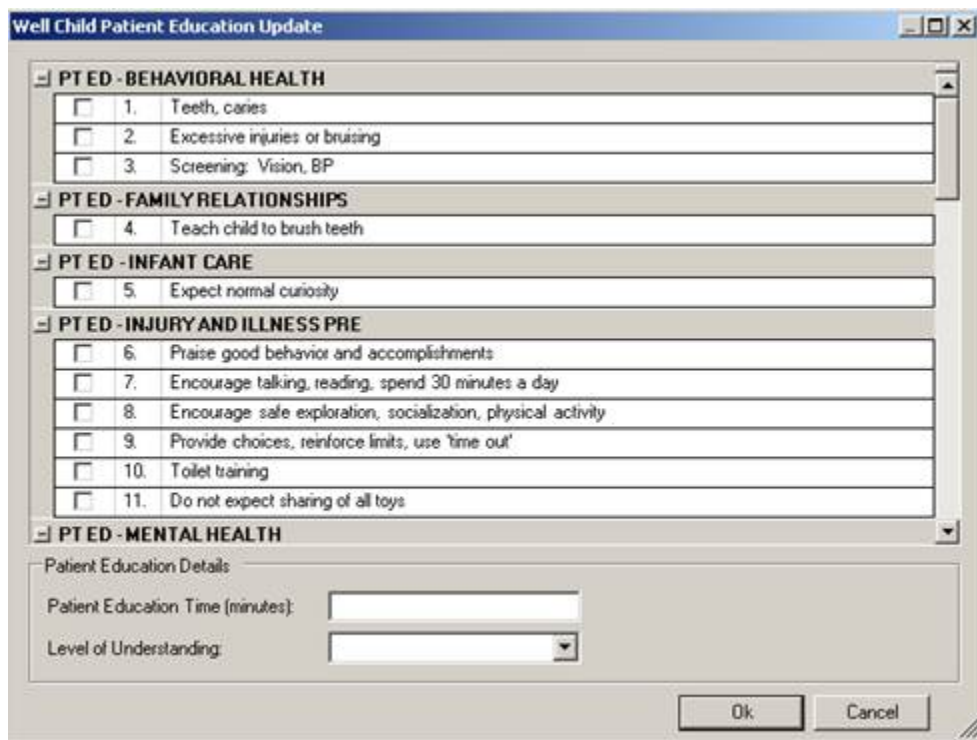


Figure 8-2: Sample Well Child Patient Education Update dialog

Check a patient education subject that was used in encounter, and then complete the Patient Education Time and Level of Understanding field.



## Patient Education Time

Indicates the number of minutes spent on the patient education. If the patient is a very young child, then the patient education applies to the parents.

## Level of Understanding

Use an option from the drop-down list to indicate the level of understanding for the patient education topic.

If more than one subject was checked, then the time will be divided equally among the subjects.

Click **OK** to save the information. The application confirms that the data was saved. (Otherwise, click **Cancel** to not save). The user is returned to the RPMS-EHR application. If OK is clicked, the application updates the Patient Education component with the well child patient education.

## 8.2 Patient Education Already Documented

Another well child patient education record can be added by clicking Update (again). This time the application displays the date behind the patient education topic that was documented. For example, the figure below shows that item 13 was documented on 4/21/09.

The screenshot shows a window titled "Well Child Patient Education Update". It contains a list of 13 items under three categories: "PT ED - NUTRITION", "PT ED - ORAL HEALTH", and "PT ED - SOCIAL COMPETENCE". Each item has a checkbox and a text description. Item 13, "Talk, sing and read together (4/21/09)", is selected. Below the list is a section for "Patient Education Details" with a text box for "Patient Education Time (minutes)" and a dropdown menu for "Level of Understanding". At the bottom right are "Ok" and "Cancel" buttons.

Item	Description	Selected
1.	Provide 3 nutritious meals, 2-3 healthy snacks daily	<input type="checkbox"/>
2.	Variety of foods	<input type="checkbox"/>
3.	Normal decreased appetite and weight gain	<input type="checkbox"/>
4.	Whole milk	<input type="checkbox"/>
5.	Limit juice to 8 oz/day	<input type="checkbox"/>
6.	Eat meals as a family	<input type="checkbox"/>
7.	Encourage child to feed self, drink from cup	<input type="checkbox"/>
8.	Let child decide what/how much to eat; do not force (likes/dislikes)	<input type="checkbox"/>
9.	Limit sugar	<input type="checkbox"/>
10.	Avoid food struggles	<input type="checkbox"/>
11.	Brush child's teeth with soft toothbrush, water only	<input type="checkbox"/>
12.	Praise good behavior and accomplishments	<input type="checkbox"/>
13.	Talk, sing and read together (4/21/09)	<input checked="" type="checkbox"/>

Figure 8-3: Sample Well Child Patient Education Update with data

## 9.0 Ages and Stages Questionnaire (ASQ)

The Ages and Stages Questionnaire provides a validated, standardized method for monitoring early childhood development. There are 21 questionnaires covering ages 2–60 months. Each questionnaire covers five aspects of development: fine motor, gross motor, language/communication, personal/social, and problem solving. The ASQ component enables users to generate age-specific questionnaires and record the results. In addition, users can generate age-specific intervention instructions for the parent or guardian.

The current version of the Well Child Module is synchronized with ASQ, Third Edition. This component can also contain records obtained using previous editions. The ASQ component can only be activated if the site has purchased an ASQ license/”starter kit” from BrookesPublishing.com (~\$275). One license is required for each “location” (hospital/primary clinic building(s), each field clinic, etc.) where the ASQ module is used. Without a valid license, you will not be able to install the ASQ module.

The ASQ Module supports three clinical 3 scenarios.

- Scenario 1: There is at least 1 historical set of ASQ results but no current visit: The user can view past results and enter historical results that were collected either on a previous visit or outside the clinic (e.g., parent was sent home with a questionnaire).
- Scenario 2: There is a current visit but no previous ASQ results: The user can enter results for today’s visit.
- Scenario 3: There is a current visit and previous ASQ results: The user can view past results and enter historical results. Also, the user can enter results for today’s visit.

In all scenarios, after a patient is selected, the user can enter gestational age at birth (weeks), print a questionnaire, and print an intervention form.

### 9.1 Getting Started

After bringing up the Well Child Module, click the tab marked “Ages and Stages (ASQ)”. In this example, we have selected a patient and we are operating within the context of the current visit. All 5 buttons are active:

- Gestational age
- Print Questionnaire
- Enter Today’s Scores
- Enter Historical Scores
- Print Activities

Previous scores are displayed next to their cutoff values. If the score is below the cutoff value (i.e., the score is abnormal), the background color of the cutoff value cell will be purple.

RPMS: EHR WETZEL, MICHAEL

User Patient Tools Help

Patient Chart Physicals BH Options Well Child

Ages/Stages Patient Education Growth Charts Reminders

Ages & Stages Questionnaire (ASQ)

Gestational Age ... Print Questionnaire Enter Today's Scores Enter Historical Scores Print Activities

Status

Message: New results can be entered. (Gestational age is 36 weeks)

Date	ASQ (months)	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social					
03/24/2011	42	*	27.06	*	36.27	*	19.82	*	28.11	*	31.12
03/23/2011	42	28.11 (27.06)	36.11 (36.27)	19.11 (19.82)	27.11 (28.11)	31.11 (31.12)					
03/20/2011	42	30.11 (27.06)	30.11 (36.27)	30.11 (19.82)	30.11 (28.11)	30.11 (31.12)					
03/13/2011	42	28.11 (27.06)	36.25 (36.27)	20.11 (19.82)	27.95 (28.11)	31.12 (31.12)					
03/08/2011	42	30.1 (27.06)	35.99 (36.27)	20.11 (19.82)	25.95 (28.11)	30 (31.12)					
03/02/2011	42	27.66 (27.06)	37 (36.27)	20 (19.82)	29 (28.11)	31.11 (31.12)					
03/01/2011	42	30 (27.06)	35 (36.27)	20 (19.82)	35 (28.11)	30 (31.12)					
02/23/2011	36	35 (30.99)	35 (36.99)	35 (19.07)	35 (30.29)	35 (35.33)					
11/18/2010	36	30 (30.99)	35 (36.99)	20 (19.07)	35 (30.29)	40 (35.33)					
08/20/2010	36	30 (30.99)	35 (36.99)	40 (19.07)	35 (30.29)	40 (35.33)					
06/11/2010	36	35 (30.99)	30 (36.99)	25 (19.07)	30 (30.29)	40 (35.33)					
03/21/2009	14	30 (17.4)	30 (25.8)	30 (23.06)	30 (22.56)	30 (23.18)					

WETZEL, MICHAEL DEMO-HQ.NSH.IHS.GOV DEMO HOSPITAL

If there were no previous results, the table would be empty.

If there were no previous visits within the past year, the “Enter Historical Scores” button would be grayed out.

Because the user is working within the context of the current visit, the top line of the table is ready to accept today’s results. If there is no data in a cell, there will be a “\*” placeholder. If a current visit is not specified, or if the current visit began more than 3 days ago, the “Enter Today’s Scores” button is grayed out (not accessible), and the top line of the table is not displayed.

As soon as a new results are entered, all data rows from previous visits are “locked” (no editing allowed). This is true even if a previous visit was within the past 72 hours. In other words, only one row can be edited via the “Enter Today’s Scores” button: the row associated with the current visit. If the user navigates to a previous visit, all results will be displayed in the table. However, the “Enter Today’s Scores” button is grayed out, and no editing is allowed (see example below).

Date	ASQ (months)	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
03/23/2011	42	28.11 (27.06)	36.11 (36.27)	19.11 (19.82)	27.11 (28.11)	31.11 (31.12)
03/20/2011	42	30.11 (27.06)	30.11 (36.27)	30.11 (19.82)	30.11 (28.11)	30.11 (31.12)
03/13/2011	42	28.11 (27.06)	36.25 (36.27)	20.11 (19.82)	27.95 (28.11)	31.12 (31.12)
03/08/2011	42	30.1 (27.06)	35.99 (36.27)	20.11 (19.82)	25.55 (28.11)	30 (31.12)
03/02/2011	42	27.66 (27.06)	37 (36.27)	20 (19.82)	29 (28.11)	31.11 (31.12)
03/01/2011	42	30 (27.06)	35 (36.27)	20 (19.82)	35 (28.11)	30 (31.12)
02/23/2011	36	35 (30.99)	35 (36.99)	35 (19.07)	35 (30.29)	35 (35.33)
11/18/2010	36	30 (30.99)	35 (36.99)	20 (19.07)	35 (30.29)	40 (35.33)
08/20/2010	36	30 (30.99)	35 (36.99)	40 (19.07)	35 (30.29)	40 (35.33)
06/11/2010	36	35 (30.99)	30 (36.99)	25 (19.07)	30 (30.29)	40 (35.33)
03/21/2009	14	30 (17.4)	30 (25.8)	30 (23.06)	30 (22.56)	30 (23.18)

## 9.2 Gestational Age

The ASQ module automatically selects the correct questionnaire for printing based on the child’s current age and gestational age. If the child is under 24 months, the questionnaire age may be adjusted if the child was delivered prematurely. Therefore, it is important to have the gestational age recorded in the database so that proper adjustments can be made. The “Gestational Age” button enables the user to enter this critical piece of information. If no gestational age value is recorded in the database, the ASQ module selects the printed form based on a default gestational age of 40 weeks.

**Update Gestational Age at Delivery**

Gestational Age at Delivery (Weeks):

**Information**  
 The gestational age is used to determine the appropriate age-based Questionnaire and activity printouts for infants.

### 9.3 Print Questionnaire

If you click the “Print Questionnaire” button, an Adobe Acrobat document (.pdf) window will pop up containing the appropriate ASQ questionnaire. Note that patient identifiers have been automatically included in the document. Use the standard Acrobat controls to view and print the document.



### 9.4 Enter Today's Scores

When you click the “Enter Today's Scores” button, an ASQ data entry window will pop up. Enter scores for each of the 5 development parameters navigating with the mouse or tab or arrow keys. Typically the score will be an integer that is a multiple of five. It is not necessary to enter all 5 scores, but at least one value must be entered to update the database. In ASQ Third Edition, it is possible to record a score based on an incomplete data set (see ASQ Users Guide). Under these circumstances the score may be a number with up to 2 decimal digits. In all cases, the score cannot exceed a value of 100.

If an invalid score is entered, it will be rejected immediately and the data entry box will be blank waiting for a valid entry. If a valid score is entered that is below the cutoff value, the background color of the associated cutoff value cell will change to purple.

Date	ASQ (months)	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
3/24/201...	42	27.06	36.27	19.82	28.11	31.12

When you are satisfied that all results are valid, click the **OK** button. The data entry window will close, and the results table will be refreshed with the new results displayed in the top row.

## 9.5 Enter Historical Scores

The provider may choose to give the child's parent/caregiver a blank questionnaire for home testing. The ASQ component provides a way to capture results from historical/home testing. This is a 2 step process. First the provider must enter some general information about the test itself. Then scores are entered in the usual way.

Begin by clicking the "Enter Historical Scores" button. This opens the testing validation window. Four pieces of information are required before scores can be entered:

- Visit when questionnaire was given to the parent (within 1 year before current date)
- Date of testing (must be prior to current visit date)
- Version of ASQ form (1, 2, or 3)
- Questionnaire used for testing (months)

Use the dropdown list to select the visit when the form was given to the parent. Note that the current visit is not in the list. Only previous visits are displayed.

Use the calendar control to enter the date of the test.

Date	ASQ (months)	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
03/24/2011	42	27.66	36.27	19.82	28.11	31.12
03/23/2011	42	28.11			(28.11)	(31.12)
03/20/2011	42	30.11			(28.11)	(31.12)
03/13/2011	42	28.11			(28.11)	(31.12)
03/08/2011	42	30.1			(28.11)	(31.12)
03/02/2011	42	27.66			(28.11)	(31.12)
03/01/2011	42	30			(28.11)	(31.12)
02/23/2011	36	35			(30.29)	(35.33)
11/18/2010	36	30			(30.29)	(35.33)
08/20/2010	36	30			(30.29)	(35.33)
06/11/2010	36	35			(30.29)	(35.33)
03/21/2009	14	30	(25.8)	30	(23.06)	30
					(22.96)	(23.18)

Except in very rare instances, the version of the ASQ form will be Third Edition. The control will always default to this version. You can use the dropdown list to select an earlier version.

Use the drop down list to select the questionnaire (months). This information is printed on the first page of the form that has been brought in by the parent.

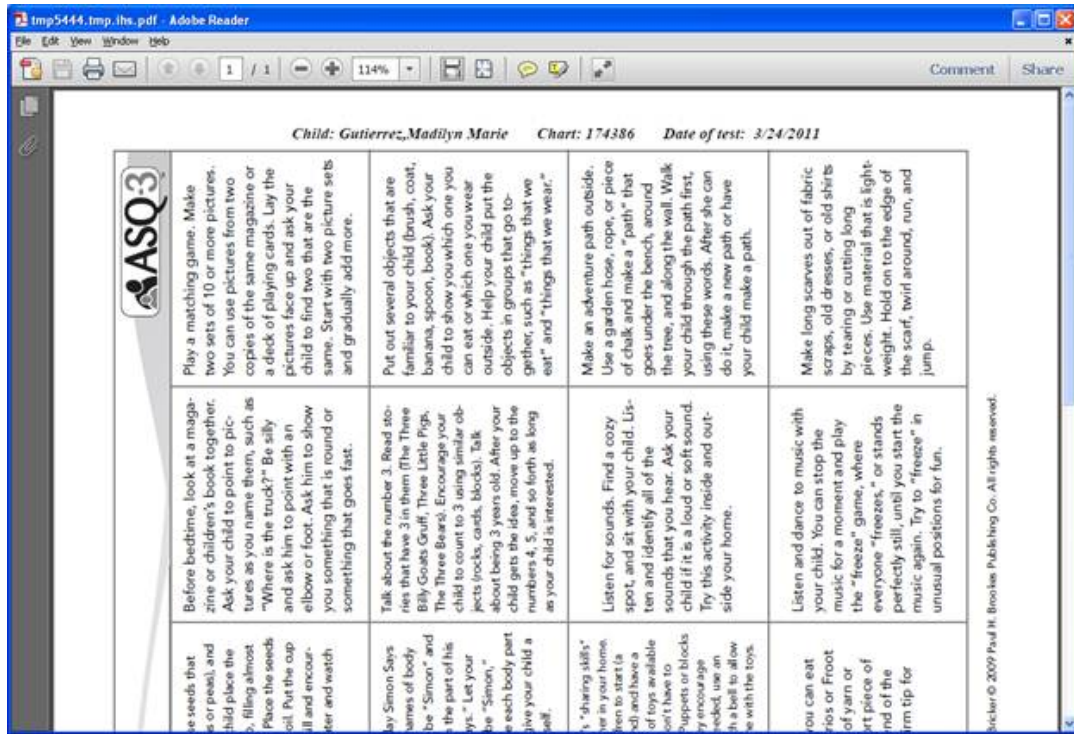
After entering all the preliminary information, click the submit button to validate the request. All 4 fields must contain data. Also, the age of the child on the day the ASQ test was administered must correspond to the questionnaire used in the testing. If any data is missing, or if the child's age on the test date does not match the questionnaire, an error message box will pop up.

The box explains the error, and the user will be prevented from entering historical results. If the request is valid, an ASQ data entry window will pop up (see section 9.4). After submitting the historical data, the ASQ results table will be refreshed with a new row in the proper chronological position.



## 9.6 Print Activities

If you click the “Print Activities” button, an Adobe Acrobat document (.pdf) window will pop up containing the appropriate ASQ intervention activities table. Use the standard Acrobat controls to view and print the document. Currently, a bug in the Adobe reader prevents the entire document from being *viewed* in landscape format. However, there is no need for concern. The document will *print* normally on a single page.



## Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)