

Pediatric Documentation Challenge Scenario

Saturday, October 27, 2007

E164 and E184

Julie is a teenager whose family just moved to a new town. She needs a physical to register for school and the play sports. She is sullen and mad about the move because she had to leave her friends and snarls at her mother who is accompanying her to the visit.

Mom hands the receptionist a jump drive that mom says contains a summary of her personal health record. The receptionist imports the information and changes the address to the new address, phone, and cell phone, insurance, guarantor, and emergency contact.

Julie's DOB is 01/01/1992

The medical assistant takes Julie back to an exam room. Her mother follows. Vital signs are obtained.

BP 110/70 R arm sitting, P. 80, Wgt 120, hgt. 63" (no shoes, indoor clothing), T. 97.8 Foral . BMI calculates automatically and is WNL.

The medical assistant updates the medications in the chart

Adderall XR 20 mg once a day

Singulair 10mg in the evening

Albuterol inhaler 2 puffs every 4 hours prn wheezing

The medical assistant asks about new allergies and about her menses.

Menses are regular every 28 days with moderate flow, no cramps

The medical assistant asks about diet;

Lots of fruits and veggies

5 servings of dairy a day

Whole grains

No fried foods

The medical assistant asks about exercise

Ice hockey 4 days a week including practice and games

Walks to and from school

Lifts weights one day a week.

The medical assistant takes a family history

Father has high BP

Mother has hypertrophic Cardiomyopathy

No siblings

Mat. GM Type 2 diabetes

Mat. GF has coronary artery disease

Pat. GM has high BP

Pat. GF is well

The medical assistant asks about past history

Appendectomy at age 7 Children's Hospital

Asthma exacerbation 2 years ago with pneumonia. Admitted in respiratory distress. Three day hospital stay.

Asthma exacerbation this Spring treated as an outpatient

The medical assistant tells Julie she will have a chance for private time with the doctor independent of her Mom.

The Doctor enters and greets Mom and Julie. She reviews the information already entered in the EMR. She shows Mom and Julie the growth charts and BMI charts and points out that she is probably done growing except for maybe ½” more.

Julie has had some health problems affecting her school work and her sports. She has asthma which flairs up when she has a respiratory infection or when she plays ice hockey, her varsity sport at her old school. She is on preventive medication of singulair and has an albuterol inhaler for rescue. She manages her asthma and is motivated to do so because she values her performance on the ice. She is hoping for a college scholarship to play hockey for Boston University

She had increasing difficulty concentrating in school. She often daydreams in class and distract others with chatter and other distractions. Even on the ice she has had increasing difficulty following the puck. Treatment with Concerta 36 made dramatic improvement in her school work and sports performance but she developed hives with it so it was changed to Adderall XR 20mg once a day.

The doctor is now ready for the examination. Exit mother and enter female chaperone (document). The physical examination is completely normal.

The doctor proceeds with confidential questions

Smoking NO

Alcohol: At parties, 1-2 beers

Drugs : Marijuana at parties

Has boyfriend... no intercourse but has done oral sex

No psychiatric history

Anticipatory Guidance

Reassure that she will make new friends and local high school has an excellent Women’s ice hockey team.

College scouts come around regularly

Protect self during oral sex with condoms. Can get STDs and HPV leading to oral Cancer.

Good job with diet and exercise

Plan: New immunization recommendations

Menactra

HPV series

Varicella booster.

Hepatitis A, second dose.

Meds refilled

Labs scheduled HGB, and Fasting Lipid Profile

Tests: Echocardiogram since Mom has HCM and she is playing competitive sport

Generate EIF (as per AAP) for school and sport.