

## Well Child Care

### Instructions for Completing the Well Child Care Record Audit Tool

Items on this audit tool correspond with the Quality Assurance Deliverables of the Child Health Agreement Addendum. Records should be selected for children who are seen at least once during the review period for a Well Child Care visit.

#### *General Instructions*

- Indicate with a check (√), Zero (0), or NA whether an item is present, not present, or not applicable.
- If a clinical standard has multiple components, all components must be met/present for the standard to have been met.
- For items with more than one component, "Record Compliant" may be checked if all the boxes above the Record Compliant line have either checks or NA's in them. If any box has a Zero (0) in it, then Zero (0) must appear in the Record Compliant line for that record for that standard. See example below:

Measurements and/or BMI (plotted)	1	2	3	4	5
Head Circumference (≤24 months)	√	NA	NA	√	NA
Weight for Age plotted	√	√	√	√	√
Height/Length for Age plotted	√	√	√	√	√
Weight for Length or BMI	√	√	0	√	√
<b>Record Compliant?</b>	√	√	0	√	√

For the above item, Record #3 was not compliant because one of the required components for the item was not completed.

#### *Scoring*

- All items should have 100% compliance.
- There is no formal scoring process.
- Items that are not compliant require an action plan to address findings.

#### **1.-6. Children will receive an initial health history, with updates as appropriate on subsequent visits.**

Components of the Initial Health History:

- ❖ Eco-Social: Personal Data, Family Composition, Sources of Income, Living Environment
- ❖ Family Medical History
- ❖ Social History
- ❖ Perinatal History
- ❖ Past Medical and Surgical Histories.

These components are usually found on the Personal Data sheet and the Child Health Basic History form. *If this information can be accessed by the health care providers as needed, then it does not need to appear solely on these forms. Information about the living environment may appear on the WIC Care Plan form or on the Newborn Home Visit Assessment form.* At a minimum, the Social History includes the family composition, child care providers, behavioral status, and significant events (some items may be found on the Review of Systems form).

## Well Child Care

### Instructions for Completing the Well Child Care Record Audit Tool (cont)

**7. Children will have a review of immunization status at each Well Child Care Visit, along with update of immunizations as appropriate.**

Immunizations are to be provided, as appropriate, at each Well Child Care Visit. If required immunizations are not given, at a minimum, a valid contraindication and a plan to administer vaccines as soon as possible must be noted in the record. The North Carolina Immunization Registry provides current immunization status and should be utilized at each Well Child Care Visit.

**8. Children will have a complete review of systems at each Well Child Care Visit.**

The review of systems is recorded on the Child Health Flow Sheet. Agency-developed forms must include in the review of systems such items as parental concerns, reason for visit, body systems, recent medical history, risk assessment, and social/developmental/behavioral concerns.

**9. Children will have a history of current problems/illness that includes a description of onset, condition prior to problem/illness, characteristics of symptoms, course since onset and current status.**

These components may be found in the Review of Systems and physical examination findings. They may also be documented separately in the Progress Notes. The reason for the visit and the HPI may not always be the same.

**10. Children will receive a physical examination at each Well Child Care Visit which consists of at least 16 of the following 20 components: blood pressure (three years of age and older); general appearance; skin/nodes; head/scalp/fontanelles; eyes (red reflex/pupils); eye muscle balance; ears (canals/drums); nose; mouth/pharynx; teeth/gums; neck; heart; lungs/chest; breast; abdomen; genitalia/Tanner Stage; extremities; back/spine; hips; neurological.**

If an item is not screened, it should be noted on the audit tool.

**11. Children will receive hearing and vision screenings at each Well Child Care Visit.**

**Note: Hearing and Vision Screening results are documented qualitatively.**

Local policies should indicate which screening methodologies are used to screen children at various ages. Because of rapid development in visual and auditory acuity in young children, results of these screenings must be documented qualitatively. See examples below:

- Tracks 180°
- 20/40 bilaterally
  
- OAE, pass or refer
- 1000, 2000, 4000 @ 20 dB

**"WNL" does not meet this standard.**

## Well Child Care

### Instructions for Completing the Well Child Care Record Audit Tool (cont)

**12. Children will receive a developmental screening at each well child care visit. This includes review of history, review of system, and parental concerns at each well child care visit.**

**13. Children will receive an age-appropriate developmental screening, with a standardized developmental screening instrument at specified Well Child Care visits. Screening tools may include the Ages and Stages Questionnaire (ASQ), the Parents' Evaluation of Developmental Status (PEDS), the Child Development Inventory (CDI), Pediatric Symptom Checklist (PSC), the Guidelines for Adolescent Preventive Services (GAPS), or other standardized instrument specified by the agency and approved by the WCH Section.**

Age-appropriate developmental screening must be performed using a standardized developmental screening instrument during the following intervals: 6 months of age; 12 months of age; 18-24 months of age; 3 years of age; 4 years of age; 5 years of age; and at least every 3 years for children over the age of 5 years. Appropriate documentation should reference the instrument used and the results achieved. See examples below:

- Neurological intact (0-3 months of age only)
- PEDS- WNL
- See ASQ Summary Form
- No concerns on GAPS
- PSC- WNL

**"WNL" (without reference to instrument used) does not meet this standard.**

**14. Children will have head circumference (through 24 months of age); weight for age; height/length for age; and weight for length/height or Body Mass Index (BMI) plotted on an age- and gender-specific growth chart at each Well Child Care Visit. Note: Weight for length/height is plotted on children under two years of age or those children 24-36 months of age who are measured lying down. Body Mass Index is used to assess weight for standing height on children two years of age and older.**

Measurements must be plotted in order to receive credit for this item. If BMI charts are not in use, the percentile for the BMI should be indicated along with the actual measurements. Head circumference should be measured and plotted at the two-year visit, even if this occurs after 24 months of age.

## Well Child Care

### Instructions for Completing the Well Child Care Record Audit Tool (cont)

#### **15. Children will have a dietary screening at each Well Child Care Visit.**

This may be documented on the back of the Basic Health History form, or *the reviewer may count the dietary screening done within the past 60 days in WIC*. There is no need for the screener to duplicate what is done in the WIC clinic. The screener may document "see WIC" to meet this item, if applicable.

#### **16.(a). Children will receive age-appropriate laboratory services.**

##### **Hematocrit/Hemoglobin screening (AAP/WCH)**

- Infants and Toddlers: Screening between 9 and 12 months of age and six months later (15 to 18 months of age)
- Preschoolers: Annual Screening from 2 through 5 years of age
- School-Age Children: Screening as clinically indicated
- Adolescents: During routine physical examinations

*\*\*Screening done in the WIC clinic (if within 90 days) may be counted for this item.*

#### **16.(b). Age-appropriate laboratory screening: Urinalysis**

- Screening at five years of age
- Screen sexually active males and females during periodic screenings.
- Positive dipstick findings for bacteriuria (WBCs or leukocyte esterase) should be followed up with additional testing based on clinical findings.

*\*\*If a child is not seen at five years of age, the health care provider may choose to perform a screening urinalysis at the next periodic visit, but this is not mandatory.*

#### **16.(c). Age-appropriate laboratory screening: TB as indicated by risk status As clinically indicated for children at increased risk of exposure to tuberculosis, via PPD intradermal injection/Mantoux method- not Tine Test. See TB Control Manual for Guidance on identifying risk factors for exposure to tuberculosis.**

Reviewing perinatal histories, family and personal medical histories, significant events in life, and other components of the social history would identify children for whom TB screening is indicated. If none of the screening criteria above are present, there is no recommendation for routine screening.

#### **16.(d). Age-appropriate laboratory screening: Sickle Cell Testing Results must be documented in the medical record if the child is less than three months of age.**

North Carolina hospitals are required to perform sickle cell screening on all newborns prior to discharge. Test results may be obtained from the State Laboratory of Public Health, the birthing hospital, or the child's primary care provider.

## Well Child Care

### Instructions for Completing the Well Child Care Record Audit Tool (cont)

#### **16.(e). (i.-iii). Age-appropriate laboratory screening: Blood Lead Screening**

- **Blood lead test as indicated, based on results of targeted risk assessment questionnaire administered at 12 and 24 months of age or upon first Well Child Care Visit between 25 and 72 months of age, if not previously tested; and**
- **Children seen for Well Child Care visits will be screened at 12 and 24 months of age for risk of lead poisoning using targeted screening protocols from the Children's Environmental Health Branch.**

Any child who is targeted by the Lead Risk Assessment Questionnaire (DENR 3958) must be screened with a blood test for elevated blood lead levels. *If a universal testing policy is in place (all 12 and 24 month old children are screened with a blood lead test), then an agency may omit using the Lead Risk Assessment Questionnaire.* To count as the 12-month screen, testing or risk assessment should have occurred at 11-18 months of age. Any lead screening done before 11 months of age should be repeated due to the increase in hand-to-mouth and crawling activities after the first birthday. To count as the 24-month screen, testing or risk assessment should have occurred at 18-30 months of age. The 18-month screening may not be used as both the 12 and 24 month screenings.

**16.(e). (iv). Children with elevated blood lead levels ( $\geq 10\mu\text{g}/\text{dl}$ ) will receive confirmatory testing and interventions, as per protocols from the Children's Environmental Health Branch.** Follow-up should be done according to the *2005 North Carolina Lead Testing and Follow-Up Manual*.

#### **17.Children seen for Well Child Care visits will have a documented plan of care for identified problems.**

Documentation of the plan of care may be found in the Progress Notes or on the flow sheet next to the identification of the problem. Follow-up may include planned rechecks, education, referral, consultation or any combination of these. A full SOAP note is not required if it is possible to discern the plan of care from the flow sheet and problem list. If referrals are made or planned, there should be documentation of when the provider will follow-up on the referrals. Reviewers must also check to see that problems uncovered during the visit, which may have not been part of the "reason for visit" receive appropriate follow-up.

## **Well Child Care**

### **Instructions for Completing the Well Child Care Record Audit Tool (cont)**

**18. Children with suspected/identified problems will be referred to or receive consultation from an appropriate source.**

The standard for this is the same as for 17. "Referral" may include consultation with another provider in the same agency during the visit. If another provider sees the child during the visit, this must be noted in the record. Indicate plans for follow-up on referrals. If referrals are offered and refused, note this in the record.

**19. Client-focused, age-appropriate counseling/anticipatory guidance will be provided at each well child care visit, which consists of any of the following components: Nutrition/Physical Activity; Dental; Safety; Behavior/Discipline; Development; Hygiene; Sex/Sexuality; Emergency Care/Signs and Symptoms of Illness; Next Well Child Care appointment. Any appropriately trained member of the Child Health Team may provide these components.**

This standard may be met through talking with the child and family and through sharing of appropriate literature. If an agency has specific handouts that are shared at specific ages, these should be noted in agency policies. An agency using standard packets of literature must assure that each family receives all items in the standard packet or must document which items were shared with the family. There is no mandated list of anticipatory guidance topics that should be covered at various ages. At a minimum, health care providers or other members of the Child Health Team should address anticipatory guidance topics related to problems or concerns identified during the visit. The Child Health Team is encouraged to refer to *Bright Futures, Guidelines for Health Supervision of Infants, Children and Adolescents* to identify age-appropriate counseling/anticipatory guidance.