

Are you charting like it's 2025?

Hiral Lavania, MD - One Family Pediatrics
Lynne Gratton, CPPM - PCC

Session Goals

1. Review current PCC EHR defaults
2. Determine which ones work for your practice
3. Work on implementing changes to your PCC EHR software
4. Using EHR functionality instead of PM

Portal Scheduling!

- Open it up wide or limit when portal users can schedule?
- Just well or well and sick visits?
- Does your schedule need to change?
- Will providers even notice if you turn it on?

	Dr. Lavania 06/01/26 (Mon)
7:30 am	
8:00 am	
8:10 am	
8:20 am	
8:30 am	
8:40 am	
8:50 am	
9:00 am	
9:10 am	
9:20 am	
9:30 am	
9:40 am	
9:50 am	
10:00 am	
10:10 am	
10:20 am	
10:30 am	
10:40 am	
10:50 am	
11:00 am	
11:10 am	
11:20 am	
11:30 am	
11:40 am	
11:50 am	
12:00 pm	

One Family Pediatrics

	Dr. Lavania 06/01/26 (Mon)
12:50 pm	
1:00 pm	
1:10 pm	
1:20 pm	
1:30 pm	
1:40 pm	
1:50 pm	
2:00 pm	
2:10 pm	
2:20 pm	
2:30 pm	
2:40 pm	
2:50 pm	
3:00 pm	
3:10 pm	
3:20 pm	
3:30 pm	
3:40 pm	
3:50 pm	
4:00 pm	
4:10 pm	
4:20 pm	
4:30 pm	
4:40 pm	
4:50 pm	
5:00 pm	

One Family Pediatrics

Visit Type	Visit Reason	Portal Scheduling
Well Check	1 Month Well	Well
Well Check	10 Yr + Anxiety/Depression	Well
Well Check	10 Yr Well	Well
Well Check	10 Yr Well + ADHD Med Check	Well
Well Check	10 Yr Well + Asthma Check	Well
Well Check	11 Yr + Anxiety/Depression	Well
Well Check	11 Yr Well	Well
Well Check	11 Yr Well + ADHD Med Check	Well
Well Check	11 Yr Well + Asthma Check	Well
Well Check	12 Month Well	Well
Well Check	12 Month Well + Asthma Check	Well
Well Check	12 Yr + Anxiety/Depression	Well
Well Check	12 Yr Well	Well
Well Check	12 Yr Well + ADHD Med Check	Well
Well Check	12 Yr Well + Asthma Check	Well
Well Check	13 Yr + Anxiety/Depression	Well
Well Check	13 Yr Well	Well
Well Check	13 Yr Well + ADHD Med Check	Well

Chart Exports

- Not really configuration, but recent updates make it more useful
 - Optional do not export Phone Notes

Care Plan

- Track others involved in the care of your patient.
- Print the Care Plan or better yet...
- Make sure they appear in the Portal!

Goals

ADHD, combined type

Actions

Medication monitoring

Next Steps

PROBLEM LIST

- ADHD, combined type
- Oppositional Defiant Disorder (ODD)
- Impulsivity
- Academic underperformance (failing science and algebra)
- Inconsistent implementation of 504 plan at school
- Medication non-response
- Tardiness at school
- Risk for risky behaviors (history of sneaking out)
- Non-adherence to medication regimen

GOALS

- Improve focus and attention during school and at home.
- Reduce impulsivity and improve decision-making.
- Eliminate tardiness at school.
- Prevent risky behaviors and ensure patient safety.
- Improve adherence to rules and expectations.
- Achieve passing grades in all core subjects, especially algebra and science.
- Identify an effective ADHD intervention (medication or non-pharmacological).
- Support smooth transition into high school with improved academic standing.

EXPECTED OUTCOME (CONTROLLABLE WITH APPROPRIATE INTERVENTION)

Status: Active

- Improved academic performance and engagement.
- Decreased behavioral issues at home and school.
- Enhanced self-control and responsible decision-making.
- Increased safety awareness and adherence to rules.
- Identification of an effective ADHD management strategy.
- Successful completion of summer school algebra with a passing grade.
- Improved implementation of 504 plan accommodations.

PARENT/PATIENT GOALS

- Patient would like to feel more focused in school and avoid medication if possible.
- Parents want to ensure patient's safety, improve decision-making, and see improved academic performance.
- Family would like to avoid patient falling behind academically and starting high school with a low GPA.
- Patient is motivated to participate in high school football and maintain eligibility.

BARRIERS TO GOALS

- Inconsistent implementation of 504 plan at school, especially in science.
- Patient's impulsivity and distractibility.
- Lack of perceived benefit from current medication.
- Patient's reluctance to take medication, especially during the summer.
- Patient's dislike of certain accommodations (e.g., separate testing environment).
- Non-adherence to medication regimen on weekends.
- Limited communication about medication issues from patient to parents.

PLAN TO OVERCOME BARRIERS

- Impulsivity: Encourage patient to use coping mechanisms such as pausing, thinking, and taking time before acting on impulses.
- Non-Pharmacological Intervention: Trial neurofeedback-based video game (25 minutes/day, 5 days/week for 1 month) to improve focus and attention.
- 504 Plan: Parents to communicate regularly with teachers and school staff to ensure consistent implementation of accommodations.
- Academic Monitoring: Monitor progress in summer school algebra; if not progressing after 1 week, reconsider medication options.
- Adherence: Parents to remind patient about interventions and monitor adherence.
- Communication: Encourage open dialogue between patient, parents, and Dr. Lavania regarding any concerns or side effects.
- Safety: Reinforce importance of safety, especially regarding risky behaviors and adherence to rules.

MEDICATIONS

- EndeavorRx
-

SCHOOL INTERVENTIONS

- Continue and reinforce current 504 plan accommodations.
 - Parents to maintain communication with teachers regarding patient's needs and progress.
 - Monitor academic performance closely, especially in summer school algebra.
 - Encourage use of available academic supports and resources.
-

FOLLOW-UP

- Patient will need to follow up at least every 3 months to assess for medication efficacy, side effects, and overall progress.
 - No follow-up appointment scheduled at this time; parents instructed to contact Dr. Lavania as needed based on response to interventions over the summer.
 - If patient is not making progress with non-pharmacological interventions or academic performance declines, contact Dr. Lavania to discuss further options.
-

Outlook:

With consistent implementation of interventions, close monitoring, and ongoing communication, the patient's academic performance, behavioral regulation, and safety are expected to improve. The care plan will be adjusted as needed based on the patient's progress and response to interventions.

Team Members

none

The New Forms!

- Signature of provider selection on the fly!
- Responses typed into a box instead of a line!



Hiral Lavania, MD, FAAP, IBCLC | Priya Jothi, MD, FAAP
www.onefamilypediatrics.com
2575 Peachtree Pkwy, Suite 301
Cumming, GA 30041
(P) 678-962-PEDS (7337) | (F) 844-662-3114

Patient First Name Patient Last Name Patient Birth Date

Today's Date

Step 1: Warning Signs

1. Response
2. Response
3. Response

Step 2: Internal coping strategies - things I can do to take my mind off my problems without contacting another person

1. Response
2. Response
3. Response

Step 3: People and social settings that provide distraction

1. Name: Response Phone: Response
2. Name: Response Phone: Response
3. Place: Response
4. Place: Response

Step 4: People whom I can ask for help

1. Name: Response Phone: Response
2. Name: Response Phone: Response
3. Name: Response Phone: Response

Step 5: Professionals or agencies I can contact during a crisis

Step 5: Professionals or agencies I can contact during a crisis

1. Clinic Name Dr. Lavania or Anna at One Family Pediatrics Phone: 678-962-7337
2. Clinic Name: Response Phone: Response
3. Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4. Local Emergency Service: Response
Local Emergency Phone: Response
Local Emergency Address: Response

Step 6: Making the environment safe

1. Response
2. Response

The one thing that is most important to me and worth living for is:

Response

Patient Name: Patient Full Name

Signature:

Parent Name:

Signature:

Provider Name: Signature - Provider Full Name

Signature: Signature - Image

Checkbox list



Allows multiple choices to be made from a list of options that you create. Recommended for lists with 1-3 options.

Type of Forms

Options

3300 (Hearing/Vision Form)



3231 (Vaccine Form)

Asthma Action Plan

Medication to be Administered in School Form - place name

Allergy Form - please provide the allergen for which the form

Sports Physical Form - Please fill out the first 2 pages (yes/no)

School Excuse - Can only be provided if patient was seen in

Other

Input box - large



Allows input of multiple lines of text. Recommended when a sentence or paragraph style answer is desired.

Comments

Agreement



Displays a label, a downloadable document, and a "Sign" button. Recommended for sharing documents, such as policies, and asking for agreement. Documents that are signed and sent are saved to the selected document category.

Sports Physical History Form - Fill out and return



01/05/23 - Sports_Physical.pdf



Sports Physical History Form

Forms

General Attachments

☒ Display a button at the bottom of the form to allow general attachments of photos or PDF files. Incoming photos and files are added to the Portal Attachment document category.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: **John Canning** Date of birth: **03/14/16**

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: 77.17 in	Weight: 160 lb 0 oz	
BP: 122/80)	Pulse: 78 bpm	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 	<input checked="" type="checkbox"/>	
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 	<input checked="" type="checkbox"/>	
Lymph nodes	<input checked="" type="checkbox"/>	
Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 	<input checked="" type="checkbox"/>	
Lungs	<input checked="" type="checkbox"/>	
Abdomen	<input checked="" type="checkbox"/>	
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 	<input checked="" type="checkbox"/>	
Neurological	<input checked="" type="checkbox"/>	

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input checked="" type="checkbox"/>	
Back	<input checked="" type="checkbox"/>	
Shoulder and arm	<input checked="" type="checkbox"/>	
Elbow and forearm	<input checked="" type="checkbox"/>	
Wrist, hand, and fingers	<input checked="" type="checkbox"/>	
Hip and thigh	<input checked="" type="checkbox"/>	
Knee	<input checked="" type="checkbox"/>	
Leg and ankle	<input checked="" type="checkbox"/>	
Foot and toes	<input checked="" type="checkbox"/>	
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 	<input checked="" type="checkbox"/>	

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: **03/19/24**
 Address: **2575 Peachtree Parkway Suite 301 Cumming, GA 30041-7559** Phone: **(678) 962-7337**
 Signature of health care professional: _____, MD, DO, NP, or PA

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educa-

Patient	John Canning #1 03/14/2016 M
Signature	Hiral Lavanja, M.D. (PCP)
Vision R 20/?	20
Vision L 20/?	20
Corrected? Type Y or N	Y

Snap Text

- We do not have defaults, but we encourage new clients use them any time they will type in the same thing more than once a day!
 - Texting patients, portal message instructions, visit notes, and more!

#chol	Discussed with parents and child about high cholesterol levels. Discussed cholesterol handout and normal levels. Reiterated the importance of healthy diet and exercise. Increase fiber to diet and have 1 hour of exercise daily outside of school activities. Will recheck cholesterol levels in 3 months after diet and exercise changes.
#cold	Avoid OTC cold medications. Use saline drops 2-3 drops in each nostril every 1-2 hrs as needed (avoid suctioning too much or you'll get worsening inflammation in the nose) and steam (turn on a hot shower without the exhaust and have him sit in a steamy bathroom) to help. Keep head elevated at night.
#wart	Discussed with parent about wart treatment options. May use apple cider vinegar on cotton ball taped to area every night for 3 weeks or duct tape all day/night x 3 weeks. Also provided option for freezing off in office. Parents chose:

For Staff - New hires can copy from other users

- Or make them Practice Snap Text

#fam	Stillbirths, pediatric deaths, sudden deaths, genetic or autoimmune disorders, type 1 diabetes, mental health, asthma, heart disease <65 years
#soc	Who lives in household Pets Smokers Grade/daycare/at home Carseat vs seatbelt
#labs	Your child recently had labs ordered through LabCorp. This is a follow up to determine if you completed them or if you decided not to. Please let us know by responding to this message or calling the office. Thank you, have a great day!
#task	Your child recently had a -- lab or referral -- ordered. This is a follow up to determine if it has been completed or if you decided not to have it done. Please let us know by responding to this message or by calling the office. Thank you, have a great day!

Fake Users aka User Groups

Assign tasks to a group of users, not a specific person. Why?

- Order memory!

Fake Users aka User Groups

- Front Desk
- Nurse/MA
- Billing Dept
- Pending PPD
- Pending Radiology
- Pending Referral
- Referral Coordinator
- Pending Lab
- Overnight Lab

Fake Users aka User Groups

- Are you a multiple location office?
 - Create them by location!
 - Winooski Front Desk
 - Burlington Front Desk
 - Winooski Nurse/MA
 - Burlington Nurse/MA
 - It doesn't cost you anything to add more users

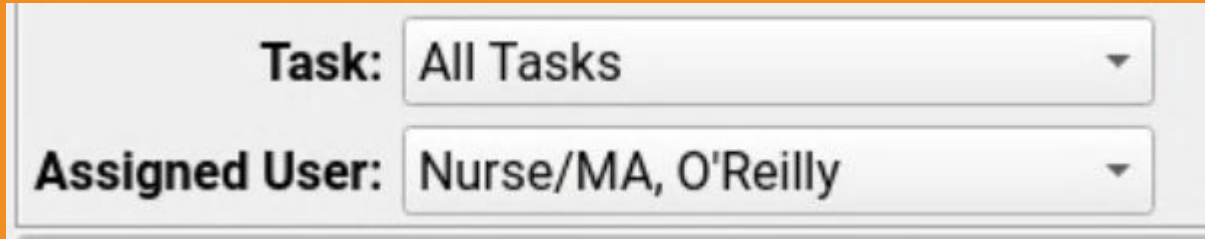
Fake Users

In case someone is out or no longer works in your office:

- Back Office
- Front Office
- Pending Labs
- Referral Referral

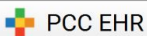
Filters

When you add new users groups, make sure staff update their filters on the various queues to see them!



The image shows a screenshot of a software interface with two filter dropdown menus. The first menu is labeled 'Task:' and has 'All Tasks' selected. The second menu is labeled 'Assigned User:' and has 'Nurse/MA, O'Reilly' selected. Both menus have a downward-pointing arrow on the right side.

Task:	All Tasks
Assigned User:	Nurse/MA, O'Reilly



Schedule (34)

Visit Tasks (34)

E-lab Results (0)

Rx Queue (0)

Messaging (1)

Signing (4)

FIND

Visit Status (Rm.)	Provider	Order	Task	To
Gone	Dr. Lavania	Vitamin D-25Hydroxy	Results Needed	Pending Lab
Gone	Dr. Lavania	Comprehensive Metabolic Panel 14	Results Needed	Pending Lab
Gone	Dr. Lavania	CBC with Diff with Platelets	Results Needed	Pending Lab
Gone	Dr. Jothi	ENT MAWAmbetter- North Fulton ENT Ph: 770-886-5821 Fax: 770-886-5825 Cumming, Roswell	Confirm Outcome	Referral Referral
Gone	Dr. Jothi	Therapy MP- Pediatric Speech Therapy of Forsyth ST Ph: 770-410-7719 Fax: 770-410-9510 McGinnis Ferry	Confirm Outcome	Referral Referral
Gone	Dr. Lavania	Gastroenterology MAW- GI Care for Kids Ph: 404-257-0799 Fax: 404-256-5475 Multiple Locations	Confirm Outcome	Referral Referral
Gone	Dr. Jothi	Orthopedics MAW - Pediatric Orthopaedic Associates - Multiple locations (p) 404-321-9900 (f) 404-321-4460	Confirm Outcome	Referral Referral
Gone	Dr. Jothi	Other	Confirm Outcome	Referral Referral
Gone	Dr. Jothi	CBC with Diff with Platelets	Complete Task	Back Office
Gone	Dr. Jothi	ENT MAWAmbetter- North Fulton ENT Ph: 770-886-5821 Fax: 770-886-5825 Cumming, Roswell	Complete Task	Referral Referral
Gone	Dr. Jothi	Food Allergy Profile (3+ years)	None	Back Office
Gone	Dr. Jothi	Allergens - Area 3 (3+ years)	None	Back Office
Gone	Dr. Jothi	Blood Grouping and Typing	None	Referral Referral
Gone	Dr. Jothi	Counseling - Family Counseling Associates of North Ga, 110 Samaritan Dr Ste 110, 210, 209, 208...	Confirm Outcome	Unassigned
Gone	Dr. Lavania	Ophthalmology North Georgia Eye Center Ph: 770-292-1999 Fax: 770-889-1315	Confirm Outcome	Referral Referral
Gone	Dr. Lavania	Therapy - Kidz Therapy Networks 5050 Research Court, Suwanee ph:770-205-5551 Fax:470-359-2982	Confirm Outcome	Referral Referral
Gone	Dr. Lavania	X-Ray Scoliosis - 1view	Results Needed	Unassigned
Gone	Dr. Jothi	Von Willebrands Panel	Complete Task	Unassigned
Gone	Dr. Lavania	Therapy - Kidz Therapy Networks 5050 Research Court, Suwanee ph:770-205-5551 Fax:470-359-2982	Confirm Outcome	Referral Referral
Gone	Dr. Jothi	Psychiatry* MA - Psychiatric Professionals of Georgia -1325 Satellite Blvd Northwest Bldg 400 • Suwanee, GA 30024,...	Confirm Outcome	Referral Referral

Visit Status

Our defaults now include:

- Check Out
- Results Ready
- Breastfeeding
- RProv
 - Shout out to the PCC EHR Queen at Pediatric Associates of Mt Carmel for this one

⋮	With Sean ▾	✓
⋮	with Peyton ▾	✓
⋮	with Ashanti ▾	✓
⋮	with Rocio ▾	✓
⋮	with Dyneesha ▾	✓
⋮	With Maggie ▾	✓
⋮	With Linda ▾	✓
⋮	With Brooke ▾	✓
⋮	with Student ▾	✓
⋮	CHADIS ▾	✓
⋮	Ready-Prov ▾	✓
⋮	with Dr. Lavana ▾	✓
⋮	With Dr. Jothi ▾	✓
⋮	Ready-Nurse ▾	✓
⋮	Clean Room ▾	✓

⋮	Finished ▾	✓
⋮	Nursing ▾	✓
⋮	Breathing Tx ▾	✓
⋮	WalkIn ▾	✓
⋮	In Car ▾	✓
⋮	Vitals ▾	✓
⋮	LabPending ▾	✓
⋮	Need Referral ▾	✓
⋮	Radiology F/u ▾	✓
⋮	Lab F/u ▾	✓
⋮	STAT ▾	✓

Portal Templates

- Agreements
 - Have portal users e-sign your financial policy
 - Use snap text to easily send a portal message with instructions!
- Attachments
 - Make it easy to upload insurance cards
 - Snap text works here as well!

Portal Templates

- Demographics Update
 - Ditch this and turn on Patient Pre-Check-in!
- Other
 - Finally you can assign it to someone!
 - Or disable it

Q

Ta

Subject	Task	To	Docs	Billing Status	Sign
Portal Message - Medication Refill Request	Portal Message				
Portal Message - Referral Request	Portal Message				
Portal Message - Referral Request	Portal Message				
Portal Message - Medications form	Portal Message				
Portal Message - Feeling better, still no ...	Portal Message	Priya Jothi M.D.			
Portal Message - Perceptions	Portal Message				
Portal Message - Katie Beckett forms	Portal Message	Front Office			
Portal Message - School Forms	Portal Message				
Portal Message - Medication Refill Request	Portal Message				
Portal Message - Medication for N. ...	Portal Message				
Portal Message - Baby Acne	Portal Message				
Portal Message - 3231 and 3300 forms	Portal Message				
Portal Message - Fever and small cough	Portal Message				
Portal Message - Ear rashes	Portal Message	Front Office			
Portal Message - Vaccines	Portal Message				
Portal Message - Noras rash	Portal Message				
Portal Message - Referral	Portal Message	Back Office			
Portal Message - Appointment Request	Portal Message				
Portal Message - Dermatitis around areola	Portal Message				
Portal Message - Rashes on R ear	Portal Message				

Display: All Statuses

Immunizations

Display NOTHING by default

- Every time you have PCC add a new vaccine, make sure to turn it off
- Only see the vaccines the patient has received

Documents

- Have you added a Trash bucket?

Visit Reasons

Tired of staff forgetting to change the visit reason when scheduling?

- Our default visit reason is now “Select a Reason”
 - Once again, a shout out to the PCC EHR Queen!

Growth Charts

- Make sure your Growth Charts are configured to appear in the portal.

Visit:

Sick Visit - OFP

Appointment Details

Informant/Relationship

Scribe

Chart-wide

Followup Orders

Handout Orders

Forms

Vitals

Reason For Visit (2-3 words)

History of Present Illness: I...

Chief Complaint

Medications

Immunization Consent

Immunizations

Visit Documents

Confidential Notes

Vitals

Weight

lbs

oz

Height

cm

BMI

Length

cm

Temperature

°F

Temporal

Respiratory Rate

bpm

Blood Pressure

s

d

Unspecified Location

Sitting

Pulse

bpm

O₂ Saturation

%

More

Vital Notes

Growth Charts

Growth Charts are not available when patient's sex is unknown.

+

+

+

+

+

+

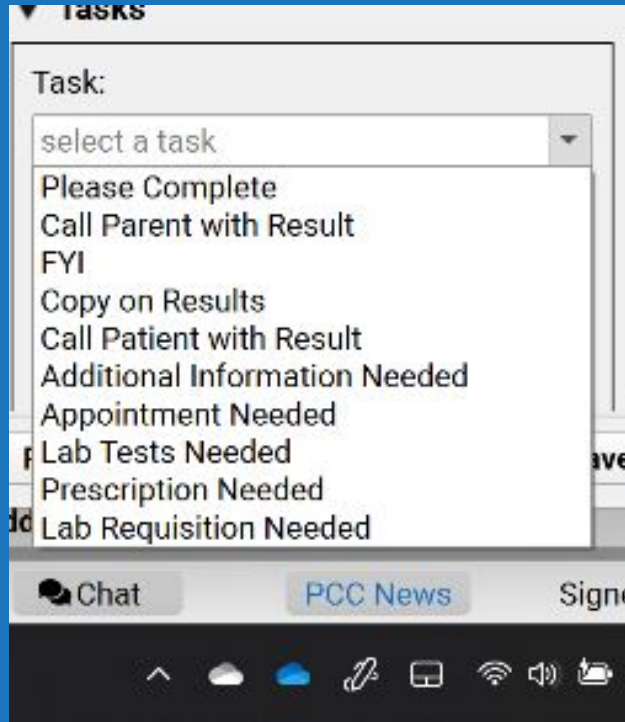
+

+


Task Types - Documents

- ** URGENT **
- Add New Insurance
- Complete Document
- ED/Hosp Discharge
- Left Message
- Please Review
- Records Request
- Referral Needed

What We Use



Protocols: Well Child Checks

✕

Edit Component

Component Name:

Component Type: Generic Check

☒ Display the last saved answer for each question.

Item Name	Clear Historical Answers for Item	Delete Item
12 mos: Stands with supports or taking steps. Looks for objects that ...	<input type="checkbox"/>	<input type="checkbox"/>
15 mos: Bangs toys together. Walking on own. Drinks from a cup. Say...	<input type="checkbox"/>	<input type="checkbox"/>
18 mos: Walks up stairs with help. Scribbles. Stacks blocks. Uses sp...	<input type="checkbox"/>	<input type="checkbox"/>
1 mos: Smiles purposefully. Hears you and sees you pretty well.	<input type="checkbox"/>	<input type="checkbox"/>
2.5 years: Plays pretend. Other people understand half of what they a...	<input type="checkbox"/>	<input type="checkbox"/>
2 mos: Watches you across the room. Coos. Can hold head up and tri...	<input type="checkbox"/>	<input type="checkbox"/>
2 years: Uses 2 word phrases with 50 word vocabulary. Parallel plays ...	<input type="checkbox"/>	<input type="checkbox"/>
3 years: Uses sentences. Understand 75% speech. Interacts with peer...	<input type="checkbox"/>	<input type="checkbox"/>
4 mos: Holds head steadier. Rolling from front to back. Smiles at peo...	<input type="checkbox"/>	<input type="checkbox"/>
4 years: Fantasy plays. Knows name/age/gender. Answers appropriat...	<input type="checkbox"/>	<input type="checkbox"/>
5 years: Hops/skips/balances on 1 foot. Ties a knot. Good articulatio...	<input type="checkbox"/>	<input type="checkbox"/>
6 mos: May cry with strangers. Likes mirrors. Rolls both way. Strings ...	<input type="checkbox"/>	<input type="checkbox"/>
9 mos: Clingy with familiar people. Understands "no." Makes sounds l...	<input type="checkbox"/>	<input type="checkbox"/>

Protocols: Well Child Checks

Edit Component - Well Child History

Edit Component

Component Name:

Component Type: Generic Check

☒ Display the last saved answer for each question.

Item Name	Clear Historical Answers for Item	Delete Item
Activity: Behavior/Temperament	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Extracurricular activities/Interests/Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physical activity at least 1-2 hrs per day	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Plays well	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Screen time < 2 hrs	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Tummy Time	<input type="checkbox"/>	<input type="checkbox"/>
Diet: <4oz/day Juice and no Soda	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Bottle and Pacifiers weaned	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Breastfeeding 8-10 times in 24 period for first 6 mos, 5-6 time...	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Calcium Source (milk <16oz per day), cheese, yogurt, dark gre...	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Eating good variety of fruits and veggies	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Formula - ounces per bottle, # of bottles per day	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Giving iron rich foods or supplements	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Protein (meats, beans, lentils)	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Solids started by 6 mos; eating good variety of fruits and vegg...	<input type="checkbox"/>	<input type="checkbox"/>
Diet: Vit D 400-800IU/day for infants/toddlers; 1000-2000IU/day for...	<input type="checkbox"/>	<input type="checkbox"/>
Elimination: Color and # of dirty diapers, # of wet diapers	<input type="checkbox"/>	<input type="checkbox"/>
Elimination: Soft stools daily	<input type="checkbox"/>	<input type="checkbox"/>

Menarche: Onset/Heavy bleeding/Heavy cramping	<input type="checkbox"/>	<input type="checkbox"/>
Potty Trained (Yes or In Process)	<input type="checkbox"/>	<input type="checkbox"/>
Risk: Any head injury or concussion in the past year	<input type="checkbox"/>	<input type="checkbox"/>
Risk: Any palpitations/chest pain/fainting/passing out in the past y...	<input type="checkbox"/>	<input type="checkbox"/>
Risk: Recurrent joint pains or fractures in the past year	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Able to swim	<input type="checkbox"/>	<input type="checkbox"/>
Safety: If firearms are present, locked away	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Knows parent names, address, phone number	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Understand stranger and street safety	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Wears helmet when riding bike/scooter/skateboard	<input type="checkbox"/>	<input type="checkbox"/>
Safety: Wears sunblock during long periods in the sun	<input type="checkbox"/>	<input type="checkbox"/>
School: Accommodations (IEP/504 plan)	<input type="checkbox"/>	<input type="checkbox"/>
School: Behavior or Academic Concerns	<input type="checkbox"/>	<input type="checkbox"/>
School: Grade/Performance	<input type="checkbox"/>	<input type="checkbox"/>
School: Post high school planning	<input type="checkbox"/>	<input type="checkbox"/>
Sees Dentist	<input type="checkbox"/>	<input type="checkbox"/>
Sleep: Stretch in hours	<input type="checkbox"/>	<input type="checkbox"/>
Social: Gets along with family	<input type="checkbox"/>	<input type="checkbox"/>
Social: Makes friends	<input type="checkbox"/>	<input type="checkbox"/>
Social: Participates in after-school activity	<input type="checkbox"/>	<input type="checkbox"/>

Protocols: Well Child Checks

Screening

Edit



Create a portal for patient (12yrs and up)

Ordered



Tasks: 1 (0 Completed)



Task: Complete Task

To:

Due: 03/19/24

Edit



Adolescent Screen #624 (13+ years)



Ordered

SNOMED CT: Suicide risk assessment

To:

Due: 03/19/24

Edit



Adolescent Confidential Questions #823 (13+ years)



Ordered

To:

Due: 03/19/24

Edit



GAD-7 #878 (13+ years)



Ordered

To:

Due: 03/19/24

Protocols: Well Child Checks

Well Child History	
<div>Select All</div>	
<input type="checkbox"/> Diet: Breastfeeding 8-10 times in 24 period for first 6 mos, 5-6 times from 6-9 mos, on demand >9mos	
Last Answer	02/29/2024: "mostly formula - mom not producing much breastmilk" [Peyton Salo]
notes	
<input type="checkbox"/> Diet: Formula - ounces per bottle, # of bottles per day	
Last Answer	02/29/2024: "30 mL every 3-4 hours" [Peyton Salo]
notes	
<input type="checkbox"/> Diet: Vit D 400-800IU/day for infants/toddlers; 1000-2000IU/day for 3+ years	
Last Answer	02/29/2024: "through formula" [Peyton Salo]
notes	
<input type="checkbox"/> Diet: Solids started by 6 mos; eating good variety of fruits and veggies	
notes	
<input type="checkbox"/> Elimination: Color and # of dirty diapers, # of wet diapers	
Last Answer	02/29/2024: "brown/orange dirty diapers 8 times yesterday, 3 wet diapers yesterday" [Peyton Salo]
notes	
<input type="checkbox"/> Sleep: Stretch in hours	
Last Answer	02/29/2024: "3-4 hours" [Peyton Salo]
notes	
<input type="checkbox"/> Activity: Behavior/Temperament	
Last Answer	02/29/2024: "no concerns" [Peyton Salo]
notes	
<input type="checkbox"/> Activity: Tummy Time	
notes	

Protocols: Well Child Checks

1-6 Mos OFP

Development

- ✓ 4 mos: Holds head steadier. Rolling from front to back. Smiles at people. Babbles. Can hold a toy. Pushes down on legs when feet are on a hard surface.
yes pt is rolling [Dyneesha Pardo]

Select All

- ☐ Newborn: Able to be calmed down. Hears you and sees you pretty well. Able to lift head when on tummy.

notes

- ☐ 1 mos: Smiles purposefully. Hears you and sees you pretty well.

notes

- ☐ 2 mos: Watches you across the room. Coos. Can hold head up and tries to push up on tummy. Brings Hand to Mouth

Last Answer 01/22/2024: "yes" [Ashanti Bridges]

notes

- ☐ 4 mos: Holds head steadier. Rolling from front to back. Smiles at people. Babbles. Can hold a toy. Pushes down on legs when feet are on a hard surface.

notes

- ☐ 6 mos: May cry with strangers. Likes mirrors. Rolls both way. Strings vowels together. May respond to name. Puts objects in mouth. Transfers toys from 1 hand to another. Sitting on own briefly. Bouncing on legs when standing with support. Rocks back and forth on all 4 or crawling.

notes

Protocols: Sick Visits

Visit:
Sick Visit - OFP
Appointment Details
Informant/Relationship
Scribe
Chart-wide
Followup Orders
Handout Orders
Forms
Vitals
Reason For Visit (2-3 words)
History of Present Illness: I...
Chief Complaint
Medications
Immunization Consent
Immunizations
Visit Documents
Confidential Notes

→

- Ear Ache - OFP
- Ear Follow Up - OFP
- Epistaxis
- eRx Encounter
- Eye - OFP
- Fever - OFP
- Flu - OFP
- Flu Vaccine - OFP
- Fussy Baby - OFP
- General Sick - OFP
- Guanfacine Side Effects - OFP
- Head Injury - OFP
- Headache - OFP
- Height Prediction
- Homebirth - OFP
- Hospital Newborn Visit
- Immunizations Only - OFP
- Injury - OFP

- Rash - OFP
- Referral Protocol
- Reflux - OFP
- Risperidone Side Effects - OFP
- SBIRT
- Sick Visit - OFP
- Sleep Screen
- Sore Throat - OFP
- Sports Physical
- Stimulant Side Effects - OFP
- Suture Removal - OFP
- Telemedicine
- Time of visit - OFP
- Tongue Tie - OFP
- Travel - OFP
- Unsolicited CHADIS Results
- Unsolicited E-lab Results
- Urticaria - OFP
- UTI - OFP
- Wart Removal - OFP
- Weight Check - OFP
- Weight Check Newborn - OFP

Protocols: Sick Visits

Auto-Notes Configuration Protocol: ◀ ▶ User:

Ear Ache - OFP

Physical Exam

NL
Practice Default:

N/E
Practice Default:

Eyes

ABN
Practice Default:

NL
Practice Default:

N/E
Practice Default:

Ears (laterality, type of fluid, rupture, acute/chronic/recurrent)

ABN
Practice Default:

NL
Practice Default:

N/E
Practice Default:

Protocols: Sick Visits

E&M Problem Level

Select All

☒ Level 4: 1 chronic illness with exacerbation/progression

Molluscum

☐ add item

notes

E&M Data Level

Select All

☒ Level 3: Assessment requiring and independent historian

notes

☐ add item

notes

E&M Risk Level and by Time

Select All

☒ Level 3: Low risk

notes

☐ add item

notes

Longitudinal Care

G2211

Select All

- ☒ during an E&M visit only. Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. I have reviewed immunizations, problem list, chronic problems, specialists that the patient sees as related to this diagnosis.

Will monitor molluscum for now

- ☒ By being this patient's PCP, I am providing longitudinal care.

notes

- ☐ add item

notes

AI and Charting

New SOAP Note

NotesIn-personOnline

English

Translate (beta)

E.g. pt 35yoM, Hgb: 13.8, RBC: 4.5, WBC: 4,500

0:00:00

SubmitCancel



History of Presenting Illness:

The patient, a young male, has been experiencing chronic fatigue, described by the parent as having been present for an extended period, possibly his entire life. The fatigue is characterized by a desire to lounge around, although he remains active, particularly in sports like hockey, where he reportedly keeps up with peers. Sleep patterns are regular, with bedtime at 8:30 PM and wake-up at 6:30 AM, without difficulty falling or staying asleep. However, the patient experiences nasal congestion attributed to allergies, which may contribute to his symptoms. The patient also reports frequent sore throats and stomach aches, occurring almost every other day, with a history of being evaluated for strep throat during a recent spring break. Despite these symptoms, the patient is a good eater and maintains a consistent growth curve, albeit on the lighter side, a trend observed since he was three months old. Allergy issues have been a long-standing concern, affecting his asthma and possibly contributing to his fatigue. The patient has tried various allergy medications, including Flonase and Zyrtec, with limited success. A recent suggestion included trying Singulair, with caution advised regarding potential mood changes. The patient's diet lacks milk but includes water, and there's an interest in increasing his intake of proteins and healthy fats to support his active lifestyle and possibly aid in mass gain.

AI and Charting

Given the patient's history and symptoms, the following plan is recommended for the parents:

Allergy Management:

Consider the introduction of Singulair as discussed, observing closely for any mood changes or nightmares. If these occur, discontinue use and inform the physician. Schedule an appointment with an allergist for a comprehensive evaluation and management plan, considering the patient's history of significant allergy issues.

Dietary Adjustments:

Increase intake of proteins and healthy fats to support the patient's active lifestyle and growth needs. Suggestions include incorporating more chicken, steak, peanut butter, eggs, and possibly smoothies with avocado, coconut milk, and other nutrient-rich ingredients. Explore creative ways to make smoothies more appealing, such as making them into popsicles, to overcome texture issues.

Activity and Rest:

Encourage regular, moderate to vigorous physical activity, balanced with adequate rest periods, especially after intense activities like hockey, to manage fatigue. Monitor the patient's energy levels and adjust activities as needed to prevent overexertion.

Follow-Up and Monitoring:

Follow-up by phone in 1-2 weeks to assess the effectiveness of the Singulair and any dietary changes. Consider blood work to rule out other causes of fatigue and to ensure there are no underlying conditions contributing to the patient's symptoms. Keep a symptom diary to track the patient's response to the new allergy medication, dietary changes, and any variations in fatigue levels, sore throats, and stomach aches.

Long-Term Considerations:

If Singulair and dietary adjustments do not lead to significant improvement, or if mood changes occur, revisit the treatment plan with the physician. Will refer to allergist if not improving.

AI and Charting

New SOAP Note

Notes In-person Online

English Translate (beta)

E.g. pt 35yoM, Hgb: 13.8, RBC: 4.5, WBC: 4,500

0:00:00

Submit Cancel

Choose what to share with app.scribeberry.com

The site will be able to see the contents of your screen

Chrome Tab Window Entire Screen

Dashboard

Select a tab to share

Also share tab audio

Share Cancel

AI and Disability Letter

New

Letter of Medical Necessity

×


Notes

In-person

Online

Medical context

5 year old boy, john canning, with autism who is unable to care for himself. Is dependent on his mom for all functions of daily living. Has urinary and stool incontinence, requiring diapers and has to be fed by caregiver. Patient is nonverbal.



Scribeberry will automatically fix most errors

Submit

Cancel

AI and Disability Letter



Disability Letter

Patient Information:

Name: John Canning

Age: 5 years old

Gender: Male

Diagnosis:

John has been diagnosed with Autism Spectrum Disorder (ASD). This is a developmental disorder that affects communication and behavior. It is characterized by difficulties with social interaction, communication challenges, and a tendency to engage in repetitive behaviors.

Treatment:

John's treatment plan is multidimensional and includes behavioral therapy, speech therapy, and occupational therapy. His treatment is tailored to his specific needs and is aimed at improving his ability to function and communicate effectively.

Disability Description:

John is unable to care for himself and is dependent on his mother for all functions of daily living. He has urinary and stool incontinence, requiring the use of diapers. He also needs to be fed by his caregiver as he is unable to feed himself. John is nonverbal, which further complicates his ability to express his needs and wants.

Prognosis:

Autism is a lifelong condition. While some children with autism make significant progress, others may continue to face significant challenges, including dependency on caregivers for daily living activities. John's prognosis is uncertain at this time, as the severity and progression of autism can vary greatly from person to person.

Impression:

John's condition significantly impairs his ability to perform daily living activities independently. His incontinence and inability to feed himself indicate a high level of dependency on his caregiver. His nonverbal status further exacerbates his disability, making communication and understanding his needs a challenge.

Recommendations:

Given John's high level of dependency, it is recommended that he continues to receive full-time care from his mother or a professional caregiver. It is also recommended that he continues with his current treatment plan, which includes behavioral, speech, and occupational therapy. These therapies aim to improve his communication skills, behavioral responses, and overall ability to perform daily living activities.

It is also recommended that John's caregiver receive support and training to manage his needs effectively. This includes training in communication strategies, behavior management techniques, and strategies for managing incontinence.

Labs

Lab Orders

Name

- ▶ 17-OHP (L:070085, Q:17180)
- ▶ 21-Hydroxylase Antibodies (L:500092, Q:39226)
- ▶ Abbott Molecular Strep Test - None of the Medicaid, Ambetter or UHC
- ▶ Abilify Lab Orders
- ▶ ACE Enzyme (L:010116, Q:18572E)
- ▶ ACh antibody (L:086007, Q:38359)
- ▶ ACTH (L:004440, Q:211)
- ▶ Acylcarnitine Profile, Plasma (L:070228, Q:14531)
- ▶ ADH (L:046557, Q:252)
- ▶ Aerobic Bacterial Culture (L:008649, Q:77115)
- ▶ Albumin (L:001081, Q:223)
- ▶ Alcohol - Blood (L:017996, Q:443)
- ▶ Aldolase (L:002030, Q:227)
- ▶ Alkaline Phosphatase (L:001107, Q:234)
- ▶ Allergen Profile, Mold (L:062448, Q:92170)
- ▶ Allergens - Area 3 (3+ years) (L:602629, Q:7213)
- ▶ Allergy - Nuts (L:603504, Q:94462)
- ▶ Allergy Profile 3mos-3years
- ▶ Allergy Profile for Children 608035
- ▶ Alpha-1 Antitrypsin (L:001982, Q:235)
- ▶ ALT (L:001545, Q:30110)
- ▶ Amenorrhea
- ▶ Amino Acid Profile, Qn, Plasma (L:700068, Q:585)
- ▶ Amino Acid Profile, Qn, Urine (L:700140, Q:36183)
- ▶ Amylase (L:001396, Q:6040)
- ▶ ANA (L:164855, Q:100250)
- ▶ ANA Comprehensive Profile Plus (L:164920, Q:27642)
- ▶ Androstenedione (L:004705, Q:17182)
- ▶ Anemia
- ▶ Anti GAD-65 (L:143008, Q:34878)
- ▶ Anti-DNase B Strep Antibodies (L:096289, Q:20160)
- ▶ Antinuclear Ab Reflex Cascade (L:164880, Q:27642)
- ▶ Antipancreatic Islet Cells (L:160721, Q:36741)
- ▶ Anti-cyclic citrullinated peptide (L:164914, Q:11173)
- ▶ ASO (L:006031, Q:53702E)

Workflows

- Optimizing Workflows
- learn.pcc.com
 - Search for workflow

Session Takeaways

1. PCC EHR is constantly being updated and you may not have updated your configuration to keep up.
2. If any of these interest you, work with PCC to update your system.

References

<https://learn.pcc.com>

Questions?

Later Viewing

This and all other UC2025 course recordings will be available for later viewing through the app.