



Pediatric Quality Improvement Considerations

Community Care of Wake & Johnston Counties (www.ccwjc.com)

Patient Name _____

Date of Birth _____

Practice Name _____

MID #: _____

Last Office Visit _____

Reason for chart review: Pre-existing appointment CCNC Chart Review Other

ASTHMA

Per NIH Guidelines:

One Continued Care visit with symptom assessment (annually): Yes, last date: _____ No

Assessment of environmental triggers: Yes, last date: _____ No

Maintenance asthma medication for patient with poor asthma control (e.g. frequent asthma ED visits, exacerbations, steroid pulses or β -agonist overuse): Yes No N/A

Written Asthma Management Plan (annually): Yes, last date: _____ No

DIABETES

Per 2010 ADA Guidelines:

Hemoglobin A1C: Yes, last date: _____; last value: _____ No

Lipid Profile or Direct LDL: Yes, last date: _____; last value: _____ No N/A

Dilated eye exam (age \geq 10): Yes, last date: _____ No N/A

Nephropathy detection or management (age \geq 10): Yes, last date: _____ No N/A

PREVENTIVE SERVICES

Per Medicaid policy:

Well child visit (annually): Yes, last date: _____ No

Height: _____ Weight: _____ BMI: _____

Blood Pressure: Yes, last date: _____; last value: _____ No N/A

Blood lead level at 12 and 24 months of age: Yes, last date: _____; last value: _____ No N/A

Dental referral or fluoride varnish: Yes, last date: _____ No N/A

Standardized Written Developmental Screening (age \leq 5): Yes, last date: _____ No N/A

Vision Assessment: Yes, last date: _____ No Hearing Assessment: Yes, last date: _____ No

Influenza Vaccine (annually, 6 months – 18 years): Yes No N/A

Tobacco Use determined (age \geq 10): Yes No N/A

Tobacco cessation advice offered if applicable, annually (Age \geq 10): Yes No N/A

Comments: _____

Care Manager _____ Chart Review Date _____ Phone _____