[1]

Orlando Health Primary Care Pediatrics

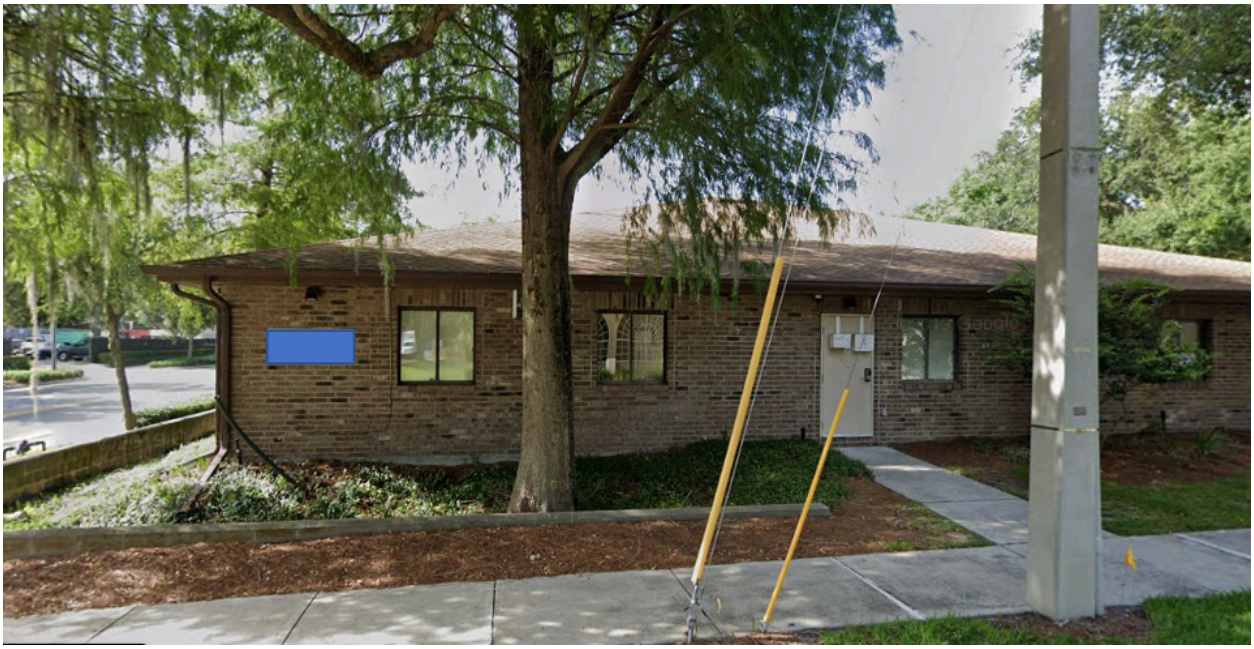
Provider Policy and Procedures Information

2024-2025

Table of Contents

[1]

GENERAL INFORMATION:



Orlando Health Primary Care Pediatrics provides approximately 10,000 patient-visits annually. The practice is the site of continuity ambulatory training for all 44 residents attending the Orlando Health Arnold Palmer Hospital Pediatric Residency Program.

Clinic website:
https://www.arnoldpalmerhospital.com/pediatric-specialties/pediatric-residency-group.

The clinic serves different pediatric populations based on age or medical need.
- Continuity Clinic
- Acute Clinic
- Faculty-run clinic
- Developmental and Behavioral Clinic (Dr Brian Harris)

MISSION STATEMENTS FOR CONTINUITY CLINICS

The mission of the continuity experience is to help residents acquire competencies essential for comprehensive, coordinated, longitudinal care of children with a wide variety of medical, behavioral, and social problems (Manual of Continuity Clinic, APA 2011).

GOALS AND OBJECTIVES OF THE CONTINUITY CLINIC EXPERIENCE:

1. Gain competence in providing preventive health services and handling acute and chronic medical problems in pediatric patients
2. Develop a longitudinal relationship with a group of patients
3. Gain experience in common outpatient procedural skills
4. Increase efficiency and number of patients seen per clinic session over time
6. Understand the practice of evidence-based and cost-effective medicine
7. Understand the importance of good documentation to facilitate care and appropriate billing
8. Understand and effectively navigate interdisciplinary team relationships.

THE CONTINUITY CLINIC STRUCTURE AND FORMAT

Each resident will be assigned one session (half-day) of continuity clinic experience per week during most rotations.

Clinic hours:

- The clinic hours are Monday-Friday from 8:30 am-5:00 pm, except on Tuesdays- first patient is scheduled at 9:00 am after Grand Rounds.
- Patients should call and schedule an appointment, but every attempt will be made to accommodate walk-ins.
- Morning continuity clinic: Arrive at 8:30 am after morning report or at 9:00 am after Grands Rounds.
- Afternoon continuity clinic: Arrive at 1:15 pm after noon conference.
- You are expected to arrive on time. If there is a true emergency preventing timely arrival, please call the clinic or the attending physician to notify them.
- **You are expected to stay in clinic until all patients are seen. Please note that patients calling for same-day sick visits and walk-ins may be added to your schedule if you have open slots or cancellations (last sick visit appointment at 4:30 pm).** You should also be available to help your colleagues on Continuity and Acute Clinic who are running behind and may be asked to see one of their patients. You must notify the clinic attending if you are leaving before 5:00 pm.

Patient Load

- PL1s will have 1 patient scheduled the first week of block 1. They will receive clinic orientation during their first clinic session and shadow with PL2 and PL3 to learn the outpatient system and flow of the continuity clinic. A gradual increase of patient load will occur over the three years of training.
- General guideline for the number of patients seen per half day session:
  - PL1: 2-5 patients
  - PL2: 6 patients
  - PL3: 6 patients (+1 overbook, must be approved by resident and attending)

CONTINUITY CLINIC TEMPLATES

CONTINUITY CLINIC TEMPLATES (Except Tuesday September-June)

Intern / PGY1			
July	**August thru September**	**October thru April**	**May thru June**
AM Session	**AM Session**	**AM Session**	**AM Session**
8:30 AM	8:30 AM	8:30 AM	8:30 AM
10:00 AM	9:30 AM	9:15 AM	9:00 AM
	10:30 AM	10:00 AM	9:30 AM
		10:45 AM	10:00 AM
			11:00 AM- follow-up, sick, 0-6 mo
Conference	Conference	Conference	Conference
PM SESSION	**PM SESSION**	**PM SESSION**	**PM SESSION**
1:30 PM	1:30 PM	1:30 PM	1:30 PM
3:00 PM	2:30 PM	2:15 PM	2:00 PM
	3:30 PM	3:00 PM	2:30 PM
		3:45 PM	3:00 PM
			3:30 PM

PGY2
July thru Jun
AM Session
8:30 AM
9:00 AM
9:30 AM
10:00 AM
10:30 AM
11:00 AM- follow-up, sick, 0-6 mo
Conference
PM SESSION
1:15PM
1:45 PM
2:15 PM
2:45 PM
3:15 PM
3:45 PM

PGY3
July thru Jun
AM Session
8:30 AM
9:00 AM
9:30 AM
10:00 AM
10:30 AM
11:00 AM- follow-up, sick, 0-6 mo
Conference
PM SESSION
1:15PM
1:45 PM
2:15 PM
2:45 PM
3:15 PM
3:45 PM

NEW PATIENTS (NPT) FROM OUTSIDE NETWORK
ADOLESCENT > 12 years
MEDICALLY COMPLEX
Extended visit (45 min or 60

Breastfeeding Mother Template- This template can be customized based on pumping schedule

LACTATING MOTHER- CONTINUITY CLINIC TEMPLATES			
Intern / PGY1			
July	August thru September	October thru April	May thru June
AM Session	AM Session	AM Session	AM Session
8:30 AM	8:30 AM	8:30 AM	8:30 AM
10:00- 10:30 AM- LACTATION	9:30 AM	9:15 AM	9:00 AM
10:30 AM	10:15-10:45 AM- LACTATION	10:00-10:30 AM- LACTATION	9:30 AM
	10:45 AM	10:30 AM	10:00-10:30 AM - LACTATION
			10:30 AM
Conference	Conference	Conference	Conference
PM SESSION	PM SESSION	PM SESSION	PM SESSION
1:15 PM	1:15 PM	1:15 PM	1:15 PM
3:00-3:30 LACTATION	2:15 PM	2:15 PM	1:45 PM
3:30 PM	3:15-3:45 pm- LACTATION	3:00-3:30 PM- LACTATION	2:15PM
	3:45 PM	3:30 PM	3:00-3:30 PM - LACTATION
			3:30 PM

PGY2
July thru Jun
AM Session
8:30 AM
9:00 AM
9:30 AM
10:00-10:30 AM- LACTATION
10:30 AM
11:00 AM
Conference
PM SESSION
1:15 PM
1:45 PM
2:15 PM
2:45-3:15 PM- LACTATION
3:15 PM
3:45 PM

PGY3
July thru Jun
AM Session
8:30 AM
9:00 AM
9:30 AM
10:00-10:30 AM- LACTATION
10:30 AM
11:00 AM
Conference
PM SESSION
1:15 PM
1:45 PM
2:15 PM
2:45-3:15 PM- LACTATION
3:15 PM
3:45 PM

- The patient visits include established and new patients seen for well visits or follow-up visits. Unfilled slots will be used for same-day sick visits and walk-ins.
- Generally, established well visits and follow-up visits are scheduled every 30 minutes. Some patients may be given longer appointments (i.e. new patients, adolescents, or medically complex patients).
- New patients are assigned to your continuity practice panel based on availability of appointments. New patient sources include follow-up visits from recent emergency department or hospital admissions, newborns from the nursery or NICU, and referrals to the outpatient practice. Alternatively, you can invite parents who do not have a PCP to choose you as their child's primary care physician.

CONTINUITY OF CARE

- As a continuity physician you are expected to take primary responsibility for the medical care of your continuity patients.
- Identify yourself to the patient as his/her doctor and tell them a little bit about yourself.
- Give the patients a business card and inform them of your clinic day.
- Keep your vacation and rotation schedules in mind when you set up your follow-up appointment times.
- Your efforts to maintain continuity with your patients are invaluable.

SCHEDULES AND SCHEDULES CHANGES

- Clinic appointments are made 30 days in advance, and it is difficult to reschedule patients. Given that there are approximately 44 residents working at the clinic, we try to minimize schedule changes. The following exceptions can be made:
  - Personal reasons- emergencies, illness
  - Interview for fellowship or job → try to reschedule for another day, or have a colleague cover your clinic (and you in turn cover theirs)
- If you are planning to miss 1 hour, please email clinic medical director and office manager to ensure patient appointment slot gets blocked.
- If you are planning to miss > 1 hour, please reach out to the chief residents to discuss back-up coverage before reaching out to clinic medical director and office manager.
- All schedule changes requests must be made in writing.
- Please double check your clinic schedule to make sure that your schedule is closed if you are scheduled to be out for any of the above reasons.
- If you are SCHEDULED to be in clinic and your template is blank, please contact the clinic medical director and office manager ASAP so they can help trouble-shoot the problem with you. The residents should also check their schedules prior to leaving on vacation to ensure there are no patients on their schedule.

TEACHING METHODS

We use many modalities in pursuing this broad range of goals.

1. Direct Supervised Patient Care Activities: Residents are assigned to see patients in continuity clinic approximately one half-day per week and are supervised by Outpatient Medical Education faculty. Residents will have a minimum of 36 clinic sessions each academic year. The faculty to learner ratio is 1:2. Each resident will initially evaluate the patients on their own, formulate an assessment and plan, and then will present to a clinic faculty member. The primary method of teaching is case-based one-on-one teaching at the time of the presentation. This teaching can include demonstration of history taking or examination skills, modeling communication, teaching screening and prevention, exploration of medical knowledge, or probing medical decision-making skills. The faculty will provide supervision which is appropriate for the level of training of the resident, allowing progression in independent clinical decision making as the resident advances through the training program. Residents then document the encounter in an electronic note in the EMR.

All clinical charts are reviewed and co-signed by the attending physician, with feedback given to the resident about appropriateness and completeness of clinical charting. All charts must be completed within 24 hours. Additionally, residents periodically work with one of the attendings on billing review.

2. Yale Pediatric Curriculum Case Discussions: These sessions are scheduled every Wednesday @8:00-8:30 AM. Cases and articles are posted online at the beginning of each academic year. Residents are expected to read and prepare their own answers prior to the teaching session. The case is discussed as a group with the PL3 resident on Med Ed rotation and the clinic faculty as facilitators.

Block 1	Vaccine primer	Sick Child	Difficult Encounter	Headache
Block 2	Breastfeeding Initiation/ troubleshooting	Colic	Safe Sleep	Newborn Screening
Block 3	Primary Care of the Premature Infant	Abnormal Head Shape and Size	Atopic Derm	Hearing
Block 4	Toilet Training	Sleep	Water Saftey	Discipline
Block 5	Constipation	Otitides	UTI	Iron deficiency anemia
Block 6	Food Allergies	Asthma	Nutrition	Failure To Thrive
Block 7	Vaccine hesitancy			Fluroide
Block 8	Rhinorrhea	Lymphadenopathy	Urinary incontinence	Hematuria & Proteinuria
Block 9	Bone Health	Developmental Hip Dysplasia	Joint Pain	Scoliosis
Block 10	Concussion	Murmurs	Vision Screening	Sports Participation
Block 11	Adol Vaccinations	Acne	Adolescent contraception	Eating Disorders
Block 12	School Readiness	ADHD	Precocious Puberty	Short Stature
Block 13	Hypertension	Substance use	Depression	

Log in info for the Yale Curriculum:
https://medicine.yale.edu/pediatrics/pcpc/

Moderator version (Includes answers to the questions)
Login: orlandomoderator
Password: 277806

Learner version (Questions only)
Login: orlandolearner
Password 151500

3. Independent Reading: Residents are expected to read independently about problems and questions that arise in the care of their patients seen in clinic.

4. Didactics: Residents will also receive lectures with content relevant to their clinic experience during block 2, in addition to PREP cases presented throughout the academic year.

5. Monthly Clinic Morning Report

6. Quality Improvement Projects

7. Benchmarks serve as guidance for each year in Primary Care

- PL1 — Well Child Care, immunization and screening
- PL2 — Management of chronic medical need
- PL3 — Parenting and developmental guidance for parents and families

8. We always welcome suggestions for innovative teaching tools ☺

EVALUATIONS AND FEEDBACK

Residents will be evaluated through four primary modes:
1. Global resident evaluations will be completed by the Outpatient clinic faculty every 6 months. In turn, residents have the opportunity to evaluate their preceptor's teaching skills and outpatient experience.
2. Evaluation done by clinic staff (completed by MA, LPN and office manager)
3. Data about your practice habits: Immunization rates, BMI, nutritional & exercise counseling.

Areas that will be assessed include:
- Knowledge base
- Interviewing skills
- Physical examination skills
- Interpretation of data

- Time efficiency
- Relationships with patients
- Relationships with peers and staff
- Documentation

The expectation is that the resident will demonstrate a gradual, but definite, progression towards the goal of becoming an independent pediatrician by the completion of the training program, with the ability to function independently and manage common pediatric problems with little attending intervention.

THE CONTINUITY CLINIC RESIDENT EXPECTATIONS

Pre-visit:

- Review the clinic schedule and patients' medical records prior to the clinic session. Review relevant notes from clinic, ED, hospital visits, specialists' notes, labs, and imaging. Decide beforehand who may need additional care. Then, communicate these concerns with your medical assistant on the day of the visit so that the entire team is prepared when the patient arrives.
- Please note that the clinic schedule may change due to last minutes cancellations and addition of same-day visits, but you will save time if you've seen the chart prior to the appointment. The patients on the schedule are your patients. You are their doctor!

Day of the visit:

- Arrive to clinic on time with a positive attitude and intentionally work on building connections with clinic team members. Get to know your staff (Medical assistant, front desk staff, etc..).
- Huddle with your MA at the beginning of the session and notify her if any additional testing is needed on your patients (for example POCT Hgb, ASQ-3, changing type of the visit from follow-up to WCC, etc.). Ensure minute-to-minute communication with the MA.
- Communicate additional patient needs with front desk staff or office manager if indicated.
- See patients in the order in which they are scheduled unless the severity of illness dictates more immediate attention and a change in priority, or the patient arrives late for a scheduled appointment.
- You are expected to be complete but efficient, and respectful of the patients' time as well as your own. Patients should not be kept waiting for excessive periods of time. If you are prevented from seeing your patients in a timely fashion, you should attempt swapping patients with other residents after discussing with the attending.
- Obtain history, perform focused physical exam, formulate assessment and plan and present cases to the attending physician. During the session, the attendings devote their time exclusively to precepting residents.
- Apply evidence-based medicine and up-to-date clinical guidelines to manage common acute and chronic diseases.
- Provide disease management options that are patient-centered and cost-effective. Set goals with patients in clinic that are respectful of their psychosocial situations and create an appropriate system between visits to support patients in those goals.
- Show initiative regarding your own education and be curious about your patients.
- Be sure to place patient instructions and orders (return visit, referral, labs, etc) in EPIC before patient check-out. Please indicate the resident with whom you want the appointment scheduled, when and why the appointment should be scheduled (Example: Follow-up for 2 week WCC with Dr. Smith).

Post-visit:

- You are responsible for following up on results of tests ordered on your patients. Contact patients via phone or MyChart to inform them of test results, and document management/communication in the patient chart (telephone note or result note). Document phone call attempt family even if unable to reach family. “No news” is no news! Ask the medical assistant to send a letter via mail asking the family to call clinic back regarding results if indicated. Notify the attending and Acute team if you are unable to follow-up on test results.
- Follow-up on the status of the patient who is referred to APH for admission or evaluation in the ED. Notify the attending if patient no-show to hospital or ED.

Throughout the session!

- Use downtime in clinic to review your schedule to identify and contact high risk patients and/or patients who did not show to their appointment.
- Respond to requests from attending and clinic staff related to patient triage phone calls.
- Consider your clinic group your team. If you are particularly efficient one day, offer to assist your colleague on continuity clinic who is overwhelmed. Then when you are running behind you are likely to get assistance from your colleagues.
- Communicate with your attendings if you are having a rough day-they are here to help you!

DOCUMENTATION

- Clinic notes must be completed within 24 hours.
- A comprehensive medical record is paramount for high quality care. This will protect you and your patient should a medical-legal issue arise. Insurance companies require reasonable documentation that supports the charges being billed for the services provided.
- Be thorough in your documentation. Your discussion of the patient with the attending should be reflected in your documentation.
- Be objective. Your documentation is shared with the family via MyChart.
- The residents are expected to update the active problem list and reconcile medication list at each visit.
- Past medical history, past surgical history, family history and social history must be reviewed and updated by provider at each well-child visit and during office visits if indicated.
- Please forward the note to the appropriate supervising attending.

CODING AND BILLING

- Residents are encouraged to enter billing codes for each patient encounter. The clinic attending will be co-signing note and submitting the charges.
- First decide if the patient is New or Established. A patient who has not received any professional services in our practice in the last 3 years will be considered a New Patient.
- Second, decide if the visit should be coded for a well child check-up or an interim office visit.

Well Child Check (WCC)

99381-99385 for new patients; or 99391-99395 for established patients. A patient visit qualifies for a well child check-up when the following components are completed and documented.

- Health and developmental history
- Immunization update
- Nutritional assessment
- Dental assessment and referral
- Vision and hearing screening
- Laboratory tests (Hgb, lead, TB) if applicable

- Health education
- Unclothed physical examination

Established Intervals for the WCC
- Age 0-1: 3-5 days, 2-4 weeks, 2, 4, 6, 9, 12 months
- Age 1-2: 15, 18, 24 and 30 months
- Ages 3-21: Once per year

Interim office visit

99202-99205 (new patient) or 99211-99215 (established patient); should be used for patient visits that do not meet the criteria for a pediatric preventative medicine visit (WCC). Examples of interim visits are acute/sick visits or visits for care coordination for patients with chronic conditions. (i.e. asthma, seizures, ADHD, etc.).

Level of MDM	Number and Complexity of Problems Addressed	Data to be Reviewed and Analyzed	Risk of Patient Management
Straightforward 99202/ 99212	• 1 Self limited or minor problem (bug bite, otalgia)	Minimal or none	• No intervention • Supportive care
Low 99203/ 99213	• 2 Self limited or minor problem • 1 Stable chronic problem (ADHD, Asthma) • 1 Acute uncomplicated illness or injury (cystitis, AOM, pharyngitis, sprain)	Limited: Meet 1 out of 2 categories Cat 1: • Review prior external note(s) from each unique source • Ordering of each unique test • Review result(s) of each unique test Cat 2: Assessment requiring independent historian	• Simple straight forward *intervention* • *OTC meds*
Moderate 99204/ 99214	• 2 or more stable chronic illness • 1 or more chronic problem with mild exacerbation, progression, side effects of Rx (Asthma exacerbation, ADHD worsening) • 1 Undiagnosed new problem with uncertain prognosis (blood in stool, unexplained bruise) • 1 Acute illness with systemic symptoms (pyelonephritis, pneumonia, colitis)	Moderate: Meet 1 out 3 categories Cat 1: (Meet any 3)) • Review prior external note(s) from each unique source • Ordering of each unique test • Review result(s) of each unique test • Assessment requiring independent historian Cat 2: Independent interpretation of tests performed by others Cat 3: Discussion of mgmt. or test interpretation w/external source	• Prescription drugs • Decision for minor surgery with risk factors • Decision regarding elective major surgery • Diagnosis or treatment severely limited by social determinant for heath
High 99205/ 99215	• 1 Acute or chronic illness with severe exacerbation/ progression/ side effects of Rx / threat to life or bodily function (severe respiratory distress, abrupt change in neuro status, peritonitis, psychiatric illness, potential threat to self/ others)	Moderate: Meet 2 out 3 categories as above	• Drug Rx requiring intensive monitoring for toxicity • Decision - major surgery

General Rules
- Review the billing encounter with the attending.
- Be as specific as you can be. For example, *Right Acute Supprative Otitis Media w/o rupture of ear drum.* Instead of *Otitis Media.*
- When a definite diagnosis is not reached then a symptom such as abdominal pain, diarrhea, fever no source, etc can be used.
- Mark ICD-10 diagnosis codes in order of importance.
- Bill for all procedures performed (e.g., ASQ, M-CHAT, fluoride varnish, EPDS, cerumen removal, etc).
  The MA/LPN are responsible for entering procedure code for the procedures they routinely perform (vaccines, hearing, vision, POCT testing such as Hgb and rapid Flu/RSV).

Remember the physician, not the billing personnel is legally responsible for the diagnosis codes submitted to the insurance companies. If an auditor finds the ICD-10 codes on the bill do not correspond to the documentation, the physician, not the billing personnel, can be charged with billing fraud.

CONFIDENTIALITY

Do not discuss patient care in the hallways or other public areas.
Close the door during the encounter unless there is a clear reason not to.
Remember to log off your computer screen whenever you are leaving it unattended.

PROFESSIONALISM

Be respectful to the patients, your colleagues, and the clinic staff**.**

DRESS CODE

Dress professionally, business attire. No jeans.

Black scrubs have been allowed during the COVID-19 pandemic.

LATE PATIENT ARRIVAL POLICY

- Patients who are late to clinic should be worked into the schedule as an add-on, if that is accomplished without disadvantaging other patients or extending the time of the session.
- The clinic staff should consult with the attending of the day prior to rescheduling patients for a different time.
- Managing late patients should balance the needs of the patients, the staff, and other patients.
- If a patient arrives past appointment time, staff will ask the provider if he/she is able to see the patient. If a provider is available to see the late patient, it will be for a **BRIEF visit** addressing the most pressing issue the patient has**. This visit will occur AFTER on-time patients have been seen.**
- If there are other non-urgent things the patient would like to discuss, they should be scheduled a future visit, to discuss at a later point.
- The nurses and providers will work together to prioritize who needs to be roomed and seen first and decide whether the residents need to swap patients to maintain patient flow.
- Late patients should be offered the opportunity to reschedule at a future date if the provider is not available to see them.
- Patient arriving late should be educated on the importance of arriving to clinic on time. Patient should arrive 15 min prior to appointment time.
- Newborn under 30 days and sick patients: Will be seen regardless of the time they arrive.

PROCEDURES FOR DISRUPTIVE PATIENTS

In the event of any disruptive, disrespectful, or otherwise potentially unsafe or violent behavior from a patient or family member, the following procedure should be followed:

1) Notify a member of the Behavioral Response Team (BRT) immediately. Even if it seems harmless initially, do not assume you can handle it on your own. Making others aware creates a safe environment for all.
   The BRT includes, as available, the Practice Manager, Medical Director (or Attending Physician), RN care coordinator, LPN/MA, FOA or Orlando Health Security Officer.

2) The BRT will assess the concerns and/or behavioral health needs of the person involved, provide interventions to de-escalate the situation.

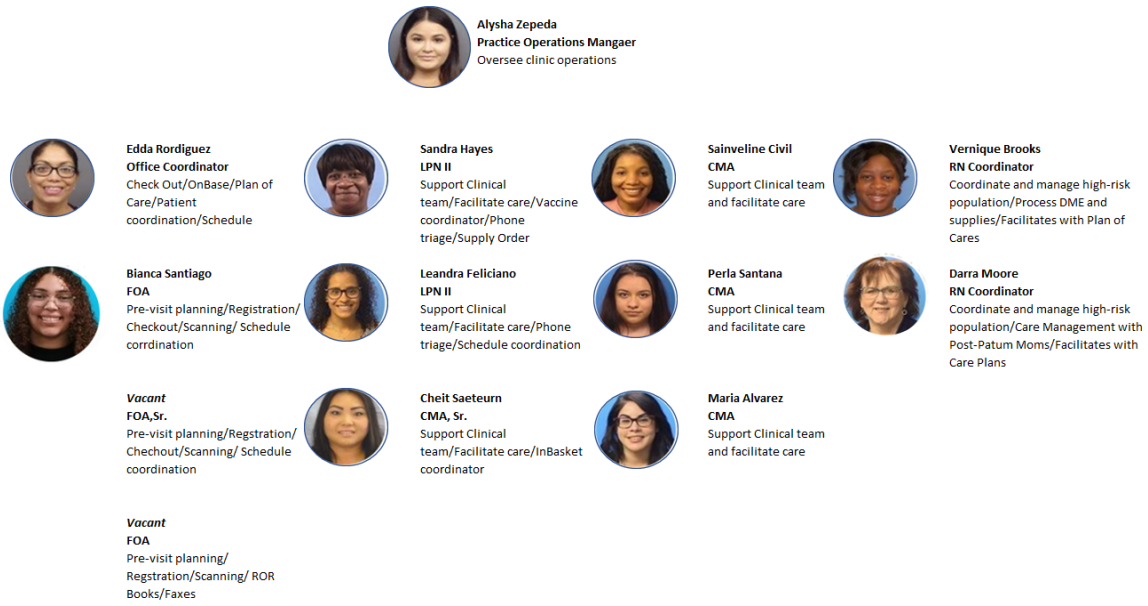
3) Where crisis assistance due to a threat or act of violence is necessary a member of the BRT will call The Orlando Police Department at 911 (General number 321.235.5300).

5) Provide appropriate documentation regarding your interactions during the encounter.

Disruptive Behavior includes, but is not limited to, the following (this list is provided to give examples of unacceptable behavior and is not intended to be exhaustive):

1. Refusal or failure to comply with bylaws, rules and regulations, policies and procedures, and/or patient safety initiatives of the medical staff and Orlando Health, Inc.
2. Disrespectful, arrogant, condescending or rude behavior towards team members, patients, family members, colleagues, and others at Orlando Health;
3. Demeaning, belittling or disengaging behavior;
4. Temper outbursts, shouting, angry remarks, inappropriately loud remarks, use of profanity, foul or obscene language or gestures;
5. Name calling, degrading and insulting comments, condescending and rude remarks, demeaning of others, racist and/or sexist remarks, signs of disdain, rudeness, or disgust;
6. Threatening comments (e.g., threatening physical harm or to have staff fired);
7. Throwing or attempting to damage equipment, supplies, and/or other objects;
8. Demanding special treatment in staffing, clinical care and scheduling, demanding staff members leave or be removed from the examination room or from a patient's case;
9. Inappropriate notations and/or remarks in the medical record;
10. Harassment: Unlawful conduct directed at a group or individual has the intent or effect of producing humiliation, embarrassment and/or revulsion at the target.

CLINIC STAFF



People who can help you:
- Alysha Zepeda, office manager: (321)843-5931
- Edda Rodriguez, front office assistant: (321)843-3221
- Keri, front office assistant: (321)841-3224
- Sandra Hayes, LPN/Cheit Saeteurn: (321)843-1285
- Darra Moore, RN: 321-841-6862

To reach nursing or front desk staff team via EPIC, sent message to:
- Nursing staff pool: P PEDS GEN ADOL PEN clinical support
- Front desk staff pool: P PEDS GEN ADOL PEN non-clinical support
- Clinic attending pool: P PEDS GEN ADOL PEN provider support

PROCEDURES THAT CAN BE DONE IN CLINIC

- Immunization administration
- PPD placement
- Venipuncture
- Capillary puncture (finger or heel stick)
- Bladder catheterization
- Cerumen removal (curette/lavage)
- Fluoride varnish (Ages first tooth-5 years, every 3 months, ask if patient received fluoride varnish at dentist office within the last 3 months)
- Vision screen (Welch Allyn Spot Vision (starting age 12 months), Lea symbol chart 3-4 years, Snellen chart starting age 5-6 years)
- Audiometry (starting age 4 years)

- Spirometry (> 5 years)
- Silver nitrate cauterization
- Transcutaneous bilirubin
- Fluorescein eye stain
- Wood's lamp light examination
- Pneumatic otoscopy
- Frenulotomy
- Cryotherapy

SCREENING TOOLS COMMONLY USED IN CLINIC

- Social determinant of health
  FACES poverty screening (at each WCC)

- Maternal Depression Screening
  Edinburgh Postnatal Depression Scale (EPDS) (done periodically at 2-4weeks, 2,4, 6 month WCC)

- Development
  ASQ-3 (Done periodically at 9, 18 and 30 months, and anytime there is concern on surveillance. ASQ-3 is available in English and Spanish for ages 1-60 months)
  SWYC is available in Haitian Creole

- Autism
  MCHAT-R (Done periodically at 18 and 24 months). It is valid for ages 16-30 months. Available in all languages.
  M-CHAT-R (Follow-up)

- ADHD
  Vanderbilt initial parent Informant
  Vanderbilt initial teacher Informant
  Vanderbilt follow-up parent Informant
  Vanderbilt follow-up parent Informant

- Anxiety
  Generalized Anxiety Disorder scale (GAD-7)
  SCARED child version
  SCARED parent version

- Depression
  PHQ-A (starting age 12)

- Mental Health- substance
  CRAFFT (starting age 12)

- Concussion
  SCAT-2

- Asthma

Asthma Control Test (>12 years)
Asthma Control Test (4-11 years)

POINT-OF-CARE TESTING (POCT) DONE IN CLINIC

- Hemoglobin (Routinely done at 12- and 24-months visits, adolescent females)
- Lead (Routinely done at 12- and 24-months visits and between 3-6 years if previous lead level not available)
- Accu check glucose
- Urine dipstick
- Rapid Strep test
- RSV
- Flu A/B
- COVID-19
- Urine pregnancy test (hCG)
- Stool Guaiac (fecal occult blood)

IMMUNIZATIONS

- Review child's immunization status, regardless of the visit type (WCC, follow-up, sick visit). If the immunizations are not up-to-date, immunization should be offered to the family during that visit, unless contraindicated.
- Follow CDC vaccine recommendations and our clinic simplified vaccine sheet.

Orlando Health Primary Care Pediatrics

Vaccine Schedule Reference Sheet

Assessment Code for all vaccines: Z23 (Encounter for Immunization)

2 months Pediarix (DTaP, IPV, HepB) Hiberix Prevnar 13 Rotarix	**4 months** Pediarix (DTaP, IPV, HepB) Hiberix Prevnar 13 Rotarix	**6 months** Pediarix (DTaP, IPV, HepB) Hiberix Prevnar 13	**9 months** Catch-up
12 months Hepatitis A MMR Varicella	**15 months** DTaP Hiberix Prevnar 13	**18 months** Hepatitis A (at least 6 months from Hep A#1)	
4 years Kinrix (DTaP, IPV) Proquad (MMR, Varicella)	**9 years** Gardasil	**11 years** Tdap Menveo Catch-up Gardasil	**16 years** Menveo Bexsero

- Be sure to inform the family/patient of vaccines being given and benefits and risks of vaccines at every visit even if those vaccines were given previously. The family must also receive a VIS (Vaccine Information Sheet).
- Recommend COVID-19 vaccine starting the age of 6 month (can be obtained at pharmacy starting age 18 months).

TB SCREENING AND PPD TESTING

- Order PPD (Aplisol) 0.1 ml SC and link to Z11.1 (Encounter for screening for respiratory TB).
- Nurse will place PPD and open a note to document results in a note under "chart tabs." When the patient returns in 48-72 hours, a result note will be completed with the PPD reading.
- PPD are only done Mon, Tue, Wed and Fri.

MEDICATIONS THAT CAN BE GIVEN IN THE OFFICE

- Acetaminophen (160mg/5ml) and Acetaminophen 500 mg Oral tablet
- Ibuprofen (100mg/5ml) and 200 mg tablet
- Albuterol nebulized treatment (2.5mg/3m) 0.083% solution
- Albuterol HFA via aerochamber
- Benadryl (12.5mg/5ml)

- Prednisolone (15mg/5ml)
- Dexamethasone (1mg/ml)
- Ceftriaxone sodium 250mg, 500mg and 1 gram.
- Azithromycin 1gm oral packet
- Ondansentron 4 MG oral tablet disintegrating
- Depo provera shot 150mg/ml
- Epipen 0.15mg and 0.3mg
- Docusate Sodium/ Colace (50mg/ 5 ml)
- Hydrogen Peroxide 3 %
- Lidocaine (20 mg/ 2 ml)
- Glycerin infant suppository
  -In addition: Pedialyte, Gatorade, formula

LABORATORY TESTING AND RESULTS FOLLOW-UP

- Link lab order to appropriate diagnosis.
- Ask MA/LPN to print the lab order and to direct patient to the lab contracted with insurance plan (OH Lab, Quest, LabCorp). Patients can also access lab order via MyChart.
- STAT/Urgent labs can be obtained in the office. Place order (choose STAT option) and notify your nurse.
- Residents are responsible for following their patient labs/imaging results that are obtained in clinic.
  - STAT labs sent to OH lab- results can be retrieved after 2-4 hours.
  - Routine Labs are sent to OH/Quest/LabCorp lab (based on insurance plan)- results can be retrieved within 24 hours.
  - Please follow-up with your nurse and/or call lab if testing results are not available within above timeframe.
- Residents may ask the on-call nursery residents to follow-up on STAT labs that have not resulted by 5PM or need follow-up during the weekend. A detailed sign-out and action plan must be provided to nursery resident. This must include name, DOB, lab results name, and a phone number where they can be reached as verified by parents during the visit.
- Residents should check their 'In basket' daily. This will allow the resident to review and verify testing results sent from clinic.
  - Enter a result note (or telephone note) anytime you call the family to discuss test results. The expectation is to discuss results with family if the results are abnormal.
  - If the test results are normal, the residents have the option to call family, send MyChart message or just ask the nursing staff to notify family of normal results (by sending a message to the nursing pool P PEDS GEN ADOL PEN clinical support)
  - If unable to reach a family by phone, leave a message asking family to call the clinic back to discuss results. Document plan in result note. This will allow the nursing staff to review the resident plan when the family calls the clinic back. The resident should never leave actual results/patient information on voicemail.
  - If unable to reach the family by phone due to the family's phone being disconnected, ask the nursing staff to send a letter to the family by mail.
- The residents on the Acute rotation are expected to provide coverage for lab/imaging results ordered by the residents who are away from clinic (vacation, night float, etc..)

- Abnormal lab results that require immediate follow-up or possible action: Need to be verified by the residents on acute rotation after discussing the results with the attending who ordered the labs or the residents on the Acute rotation. The resident on acute rotation should still notify the primary resident for continuity of care (Internal message sent via ELLiE)
- Normal lab results: The residents on acute rotation should attempt to reach out to the primary resident who ordered the labs/imaging.

- The residents are liable for results they have not followed up on.

URGENT IMAGING SERVICES ORDERED IN CLINIC

- Link imaging order to appropriate diagnosis.
- The front desk staff will print order and direct patient to Arnold Palmer Hospital Radiology Department or OHIC Orange Ave.
- Notify the front desk staff if you are ordering STAT imaging, so they can assist with scheduling appointment (Obtaining prior authorization, scheduling same-day appointment, etc..)

REFERRAL TO SPECIALISTS

- Link referral order to appropriate diagnosis.
- Specify number of authorized visits.
- The front desk staff will print the referral slip at check-out and provide the family with the pediatric specialist information.

ADMITTING A PATIENT TO APH FLOOR

- Notify MA/LPN that the patient will be admitted. Complete the "transfer to higher care form" to be signed by MA/LPN and parent. MA/LPN will give original form to the family and keep a copy to be scanned in the record.
- Clinic attending contacts on-call floor attending via PerfectServe 321-843-4732 to discuss admission.
- If patient is admitted to Yellow team, the resident will sign-out case to the floor senior resident on call 321-841-2956.
- Complete the patient's chart by the end of the clinic session to ensure continuity of care.
- Document 'warm handoff' with hospitalist team using smartphrase .EPA

TRANSFERRING A PATIENT TO APH ED

- Notify MA/LPN and complete "transfer to higher care form" to be signed by MA/LPN and parent. MA/LPN will give original form to the family and keep a copy to be scanned in the record.
- Assess status to decide on way of transportation:
  - Family car
  - Campus shuttle (must be medically cleared). Car seat and booster seat can be requested.
  - Ambulance (call 911)
- Notify the ED attending or resident by calling 321-841-6917.
- Document 'warm handoff' with ED team using smartphrase .EPA

Rx PRESCRIPTION ORDER

- Link Rx order to appropriate diagnosis and send prescription to appropriate pharmacy on file (Pharmacy info is updated in ELLiE by MA/LPN during patient intake).
- Verify dose and instructions.

- Provide appropriate amount and refills.

  Controlled medications must be signed by the attending.

CARE COORDINATION

- Darra Moore, RN will facilitate care plans for high-risk patients, follow-up with mothers with postpartum depression, assist with reaching out to the specialists' office to clarify care plan, assist with filing DCF reports, and triage patient calls.
- Darra Moore, RN or Edda Rodriguez can assist with scheduling urgent specialist appointments.

MEDICAL SUPPLIES ORDER/ HOME HEALTH ORDER

- Refer to DME and Home Health ordering tips and tricks (available on clinic website)
- Link supplies order to appropriate diagnosis.
- Send a message to Vernique Brooks, RN (or Darra Moore, RN). Vernique will fax the order to medical supplies company or Home Health company and assist with processing order.
- Notify your MA/LPN if you are ordering a nebulizer machine, as nebulizer machines are available at the clinic.
- Complete paper request for electric breast pump. The MA/LPN staff will assist with transmitting the order to the medical supply company.

INTERPRETER SERVICES: I-PAD, PHONE, LIVE INTERPRETER

- iPad should be used as a primary resource. If unavailable or inoperable, the telephone 1-888-830-9481 (1377) should be used as a secondary method.
- The iPad needs to be returned to the continuity clinic triage area following use.
- Live interpreters are to be arranged prior to appointment time by the scheduler when necessary for American Sign Language (ASL) interpreter. This will be specific to patients / parents or guardians who require ASL and are unable to utilize the iPad due to vision impairment.
- Document interpreter ID# in patient's chart.

TELEPHONE COVERAGE

- Patients are able to obtain advice during work hours Mon-Friday (8-5:00 pm) through the clinic nurse line with the residents on the Acute rotation (or Continuity Clinic) and clinic attendings as back up.
- PL2 and PL-3 residents who are on call in the Newborn Nursery provide telephone coverage from 5:00pm-8am on weekdays and on weekends and holidays. Residents always have faculty back up (refer to PerfectServe/attending schedule for the block).
- The resident will enter a telephone note using smartphrase .afterhours, enter a title for the telephone note "After-hours Clinical Advice" and forward note to the attending on beeper call.

PROGRAMS AND COLLABORATIONS

Reach Out and Read (ROR)	Reach Out and Read (ROR) is a national, evidence-based, early-literacy program comprised of medical providers who promote school readiness in pediatric exam rooms by integrating children's books and advice to parents about the importance of reading aloud. At every health supervision visit, children from 6 months to 5 years of age receive a developmentally appropriate book to each child along with advice and reading tips to the parents.

Healthy Families Orange and Osceola:

Healthy Families Orange and Osceola