



Community Care of
Wake/Johnston Counties

Pediatric Quality Improvement Considerations

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Patient Name _____ **Date of Birth** _____

Practice Name _____

Per management guidelines and chart documentation, checked items may need to be addressed

ASTHMA

Per NIH Guidelines:

One Continued Care visit with symptom assessment (annually)	Assessment of environmental triggers
Maintenance asthma medication prescribed for patient with Beta-agonist over use	Written Asthma Management Plan
Other _____	

DIABETES

Per ADA 2008 Guidelines:

Annual Hemoglobin A1C value	Last value _____	Last date _____
Annual referral for dilated eye exam	Last date _____	
Hemoglobin A1C control, no value in past year or last value > 9%	Last value _____	Last date _____
Nephropathy detection or management (dx of nephropathy, annual microalbuminuria test, or ACE/ARB rx)		
Other _____		

PREVENTIVE SERVICES

Per Medicaid policy:

Body Mass Index
Blood lead level at 12 and 24 months of age
Dental referral or fluoride varnish
Standardized Written Developmental Screening
Vision Assessment
Hearing Assessment
Influenza Vaccine (annually, 6months – 18 years) (document even if it occurs outside of your practice)
Pneumococcal Vaccine (Start at age 2, if high risk, See Redbook for schedule)
Tobacco Use determined/cessation advice offered if applicable

Comments: _____

Case Manager _____ **Chart Review Date** _____ **Phone** _____