

Pediatric Documentation Templates

Acute Respiratory Infection (ARI) Smart Form

Executive Summary

The Partners Pediatric Acute Respiratory Infection (ARI) smart form is a guideline-driven template designed to streamline urgent care visits for patients ages 6 months to 18 years presenting with ARIs. The form is designed to assist with the assessment and management of non-specific upper respiratory infections, otitis media, pharyngitis, strep pharyngitis, influenza, cough, pneumonia, and sinusitis. The form provides check boxes for symptoms and physical examination specifically related to ARIs; therefore, it does not provide the opportunity to document other problems.

After the provider specifies a primary and possibly a secondary diagnosis, it provides guideline- based options for management. After the provider selects the desired items for the management plan, the system then generates prescriptions, handouts, and a completed note. This web site includes views of each page of the ARI smart form, as well as a preview of the note.

Source

This template was developed under a grant from the Agency for Healthcare Research and Quality (AHRQ), [Improving Pediatric Safety and Quality with Healthcare IT](#), in collaboration with the Partners HealthCare System Quality Improvement Group, the Massachusetts General Hospital for Children, and Partners HealthCare System Inc. Information Systems. Listed below are the names of clinicians and experts who contributed to development of the template. In addition, the LMR Pediatric Content Subcommittee and the main LMR Content Committee reviewed the template, and approved it for use with the Partners Longitudinal Medical Record (LMR).

Contributors

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Template

ARI Smart Form - Microsoft Internet Explorer provided by Partners HealthCare System

Bwhlmprtest,Fourteen (21080445 BWH) 06/01/1999 (7 yrs.) M

Partners ARI Smart Form

Summary Note Preview Orders/Plan

Show/Hide All Chief Complaint

CC

Symptoms

HPI

Remedies

Problems

Allergies

Meds

Smoking

RDS

PE

Results

Dx

Chief Complaint: Choose...
 Overall duration of symptoms: Choose... days.

Symptoms

Symptoms	Comments
<input type="checkbox"/> Documented	
<input type="checkbox"/> Subjective fever	
<input type="checkbox"/> Chills or feeling cold	
<input type="checkbox"/> Fatigue, tired, worn-out	
<input type="checkbox"/> Ear pain bilateral	
<input type="checkbox"/> Ear pain right	
<input type="checkbox"/> Ear pain left	
<input type="checkbox"/> Ear stuffiness	
<input type="checkbox"/> Red or itchy eyes	
<input type="checkbox"/> Headache	
<input type="checkbox"/> Facial or sinus pain	
<input type="checkbox"/> Facial or sinus pressure	
<input type="checkbox"/> Runny nose/nasal discharge	
<input type="checkbox"/> - Colored nasal discharge	
<input type="checkbox"/> Post-nasal drip	
<input type="checkbox"/> Sore throat	
<input type="checkbox"/> Swollen glands	
<input type="checkbox"/> Shortness of breath	
<input type="checkbox"/> Wheezing	
<input type="checkbox"/> Pleuritic chest pain	
<input type="checkbox"/> Cough	
<input type="checkbox"/> - Productive cough (sputum or phlegm)	
<input type="checkbox"/> - Cough productive of colored sputum	
<input type="checkbox"/> - Non-productive cough	
<input type="checkbox"/> - Coughing up blood	
<input type="checkbox"/> Rash	
<input type="checkbox"/> Hoarse voice	
<input type="checkbox"/> Hiccups (PO intake)	

Other:

HPI

Overall clinical course: improving worsening no change

Has the illness caused the patient to restrict their activity? Yes No

Patient's primary goal in seeking care:
 Get a diagnosis

Sick contacts? Yes No School and daycare

Remedies already tried

Y	N	Remedies	Effective?	Yes	No	Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Analgesics/antipyretics	Effective?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cough remedies	Effective?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Antibiotics	Effective?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Other remedies tried:
 None

Problems: None

Allergies: None

Medications: None

Smoking: N/A

Other:

Review of Systems

System	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Chest pain, non-pleuritic	
<input checked="" type="checkbox"/> <input type="checkbox"/> Nausea	
<input checked="" type="checkbox"/> <input type="checkbox"/> Vomiting	
<input checked="" type="checkbox"/> <input type="checkbox"/> Abdominal pain	
<input checked="" type="checkbox"/> <input type="checkbox"/> Bowel changes	
<input checked="" type="checkbox"/> <input type="checkbox"/> Urinary changes	
<input checked="" type="checkbox"/> <input type="checkbox"/> Joint pains	
<input type="checkbox"/> <input checked="" type="checkbox"/> Dizziness	

Other systems:

Physical Exam

VS T: 100.2 °F BP: / Pulse: O₂ Sat: % Wt: 52 Pounds

Unable to get O₂ Sat from LMR Flowsheet. If entered here, will be recorded into LMR Flowsheet.

Peak Flow:

General: No acute distress

HEENT

HEENT	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Conjunctiva	
<input checked="" type="checkbox"/> <input type="checkbox"/> Pupils	
<input type="checkbox"/> <input checked="" type="checkbox"/> Tympanic membranes	Left
<input checked="" type="checkbox"/> <input type="checkbox"/> External auditory canal	
<input checked="" type="checkbox"/> <input type="checkbox"/> Sinus tenderness	
<input checked="" type="checkbox"/> <input type="checkbox"/> Nasal mucosal abnormality	
<input checked="" type="checkbox"/> <input type="checkbox"/> Pharyngeal exudate	
<input checked="" type="checkbox"/> <input type="checkbox"/> Pharyngeal erythema	
<input checked="" type="checkbox"/> <input type="checkbox"/> Pharyngeal vesicles (cobblestoning)	

Neck

Neck	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Lymphadenopathy	
<input checked="" type="checkbox"/> <input type="checkbox"/> Tender anterior lymphadenopathy	

Lung

Lung	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Lung exam	
<input checked="" type="checkbox"/> <input type="checkbox"/> Wheezing	

Heart

Heart	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Rate and rhythm	
<input checked="" type="checkbox"/> <input type="checkbox"/> S1 and S2	
<input checked="" type="checkbox"/> <input type="checkbox"/> Murmurs, rubs, gallops	

Abdomen

Abdomen	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Bowel sounds	
<input checked="" type="checkbox"/> <input type="checkbox"/> Soft	
<input checked="" type="checkbox"/> <input type="checkbox"/> Tenderness or distension	
<input checked="" type="checkbox"/> <input type="checkbox"/> Hepatosplenomegaly	

Extremities

Extremities	Comments
<input checked="" type="checkbox"/> <input type="checkbox"/> Cyanosis	
<input checked="" type="checkbox"/> <input type="checkbox"/> Clubbing	
<input checked="" type="checkbox"/> <input type="checkbox"/> Rashes	

Other:

Recent Test Results

Test	Comments
Chest x-ray	
Streptococcal culture	
Influenza test	
Rapid strep test	Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/>

Other recent test results:

Diagnoses

1 ^o	2 ^o	Diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Non-specific URI
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Otitis media
<input type="checkbox"/>	<input type="checkbox"/>	Non-streptococcal pharyngitis
<input type="checkbox"/>	<input type="checkbox"/>	Streptococcal pharyngitis
<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis
<input type="checkbox"/>	<input type="checkbox"/>	Acute cough/acute bronchitis
<input type="checkbox"/>	<input type="checkbox"/>	Viral syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Influenza
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Assessment:

Orders/Plan

Otitis media [Reference Information](#)

Management options

- Observation with appropriate pain management- defer antibiotics for 48-72 hours
 - children 6months-2 years with nonsevere illness and uncertain diagnosis
 - children >2 years with nonsevere symptoms or uncertain diagnosis

Prescribe Medications

Antibiotics

- Amoxicillin 500mg (10 ml) po tid x 5 days
- Amoxicillin 500mg (2 tabs) po tid x 5 days
- Amoxicillin 500mg (1 tab) po tid x 5 days
- Amoxicillin 500mg (10 ml) po tid x 10 days
- Amoxicillin 500mg (2 tabs) po tid x 10 days
- Amoxicillin 500mg (1 tab) po tid x 10 days
- Augmentin 500mg (10 ml) po tid x 5 days
- Augmentin 500mg (2 caps) po tid x 5 days
- Augmentin 500mg (10 ml) po tid x 10 days
- Augmentin 500mg (2 caps) po tid x 10 days
- Cefdinir 325mg (6.5 ml) po qd x 10 days
- Azithromycin 240mg (6 ml) po qd x 3 days
- Azithromycin 240mgx1, 120mg x4 (6 ml) po qd x 1 day; (3 ml) po qd x 4 days
- Cefpodoxime 120mg (6 ml) po bid x 5 days
- Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

- Antipyrine/Benzocaine 2-4 drops to affected ear (s) qid prn

Recommend OTC Medications

Analgesics & Antipyretics

- Ibuprofen (100mg/5ml), 40mg/ml
- Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

- Pseudoephedrine (15 mg/5ml, 30mg/5ml, 15 chewable) 2-6 yo 15 mg po q6hr max: 60 mg/day; 6-12 yo 30 mg po q6hr, max: 120 mg/day; >12 yo 60mg po q6hr, max: 240 mg/day

Expectorants

- Guaifenesin (100/5ml) 2-6 year old 50-100 mg po q4hr (max: 600mg/day); 6-12 year old 100-200 mg po q4hr, max: 1200 mg/day; >12 year old, 200-400 mg po q4hr, max: 2400mg/day

Cough Suppressants

- Dextromethorphan (10mg/5ml) 2-6 years old 2.5-5 mg po q4hr, max: 30mg/day;

Save and Exit Save as Final and Exit

[Send ARI Smart Form Feedback](#)

Bwhlmrptest,Fourteen (21080445 BWH) 06/01/1999 (7 yrs.) M

Summary | **Note Preview**

Show/Hide All

CC Bowel sounds Soft

Symptoms Tenderness or distension

HPI Hepatosplenomegaly

Remedies

Problems

Allergies

Meds Cyanosis Clubbing

Smoking Rashes

RDS

PE

Results

Dx

Other:

Recent Test Results

Test	Comments
Chest x-ray	
Streptococcal culture	
Influenza test	
Rapid strep test	
Other recent test results:	

Diagnoses

ICD	Diagnosis
<input type="checkbox"/>	<input type="checkbox"/> Non-specific URI
<input type="checkbox"/>	<input type="checkbox"/> Otitis media
<input type="checkbox"/>	<input type="checkbox"/> Non-streptococcal pharyngitis
<input type="checkbox"/>	<input type="checkbox"/> Streptococcal pharyngitis
<input type="checkbox"/>	<input type="checkbox"/> Sinusitis
<input type="checkbox"/>	<input type="checkbox"/> Acute cough/acute bronchitis
<input type="checkbox"/>	<input type="checkbox"/> Viral syndrome
<input type="checkbox"/>	<input type="checkbox"/> Influenza
<input type="checkbox"/>	<input type="checkbox"/> Pneumonia
<input type="checkbox"/>	<input type="checkbox"/> Other:

Assessment:

Other features include patient education handouts, excuse from school and work notes, and a free text box for other plans.



Orders/Plan

Azithromycin 240mgx1, 120mg x4 (6 ml) po qd x 1 day ; (3 ml) po qd x 4 days

Cefpodoxime 120mg (6 ml) po bid x 5 days

Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

Ibuprofen (100mg/5ml), 40mg/ml

Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

Pseudoephedrine (15 mg/5ml, 30mg/5ml, 15 chewable) 2-6 yo 15 mg po q8hr, max: 60 mg/day; 6-12 yo 30 mg po q8hr, max: 120 mg/day; >12 yo 60mg po q8hr, max: 240 mg/day

Expectorants

Guaifenesin (100/5ml) 2-6 year old 50-100 mg po q4hr (max: 600mg/day); 6-12 year old 100-200 mg po q4hr, max: 1200 mg/day; >12 year old, 200-400 mg po q4hr, max: 2400mg/day

Cough Suppressants

Dextromethorphan (10mg/5ml) 2-6 years old 2.5-5 mg po q4hr, max: 30mg/day; 6-12 year old 5-10 mg po q4hr, max: 60mg/day; >12 year old 10-20 mg po q4hr, max: 120mg/day

Combination Products

Pediacare Multisymptom 6-12 years old, 10ml every 4 to 6 hours, not to exceed 4 doses/24 hours, 2 tablets every 4 to 6 hours, not to exceed 4 doses/24 hours

Pediacare Infant decongestant and cough children 2-3 years old 1.6ml every 4 to 6 hours, do not exceed 4 doses/24 hours

Recommend

Call if symptoms worsen, new symptoms arise, or symptoms fail to improve after a total of 14 days

Print

Patient handout about otitis media

[Ear Infections and Children](#)

[Ear Infections and Children](#)

[Your Child and Antibiotics - English](#)

[Your Child and Antibiotics - Spanish](#)

[Common Childhood Infections - English](#)

[Common Childhood Infections - Spanish](#)

Excuse from school note: Child may return to school/daycare in 2 days

Parent excuse from work note: Parent needs to stay home with child for 2 days

Excuse from work note: May return to work in days

Other Plan:

Save and Exit | Save as Final and Exit

Send ARI Smart Form Feedback

Remedies Sort

Problems Tenderness or distension

Allergies Hepatosplenomegaly

Meds

Smoking

RDS

PE

Results

Dx

http://is.partners.org/aappe/pdffiles/papers/EarInfection1_H#0193.pdf | Microsoft Internet Explorer

Search Web

Options

HOME PAGE

Handouts Avail

All Handouts

Newborns, Inf

Adolescents a

Common Illne

Developmenta

Feeding and N

Immunization

Behavioral an

Safety and Pr

Promoting Pe

Spanish Hand

Spanish Translati

Patient Instructions

Signatures

Pages

Attachments

Comments

Ear Infections and Children

Part I: Symptoms, Treatment, and Complications

Needs to be common cold, an ear infection is the most common childhood illness. In fact, most children have had at least one ear infection by the time they are 3 years old. Most of the time, ear infections clear up without causing any complications. But, if they occur often or are not treated, they can lead to hearing loss or other damage. The American Academy of Pediatrics has developed this brochure to inform parents about the symptoms, treatments, and possible complications of acute otitis media, a common infection of the middle ear.

How do ear infections develop?

The ear has three main parts: the outer ear, middle ear, and inner ear (see illustration). A tube, called the eustachian tube, connects the middle ear to the back of the throat and nose. When a child has a cold, nose or throat infection, or allergy, the eustachian tube can become blocked, causing a buildup of fluid in the middle ear. If this fluid becomes infected by bacteria or a virus, it can cause swelling of the eustachian tube in the ear. This type of ear infection is called acute otitis media.

Often after the symptoms of acute otitis media clear up, fluid remains in the ear. Acute otitis media then develops into another kind of ear problem called otitis media with effusion. This condition is harder to detect than acute otitis media because, instead of the fluid and some hearing loss that usually exists, there are often no other noticeable symptoms. This fluid often lasts for up to 3 months and, in most cases, disappears on its own. The child's hearing then returns to normal.

Also, the younger a child is at the time of their first ear infection, the greater the risk of hearing loss or other ear or eye problems.

Also, Although researchers are not sure why, boys have more ear infections than girls.

Warning: Ear infections can run to bacteria. Children are more likely to have repeated middle-ear infections if a parent or sibling also has repeated ear infections.

Child Allergies: Colds often lead to ear infections. Children in group child care settings have a higher chance of getting their colds in each other because they are exposed to more germs and viruses than other children. Allergies that cause stuffy noses can also lead to ear infections.

Middle-ear infection: Children who breathe in cigarette smoke or tobacco smoke have a higher risk of developing middle-ear infections, including ear infections.

Bottle-feeding: Babies who are bottle-fed, especially while they are lying down, get more ear infections than breastfed babies. If you bottle-feed your child, hold his or her head above the stomach level during feedings. This keeps the eustachian tubes from getting blocked.

Parents can help reduce some of the risks of ear infections. For instance:

- Avoided tobacco smoke and second-hand smoke. Avoiding it may decrease the risk of frequent colds and ear infections. Try to quit now. Do not give your child a bottle while he or she is lying down in the crib or stroller.
- Keep your child away from tobacco smoke, especially in your home or car.
- Try to keep your child's hands clean.

Symptoms of an ear infection

Your child may have a number of symptoms during an ear infection. Knowing what these symptoms are may help you treat some of them more quickly and get medical care, if needed.

Pain: The most common symptom of an ear infection is pain. While older children are able to tell you when their ears hurt, younger children may only show irritability and cry. This may be more noticeable during feedings because sucking and swallowing may cause eustachian pressure changes in the middle ear. As a result of this discomfort, your child may have less of an appetite. A child with an ear infection may also show these trouble sleeping because of the pain.

There are other reasons besides an ear infection why your child's ears may

1 of 2

Cefpodoxime 120mg (6 ml) po bid x 5 days

Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

Ibuprofen (100mg/5ml), 40mg/ml

Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

Pseudoephedrine (15 mg/5ml, 30mg/5ml, 15 chewable) 2-6 yo 15 mg po q8hr, max: 60 mg/day; 6-12 yo 30 mg po q8hr, max: 120 mg/day; >12 yo 60mg po q8hr, max: 240 mg/day

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Print

Patient handout about otitis media

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Excuse from work note: May return to work in days

Other Plan:

Patient education handouts appear in a pop-up window. The provider then prints the handout using the Print feature.



ARI Smart Form - Microsoft Internet Explorer provided by Partners HealthCare System

Bwhlmpriest,Fourteen (21080445 BWH) 06/01/1999 (7 yrs.) M

Summary **Note Preview**

Note Subject: ARI Smart Form Note: Otitis media

Using the tab feature, providers can edit and view preview of their ARI Smart Form note.

Bwhlmpriest,Fourteen (21080445 BWH) 06/01/1999 (7 yrs.) M

CHIEF COMPLAINT
Patient presents with a chief complaint of ear pain or stuffiness for 3 days.

SYMPTOMS
Patient complains of subjective fever, ear pain right and headache.

Patient denies documented fever, chills or feeling cold, feeling fatigued, tired, worn-out, ear pain bilateral, ear pain left, ear stuffiness, red or itchy eyes, facial or sinus pain, facial or sinus pressure, runny nose/nasal discharge, post-nasal drip, sore throat, swollen glands, shortness of breath, wheezing, pleuritic chest pain, rash, muscle aches or hydration (PO intake).

HPI
Overall clinical course is worsening. The illness has caused the patient to restrict their activities. Patient's primary goal in seeking care is to get a diagnosis. The patient has sick contacts (School and daycare).

REMEDIES
Patient reports trying analgesics/antipyretics, which were effective. Patient reports not trying cough remedies or antibiotics.
Other: None.

Smoking

REVIEW OF SYSTEMS
Patient complains of dizziness.

Patient denies non-pleuritic chest pain, nausea, vomiting, abdominal pain, bowel changes, urinary changes or joint pains.

Orders/Plan

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Disclaimer

These tools were created using national, state, and local guidelines, and group consensus regarding best practices. These guidelines, and their interpretation by clinicians at Partners Healthcare System, may not represent the standard of care across all regions or settings, and are not intended to be adopted or applied without independent assessment of their suitability for a particular setting. Moreover, guidelines change over time (for example, the age range for children who should receive influenza vaccinations was recently extended to 59 months). The rules and/or reminders contained within these templates may need the addition or modification of certain items to ensure that they remain consistent with current guidelines. Therefore, the tools included here are intended only as examples or guides for the development of similar templates in other settings. Partners Healthcare System and its affiliates disclaim any and all responsibility or liability associated with the use of the templates displayed here by third parties.