

## Pediatric Documentation Templates

### Weight & Nutritional Counseling Template

#### **Executive Summary**

The Partners Pediatric Weight & Nutritional Counseling Template was designed to aid clinicians in documenting delivery of exercise/nutritional counseling, and to improve adherence to recommendations for assessing risks and behaviors that contribute to childhood overweight status. This web site includes views of each page of the template, as well as a sample clinical note.

On the Partners HealthCare System, this template exists within the notes section of the electronic medical record (EMR). In its current form, it is meant to be used by clinicians during a patient visit to review weight and obesity risk factors. The template does not provide the option of documenting other problems in detail.

Note that only relevant sections of the template need to be accessed for a given counseling session. For example, if a physical examination is not performed during the visit, there is no need to access this section; it will not be included in the resulting 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**

Timothy Ferris, MD, MPH; Stephen Morgan, MD; Eric Poon, MD, MPH; James Perrin, MD; Alison Hoppin, MD; Shelly Bernstein, MD; Peter Greenspan, MD; John Co, MD, MPH; Mark Mandell, MD.

# Template

Template	Pt. Data	QuickLook	Nutritional Counseling - Vital Signs
<ul style="list-style-type: none"> <li>Vital Signs               <ul style="list-style-type: none"> <li>BLOOD PRESSURE</li> <li>TEMPERATURE</li> <li>HEIGHT</li> <li>WEIGHT</li> <li>AGE</li> <li>HEIGHT (%)</li> <li>WEIGHT (%)</li> <li>WEIGHT FOR HEIGHT (%)</li> <li>BMI</li> </ul> </li> </ul>			<p>Existing Vital Signs have been added to the note, displayed on the left.</p> <p>To add new Vital Signs click Add New button below.</p>
<ul style="list-style-type: none"> <li>Vital Signs               <ul style="list-style-type: none"> <li>BLOOD PRESSURE</li> <li>TEMPERATURE</li> <li>HEIGHT</li> <li>WEIGHT</li> <li>AGE</li> <li>HEIGHT (%)</li> <li>WEIGHT (%)</li> <li>WEIGHT FOR HEIGHT (%)</li> <li>BMI</li> <li>BMI (%)</li> </ul> </li> <li>CC/HPI</li> </ul>			<p><b>CC/HPI</b> <input type="button" value="Carry Forward"/> <input type="button" value="Clear"/></p> <p>Chief Complaint</p> <hr/> <p>History of Present Illness</p> <p>Overweight for several years</p> <hr/> <p>Accompanied by</p> <p><input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Other</p>
<ul style="list-style-type: none"> <li>Vital Signs               <ul style="list-style-type: none"> <li>BLOOD PRESSURE</li> <li>TEMPERATURE</li> <li>HEIGHT</li> <li>WEIGHT</li> <li>AGE</li> <li>HEIGHT (%)</li> <li>WEIGHT (%)</li> <li>WEIGHT FOR HEIGHT (%)</li> <li>BMI</li> <li>BMI (%)</li> </ul> </li> <li>CC/HPI</li> <li>Obesity Risk Factor Assessment</li> <li>Physical Exam</li> <li>Obesity Intervention</li> </ul>			<p><b>Obesity Risk Factor Assessment</b> <input type="button" value="Carry Forward"/> <input type="button" value="Clear"/></p> <p>Juice/Soda <input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Goals Set <input checked="" type="checkbox"/> Counseled</p> <p>Reduce from 3 sodas per day to 1 soda per day</p> <p>Fast Food/Prepared Food <input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Goals Set <input checked="" type="checkbox"/> Counseled</p> <p>Bring lunch to school</p> <p>Vegetables/Fruits <input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Problem <input type="checkbox"/> Goals Set <input checked="" type="checkbox"/> Counseled</p> <p>Diet Variety <input type="checkbox"/> Not a problem <input type="checkbox"/> Problem <input type="checkbox"/> Goals Set <input type="checkbox"/> Counseled</p> <p>Meal/Snack timing <input checked="" type="checkbox"/> Not a problem <input type="checkbox"/> Problem <input type="checkbox"/> Goals Set <input type="checkbox"/> Counseled</p> <p>Portion size <input type="checkbox"/> Not a problem <input type="checkbox"/> Problem <input type="checkbox"/> Goals Set <input type="checkbox"/> Counseled</p> <p>TV Use <input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Problem <input checked="" type="checkbox"/> Goals Set <input checked="" type="checkbox"/> Counseled</p> <p>Reduce TV watching from 4 hours per day to 2 hours per day</p> <p>Active Play <input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Problem <input type="checkbox"/> Goals Set <input checked="" type="checkbox"/> Counseled</p> <p>Biological Mother <input type="checkbox"/> Not overweight <input checked="" type="checkbox"/> Overweight <input type="checkbox"/> Obese (BMI &gt; 30)</p> <p>Biological Father <input type="checkbox"/> Not overweight <input type="checkbox"/> Overweight <input type="checkbox"/> Obese (BMI &gt; 30)</p>
<ul style="list-style-type: none"> <li>Vital Signs               <ul style="list-style-type: none"> <li>BLOOD PRESSURE</li> <li>TEMPERATURE</li> <li>HEIGHT</li> <li>WEIGHT</li> <li>AGE</li> <li>HEIGHT (%)</li> <li>WEIGHT (%)</li> <li>WEIGHT FOR HEIGHT (%)</li> <li>BMI</li> <li>BMI (%)</li> </ul> </li> <li>CC/HPI</li> <li>Obesity Risk Factor Assessment</li> <li>Physical Exam</li> <li>Obesity Intervention</li> </ul>			<p><b>Physical Exam</b> <input checked="" type="checkbox"/> Normal <input type="button" value="Carry Forward"/> <input type="button" value="Clear"/></p> <p>General Appearance <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> WDNW, NAD</p> <p>Head <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> Normocephalic, atraumatic</p> <p>Eyes <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> PERRL, red reflex present, EOM normal</p> <p>Ears <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> NL canals, TMs clear and mobile</p> <p>Nose <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> NL shape, no discharge</p> <p>Throat <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> No lesions, no erythema, no exudate</p> <p>Cardiovascular <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> PRR, no murmur</p> <p>Lungs <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> Clear to auscultation, no rales or wheezes</p> <p>Abdomen <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> Soft, non-tender, no masses. Liver/spleen not enlarged. NL b</p> <p>Extremity <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> No deformity with full range of motion</p> <p>Neurological <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> Age appropriate reflexes present. DTRs NL. No focal deficits</p> <p>Skin <input checked="" type="checkbox"/> <input type="button" value="Add"/> <input type="button" value="Remove"/> No cyanosis, rash abnl pigmented lesions</p>

Template	Pt. Data	QuickLook	Obesity Intervention	Carry Forward	Clear
<ul style="list-style-type: none"> <li>Vital Signs               <ul style="list-style-type: none"> <li>BLOOD PRESSURE</li> <li>TEMPERATURE</li> <li>HEIGHT</li> <li>WEIGHT</li> <li>AGE</li> <li>HEIGHT (%)</li> <li>WEIGHT (%)</li> <li>WEIGHT FOR HEIGHT (%)</li> <li>BMI</li> <li>BMI (%)</li> </ul> </li> <li>CC/HPI</li> <li>Obesity Risk Factor Assessment</li> <li>Physical Exam</li> <li>Obesity Intervention</li> </ul>			Handouts provided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Referrals made to: <input type="checkbox"/> Nutrition <input checked="" type="checkbox"/> Weight Center <input type="checkbox"/> Other		
			Tests ordered: <input checked="" type="checkbox"/> Lipid panel <input type="checkbox"/> Glucose tolerance test <input type="checkbox"/> HgB A1c <input type="checkbox"/> Other		
			Schedule follow up visit: <input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input checked="" type="checkbox"/> 6 Months		
			Duration of Counseling: <input checked="" type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 25 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> Other		

### **Example Completed Clinical Note**

#### **Vital Signs**

BLOOD PRESSURE	127/79
TEMPERATURE	97.6F
HEIGHT	66 in
WEIGHT	177 lb
AGE	13y 6.4m
HEIGHT (%)	82
WEIGHT FOR HEIGHT (%)	99
BMI	28.6
BMI (%)	98

#### **CC/HPI**

History of Present Illness	Overweight for several years
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#### **Obesity Risk Factor Assessment**

Juice/Soda	Problem; Goals Set; Counseled Reduce from 3 sodas per day to 1 soda per day
Fast Food/Prepared Food	Problem; Goals Set; Counseled Bring lunch to school
Vegetables/Fruits	Problem; Counseled
Diet Variety	

Meal/Snack timing	Not a problem
Portion Size	
TV Use	Problem; Goals Set; Counseled Reduce TV watching from 4 hours per day to 2 hours per day
Active Play	Problem; Counseled
Biological Mother	Overweight
Biological Father	

### Physical Exam

General Appearance	WDWN, NAD
Head	Normocephalic, atraumatic
Eyes	PERRL, red reflex present, EOM normal
Ears	NL canals, TMs clear and mobile
Nose	NL shape, no discharge
Throat	No lesions, no erythema, no exudate
Cardiovascular	RRR, no murmur
Lungs	Clear to auscultation, no rales or wheezes
Abdomen	Soft, non-tender, no masses. Liver/spleen not enlarged. NL bowel sounds.
Extremity	No deformity with full range of motion
Neurological	Age appropriate reflexes present. DTRs NL. No focal deficits
Skin	No cyanosis, rash abnl pigmented lesions

### Obesity Intervention

Handouts provided:	No
Referrals made to:	Weight Center Please get appt for next month
Tests ordered:	Lipid panel
Schedule follow up visit:	6 Months
Duration of Counseling:	15 minutes

### **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.