

Note for Gabriella Kraemer - 07/30/2004

Chief Complaint (1/1): This 1 year-old female presents today for a health maintenance exam.

Patient was accompanied by mother.

The child eats 3 meals a day plus 2 snacks and is off the bottle.

Gabriella sleeps through the night. Gabriella takes morning and afternoon naps.

Mother is concerned about child's red, matted eye and not walking completely alone yet.

Immunizations need to be updated at today's visit.

Developmental milestones: 1 year developmental milestones reached: bangs blocks together, drinks from cup, eating finger foods, feeds self, gives toys on request, imitates vocalizations, looks for dropped or hidden objects, points to desired objects, pulls to stand and cruises, releases cube into cup after demonstration, says "mama" and "dada" with meaning, says one or two other words, tries to build tower of 2 cubes and waves bye.

Allergies: No known medical allergies.

Medications: None.

PMH: Past medical history is unremarkable.

PSH: No previous surgeries.

Family History: Patient admits a family history of cancer associated with maternal aunt, hypertension associated with paternal grandfather.

Social History: She lives at home with parents. Patient admits being in daycare.

Review of Systems: No change since last visit

Physical Exam: Temp: 97.6 Height: 0 ft. 31 in. Weight: 28 lbs. BMI: 20

Growth Chart Entry: Weight: 28 lbs 0 ozs Height: 0 ft 31 in Head Circumference: 18.50 in

Patient is a 1 year-old female who appears in no apparent distress, well developed and well nourished.

Inspection of head and face shows anterior fontanel normal, posterior fontanel normal and head is normocephalic and atraumatic.

Eyes: Fundoscopic exam reveals red reflex is present bilaterally.

Alignment is normal.

Sclera is white bilaterally.

Left inferior palpebral conjunctiva reveals conjunctivitis.

Ocular motility exam reveals gross orthotropia with full ductions and versions bilateral.

ENT: Pinna: normal.

Otoscopic examination reveals no abnormalities of external auditory canals and tympanic membranes.

Child responds to noisemakers appropriately for age.

Inspection of nose reveals no abnormalities and nares that are normal.

Nasal mucosa moist, pink, and without mass or exudate with no abnormalities of the septum and turbinates noted.

Inspection of lips, gums, and palate reveals no abnormalities.

Examination of oropharynx reveals no abnormalities and tissues pink and moist.

Neck: Neck exam reveals no masses.

Respiratory: Assessment of respiratory effort reveals even and nonlabored respirations.

Auscultation of lungs reveal clear lung fields and no rales noted.

Cardiovascular: Heart auscultation reveals rate is regular, rhythm is regular and no murmurs, gallop, rales or clicks.

Femoral pulses are 2/4, bilateral.

Abdomen: Abdomen soft, non-tender, bowel sounds present x 4 without palpable masses.

Palpation of liver reveals no abnormalities.

Palpation of spleen reveals no abnormalities.

Genitourinary: Examination of anus and perineum shows no abnormalities.

Musculoskeletal:

Inspection and palpation of bones, joints and muscles is unremarkable.

Examination of the back reveals no abnormalities.
Muscle tone is normal.

Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed.
Palpation of skin shows no abnormalities.

Neurologic/Psychiatric: Spontaneously moves all extremities.
Deep tendon reflexes normal.
Child's mood and affect is appropriate to the situation.

Test & X-Ray Results:

Hb: 12 g/dl.

Impression: Routine well child care.
Viral conjunctivitis.

Plan: Diagnostic & Lab Orders: Ordered blood lead.

Consent given for MMR vaccine, VIS date of 1/15/2004 and Varicella vaccine, VIS date of 12/16/2003.

Immunizations Given:

Varicella Type: IM Manufacturer: ABC Drug Co Lot: abc123 administered on 07/30/2004 by Ped, Nurse in the thigh, left.

MMR Type: IM Manufacturer: ABC Drug Co Lot: jkl789 administered on 07/30/2004 by Ped, Nurse in the thigh, right.

Counseling: Anticipatory Guidance for the 1 year old: Guidance given for injury and illness prevention: keep home and car smoke, drug, and alcohol free, avoid or limit TV viewing, use safety seat in back seat; can face forward, check home for lead hazards, supervise near water, empty tubs, buckets, pools, supervise near pets, mowers, driveways, streets and limit sun; use sunscreen and hat.

Guidance on nutrition provided including: provide 3 nutritious meals, 2-3 healthy snacks daily and allow child to feed self, use cup.

Discussed oral health.

Guidance provided on social competence including: praise good behavior, talk, sing, read together, encourage safe exploration, set limits (i.e. use distraction), don't allow hitting, biting, aggressive behavior, delay toilet training and expect curiosity about genitals.

Discussed parent-infant interaction and family relationships.

Return to office in 3 month(s).

Patient Instructions:

Patient given information on conjunctivitis

Chickenpox Vaccine Information Statement distributed

MMR Vaccine Information Statement distributed

Prescriptions:

Tobramycin ophthalmic Dosage: 0.3% ointment Sig: Apply to both eyes QID x 5 days

Dispense: 1 Refills: 0 Allow Generic: Yes

John Smith, M.D.

Medical Clinic

1025 Ashworth Road, Suite 222
West Des Moines IA 50265

PRESCRIBER: John Smith, M.D.
TELEPHONE: (515)327-8850
DEA: 123456789

PATIENT: Gabriella Kraemer
ADDRESS: 123 Main Street
West Des Moines, IA 50265

TELEPHONE: 515-327-8850
DOB: 07/25/2003
DATE: 07/30/2004

R_x

Tobramycin ophthalmic 0.3% ointment

Disp: 1

Sig: Apply to both eyes QID x 5 days

Refills: 0

DISPENSE AS WRITTEN
 GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER

Patient Instructions for Gabriella Kraemer on 07/30/2004

CONJUNCTIVITIS (Pink Eye)
Patient Information

What is Conjunctivitis?

Conjunctivitis, better known as Pink Eye, is an infection of the inside of your eyelid. It is usually caused by allergies, bacteria, viruses, or chemicals.

What are the signs and symptoms?

1. Red, irritated eye.
2. Some burning and/or scratchy feeling.
3. There may be a purulent (pus) or a mucous type discharge.

How is it treated?

It depends on what caused the Pink Eye. It may or may not need medication for treatment. If medication is given, follow the directions on the label.

What else do I need to know?

To prevent the spread of the infection:

1. Wash hands thoroughly
 - Before you use the medicine in your eyes.
 - After using the medicine in your eyes.
 - Every time you touch your eyes or face.
 2. Wash any clothing touched by infected eyes.
 - Clothes
 - Towels
 - Pillowcases
 3. Do not share make-up. If the infection is caused by bacteria or a virus you must throw away your used make-up and buy new make-up.
 4. Do not touch the infected eye because the infection will spread to the good eye.
- IMPORTANT!!!**
5. Pink Eye Spreads Very Easily!

_____ John Smith, M.D.

CHICKENPOX VACCINE

WHAT YOU NEED TO KNOW

1. Why get vaccinated?

Chickenpox (also called varicella) is a common childhood disease. It is usually mild, but it can be serious, especially in young infants and adults.

--The chickenpox virus can be spread from person to person through the air, or by contact with fluid from chickenpox blisters.

--It causes a rash, itching, fever, and tiredness.

--It can lead to severe skin infection, scars, pneumonia, brain damage, or death.

--A person who has had chickenpox can get a painful rash called shingles years later.

--About 12,000 people are hospitalized for chickenpox each year in the United States.

--About 100 people die each year in the United States as a result of chickenpox.

Chickenpox vaccine can prevent chickenpox.

2. Who should get chickenpox vaccine and when?

Children should get 1 dose of chickenpox vaccine between 12 and 18 months of age, or at any age after that if they have never had chickenpox.

People who do not get the vaccine until 13 years of age or older should get **2 doses**, 4-8 weeks apart.

Ask your doctor or nurse for details.

Chickenpox vaccine may be given at the same time as other vaccines.

3. Some people should not get chickenpox vaccine or should wait

--People should not get chickenpox vaccine if they have ever had a life-threatening allergic reaction to **gelatin**, the antibiotic **neomycin**, or (for those needing a second dose) **a previous dose of chickenpox vaccine.**

--People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting chickenpox vaccine.

--Pregnant women should wait to get chickenpox vaccine until after they have given birth.

Women should not get pregnant for 1 month after getting chickenpox vaccine.

--Some people should check with their doctor about whether they should get chickenpox vaccine, including anyone who:

-Has HIV/AIDS or another disease that affects the immune system

-Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer

-Has any kind of cancer

-Is taking cancer treatment with x-rays or drugs

--People who recently had a transfusion or were given other blood products should ask their doctor when they may get chickenpox vaccine.

Ask your doctor or nurse for more information.

4. What are the risks from chickenpox vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of chickenpox vaccine causing serious harm, or death, is extremely small.

Getting chickenpox vaccine is much safer than getting chickenpox disease.

Most people who get chickenpox vaccine do not have any problems with it.

Mild Problems

- Soreness or swelling where the shot was given (about 1 out of 5 children and up to 1 out of 3 adolescents and adults)
- Fever (1 person out of 10, or less)
- Mild rash, up to a month after vaccination (1 person out of 20, or less). It is possible for these people to infect other members of their household, but this is *extremely rare*.

Moderate Problems

- Seizure (jerking or staring) caused by fever (less than 1 person out of 1,000)

Severe Problems

- Pneumonia (very rare)

Other serious problems, including severe brain reactions and low blood count, have been reported after chickenpox vaccination. These happen so rarely experts cannot tell whether they are caused by the vaccine or not. If they are, it is extremely rare.

5. What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness within a few minutes to a few hours after the shot. A high fever or seizure, if it occurs, would happen 1 to 6 weeks after the shot.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967**, or visit their website at **www.vaers.org**.

6. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at **www.hrsa.gov/osp/vicp**

7. How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at www.cdc.gov/nip

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention National Immunization Program

Vaccine Information Statement 12/16/98

_____ John Smith, M.D.



MEASLES, MUMPS, and RUBELLA VACCINES
WHAT YOU NEED TO KNOW

1. Why get vaccinated?

Measles, mumps, and rubella are serious diseases.

Measles

*Measles virus causes rash, cough, runny nose, eye irritation, and fever.

*It can lead to ear infection, pneumonia, seizures (jerking and staring), brain damage, and death.

Mumps

*Mumps virus causes fever, headache, and swollen glands.

*It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and, rarely, death.

Rubella (German Measles)

*Rubella virus causes rash, mild fever, and arthritis (mostly in women).

*If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

You or your child could catch these diseases by being around someone who has them. They spread from person to person through the air.

Measles, mumps, and rubella (MMR) vaccine can prevent these diseases.

Most children who get their MMR shots will not get these diseases. Many more children would get them if we stopped vaccinating.

2. Who should get MMR vaccine and when?

Children should get 2 doses of MMR vaccine:

*The first at **12-15 months of age**

*and the second at **4-6 years of age**

These are the recommended ages. But children can get the second dose at any age, as long as it is at least 28 days after the first dose.

Some **adults** should also get an MMR vaccine:

*Generally, anyone 18 years of age or older, who was born after 1956, should get at least one dose of MMR vaccine, unless they can show that they have had either the vaccines or the diseases.

Ask your doctor or nurse for more information.

MMR vaccine may be given at the same time as other vaccines.

3. Some people should not get MMR vaccine or should wait

*People should not get MMR vaccine who have ever had a life-threatening allergic reaction to **gelatin**, the antibiotic **neomycin**, or to a **previous dose of MMR vaccine**.

*People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting MMR vaccine.

*Pregnant women should wait to get MMR vaccine until after they have given birth. Women should avoid getting pregnant for 4 weeks after getting MMR vaccine.

*Some people should check with their doctor about whether they should get MMR vaccine, including anyone who:

- >Has HIV/AIDS, or another disease that affects the immune system
- >Is being treated with drugs that affect the immune system, such as steroids, for 2 weeks or longer
- >Has any kind of cancer
- >Is taking cancer treatment with x-rays or drugs
- >Has ever had a low platelet count (a blood disorder)
- >People who recently had a transfusion or were given other blood products should ask their doctor when they may get MMR vaccine

Ask your doctor or nurse for more information.

4. What are the risks from MMR vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of MMR vaccine causing serious harm, or death, is extremely small.

Getting MMR vaccine is much safer than getting any of these three diseases.

Most people who get MMR vaccine do not have any problems with it.

Mild Problems

- *Fever (up to 1 person out of 6)
- *Mild rash (about 1 person out of 20)
- *Swelling of glands in the cheeks or neck (rare)

If these problems occur, it is usually within 7-12 days after the shot. They occur less often after the second dose.

Moderate Problems

- *Seizure (jerking or staring) caused by fever (about 1 out of 3,000 doses)
- *Temporary pain and stiffness in the joints, mostly in teens or adult women (up to 1 out of 4)
- *Temporary low platelet count, which can cause a bleeding disorder (about 1 out of 30,000 doses)

Severe Problems (Extremely Rare)

- *Serious allergic reaction (less than 1 out of a million doses)
- *Several other severe problems have been known to occur after a child gets MMR vaccine. But this happens so rarely, experts cannot be sure whether they are caused by the vaccine or not. These include:
 - >Deafness
 - >Long-term seizures, coma or lowered consciousness
 - >Permanent brain damage

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U.S. Department of Health & Human Services

Centers for Disease Control and Prevention National Immunization Program

VIS 1/15/04

_____ John Smith, M.D.

Billing Statement - Wednesday, July 30, 2004

Provider: John Smith, M.D.
Patient: Gabriella Kraemer, Chart 16881
1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Diagnoses

1. V20.2 Routine Infant Or Child Health Check
2. 077.99 Unspecified diseases of conjunctiva due to virus

Treatments

1. 99392 Periodic comprehensive preventive medicine reevaluation and management; early childhood
Related Diagnoses: V20.2
Modifiers:
Units:
2. 90396 Varicella-Zoster Immune Globulin, Human, For Intramuscular Use
Related Diagnoses: V20.2
Modifiers:
Units:
3. 90707 Measles, Mumps, & Rubella Virus Vaccine (MMR), Live
Related Diagnoses: V20.2
Modifiers:
Units:
4. 90465 Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day
Related Diagnoses: V20.2
Modifiers:
Units:
5. 90466 Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day
Related Diagnoses: V20.2
Modifiers:
Units:
6. 83655 Lead
Related Diagnoses: V20.2
Modifiers:
Units:
7. 83020 Hemoglobin Fractionation And Quantitation; Electrophoresis (eg, A2, S, C, And/Or F)
Related Diagnoses: V20.2
Modifiers:
Units:
8. 36415 Collection of venous blood by venipuncture
Related Diagnosis: V20.2
Modifiers:
Units:

Referring Physician: Marcus Welby, M.D.
Date Last Seen: 7/22/2004