

Ben Jones is a 4 year old immigrant adoptee from China adopted into a single Mom household. He arrives in the USA September 30, and is seen in your office, today, October 17, His birth date is recorded from his Chinese records as Jan 1, 2005. This is an assigned birthday since he was a foundling and his birth was not witnessed. He is a special needs child in that he had a hand malformation and will need reconstructive hand surgery.

Formatted: Justified

He came with the following immunization record:

BCG Feb 1, 2005

DTP, OPV, Hep B March 15, 2005

DTP, OPV, Hep B April 30, 2005

DTP, OPV, Hep B June 30, 2005

He was placed in foster care immediately after arrival in the orphanage where he lived until adoption. He speaks only Mandarin. Presumably he was adopted out because of his deformed hand.

According to Chinese records he developed normally and had no illness of note. There were no surgeries in China and no hospitalizations. There were no meds and no allergies to record at this visit. (Records arrived with Ben in Chinese with an English translation).

His name on the Chinese records is Sung Chue. Ben Jones is his adopted name and his adoptive mother's name is Mary Jones.

Ben needs a physical exam, laboratory evaluation, updating his immunizations, growth and development evaluation, and plan for hand surgeon evaluation.

Mom speaks only English and so she arrived with Ben and a Mandarin speaking translator to help Ben with the visit.

According to AAP Red Book recommendations, Ben will need the following lab tests: (If the Red Book was available as a web service, show how your software might access it to obtain this information.).

CBC, UA, Comprehensive Metabolic Screen, Thyroid test, iron, iron binding capacity, lead, Hepatitis A, B, and C antibody and Hep B surface antigen, HIV, Syphilis, Stool for O and P, giardia, and cryptosporidium. A PPD will be placed. Chest x-ray obtained.

The current AAP policy is to repeat the immunizations reportedly given and complete the immunizations according to a catch-up schedule:

PE vital signs: Height 42", Weight 35 lbs, (change values to metric) BP 140/80, Pulse 80, RR 16, BMI.....

(show height, weight and BMI graphs and any alerts)

Small, thin child, apprehensive, but in no distress. He listens attentively to the translator. He is very quick to pick up language. He has already been with his adoptive Mom for a month and has some English words and phrases already. The translator offers the opinion that he will pick up the language quickly. It is apparent that he hears and sees adequately. Formal testing deferred for this visit but will be accomplished at a later date.

Skin: Clear

HEENT: WNL

Lymph nodes: None enlarged

Heart: Normal Sinus Rhythm, no murmurs, not enlarged

Lungs: Clear to auscultation and percussion. BS equal

Abd: Soft, non-tender, no organomegally or masses.

Extremities: WNL except for the left hand which has only 2 digits, no thumb. (show detail of documentation for the abnormal left hand)

PE (con'd)

Neurological: WNL

Psychiatric: WNL according to the interpreter

Dx: New patient, Chinese immigrant, adopted

Growth data reviewed with Mom including height, weight, BMI graphs, and BP norms.

Anticipatory Guidance:

Nutrition, protein rich and iron rich, fruits and vegetables

Vitamins (live in a town with fluoridated water)

Exercise

Car seat

Non-smoking environment

Socialization: enroll in preschool, bilingual if possible and with mandarin speaker if possible.

Plan,

Hand Surgeon referral (non-urgent)

X-ray left hand

Immunization catch up schedule: (Show alerts that will define the schedule)

Hep B vaccine deferred pending results of labs

DtaP, IPV, MMR, Varicella, Hib, Prevnar

Prepare a school and camp report so Mom can register him in a bilingual preschool.

Labs and tests as outlined above

Defer vision and hearing testing until language more proficient (estimate 3-4 months).

Return visit in 2 days to read PPD and 2 months for follow up on growth and development and immunizations.

(Start Hep B series if labs show no titer)

Second visit 2 days later, PPD 22mm, Chest x-ray negative, Serum iron is 20, hemoglobin is 9.5.

Dx: TB exposure (PPD is over the 10mm allowed for BCG)

Iron Deficiency anemia

Prescribe Iron and INH (weight based dosing) and prepare prescription to send electronically.

Prescribe Pyridoxine 50mg. one dose daily

TB is a reportable illness. Show how this would be reported electronically if the mechanism for reporting electronically was available.

Hep B antibodies are present so there is no need to repeat this immunization series. Show how this would be documented on the immunization grid.

All other labs are normal.

Create a CCR or CCD and prepare it for export.

Show the audience how you would create a report of children more than 6 months behind in immunizations with no appointment in the next month.