**PreSIPS2 Chart Review Tool – 24 Month Visit**

**QIDA**

Directions

Please use this tool to review and enter chart data from children seen at their **24 month** health supervision visit.

**Elicit and Address Patient/Family Concerns and Needs**

**1.**  Is there documentation in the medical record indicating that patient/family concerns were*elicited* at the most recent health supervision visit?

Yes

No

**2.** If the parent expressed concerns, is there documentation in the medical record that concerns were *addressed*?

Yes

No

No Concerns Expressed

**Perform Age Appropriate Risk Assessment**

**3.** Is there documentation in the medical record indicating that all age appropriate risk assessments were performed at the most recent health supervision visit?

Yes

No

**4.** If any risks were identified, is there documentation in the medical record that these risks were addressed?

Yes

No

No risks identified

**Provide Anticipatory Guidance**

**5.** Is there documentation in the medical record that at least 3 of the Bright Futures Priorities (anticipatory guidance) were discussed at the most recent health supervision visit?

Yes

No

**Elicit and Discuss Family Strengths**

**6.** Is there documentation in the medical record indicating that family strengths were identified at the most recent health supervision visit?

Yes

No

**7.** If family strengths were identified, is there documentation in the medical record that family strengths were discussed at the most recent health supervision visit?

Yes

No

**Perform Age Appropriate Medical Screening**

**8.** Was BMI measured **and** plotted on the percentile curves according to age and sex?

Yes

No

**Perform Autism Specific Screening and Follow Up**

**9.** Is there documentation in the medical record that age appropriate autism screenings were completed for this patient at the 24 month health supervision visit?

Yes

No

**10.** If a positive autism screen was identified, was a follow up plan established and documented in the patient's medical record?

Yes

No

No positive screen identified

**Perform Developmental Screening and Follow Up**

**11.** Is there documentation in the medical record that age appropriate developmental screenings were completed for this patient at the 24 month health supervision visit?

Yes

No

**12.** If a positive screen was identified, was a follow up plan established and documented in the patient's medical record?

Yes

No

No positive screen identified

**Perform Oral Health Risk Assessment**

**13.** Does this patient have a dental home?

Yes

No

**14.** If "No", is there documentation in the medical record that an oral health risk assessment was performed at the 24 month health supervision visit?

Yes

No

**Evaluate and Discuss Social Determinants of Health**

**15.** Is there documentation in the medical record that questions about social determinants of health were asked at the 24 month health supervision visit?

Yes

No

**16.** If concerns about social determinants of health were identified, is there documentation in the medical record that concerns were discussed at the 24  month health supervision visit?

Yes

No

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