FOIA Number: 2018-0756-F

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 8300

FolderID:

Folder Title:
"Put Prevention Into Practice" Program Sample Kit

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	1	3

"PUT PREVENTION INTO PRACTICE" PROGRAM
SAMPLE KIT

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**	
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**	
Folder Title	"Put Prevention Into Practice" Program Sa	**OA/ID Number**	8300
		Box Number	
Description of Item(s)	Pin - Put Prevention Into Practice		

Donor Information

Last Name:		**First Name:**		**Middle Name:**	**Title:**
Affiliation:		**Phone (Wk):**		**Phone (Hm):**	
Street:		**City:**		**State (or Country):**	**Zip:**

Transferred to:	Museum	**Transfer Point**	During Processing
Other (Specify):		**New Location**	

Transferred by:	Debbie Bush	**Date of Tranfer**	6/17/2019
Received by:		**Date of Receipt**	

Clinton Presidential Records
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Child Health Guide

44 pgs

Child Health Guide

PUT PREVENTION INTO PRACTICE

Clinton Presidential Records
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This marker identifies the place of a publication.

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Personal Health Guide

36pgs

Personal Health Guide

PUT PREVENTION INTO PRACTICE

PUT PREVENTION INTO PRACTICE

"Put Prevention into Practice" is a prevention implementation program of the Public Health Service of the U.S. Department of Health and Human Services, in cooperation with major health-related voluntary groups and provider organizations. Its purpose is to help achieve the health promotion and disease prevention objectives for the nation established in *Healthy People 2000.*

The goal of "Put Prevention into Practice" is to improve the delivery of clinical preventive services, including immunizations (e.g., influenza vaccination), screening tests (e.g., Pap smear), chemoprophylaxis (e.g., estrogen use), and counseling interventions (e.g., smoking cessation advice). It provides clinicians with a kit of materials to assist them in the performance of a broad range of clinical preventive services for all of their patients. These materials have three major targets: patients, providers, and office system/staff.

FOR PATIENTS

Personal Health Guide (Adult) and Child Health Guide. These pocket-sized booklets enable the patient (or parent) to actively participate in preventive care. The importance of each major preventive service is clearly and simply explained. These guides also help the patient and provider assess risk factors and plan an individualized schedule of preventive services. Easy-to-use record forms are provided in the center of the booklets to both monitor and prompt needed preventive care.

FOR PROVIDERS

Clinician's Handbook of Preventive Services. This manual provides easy access to practical, up-to-date information on the delivery of important clinical preventive services. For each preventive service, basic principles and "how-to" information are concisely presented. A discussion of the burden of suffering caused by target conditions and a listing of prevention recommendations of major authorities are also included for each preventive service. Resources and references for both patients and providers conclude each section.

FOR OFFICE SYSTEM & STAFF

Patient Record Flow Sheet. This one-page insert for patient charts facilitates the tracking and prompting of preventive services. It also provides a quick reference on risk factors for each preventive service.

Patient Record Alert Stickers. This set of colorful chart stickers alerts providers and staff to specific needs of patients for counseling, screening tests, or immunizations.

Prevention Prescription Pad. This enables providers and staff to "prescribe" needed preventive services as well as to make referrals for these services.

Reminder Postcards. These facilitate the notification of patients for needed preventive services.

Waiting Room Poster. This large poster for the office promotes the importance of preventive care with the message "We Practice Prevention Here—Ask Us for Details."

Examination Room Chart. This wall chart displays the age- and gender-specific preventive services recommended by the U.S. Preventive Services Task Force for adults. It is a convenient reference for clinicians and an educational tool for patients.

The "Put Prevention into Practice" kits will be available in 1993. Their production is being coordinated by the U.S. Public Health Service Office of Disease Prevention and Health Promotion (ODPHP). To be put on the mailing list to receive information about ordering the kit, send your name and address to: ODPHP National Health Information Center, P.O. Box 1133, Washington, DC 20013-1133.

Questions and Answers About "Put Prevention Into Practice"

What is "Put Prevention Into Practice"?

A national campaign to improve the delivery of clinical preventive services—screening tests, immunizations, and counseling for health behavior change.

Who is sponsoring it?

The U.S. Public Health Service, in cooperation with major national health-related organizations, including American Academy of Family Physicians, American Academy of Nurse Practitioners, American Academy of Physician Assistants, American College of Physicians, American College of Preventive Medicine, American Nurses Association, National Association of Pediatric Associates and Practitioners, and Voluntary Hospitals of America. The advisory group for the campaign is the National Coordinating Committee on Clinical Preventive Services.

How is the "Put Prevention Into Practice" campaign different from other PHS prevention initiatives?

This campaign is the first broad-based program covering all major preventive services recommended for adults and children. Other prevention initiatives have focused on specific individual services or diseases, or emphasized a particular age group or gender.

To whom is it targeted?

Primary care providers (physicians, nurses, nurse practitioners, physician assistants), their patients, and their office and clinic staffs.

Why do we need it?

We know from research studies that appropriate use of clinical preventive services can make a difference, but we are not doing an optimal job of delivering these services to our patients.

What is in the *Put Prevention Into Practice Education and Action Kit*?

Materials for each of the three target groups (see fact sheet). For providers, there is a *Clinician's Handbook of Preventive Services* to provide practical "how-to" information and references about clinical preventive services. For adult patients, there is a *Personal Health Guide* to record and schedule preventive services with their health care provider. For children, there is a *Child Health Guide* that parents can use to plan and record their child's preventive care. Finally, there is a set of materials for use in the office or clinic to facilitate preventive care: patient record flow sheets and reminder stickers; prevention prescription pads, reminder post cards, and self-stick removable notes; and waiting room posters and examination room wall charts.

When will "Put Prevention Into Practice" materials be ready?

They are currently being completed. We expect sampler *Put Prevention Into Practice Education and Action Kits* to be available in Spring 1994, with major distribution and implementation to follow.

How can I get a Kit?

The Government Printing Office will sell *Put Prevention Into Practice Education and Action Kits* and individual materials. For ordering information, contact the National Health Information Center, P.O. Box 1133, Washington, DC 20013-1133.

Other sources of the materials include the primary care professional associations that have cooperative agreements with the Public Health Service to assist in the dissemination and evaluation of the materials. Recipients of the cooperative agreements are the American Academy of Family Physicians, American Academy of Nurse Practitioners, American College of Physicians, American Nurses Association, and National Association of Pediatric Nurse Associates and Practitioners.

How much will it cost?

We estimate that kits will cost approximately $60 each, less in quantity. Individual items, such as the *Personal Health Guide* and *Child Health Guide*, can be refilled at a cost of about $1.00 each, depending on quantity.

Where will I get refills?

We anticipate that major professional groups will handle refills on a cost-recovery basis.

How long will this campaign last?

"Put Prevention Into Practice" is a major implementation campaign to help achieve the Nation's health promotion and disease prevention objectives for the year 2000, *Healthy People 2000.* As such, we will be implementing the campaign and improving or updating the materials for the remainder of the decade.

What is the relationship between "Put Prevention Into Practice" and other PHS campaigns (cholesterol, blood pressure, immunizations, etc.)?

"Put Prevention Into Practice" complements all of the major categorical (single-issue) PHS campaigns, as well as those of major voluntary groups, such as the American Cancer Society and American Heart Association. It serves as an "umbrella" to cover the whole range of disease prevention and health promotion activities that need to be done in a primary care office or clinic. The "Put Prevention Into Practice" materials are compatible with recommendations of major organizations.

Who wrote the "Put Prevention Into Practice" materials?

They were drafted by nursing and medical staff of the PHS Office of Disease Prevention and Health Promotion and were reviewed by both PHS and outside experts.

Does the "Put Prevention Into Practice" campaign only emphasize recommendations of the U.S. Preventive Services Task Force?

No. Although the report of the U.S. Preventive Services Task Force was used in the initial selection of services to be covered in the "Put Prevention Into Practice" materials, virtually all preventive services recommended by major U.S. authorities are discussed in the *Clinician's Handbook of Preventive Services.* In addition, the

Personal Health Guide and *Child Health Guide* are both designed to be flexible and support any regimen of preventive services specified by the provider.

Have these materials been tested anywhere? How do we know that these materials will "work"?

The "Put Prevention Into Practice" materials are based on research-tested interventions for improving the delivery of preventive services in primary care settings. In addition, focus group testing and pilot testing were used in the development and revision of the materials. Also, ongoing evaluation of the materials will be performed by both the PHS and private sector partners.

Are health guides being developed for adolescents and the elderly?

Development of materials for these groups is planned following completion of the other materials.

Are health guides being developed in other languages?

Yes, Spanish translations of the patient materials are being developed.

All the office system materials are paper-based. Is there a computer program available to address office-based preventive services?

Since more than 50% of primary care offices are still paper-based systems, we developed materials that everyone can use at this time. We recognize the advantages of computer-based prevention materials and anticipate incorporating the "Put Prevention into Practice" materials into software that is appropriate for primary care office practice.

Can professional associations, health care providers, and other professional groups reproduce and distribute these materials with their logo and other identifying information on them?

Yes, these materials have been produced by the Federal Government and are not copyrighted. Camera-ready art for the *Personal Health Guide* and *Child Health Guide* will be available to qualified organizations in the late spring. However, certain restrictions apply when duplicating these materials, and permission must be obtained from the USPHS Office of Health Promotion and Disease Prevention. Contact Dr. Hurdis Griffith, Coordinator of the "Put Prevention Into Practice" program, Office of Disease Prevention and Health Promotion, U.S. Public Health Service, 330 C Street, S.W., Washington, DC 20201. Telephone (202) 205-8660.

If I would like to help test the "Put Prevention Into Practice" materials or if I have suggestions or comments about these materials, whom do I contact?

Dr. Griffith (address above).

"Put Prevention Into Practice"

Office Materials

Office of Disease Prevention
and Health Promotion

U. S. Public Health Service

Prevention Prescription Pads

PUT PREVENTION INTO PRACTICE

Name: _____ Date: _____

℞ for Prevention

Follow-up: _____

Signatures: _____ _____

(Provider) (Patient)

Reminder Post Cards

PUT PREVENTION INTO PRACTICE

Dear Parent:
It is as important for your child to get preventive care as it is to get treatment when he or she is sick. We want to make sure your child gets the tests, immunizations, and guidance needed to stay healthy. Our records indicate that, based on age, your child needs the types of preventive care indicated below.

Please: ❑ Call us to make an appointment

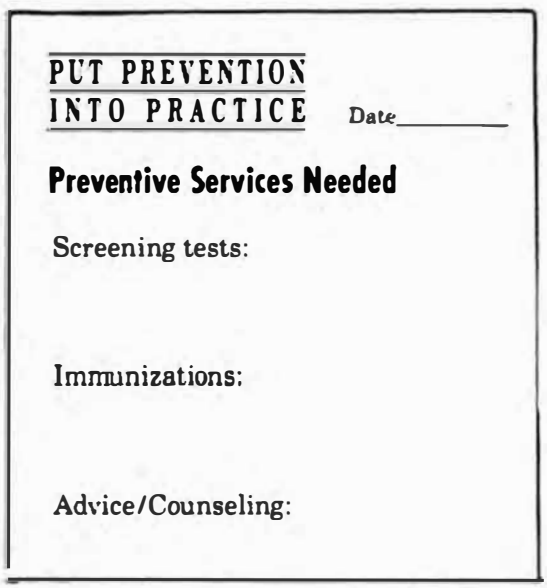
❑ Keep your appointment on_____

Thank You.

❑ GENERAL CHECKUP

IMMUNIZATIONS	TESTS
❑ Hepatitis B (HBV)	❑ Anemia
❑ Diphtheria-Tetanus-Pertussis (DTP)	❑ Hearing
❑ Measles-Mumps-Rubella (MMR)	❑ Vision
❑ Haemophilus Influenzae (Hib)	❑ Urine
❑ Tetanus-Diphtheria (Td)	❑ Tuberculosis (TB)
❑ Polio (OPV)	❑ Lead
❑ _____	❑ _____
	❑ _____
	❑ _____

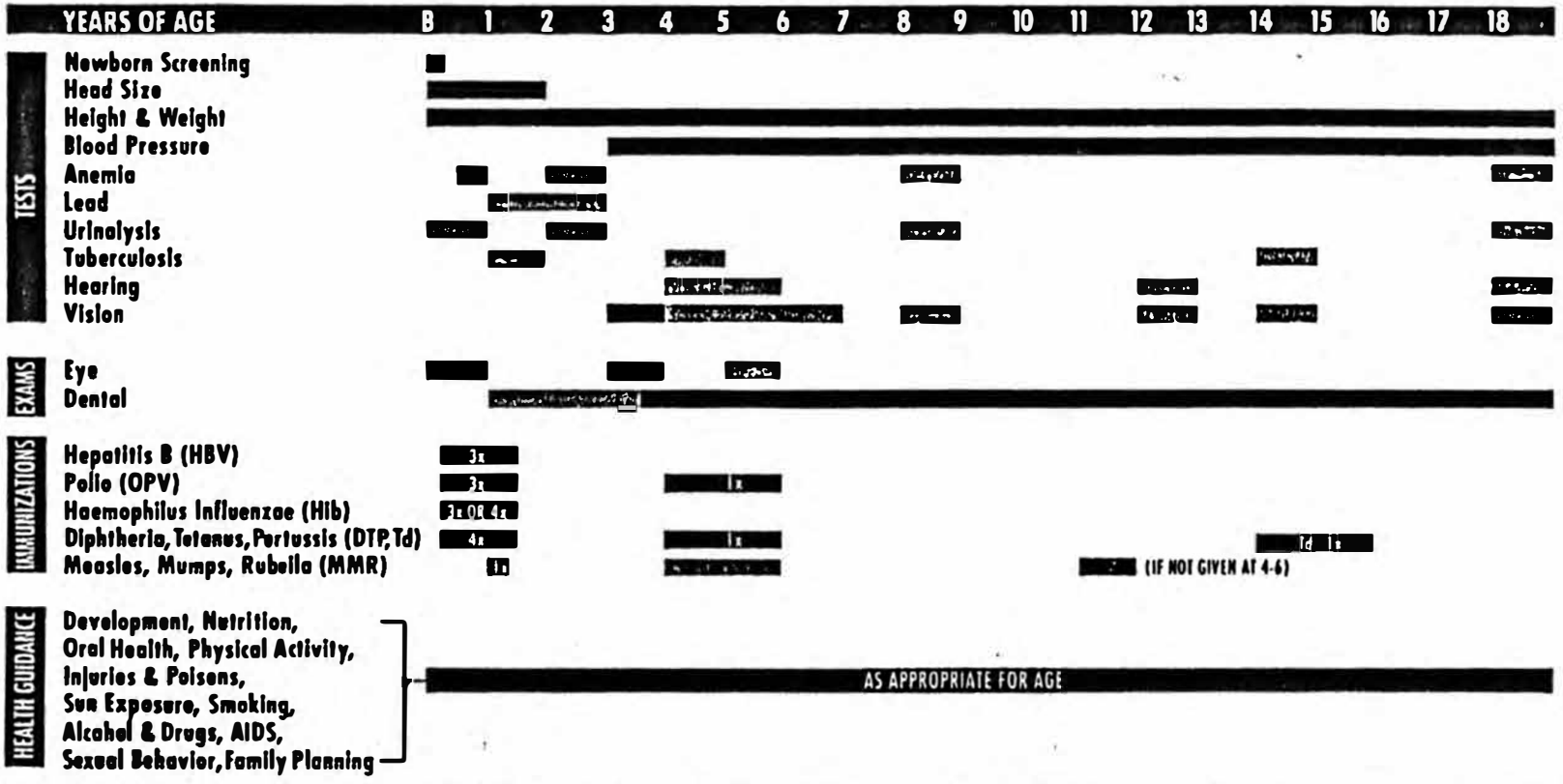
Post-It Notes for Patient Records



Patient Record "Alert" Stickers

Child Preventive Care Timeline

Check-up visits are important for your child's health. Some authorities recommend these visits at the following ages: 2-4 weeks; 2, 4, 6, 9, 12, 15, 18 months; and 2, 3, 4, 5, 6, 8, 10, 12, 14, 16, 18 years. Your child's doctor or other health care provider will discuss with you the individual needs of your child. At check-up visits, your child may receive a physical examination and the types of preventive care shown below.



Key: ■ Recommended by all major authorities.
■ Recommended by some major authorities.

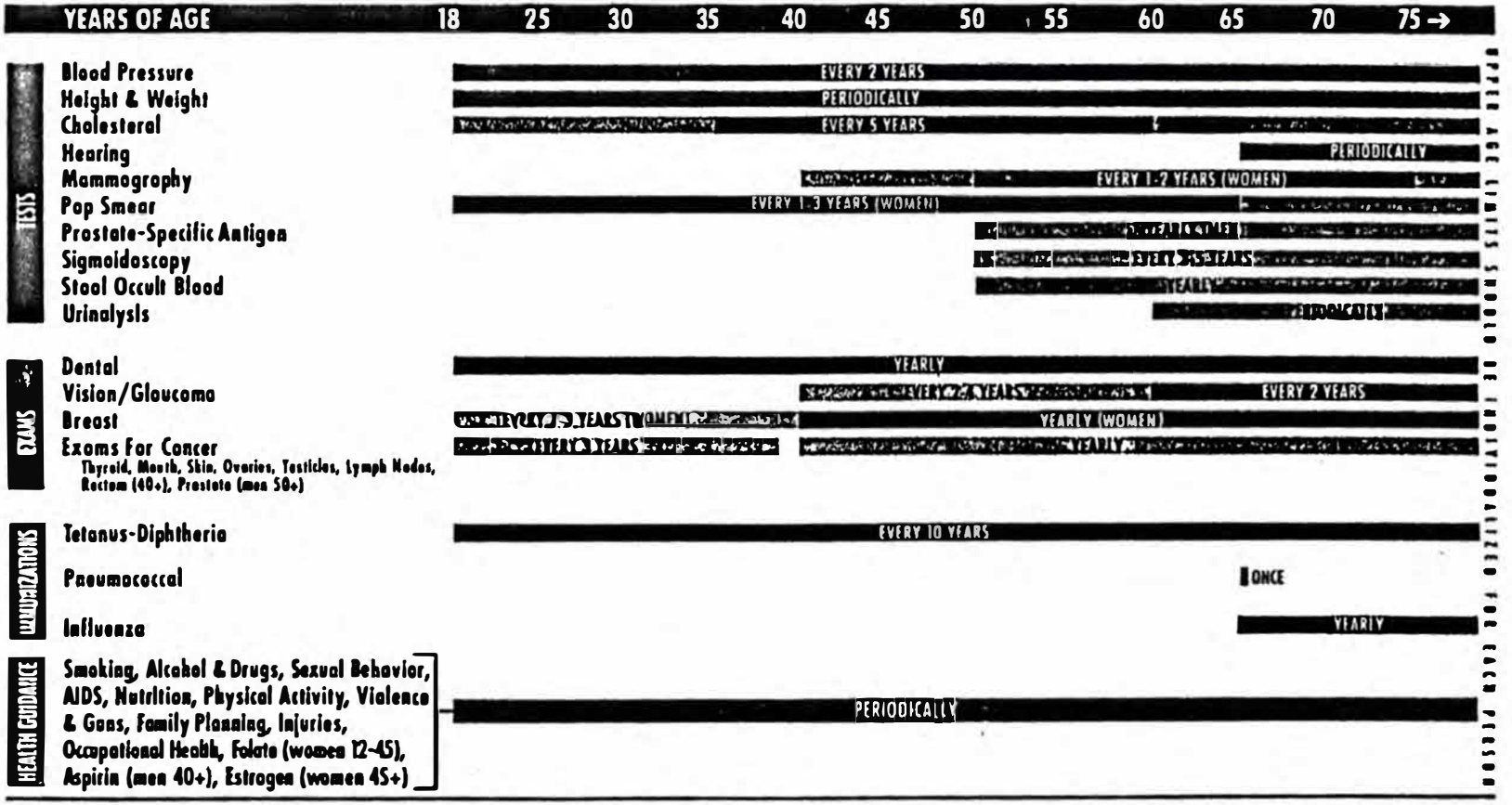
Please note: Children with special risk factors may need more frequent and additional types of preventive care. Some examples:

RISK FACTOR	PREVENTIVE SERVICES NEEDED
Exposure to TB	TB test
Sexually active	Pap test (females), syphilis, gonorrhea, chlamydia tests
High-risk sexual behavior	AIDS test, hepatitis immunization
Drug abuse	AIDS, TB tests, hepatitis immunization

Examination Room Wall Chart

Adult Preventive Care Timeline

Check-up visits with your doctor or other health care provider are important for your health. Most authorities recommend these visits every 1-3 years until age 65 and yearly thereafter. Talk with your doctor or other health care provider about the proper schedule of check-up visits for you. This chart shows the different types of preventive care you may need at each age.



Key: Recommended by all major authorities.
Recommended by some major authorities.

Please note: Recommended intervals for each type of preventive care may vary among authorities. Individuals with special risk factors may need more frequent and additional types of preventive care. Some examples:

RISK FACTOR	PREVENTIVE SERVICE(S) NEEDED
Diabetes	Eye, foot exams, urine test
Drug abuse	AIDS, TB tests, hepatitis immunization
Alcoholism	Influenza, pneumococcal immunizations, TB test
Overweight	Blood sugar test
Homeless, recent refugee or immigrant	TB test
High-risk sexual behavior	AIDS, syphilis, gonorrhea, chlamydia tests

Patient Record Flow Sheets

PREVENTIVE CARE FLOW SHEETS

This packet includes reproducible copies of three different prevention flow sheets for use in patient medical records. The Immunization Flow Sheet, for children, is ready for duplication and use. The other two flow sheets–the Adult Preventive Care Flow Sheet and the Child Preventive Care Flow Sheet–must be filled in with practice-specific services and frequencies before they can be reproduced and used.

FLOW SHEET PREPARATION AND USE

Creating a Template for Duplication. Begin by selecting a preventive care protocol for your practice. Type in the tests and immunizations selected, along with their schedules, in the spaces provided (see sample forms inside). Add or cross out health guidance subjects as needed. Next, type in the appropriate years or ages in the top row. You may wish to prepare two child templates, one for ages 1 to 9 and another for ages 10 to 18; alternatively, you may leave the ages blank and later enter appropriate ages on each child's chart. You may wish to designate the first column as "Last Done," rather than entering a year or age. The flow sheet is now ready for duplication.

Preparing the Flow Sheet for an Individual Patient. Enter the patient's name, date of birth, and medical record number. If not already filled in, appropriate ages may be inserted along the top of the flow sheet. Check to see if the preventive care protocol is appropriate and complete for the patient. Enter additional tests or immunizations that may be needed for this particular patient. Circle all health guidance subjects appropriate for this patient, and add any additional subjects that are needed.

Entering Data. Enter the date each time preventive care is ordered or performed, and–this is important–darken the small circle under the year/age when that type of preventive care will *next* be needed (see sample forms inside). To fill in the form, use the result codes suggested at the bottom of the form or others you choose. More precise information, such as numerical results, may also be entered. For health guidance, use the letter abbreviations provided.

Update each patient's flow sheet every time preventive care is ordered or performed, and also when results are returned. At the bottom of the chart a row of boxes is provided that may be used for several purposes, including noting the last time the flow sheet was "audited" for completeness and accuracy.

Using the Flow Sheet as a Prompt. Keep the flow sheet(s) in an established, prominent location in the patient chart. It should be visible when the chart is opened. At each patient visit, quickly scan the appropriate year/age column for darkened circles that designate the need for preventive care, and check for procedures that have been ordered but for which results are abnormal or pending. You may also choose to review flow sheets periodically between visits so that patients may be recalled for needed preventive care.

PUT PREVENTION INTO PRACTICE

Immunization Flow Sheet

Name
D.O.B.
No.

Disease(s)	Vaccine Type	Recommended Age	Date Given	Age Given	Manufacturer	Lot Number	Site Given (RA=Rt. Arm LA=Lt. Arm RT=Rt. Thigh LT=Lt. Thigh O=Oral)	Signature of Person Giving Vaccine	Informed Consent		
									Handout Publ. Date	Signature of Parent or Guardian in response to Informed Consent Statement	Informed Consent Statement
Diphtheria Tetanus Pertussis	DTP #1	2 mos.									"I have been given a copy of, and have read or have had explained to me, information about each of the diseases and the vaccines listed at left. I have had a chance to ask questions, and they were answered to my satisfaction. I believe I understand the benefits and risks of each vaccine and ask that it be given to the minor named above (for whom I am authorized to make this request)."
	DTP #2	4 mos.									
	DTP #3	6 mos.									
	DTaP/DTP #4	15 mos.									
	DTaP/DTP #5	4-6 yrs.									
	Td	14-16 yrs.									
Haemophilus influenzae type b	Hib #1 All	2 mos.									
	Hib #2 HbOC/PRP-T PRP-OMP	4 mos. 4-6 mos.									
	Hib #3 HbOC/PRP-T PRP-OMP	6 mos. 12-15 mos.									
	Hib #4 HbOC/PRP-T Only	12-15 mos.									
Diphtheria Tetanus Pertussis *Haemophilus influenzae* type b	DTP/Hib #1	2 mos.									
	DTP/Hib #2	4 mos.									
	DTP/Hib #3	6 mos.									
	DTP/Hib #4	15 mos.									
Polio	OPV #1	2 mos.									
	OPV #2	4 mos.									
	OPV #3	6 mos.									
	OPV #4	4-6 yrs.									
Measles Mumps Rubella	MMR #1	12-15 mos.									
	MMR #2	4-6 yrs. or 11-12 yrs.									
Hepatitis B	HBV #1	A: Birth B: 1-2 mos.									
	HBV #2	A: 1-2 mos. B: 4 mos.									
	HBV #3	All: 6-18 mos.									
Varicella	VZV	12-18 mos.									

Name
D.O.B.
No.

Adult Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

Year									
Age									

Health Guidance

(Circle if appropriate)

Aspirin (A)	Physical Activity (P)
Drugs/Alcohol (D)	Sexual Behavior (S)
Estrogen (E)	Tobacco (T)
Folate (F)	UV Exposure (U)
HIV/AIDS (H)	Violence & Guns (V)
Injuries (I)	______
Nutrition (N)	______
Occupat. Health (O)	______

Date / Type(s)									
Date / Type(s)									
Date / Type(s)									
Date / Type(s)									

Examinations and Tests

		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									

Suggested Result Codes: 0 = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere ● = Next Due

Immunizations

		Date / Manuf. & Lot No.									
		Date / Manuf. & Lot No.									
		Date / Manuf. & Lot No.									
		Date / Manuf. & Lot No.									

Name ANNA GRIFFITH
D.O.B. 6/9/28
No. 127-35-66

Adult Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

	Year	91	92	93	94	95	96	97	98	99
	Age	63	64	65	66	67	68	69	70	71

Health Guidance

(Circle if appropriate)

Aspirin (A) — Physical Activity (P)
Drugs/Alcohol (D) — Sexual Behavior (S)
Estrogen (E) — Tobacco (T)
Folate (F) — UV Exposure (U)
HIV/AIDS (H) — Violence & Guns (V)
Injuries (I)
Nutrition (N)
Occupat. Health (O)

Date / Type(s)	8/91 E,I	7/92 N,D	10/93 I,S						
Date / Type(s)	12/91 P,U		12/93 D,E						
Date / Type(s)									
Date / Type(s)									

Examinations and Tests

Check-Up Visit	q 3 yrs. <50 q 1 yr. ≥50	Date / Result	8/91 N	7/92 N	12/93 N						
Blood Pressure	q 2 yrs.	Date / Result	8/91 100/80		10/93 110/85						
Cholesterol	q 5 yrs., 35-60	Date / Result									
Fecal Occult Blood	q 1 yr. >50	Date / Result	9/91 N								
Vision/Glaucoma	q 2 yrs. ≥60	Date / Result	8/91 E								
Hearing	q 2 yrs. ≥65	Date / Result									
Breast Exam	q 3 yrs. <40 q 1 yr. ≥40	Date / Result	N	N	10/93 N						
Mammography	q 1 yr. ≥50	Date / Result	N	7/92 R	10/93 R						
Pap Smear	q 1 yr x3, then q 3 yrs	Date / Result	8/91 N	7/92 N	10/93 N						
Sigmoidoscopy	q 3 yrs. ≥ 50	Date / Result	8/91 N								
		Date / Result									
		Date / Result									
		Date / Result									

Suggested Result Codes: O = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere ● = Next Due

Immunizations

Tetanus-Diphtheria	q 10 yrs.	Date Manuf. & Lot No.									
Pneumococcal	Once ≥65	Date Manuf. & Lot No.			10/93 [illegible] 872575						
Influenza	q 1 yr. ≥65	Date Manuf. & Lot No.			10/93 [illegible] [illegible]						
		Date Manuf. & Lot No.									

Chart Audit	1/93										

Name
D.O.B.
No.

Child Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

Health Guidance

Suggested Topics

Drugs/Alcohol (D)
HIV/AIDS (H)
Injuries & Poisons (I)
Nutrition (N)
Oral/Dental Health (O)
Physical Activity (P)
Sexual Behavior (S)
Tobacco (T)
UV Exposure (U)
Violence & Guns (V)
____
____

Age									
Date / Type(s)									
Date / Type(s)									
Date / Type(s)									
Date / Type(s)									

Examinations and Tests

		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									
		Date / Result									

Suggested Result Codes: 0 = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere ● = Next Due

Immunizations

Schedule (Use the Immunization Flow Sheet to record patient data)

Polio (OPV)	2 mos.	4 mos.	6 mos.		4-6 yrs.	
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Td)	2 mos. DTP	4 mos. DTP	6 mos. DTP	15 mos. DTaP/DTP	4-6 yrs. DTaP/DTP	14-16 yrs. Td
Measles, Mumps, Rubella (MMR)				12-15 mos.	4-6 yrs. or 11-12 yrs.	
Haemophilus influenzae type b (Hib)	2 mos.	4 mos. (PRP-OMP once only, age 4-6 mos.)	6 mos.	12-15 mos.		
Hepatitis B (HBV)	Sched. A: Birth B: 1-2 mos.	Sched. A: 1-2 mos. B: 4 mos.	All: 6-18 mos.			
Varicella (VZV)				12-18 mos.		

Name Simon Dickey
D.O.B. 3/7/89
No. 225-30-7996

Child Preventive Care Flow Sheet

PUT PREVENTION INTO PRACTICE

Health Guidance

Suggested Topics

Drugs/Alcohol (D)
HIV/AIDS (H)
Injuries & Poisons (I)
Nutrition (N)
Oral/Dental Health (O)
Physical Activity (P)
Sexual Behavior (S)
Tobacco (T)
UV Exposure (U)
Violence & Guns (V)

Age	1	2	3	4	5	6	7	8	9
Date	3/89	6/90	9/91	10/92					
Type(s)	N	I,N,U	N,U	I,V					
Date	5/89	9/90							
Type(s)	N,O	P,O,N							
Date	7/89	3/91							
Type(s)	D,N,I	I,N							
Date	9/89								
Type(s)	N,I								

Examinations and Tests

		Age	1	2	3	4	5	6	7	8	9
Hematocrit	Ages 1, 2 and 5 yrs.	Date	9/89●	9/90●							
		Result	35	37							
TB Test (Mantoux)	Ages 1, 2 and 5 yrs.	Date	9/89●	9/90●							
		Result	5	5							
Blood Pressure	All check-ups, ≥ 3 yrs.	Date			9/91	8/92●					
		Result			90/70	110/70					
Vision/Hearing Tests	Ages 4 and 5 yrs.	Date				10/92					
		Result				N					
Cholesterol	9 2 yrs. 2 2	Date		9/90		10/92					
		Result		140		R					
		Date									
		Result									
		Date									
		Result									
		Date									
		Result									
		Date									
		Result									
		Date									
		Result									
		Date									
		Result									

SAMPLE

Suggested Result Codes: O = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere ● = Next Due

Immunizations

Schedule (Use the Immunization Flow Sheet to record patient data)

Polio (OPV)	2 mos.	4 mos.	6 mos.		4-6 yrs.	
Diphtheria, Tetanus, Pertussis (DTP, DTaP,Td)	2 mos. DTP	4 mos. DTP	6 mos. DTP	15 mos. DTaP/DTP	4-6 yrs. DTaP/DTP	14-16 yrs. Td
Measles, Mumps, Rubella (MMR)				12-15 mos.	4-6 yrs. or 11-12 yrs.	
Haemophilus influenzae type b (Hib)	2 mos.	4 mos. (PRP-OMP once only, age 4-6 mos.)	6 mos.	12-15 mos.		
Hepatitis B (HBV)	Sched. A: Birth B: 1-2 mos.	Sched. A: 1-2 mos. B: 4 mos.	All: 6-18 mos.			
Varicella (VZV)				12-18 mos.		

Chart Audit 10/90 12/92

DRAFT

1992 Preventive Care Survey

Sample: Approximately 5000 members of AAFP, AAP, ACP, ACOG, NANP

Percentage of respondents who estimated that a service was routinely provided to 81-100 percent of their primary care patients; for counseling/treatment services, to 81-100 percent of their primary care patients who were in need of the intervention.

Service	FP	PD	IM	OB	NP
Inquiry about tobacco use	59	33	75	49	51
Discussion of strategies to quit smoking	43	19	50	28	20
Inquiry about alcohol consumption	39	29	63	34	45
Referral to alcohol treatment	28	26	33	24	19
Inquiry about illicit drug/medication use	23	28	34	32	43
Referral for drug abuse counseling/treatment	28	32	35	28	19
Inquiry about seat belt/car seat use	16	45	11	6	29
Advice about seat belt/car seat use	29	58	15	18	32
Inquiry about sexual practices and STDs (incl HIV)	13	30	18	34	52
Counseling about HIV and STD prevention	27	46	30	46	50
Inquiry about diet/nutrition	19	53	36	15	46
Formulation of a diet/nutrition plan	24	31	33	19	31
Inquiry about physical exercise habits	19	16	40	14	30
Formulation of an exercise plan	18	16	25	13	14