

Child Navigation Bar

Birth	HC Tickler	History	Outcomes
Well Baby	Immunizations	CPS	Base/Follow

All child data entry forms include a navigation bar in the header which allows you to navigate easily between the different forms, including:

- **Birth** – Birth Information
- **HC Tickler** – Health Care Tickler
- **History** – a list of Information Change records for the child
- **Outcomes** – Developmental screening and other evaluation records
- **Well Baby** – Well baby schedule of visits for this child
- **Immunizations** – Immunization schedule for this child
- **CPS** – records of referrals to child protective services (by anyone)
- **Base/Follow** – Baseline and follow-up information for this child

Birth Information Form

Required fields are the Child ID and date of birth.

Child IDs consist of a letter that identifies the pregnancy, and a number that identifies the birth. The target child (or children, if multiples) is always identified as A, regardless of whether or not the target child is the mother's first child. Singleton births are identified with the number 0. Multiple births are identified with number 1 and 2 for twins; 1, 2 and 3 for triplets, and so on. Letters B, C and so on are assigned to children born after the target child.

For example: Singleton target child	A 0
Singleton subsequent birth	B 0
Singleton 2 nd subsequent birth	C 0
Twin target children	A 1 and A 2
Triplet target children	A 1, A 2 and A 3
Twin subsequent birth	B1 and B2

Pregnancy ID:	<input type="text" value="A"/>	Child ID:	<input type="text" value="0"/>
External ID:	<input type="text"/>		
Race/Ethnic Category:	<input type="text" value="Black"/>		
Subcategory:	<input type="text" value="Other Hispanic"/>		
Gender:	<input type="text" value="Male"/>		
Other Parent:	<input type="text" value="Anderson, David"/>		
Birth Date:	<input type="text" value="4/9/2003"/>		
Gestation Age:	<input type="text" value="38"/>	weeks	

If premature birth enter due date

Enter this date only if birth occurred <37 weeks gestation.
When a premature due date is provided, Well Baby and Immunization schedules are calculated based on this date rather than the birth date.

Child History Child History

The following section records baseline child information. See the History form for a complete history.

Last Name:	<input type="text" value="Aguilar"/>	First Name:	<input type="text" value="Gary"/>
------------	--------------------------------------	-------------	-----------------------------------

Child's Pediatrician

Pediatrician Last Name:	<input type="text" value="Chicago"/>	Pediatrician First Name:	<input type="text" value="Dr."/>
Pediatrician Phone:	<input type="text"/>	Clinic Name:	<input type="text"/>

Other Parent is selected from a drop-down menu of partners, created from the list on the person's Home Form. If no partners have been entered, this menu will be blank.

If premature birth enter due date – This field is completed only if the child was born before 37 weeks gestation. When it is filled in, PIMS will calculate immunization, well baby schedules, and Ages and Stages intervals based on the due date rather than date of birth.

Child History includes the baby's name and pediatrician. If the baby's pediatrician changes in the future, the information can be updated through the **Child History** records.

Birth Health

Pounds: Birth Weight: grams
 Ounces: Calculate Birthweight

5-Min APGAR:

Delivery Method:

Nursery Type:

Child's health at birth (select all that apply):

Normal Positive alcohol screen
 Birth complications (general) Positive drug screen
 Birth defects Unknown
 Delivery complications Other (specify)
 Newborn complications

Birth defects include Down's Syndrome, cleft palate, heart defect.
 Compl. of delivery include meconium aspirate, asphyxiation, subdural hematoma, broken clavicle.
 Newborn complications include jaundice, hypoglycemia, infection.

The **pounds/ounces calculator** can be used to automatically calculate the birth weight in grams.

Child's health at birth is used to specify special circumstances of the child's birth: birth complications, positive alcohol or drug screens, or other. Birth complications can include one or more of the following areas:

- **Birth defects** – genetic defects such as Down's syndrome, or congenital defects such as heart defect or cleft palate
- **Delivery complications** – events surrounding the labor and delivery that affected the baby, such as meconium aspirate, asphyxiation, subdural hematoma, or broken clavicle.
- **Newborn complications** – events in the neonatal period that may have required treatment, such as jaundice, hypoglycemia or infection.

Health Care Tickler

Health Care Tickler

Birth	HC Tickler	History	Outcomes	Mother: <input type="text" value="Aguilar, Verna"/>	Current FSW
Well Baby	Immunizations	CES	Base/Follow	Site ID: <input type="text" value="1L000"/>	Preg
				Participant ID: <input type="text" value="359"/>	Child

Enter month and year for tickler Month: Year:

Select the month and year for which you'd like to view or print a tickler, then press **Print Tickler**. A sample is shown below.

Healthy Families
Health Care and Assessment Tickler

Printed: 7/25/2011 3:39:41 PM

Aguilar, Gary

September, 2003

FSW ID: 105 Birth Date: 4/9/2003 Age: 8 years, 3 months
Parent Name: Aguilar, Verna Participant ID: 359 Pregnancy: A Child ID: 0

Immunizations Due this Month:

Name of Immunization	Date Range Immunization Should Occur	Actual Immunization Date	On Time
DTaP #2	8/9/2003 to 9/9/2003	8/8/2003	Yes
Polio #2	8/9/2003 to 9/9/2003	8/8/2003	Yes
Hib #2	8/9/2003 to 9/9/2003	8/8/2003	Yes
PCV#2	8/9/2003 to 9/9/2003	8/8/2003	Yes

Completion Rate to Date: 0.0% On Time Rate to Date: 100.0% Average time (days) for late completion:

Well Baby/Child Visits Due this Month:

Visit Number	Range of Dates Visit Should Occur	Actual Date of Visit	On-Time
4	7/23/2003 to 9/24/2003	8/8/2003	Yes
5	9/17/2003 to 12/17/2003	10/10/2003	Yes

Completion Rate to Date: 0.0% On Time Rate to Date: 100.0% Average time (days) for late completion:

Child Development Screens:

Measure Name	Administration Schedule	Actual Date of Admin	Actual Age at Admin
Ages and Stages Questionnaire	Baseline	8/11/2003	4 months

Measures Previously Completed to Date:

Measure Name	Administration Schedule	Actual Date of Admin
AAPI Form B	Baseline	11/27/2002
Baseline	Baseline	11/27/2002
Baseline	6 months	5/28/2003

History

Child History shows a list of pediatricians that the child has had. The example below shows Gary Aguilar's doctor at birth, and a new doctor one year later. To add a new doctor, click the **Add New** button. The new record will be populated with the most recent information. Simply overwrite the information that needs to be changed.

Child History -21E+03 Aguilar, G

Birth	HC Tickler	History	Dev Screens	Mother: <input type="text" value="Aguilar, Verna"/>	Current FSW: <input type="text" value="105"/>
Well Baby	Immunizations	CIS		Site ID: <input type="text" value="1L000"/> <input type="text" value="-2142713544"/>	Preg: <input type="text" value="A"/>
				Participant ID: <input type="text" value="359"/>	Child: <input type="text" value="0"/>

-2142713544

Change Date	Name	Physician	
4/9/2003	Aguilar, Gary	Chicago	Add New
4/14/2004	Aguilar, Gary	Doctor	

Child Outcomes

On the Child Navigation bar, select **Outcomes**. PIMS currently can record information for four child-related screening tools: Ages and Stages Questionnaire (ASQ), Ages and Stages Social-Emotional (ASQ-SE), the Denver Pre-screening Questionnaire, and KIPS.

Ages and Stages

In the gray drop-down menu, select **ASQ**. The child's schedule of developmental screens will be listed with the minimum and maximum administration dates, based on the child's date of birth and the site-defined schedule.

Child Outcomes History

Mother: [Aquilar, Verna](#)
 Site ID: 1L000
 Participant ID: 359

Instrument: **ASQ**

Time Point	Min Due	Max Due	Completed	Staff
2 months	5/9/2003	7/9/2003		
4 months	7/9/2003	9/9/2003	8/11/2003	104
6 months	9/9/2003	11/9/2003	10/4/2003	104
8 months	11/9/2003	1/9/2004	12/4/2003	104
10 months	1/9/2004	3/9/2004	2/9/2004	
12 months	3/9/2004	5/9/2004	4/28/2004	105
14 months	5/9/2004	7/9/2004		
16 months	7/9/2004	9/9/2004	10/11/2004	105
18 months	9/9/2004	11/9/2004	10/25/2004	105
20 months	11/9/2004	1/9/2005	12/20/2004	105
22 months	1/9/2005	3/9/2005		
24 months	3/9/2005	5/9/2005	5/18/2005	105
27 months	6/9/2005	8/9/2005		
30 months	9/9/2005	11/9/2005	12/28/2005	105
33 months	12/9/2005	2/9/2006	2/8/2006	105
36 months	3/9/2006	5/9/2006		

Add New

This confi with

To enter developmental screening data, click on the desired administration (e.g., 4 months) and click **Add New** to open the **Outcome-ASQ** screen.

Outcome- ASQ

Date of Screen: 8/11/2003

Schedule of Screen Time Point: 4 months

Staff who administered: 104

	Score	Cutoff	Delay suspected?
Communication	50		<input type="checkbox"/>
Gross Motor	30		<input checked="" type="checkbox"/>
Fine Motor	20		<input checked="" type="checkbox"/>
Problem Solving	50		<input type="checkbox"/>
Personal Social	50		<input type="checkbox"/>

Notes: FSW will work on motor skills and rescreen in one month

Date ASQ results were discussed with participant:

Referral

Date of Referral: Add Referral

Check if the delay was confirmed (if referrals were made):

If referrals were not made, what is the reason? Site policy requires wait for two suspects

Other (specify):

Were referrals made (PIMS 6)? The following field is obsolete from PIMS 6. If a referral is made, please complete the referral subform below.

Enter the ASQ score and notes. Indicate if delays were confirmed, if referrals were made, and the reason referrals were not made, as appropriate.

Ages and Stages Social-Emotional

In the gray drop-down menu, select **ASQ-SE**. The child's schedule of developmental screens will be listed with the minimum and maximum administration dates, based on the child's date of birth and the site-defined schedule.

Child Outcomes History

Birth	HC Ticker	History	Child Outcomes	Mother: <input type="text" value="Aguilar, Verna"/>
Well Baby	Immunizations	CPS		Site ID: <input type="text" value="IL000"/>
				Participant ID: <input type="text" value="359"/>

Instrument ▼

Time Point	Min Due	Max Due	Completed	Staff
6 months	9/9/2003	11/9/2003	10/1/2003	101
12 months	3/9/2004	5/9/2004	5/1/2004	101
18 months	9/9/2004	11/9/2004		
24 months	3/9/2005	5/9/2005		
30 months	9/9/2005	11/9/2005		
36 months	3/9/2006	5/9/2006		
48 months	3/9/2007	5/9/2007		
60 months	3/9/2008	5/9/2008		

To enter developmental screening data, click on the desired administration (e.g., 6 months) and click **Add New** to open the **Outcome-ASQ** screen.

Outcome- ASQ-SE

Date of Screen:

Schedule of Screen

Time Point

Staff who administered

Notes

ASQ-SE

Cutoff

Score below cutoff?

Date ASQ-SE results were discussed with participant:

Referral

Date of Referral

Check if the delay was confirmed (if a referral was made)?

If referrals were not made, what is the reason?

Other (specify):

Were referrals made (PIMS 6)? This is an obsolete PIMS 6 field. If a referral is made, please complete the referral subform above.

Enter the ASQ-SE score and notes. Indicate if developmental concerns were confirmed, if referrals were made, and the reason referrals were not made, as appropriate.

Well Baby Schedule Form

When you open the Well Baby Form, the child's schedule will be calculated and appear.

Well Baby Visits Form					Aguila							
Birth		HC Ticker		History		Dev Screens		Mother:	Aguilar, Verna		Current FSW:	105
Well Baby		Immunizations		CIS				Site ID:	IL000	-2142713544	Preg:	A
								Participant ID:	359		Child:	0
Visit	Due Date	Actual Date	Skipped	Issues from the Visit								
1	4/9/2003 to 5/7/2003	4/21/2003	<input type="checkbox"/>									
2	5/7/2003 to 6/4/2003	5/24/2003	<input type="checkbox"/>									
3	5/26/2003 to 7/30/2003	6/9/2003	<input type="checkbox"/>									
4	7/23/2003 to 9/24/2003	8/8/2003	<input type="checkbox"/>									
5	9/17/2003 to 12/17/2003	10/10/2003	<input type="checkbox"/>									
6	12/10/2003 to 3/10/2004		<input type="checkbox"/>									
7	3/3/2004 to 6/2/2004	4/21/2004	<input type="checkbox"/>									
8	5/26/2004 to 8/25/2004	5/4/2004	<input type="checkbox"/>									
9	8/18/2004 to 2/9/2005		<input type="checkbox"/>									
10	2/2/2005 to 1/11/2006		<input type="checkbox"/>									

Use the free-form box **Issues from the Visit** to include any notes desired. You can print a hard-copy version of the schedule using the buttons at the bottom of the screen: **Print Tickler** and **Print Form**.

Immunization Schedule Form

When you open the Immunization Form, the child's schedule will be calculated and appear.

Immunization Timeline				Medical Advice			
Immunization	Due Date	Date Received	Skipped	Adjusted Due Date	Skipped Reason	Skipped Reason Other	
Hep B #1	4/9/2003 to 4/9/2003	4/21/2003	<input checked="" type="checkbox"/>				
DTaP #1	6/9/2003 to 7/9/2003	6/9/2003	<input checked="" type="checkbox"/>				
Polio #1	6/9/2003 to 7/9/2003	6/9/2003	<input checked="" type="checkbox"/>				
Hib #1	6/9/2003 to 7/9/2003	6/9/2003	<input checked="" type="checkbox"/>				
Hep B #2	5/9/2003 to 7/9/2003	5/24/2003	<input checked="" type="checkbox"/>				
DTaP #2	8/9/2003 to 9/9/2003	8/8/2003	<input checked="" type="checkbox"/>				
Polio #2	8/9/2003 to 9/9/2003	8/8/2003	<input checked="" type="checkbox"/>				
Hib #2	8/9/2003 to 9/9/2003	8/8/2003	<input checked="" type="checkbox"/>				
DTaP #3	10/9/2003 to 11/9/2003	10/10/2003	<input checked="" type="checkbox"/>				
Hib #3	10/9/2003 to 11/9/2003	10/10/2003	<input checked="" type="checkbox"/>				
Hep B #3	10/9/2003 to 11/9/2004	10/10/2003	<input checked="" type="checkbox"/>				
Polio #3	10/9/2003 to 12/9/2004	10/10/2003	<input checked="" type="checkbox"/>				
Hib #4	4/9/2004 to 8/9/2004	4/21/2004	<input type="checkbox"/>				
MMR #1	4/9/2004 to 8/9/2004	5/4/2004	<input checked="" type="checkbox"/>				
DTaP #4	7/9/2004 to 11/9/2004	4/21/2004	<input checked="" type="checkbox"/>				
Varicella #1	4/9/2004 to 8/9/2004	4/21/2004	<input checked="" type="checkbox"/>				

Entry Created: 6/11/2003 3:41:19 PM by: Last Updated: 12/1/2003 4:27:10 PM by:

Print Tickler Close Re-calc due dates

If an immunization has not been completed within the due date range, check the **Skipped** box and enter a **Skipped Reason** from the drop-down menu. When the immunization is completed, enter the **Adjusted Due Date**. Skipped Reasons available are

- Child is sick
- Parent's decision
- Physician's decision
- Vaccine unavailable
- Other – specify in the free-form box

You can print a hard-copy version of the schedule using the **Print Tickler** button at the bottom of the screen.

Child Protective Services (CPS) Form

The CPS Form can be used to record reports of abuse or neglect of the target child (or subsequent births) to Child Protective Services. The first check box indicates if there were any reports to CPS, whether founded or not. The second check box is to be used if the report of suspected abuse or neglect was subsequently founded/substantiated.

Child Protective Services Form			
Birth	HC Ticker	History	Child Outcomes
Well Baby	Immunizations	CPS	
Mother: <u>Aquilar, Verna</u>			
Site ID: <u>IL000</u>			
Participant ID: <u>359</u>			
<p>Are there reports of suspected child abuse/neglect for this child: <input checked="" type="checkbox"/></p> <p style="padding-left: 40px;">Date of report of suspected maltreatment: <u>12/5/2003</u></p> <p>Are there substantiated or founded reports of child abuse/neglect for this target child: <input type="checkbox"/></p> <p style="padding-left: 40px;">Date of substantiated or founded report: <input type="text"/></p> <p>Type of maltreatment (check all that apply):</p> <p><input type="checkbox"/> Physical abuse <input checked="" type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual abuse <input type="checkbox"/> Other (specify) <input type="text"/></p> <p><input type="checkbox"/> Emotional abuse <input type="checkbox"/> Unknown</p> <p>Perpetrator of the maltreatment:</p> <p><u>Mother of target child</u> <input type="button" value="v"/></p> <p>Other: <input type="text"/></p> <p>Was the report made by Healthy Families staff?: <input type="checkbox"/></p>			

Baseline/Follow-up

Some additional demographic data is gathered on children at pre-set intervals. A **Baseline Form** is completed at the child's birth, usually in conjunction with the **Birth Information Form**. **Follow-up Forms** are completed at three, six, 12, 24, 36, 48, 60 months, and at termination. Click on the Base/Follow button to open the form.

Shown below is a sample **Child Baseline**. Make sure the correct radio button at the top of the form is selected, then complete the information as indicated.

Child Baseline/Follow-Up Form

Birth	HC Ticker	History	Outcomes
Well Baby	Immunizations	CES	Base/Follow

Mother: Curr
Site ID:
Participant ID:

Baseline 3 months 6 months 12 months 24 months 36 months 48 months 60 months Termination

Date of follow-up: Target follow-up date:

Child Insurance type:

Breastfeeding:

If child was previously but no longer breastfed, when did they stop?

Parent's Use of Birth Control:

Other:

Specify birth control used at time of target conception

ND MIECHV

Does Participant Smoke Cigarettes?

If the participant quit smoking, when did they quit?

of cigarettes smoked in the past day:

- **Date of follow-up** is required.
- **Target follow-up date** will be calculated automatically.
- **Child Insurance type**
- **Breastfeeding**
- **If child was previously but no longer breastfed, when did they stop?**
- **Parent's Use of Birth Control** – this is the type of birth control used at the time the target was conceived.

The following items are specific to the North Dakota MIECHV program:

- **Does Participant Smoke Cigarettes?**
- **If the participant quit smoking, when did they quit?**
- **# of cigarettes smoked in the past day**