

Well-Child Screenings – Staff Competency Checklist

Name of staff:

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Anthropometric Measurements for under 21 years old (1 = pass, 0 = fail)

- Weight - Birth to 2-year-old: Ensure diapers are clean and dry, balance and zero the scale including the paper drape, and place infant on the center of the scale platform.
- Weight - 2 to 20 years old: Remove bulky outer clothing, jackets, hat and shoes; empty pockets; balance and zero the scale; stand patient on center of scale platform with heels slightly apart.
- Length - Birth to 2 years old: Caregiver holds head firmly against headboard, staff straightens and holds knees and hips, then moves footboard until it rests firmly against heels, feet flexed and toes point directly upward.
- Height - 2 to 20 years old: Be mindful of hairstyles/hair bun, patient shoes off, looking forward, standing straight with the back of the head, shoulder blades, buttocks and heels touching the flat surface, and top of the head firmly touching the right-angle headboard.
- BMI value calculation: $Wt \text{ in lbs} \div Ht \text{ in inches} \div Ht \text{ in inches} \times 703$ OR $Wt \text{ in kg} \div Ht \text{ in cm} \div Ht \text{ in cm} \times 10,000$ OR BMI wheel OR online/EMR calculator; appropriate growth chart and plotting (WHO < 2 yrs. old, CDC \geq 2 yrs. old).

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Audiometric Screening for under 21 years old (1 = pass, 0 = fail)

- Gather equipment: desktop audiometer with dB and Hz (up to 8000K, air conduction headset, etc.)
- Ensure quiet location (closed door)
- Correct patient positioning in relation to the screener (not in view of control panel)
- Orient patient to procedure/equipment (give instructions to raise hand or put blocks in basket when tone is heard, have the patient hear a sample tone at 90 dB & 4K Hz, press tone for "1 Mississippi", praise patient efforts regardless of outcome)
- Correct placement of headset (red on right ear)
- Play audiometry (3 - 5 years old: play a game who can put a block in the basket first when a tone is heard)



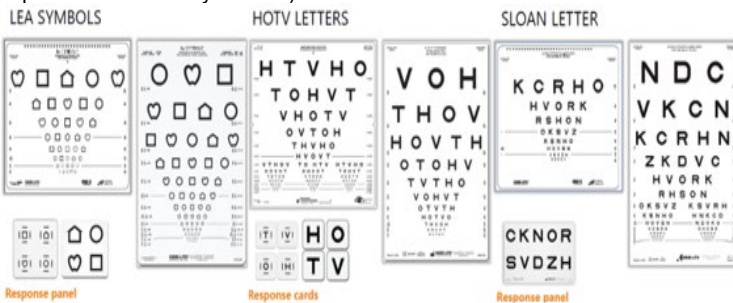
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- Screening: start at 20 dB at 1K - 4K Hz (and 6K & 8K Hz for 11 years and older)
- Referral: if patient cannot hear at 20 dB minimum

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Vision Screening (1 = pass, 0 = fail)

- Gather equipment: Height adjustable literate/illiterate charts, LEA/HOTV/Sloan response cards, and appropriate occluder to prevent peeking (hands-free occluder required for under 10 years old)



Recommended*	Acceptable	NOT Recommended
<ul style="list-style-type: none"> ▪ Adhesive patches ▪ 2-inch-wide hypoallergenic paper tape <p style="font-size: small; color: red;">*Assess for allergies to adhesive prior to placement.</p>	<ul style="list-style-type: none"> ▪ Occlusion glasses ▪ Mask occluders ▪ Paddle occluders 	<ul style="list-style-type: none"> ▪ Hand ▪ Paper cup ▪ Tissue paper
	<p style="font-size: small;">Age 10 years and older</p>	

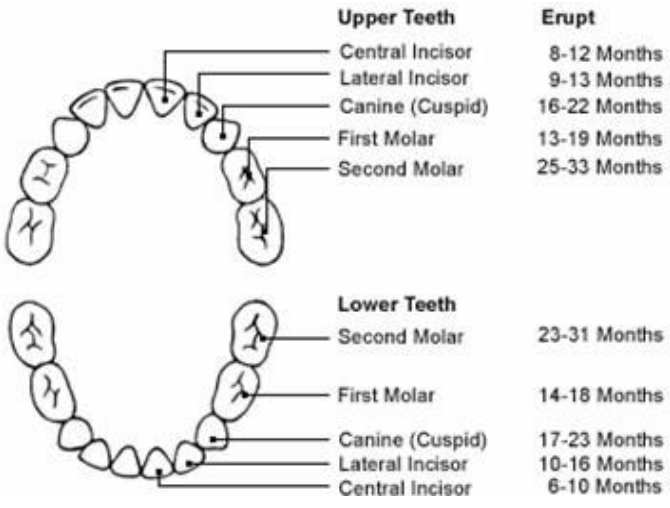
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- Should be done in well-lit room

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<ul style="list-style-type: none"> • Appropriate distance from chart (10 feet) and at the patient's eye level 				
<ul style="list-style-type: none"> • Arch or heel of feet on the line (arch is best practice) 				
<ul style="list-style-type: none"> • Screen each eye separately: Screen with corrective lenses on, if any. No need to test both eyes together. Test right eye first by occluding left eye, then the following: <ul style="list-style-type: none"> ○ <u>Standard method</u>: have patient start reading the top line of chart and continue down each line, OR ○ <u>Short-cut method</u>: Beginning at the top line, identify the first symbol on each line on the left side of chart, move down the chart until the child misses a symbol. When a patient misses a symbol, return to the line above and ask the patient to identify all symbols on the line, and then, If 3 or more symbols are identified, move down to the next line until a majority of the line is missed. Record the last line the patient correctly identified 3 or more symbols as the visual acuity for that eye. Then, test left eye by occluding right eye & repeat the process. 				
<ul style="list-style-type: none"> • Documentation of results (OD = right, OS = left, OU = both eyes if results are identical) 				
<ul style="list-style-type: none"> • Knowledge of "Threshold" and/or "Critical Line" (age-dependent line a patient is expected to see normally and pass) techniques - must identify a majority of characters correctly per line to pass: <ul style="list-style-type: none"> ○ 3 years old = 20/50 is passing ○ 4 years old = 20/40 is passing ○ 5+ years old = 20/32 is passing 				
<ul style="list-style-type: none"> • Refer if at risk or failed screening identified (not pass threshold/critical line above, 2-line difference between OD & OS, hearing/cognitive impairment, etc.) 				

Name of staff:

Fluoride Varnish Application for under 5 years old (1 = pass, 0 = fail)																												
<ul style="list-style-type: none"> • Gather equipment (varnish/brush, paper towel, gauze, gloves, & after-care brochure) 																												
<ul style="list-style-type: none"> • Age range and reason for applying fluoride varnish: for children younger than 5 years old to prevent new cavities and slow down or stops further tooth decay. 																												
<ul style="list-style-type: none"> • Orient patient/parent to procedure (apply every 3-6 months from eruption of teeth up to 5th birthday – at least twice a year in dental and/or medical office) 																												
<ul style="list-style-type: none"> • Positioning of patient (staff/parent knee to knee, with the head on the staff's lap, the parent secure child's arms and legs) 																												
<ul style="list-style-type: none"> • Application: Retract lip/cheek with gauzed finger; dry teeth with gauze, apply to the back teeth first and then the front. <div style="text-align: center;">  <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Upper Teeth</th> <th style="text-align: left;">Erupt</th> </tr> </thead> <tbody> <tr> <td>Central Incisor</td> <td>8-12 Months</td> </tr> <tr> <td>Lateral Incisor</td> <td>9-13 Months</td> </tr> <tr> <td>Canine (Cuspid)</td> <td>16-22 Months</td> </tr> <tr> <td>First Molar</td> <td>13-19 Months</td> </tr> <tr> <td>Second Molar</td> <td>25-33 Months</td> </tr> </tbody> </table> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Lower Teeth</th> <th style="text-align: left;">Erupt</th> </tr> </thead> <tbody> <tr> <td>Second Molar</td> <td>23-31 Months</td> </tr> <tr> <td>First Molar</td> <td>14-18 Months</td> </tr> <tr> <td>Canine (Cuspid)</td> <td>17-23 Months</td> </tr> <tr> <td>Lateral Incisor</td> <td>10-16 Months</td> </tr> <tr> <td>Central Incisor</td> <td>6-10 Months</td> </tr> </tbody> </table> </div>	Upper Teeth	Erupt	Central Incisor	8-12 Months	Lateral Incisor	9-13 Months	Canine (Cuspid)	16-22 Months	First Molar	13-19 Months	Second Molar	25-33 Months	Lower Teeth	Erupt	Second Molar	23-31 Months	First Molar	14-18 Months	Canine (Cuspid)	17-23 Months	Lateral Incisor	10-16 Months	Central Incisor	6-10 Months				
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<ul style="list-style-type: none"> • Aftercare instructions: Avoid for the rest of the day - brushing/flossing; crunchy/chewy food; hot foods/drinks. No other restrictions on eating and drinking. 																												
<ul style="list-style-type: none"> • Contraindications: Do not apply to specific areas with deep decay, pulp exposure or soft tissue lesions 																												