

### Important Condition #3: ADHD Care (related to mental health)

PCC EHR makes protocols available to all clients that simplify care management for patients with ADHD by making standardized screening tools available and organizing the patient's scores from multiple sources. One ADHD protocol available to all PCC clients is very useful for an initial ADHD evaluation.

The “ADHD Initial evaluation” protocol was created by PCC clients and is based on the AAP's Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. The publication can be found here:

<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654>

This protocol incorporates diagnostic criteria according to DSM V as part of the HPI. The screenshot below includes just a few of the relevant questions included related to the patient's history of ADHD:

The screenshot displays the 'HPI--General' section of an EHR form. On the left, a vertical menu under 'Visit:' lists various clinical areas, with 'HPI--General' selected. The main area contains several questions, each followed by a 'notes' dropdown menu:

- Current School and Grade? (notes)
- Does patient have a current 504 plan? (notes)
- Does patient have an active IEP? (notes)
- Has grade ever been repeated? (if positive indicate grade) (notes)
- Has patient ever had psychoeducational testing? ( provide date and location) (notes)
- How are patient's grades? (notes)
- Does the patient have problems with organization? (notes)

**Visit:**  
ADHD Initial 1

- Informant/Relationship
- Chief Complaint
- HPI--General
- HPI
- PMH Init ADD**
- Co-Morbidity Screening
- CRAFFT Questions for ...
- Review of Systems
- Immunizations
- Vitals

**PMH--Neuro**

Any H/O prenatal or perinatal difficulties?

Is there any H/O TBI?

H/O developmental delays

Mental illness?

Co-morbidity screening as outlined by the AAP is built in as a morbidity screen:

**Visit:**  
ADHD Initial 1

- Informant/Relationship
- Chief Complaint
- HPI--General
- HPI
- PMH Init ADD
- Co-Morbidity Screeni...**
- CRAFFT Questions for ...
- Review of Systems
- Immunizations
- Vitals
- Physical Exam
- Lab
- Radiology
- Medical Test
- Medical Procedures
- Diagnoses
- Plan

**Co-Morbidity Screening**

**Select All**

Does patient / self blame self for problems, feel worthless or inferior? (Dep / Anx)

Is patient / self afraid to try new things for fear of failure? ( Dep / Anx)

Would you describe patient / self as sad or withdrawn? (Dep / Anxiety)

Does patient / self worry about things they have no control over such as the weather? (Anxiety)

Does patient / self display physical violence to others or animals? Examples: starts fist fights, bullies, use of a weapon, physically cruel ( CD)

Has patient / self destroyed property? (CD)

...and the six questions included in the CRAFFT behavioral health screening assessment:

**Visit:**  
ADHD Initial 1

- Informant/Relationship
- Chief Complaint
- HPI--General
- HPI
- PMH Init ADD
- Co-Morbidity Screening
- CRAFFT Questions f...**
- Review of Systems
- Immunizations
- Vitals
- Physical Exam
- Lab
- Radiology
- Medical Test
- Medical Procedures
- Diagnoses
- Plan

**CRAFFT Questions for Substance Abuse Screening**

Make All: **Yes** **No** **N/A**

Yes No N/A

Have you ever ridden in a CAR driven by someone (including self) who was under the influence of drugs or alcohol?

Do you ever use drugs/ alcohol to RELAX, fit in, or feel better about yourself?

Do you ever use drugs / alcohol when you are ALONE?

Do you FORGET things that you did while using drugs / alcohol?

Do your FRIENDS / FAMILY tell you that you should cut down of drug / alcohol use?

If the provider feels that additional screening for anxiety, depression or substance abuse is needed, they can add a protocol based on a standardized questionnaire (such as SCARED - Screen for Child Anxiety Related Disorders) as part of the visit to allow the screen to be done and scored immediately.

Specific diagnosis and plan sections are also included in the standard Initial ADHD assessment protocol:

**Visit:**  
ADHD Initial 1

- Chief Complaint
- HPI--General
- HPI
- PMH Init ADD
- Co-Morbidity Screening
- CRAFFT Questions for ...
- Review of Systems
- Immunizations
- Vitals
- Physical Exam
- Lab
- Radiology
- Medical Test
- Medical Procedures
- Diagnoses**
- Plan
- Referrals
- Follow Up

**Diagnoses**

Conduct disorder, adolescent-onset type  
  
 Add to Problem List    Onset:     Problem Note:

Childhood disorder of conduct and emotion  
  
 Add to Problem List    Onset:     Problem Note:

Developmental academic disorder  
  
 Add to Problem List    Onset:     Problem Note:

Attention deficit hyperactivity disorder, predominantly inattentive type  
  
 Add to Problem List    Onset:     Problem Note:

Attention deficit hyperactivity disorder, predominantly hyperactive impulsive type

**Previous**    **Next**

The clinician can simply choose the relevant diagnoses, choosing whether to add them to the official problem list for the patient. The “Plan” section provides the clinician with specific reminders of topics to address and tasks to complete related to the ADHD evaluation.

**Visit:**

ADHD Initial 1

Chief Complaint

HPI--General

HPI

PMH Init ADD

Co-Morbidity Screening

CRAFFT Questions for ...

Review of Systems

Immunizations

Vitals

Physical Exam

Lab

Radiology

Medical Test

Medical Procedures

Diagnoses

**Plan**

Referrals

Follow Up

**Plan**

**Select All**

Parent / Caregiver expressed understanding of medication and treatment plan

notes

Parent and Patient Treatment Goals Discussed

notes

Release to discuss with teacher signed

notes

Recommendation for psych-educational testing to rule out learning disability

notes

Counseling Recommended

notes

Vanderbilts/Self assessment discussed

notes

**Previous** **Next**

While the above chart template can be used for initial ADHD evaluation, a different protocol can be used ADHD followup evaluation. This protocol template would focus less on documenting a full history of ADHD symptoms and more on medication usage and further actions to manage and monitor the patient's ADHD symptoms.

With this ADHD Followup protocol, the patient's documented Care Plan can be reviewed which would include other Care Team members involved in the patient's care along with previously documented care coordination notes, goals, and next steps associated with the patient's ADHD condition. Changes in allergies, medications, or family/social history can also be documented. Here is a screenshot of this section:

**Visit:**  
ADD F/U - TLC

**Vitals**  
Immunizations  
History of Present Illness  
ADD ROS  
Screening  
Review of Systems by syst...  
Physical Exam  
Diagnoses  
Medicalprocedure  
Medicaltest  
Lab  
Plan  
Goals  
Referral  
Followup  
Time Spent  
Additional Notes

**Care Plan (Chart-wide)** Print Display: All Statuses Edit  
No Interventions

**Family Medical History (Chart-wide)** Edit

Condition	Relationship	Note

**Chief Complaint**

**Verification of History**  
**Select All**

Changes in allergies?  
notes

Changes in current medication?  
notes

Changes in family or social history?

Next, a review of systems can be documented with questions designed specifically to address the patient's ADHD:

**Visit:**  
ADD F/U - TLC

**Vitals**  
Immunizations  
History of Present Illness  
ADD ROS  
Screening  
Review of Systems by syst...  
Physical Exam  
Diagnoses  
Medicalprocedure  
Medicaltest  
Lab  
Plan  
Goals  
Referral  
Followup  
Time Spent  
Additional Notes

**ADD ROS**

Make All: **Yes** **No** **N/A**

Yes No N/A

Headaches?  
notes

Stomach aches?  
notes

Change in appetite?  
notes

Chest pain, palpitation, faintness with activity?  
notes

Trouble sleeping?  
notes

with continuing questions.....

Irritability? - late morning, late afternoon, evening

Socially withdrawn?

Extreme sadness/unusual crying?

Yes No N/A  
   Dull, tired, listless behavior?

Tremors, feeling shaky?

Repetitive movements, tics, jerking, twitching, eye blinking?

Picking at skin or fingers, nail-biting, lip/cheek chewing?

Next, the patient's diagnosis or problem list can be updated if necessary:

Visit:	Diagnoses
ADD F/U - TLC	<input type="checkbox"/> Management of drug regimen <input type="text" value=""/> <input type="checkbox"/> Add to Problem List    Onset: <input type="text" value="mm/dd/..."/> Problem Note: <input type="text" value="problem note"/>
Vitals	<input type="checkbox"/> Child attention deficit disorder <input type="text" value="notes"/> <input type="checkbox"/> Add to Problem List    Onset: <input type="text" value="mm/dd/..."/> Problem Note: <input type="text" value="problem note"/>
Immunizations	<input type="checkbox"/> Attention deficit hyperactivity disorder, predominantly inattentive type <input type="text" value="notes"/> <input type="checkbox"/> Add to Problem List    Onset: <input type="text" value="mm/dd/..."/> Problem Note: <input type="text" value="problem note"/>
History of Present Illness	<input type="checkbox"/> Attention deficit hyperactivity disorder, combined type <input type="text" value="notes"/> <input type="checkbox"/> Add to Problem List    Onset: <input type="text" value="mm/dd/..."/> Problem Note: <input type="text" value="problem note"/>
ADD ROS	<input type="checkbox"/> add diagnosis <input type="text" value=""/>
Screening	
Review of Systems by syst...	
Physical Exam	
<b>Diagnoses</b>	
Medicalprocedure	
Medicaltest	
Lab	
Plan	
Goals	
Referral	
Followup	
Time Spent	
Additional Notes	

The clinician is then prompted with topics and suggested resources. In this section, the clinician can document areas that were discussed for self-management of the patient's ADHD:

Visit:	Plan
ADD F/U - TLC	<b>Select All</b>
Vitals	<input type="checkbox"/> Medication
Immunizations	<input type="text" value="notes"/>
History of Present Illness	<input type="checkbox"/> For help with challenging behavior problems, see <a href="http://www.livesinthebalance.org/">http://www.livesinthebalance.org/</a>
ADD ROS	<input type="text" value="notes"/>
Screening	<input type="checkbox"/> Additional self-help resources available through <a href="http://www.chadd.org">www.chadd.org</a>
Review of Systems by syst...	<input type="text" value="notes"/>
Physical Exam	<input type="checkbox"/> Medication as e-prescribed
Diagnoses	<input type="text" value="notes"/>
Medicalprocedure	<input type="checkbox"/> Medication instructions including dosage and missed doses explained, parent voices understanding
Medicaltest	<input type="text" value="notes"/>
Lab	<input type="checkbox"/> Medication side effects reviewed
<b>Plan</b>	<input type="text" value="notes"/>
Goals	
Referral	
Followup	
Time Spent	
Additional Notes	

<input type="checkbox"/> Cost of medication discussed	<input type="text" value="notes"/>
<input type="checkbox"/> Patient's ability to swallow pills discussed	<input type="text" value="notes"/>
<input type="checkbox"/> ADHD Handouts Given, incl how to handle school trouble - parent and self-help versions	<input type="text" value="notes"/>
<input type="checkbox"/> See also <a href="http://help4ADHD.org">help4ADHD.org</a> for additional help ideas.	<input type="text" value="notes"/>
<input type="checkbox"/> ADHD Self-Help Book List Provided	<input type="text" value="notes"/>
<input type="checkbox"/> ADHD Self-Help Online Resources also include: <a href="http://www.myADHD.com">www.myADHD.com</a> , <a href="http://www.addresources.org">www.addresources.org</a>	<input type="text" value="notes"/>
<input type="checkbox"/> Emotional/behavioral problem Self-Help Online Resources also include: <a href="http://www.childrenwithanxiety.com">www.childrenwithanxiety.com</a> , <a href="http://www.adaa.org">www.adaa.org</a> , <a href="http://www.childanxiety.net">www.childanxiety.net</a> , <a href="http://www.empoweringparents.com">www.empoweringparents.com</a> , <a href="http://www.parenting.com">www.parenting.com</a>	

Finally, followup tasks can be assigned to administrative staff to schedule future visits and handle other care coordination. Also, time spent doing face-to-face counseling can be documented to be used when determining an accurate level of coding for the office visit:

Visit:	Followup
ADD F/U - TLC	<b>Order</b> Next well visit
Vitals	<b>Order</b> Schedule ADD follow-up in 3 months
Immunizations	<b>Order</b> Schedule ADD follow-up in 1 month
History of Present Illness	<b>Order</b> Phone call one week to check on progress on medications
ADD ROS	<b>Order</b> Return to office (list reason and time frame)
Screening	<b>Order</b> by Phone (list reason and time frame)
Review of Systems by syst...	<b>Order</b> Reviewed warnings about priapism
Physical Exam	
Diagnoses	
Medicalprocedure	
Medicaltest	
Lab	
Plan	
Goals	
Referral	
<b>Followup</b>	
Time Spent	
Additional Notes	

**Time Spent**