



**SBHC Documentation Checklist**  
**ICD-9 Codes**

Student ID: \_\_\_\_\_

Reviewer #1

Reviewer #2

Age: \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_

Salud! Medicaid Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

CRITERIA	MET			COMMENTS
	YES	NO	N/A	
<b>Consents/SHQ/Family History</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs 1st visit: Temp, Pulse, Respiration, Blood Pressure, BMI%				
SHQ completed by 3rd visit				
SHQ Reviewed/initialed/dated				
Parent consent				
SBHC Registration form complete with emergency contact information				
HIPAA privacy notice signature page				
<b>Acute Otitis Media [ICD-9 codes 381.00, 381.10]</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs: Temp, Pulse, Respiration, Blood Pressure				
History and ROS is complete and appropriate				
Physical examination was appropriate and complete (HEENT, Chest, etc.)				
ID:TM- bulging, amber/red, dec. mobility, fever, otalgia				
Pain management (topical, systemic)				
Use of antibiotics per diagnostic criteria as below for age > 2-18:				
• Certain dx and severe illness Rx antibiotic (Amoxicillin preferred)				
• Uncertain dx; sx worsen in 48 to 72 hrs -f/u per phone call or visit.				
Tobacco discussed; smoking cessation discussed as applicable				
Follow-up documented/PCP notification				
<b>Rhinitis [ICD-9 codes 079.99, 465.9, 460]</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs: Temp, Pulse, Respiration, Blood Pressure				
History and ROS is complete and appropriate				
Physical examination was appropriate and complete (HEENT, Chest, etc.)				
Symptoms 7-10 days, nasal discharge, cough				
Diagnosis appropriately made				
Medications prescribed were appropriate (No antibiotics)				
Supportive measures suggested				
Tobacco discussed; smoking cessation discussed as applicable				
Follow-up documentation				
<b>Acute Bacterial Sinusitis [ICD-9 codes 461.9]</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs: Temp, Pulse, Respiration, Blood Pressure				
History and ROS is complete and appropriate				
Physical examination was appropriate and complete (HEENT, Chest, etc.)				
Nasal discharge, symptoms > 10 days, erythematous and swollen turbinates.				
Fever, headache or facial pain (rare in young children)				
Day time cough, often worse at night				
Appropriate use of antibiotics				
Adjunctive tx: saline nose drops/spray				
Tobacco discussed; smoking cessation discussed as applicable				
Follow-up documented/PCP notification				
Radiologic testing criteria for children < 6 or > 6 y.o. followed				
<b>Acute Pharyngitis [ICD-9 codes 462, 463, 034.0]</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs: Temp, Pulse, Respiration, Blood Pressure				
History and ROS is complete and appropriate (Strep score __)				
Physical exam: ant. cervical nodes, redness, fever (HEENT, Chest, etc.)				
The appropriate test were ordered (RS + or Culture with no RS or -RS)				
Diagnosis appropriately made				
Medications prescribed were appropriate (Antibiotic (PenV) only with + lab)				
Supportive measures suggested				
Tobacco discussed; smoking cessation discussed as applicable				
Follow-up documented/PCP notification				
<b>Bronchitis [ICD-9 codes 466.0, 490]</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	
Vital signs: Temp, Pulse, Respiration, Blood Pressure				
History and ROS is complete and appropriate				
Physical examination was appropriate and complete (HEENT, Chest, etc.)				
Positive productive cough > 10 days, no fever and concurrent URI				
No consolidation/rales on auscultation				
Evaluate for pertussis, influenza (if outbreak, do rapid flu test)				
Antibiotic non-use				
Symptomatic tx				
Tobacco discussed; smoking cessation discussed as applicable				
Follow-up documented/PCP notification				