Well-Child Screenings – Staff Competency Checklist

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Anton or heel of feet on the line (arch is best practice) Screen et and exp esparately. 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: Standard method, have patient start reading the top line of chart and continue down each line. OR Short-out method. 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 as symbol, very line of the line above and ask the patient to the line a patient is expected to see normally for that eye. Then, test left eye by occluding right eye & repeat the process. Documentation of results (OD = right, OS = left, OU = both eyes if results are identical.) 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. Sevenet of the 20/30 le passing on the patient is expected to see normally and pass) techniques - must identify a majority of characters correctly per line to pass. Sevenet of the sevene and the patient is expected to see normally and pass the patient is expected to see normally and pass the patient is expected to see normally and pass the patient is expected to see normally and pass the patient is expected by a passing on the patient is expected by a sevene and the patient is expected by a sevene and the patient i	•	Appropriate distance from chart (10 feet) and at the patie	nt's eye level		
Screen each eye separately: Screen with corrective lenses on, if any. No need to test both eyes together. Test right eye first by coulding left eye, then the following: Standard method; have patient start reading the top line of chart and continue down each line, OR Short-cut method; 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 determine the line, and then. If for more symbols are identified, move down to the next line until an apprint of the line and then. If or more symbols are identified, move down to the next line until an apprint of the line and then. If or more symbols are identified, move down to the next line until an apprint of the line and then as the visual actually for that eye. Then, test left eye by occluding right eye & repeat the process. Documentation of results (QD = right, QS = left, QU = both eyes if results are identical) Knowledge of "Threshold" and/or "Critical line" (age-dependent line a patient is expected to see normally and pass) lechniques - must identify a majority of characters correctly per line to pass: 3 years old = 20/50 is passing 4 years old = 20/50 is passing 5 years old = 20/50 is passing 6 years old = 20/32 is passing 7 years old = 20/32 is passing 8 years old by the complex of the pass of the patient of the pass of the pass of the patient of the pass of the pass of the pass of the patient of the pass of the patient of the pass of	•				
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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: 3 years old = 20/30 is passing 4 years old = 20/30 is passing Refer if at risk of failed screening identified (not pass threshold/critical line above, 2-line difference between OD & OS, hearing/cognitive impairment, etc.) Name of staff: oride Varnish Application for under 5 years old (1 = pass, 0 = fail) Gather equipment (varnish/brush, paper towel, gauze, gloves, & after-care brochure) 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. Orient patient/parent to procedure (apply very 3-6 months from enuption of teeth up to 5 th birthday – at least twice a year in dental and/or medical office) Positioning of patient (staff/parent knee to knee, with the head on the staff's lap, the parent secure child's arms and legs) Application: Retract lip/cheek with gauze finger; dry teeth with gauze, apply to the back teeth first and then the front. Upper Teeth Erupt Contral Incisor Second Molar Canine (Cuspid) 4 1-18 Months Canine (Cuspid) 6-10 Months Canine (Cuspid) Aftercare instructions: Avoid for the rest of the day - brushing/flossing: crunchylchewy food; hot foods/drinks. No other restrictions on eating and drinking. Contral indications: Do not apply to specific areas with deep decay, pulpe xposure or	•	Documentation of results (OD = right, OS = left, OU = both	th eyes if results are		
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