



Siblings (Demographics)

None

Reminders (Medical Summary) No Saved Notes

Edit

Problem List (Medical Summary)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

Allergies (Medical Summary)

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

Medication History (Medical Summary) Updated N/A

Display: All Statuses



Active	Drug	Formula	Details
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Medical History (Medical Summary) No Saved Notes

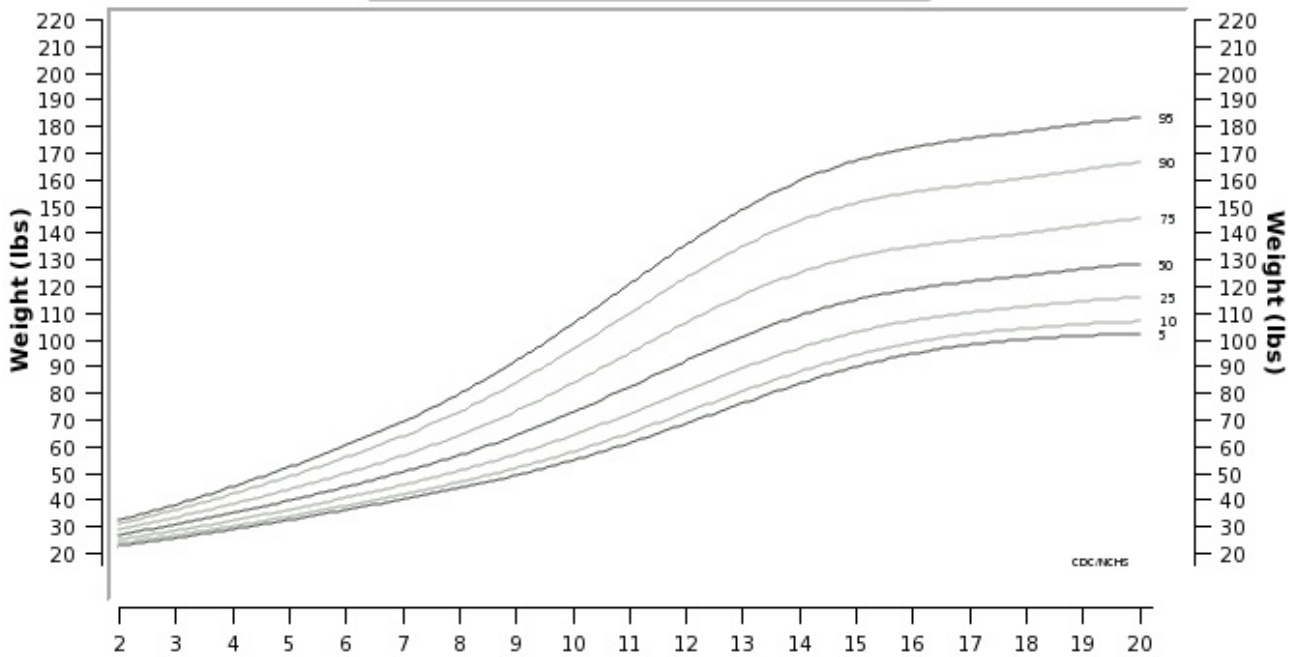
[Edit](#)

Family History (Medical Summary) No Saved Notes

[Edit](#)

Growth Charts

◀ 2 to 20 Years: Weight-For-Age (CDC) ▶





Age (years)

▶ **Tabular Data** (Weight-For-Age 2 to 20 Years: Girls Source: CDC)

Policies

Primary Insurance

None

Informant/Relationship

Chief Complaint

Vitals

Weight	<input type="text"/>	lbs	<input type="text"/>	oz					<input data-bbox="1398 583 1442 623" type="button" value="+"/>
Height	<input type="text"/>	in							<input data-bbox="1398 640 1442 680" type="button" value="+"/>
Length	<input type="text"/>	in							<input data-bbox="1398 697 1442 737" type="button" value="+"/>
BMI		kg/m ²							
Temperature	<input type="text"/>	°F	Method	<input type="text" value="Unspecified"/>					<input data-bbox="1398 785 1442 825" type="button" value="+"/>
Blood Pressure	<input type="text"/>	/	systolic/diastolic	Location	<input type="text" value="Unspecified"/>	Position	<input type="text" value="Unspecified"/>		<input data-bbox="1398 842 1442 882" type="button" value="+"/>
Pulse	<input type="text"/>	beats per minute							<input data-bbox="1398 898 1442 938" type="button" value="+"/>
Respiratory Rate	<input type="text"/>	breaths per minute							<input data-bbox="1398 955 1442 995" type="button" value="+"/>

 More

Immunization current for age: Indicate Yes or No

History of Present Illness



Transition of Care (ARRA)

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

Review of Systems

Select All

- All 10 systems reviewed. Pertinent positives and negatives noted in HPI.
- Current medication
- Appetite/Diet
- Elimination
- School: Grade
-

Past Medical Hx



Social/Family History

Select All

- Child Care (Yes / No and Type)

- Preschool (Yes / No)

- Teen lives with

- Passive smoke exposure

- add item

Lab

Declined Lab Disclaimer

Select All

- Patient verbalizes understanding that, by declining confirmatory testing, infection could go undetected and there is a small but real risk of serious complications if left untreated.

- Reason for Declination:



Injection

Medical Procedure

Screening

Immunizations

Immunization History

<input type="checkbox"/>	There are no immunizations recorded for this patient
Ordered	<input type="text"/>

Immunization Orders

Physical Exam

Make All:

A N N/E

General Appearance

Head

Eyes

Ears

Nose



notes

Oropharynx

notes

Neck

notes

Chest

notes

A N N/E

Lungs

notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

add item



notes

Diagnoses

- Otitis Media Acute (382.9)

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- add diagnosis

notes

Plan

Select All

- Call or return to clinic if any concerns.

notes

- Supportive Care

notes

- Day care return note provided

notes

- Note to return to school

notes

- Asthma action plan developed, copy provided

notes

- Medication

notes

- Medication as e-prescribed

notes



Other
notes

add item
notes

Followup

Order Return to office (list reason and time frame)

Order by Phone (list reason and time frame)

Order Next well visit

Radiology

Referral

Navigational Anchors in Sick - Pirate Peds

1. Growth Charts
2. Policies
3. Chief Complaint
4. Vitals
5. History of Present Illness
6. Review of Systems
7. Past Medical Hx
8. Social/Family History
9. Lab
10. Declined Lab Disclaimer
11. Medical Procedures
12. Immunizations
13. Physical Exam
14. Diagnoses
15. Plan
16. Follow Up
17. Referrals