



Intake

Informant/Relationship

Chief Complaint

Vitals

Weight lbs oz

Height in

BMI kg/m²

Temperature °F Method

 More

Current Medications

HPI

Make All:

Yes No NA

Abdominal pain

Inciting factors

Relieving factors

Vomiting

Diarrhea

Constipation



Poor Appetite

notes

add item

notes

Review of Systems

Make All: **Pos** **Neg** **N/A**

Pos Neg N/A

Fever

notes

Back Pain

notes

Urinary symptoms (specify)

notes

Headache

notes

Cough

notes

Nasal congestion

notes

Sore Throat

notes

Rash

notes

Pos Neg N/A

Social changes or stressors

notes

Behavioral changes

notes



- School problems
- Travel
- add item

Past Medical/Social/Family History

Select All

- Exposure to illness
- Child Care (Yes / No and Type)
- Past Medical History
- Family History
- add item

Physical Exam

Make All: **ABN** **NL** **N/E**

ABN NL N/E

- General Appearance
- HEENT
- Neck
- Chest



notes

Cardiovascular

notes

Abdomen

notes

Genitourinary

notes

Neurologic

notes

ABN NL N/E

Skin

notes

add item

notes

Diagnoses

Hematochezia

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Constipation

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

add diagnosis

notes

Diagnoses to Rule Out

Appendicitis

notes

add diagnosis to rule out

notes



Plan

Select All

- Medication
notes
- Medication as e-prescribed
notes
- Clear fluids
notes
- BRAT Diet
notes
- Advance diet slowly
notes
- Monitor for change in urine frequency, abdominal pain, systemic symptoms
notes
- Note to return to school
notes
- add item
notes

Immunizations

Immunization History



There are no immunizations recorded for this patient

Immunization Orders

Immunization Notes

Make All:

Yes No NA

Immunization informed consent

add item

Medical Procedure

Lab

Radiology

KUB

Abdominal Ultrasound

Referral

**Followup****Order**

Return to office (list reason and time frame)

Order

As needed

Navigational Anchors in Abdominal Pain

1. Intake
2. Current Medications
3. HPI-4+for-14or-15
4. ROS-2for-14,10+for-15
5. PMSFHx-1for-14,3for-15
6. Physical Exam
7. Diagnoses
8. Plan
9. Immunizations
10. Medical Procedures
11. Lab
12. Referrals
13. Follow Up