

Intake**Informant/Relationship****Chief Complaint****Vitals**Height in Weight lbs oz Temperature °F Method  More**Current Medications****History of Present Illness**

Date and time of injury?

Mechanism of injury?

Location and nature of pain?

Swelling, bruising, redness, or deformity?

Any treatment (ice, medication, etc.)?

ER or other medical attention?

Other Injuries?

Review of Systems by system



Make All: **Abn** **NL** **N/A**

Abn NL N/A

- General
notes
- HEENT
notes
- Respiratory
notes
- GI
notes
- add item
notes

Past Medical/Social/Family History

Select All

- Past Medical History
notes
- Family History
notes
- add item
notes

Medical Procedure

Order Burn treatment

Procedure Note

Select All

- Location
notes
- Description
notes



- Wound flushed with normal saline

notes

- Wound explored - FB removed

notes

- Wound explored - no FB found

notes

- Burn debrided

notes

- Wound dressed

notes

- add item

notes

Diagnoses

- Second degree burn

notes

- Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- add diagnosis

notes

Plan

Select All

- Wound Care instructions given

notes

- Medication

notes

- Medication as e-prescribed

notes

- Note to return to school

notes



add item

notes

Immunizations

Immunization History

There are no immunizations recorded for this patient

Ordered

Immunization Orders

select an immunization

Immunization Notes

Make All:

Yes No NA

add item

notes

Lab

Radiology

Referral

Emergency Room

**Order**

Plastic Surgery

Followup**Order**

Return to office (list reason and time frame)

Order

As needed

Navigational Anchors in Burn

1. Intake
2. Vitals
3. Current Medications
4. History of Present Illness
5. ROS by System
6. Past Medical/Social/Family History
7. Procedure:complete to bill
8. Diagnoses
9. Plan
10. Immunizations
11. Lab
12. Referrals
13. Follow Up