#### Intake

#### Informant/Relationship

Chief Complain	t		•
Vitals			
Weight	lbs	οz	+
Height	in		+
BMI	kg/m <sup>2</sup>		
Temperature	۴	Method Unspecified -	+
O <sub>2</sub> Saturation	%		+

#### **Current Medications**

		•
HPI		
Make All:	Yes No NA	
Yes No NA		
000	Cough	
	notes	-
000	Nasal congestion	
	notes	•
000	Shortness of breath	
	notes	•
000	Wheezes	
	notes	•
000	add item	-
	notes	•

#### **Review of Systems**

Ma	ake A	ll: [	Pos Neg N/A	
Pos	Neg	N/A		
0	0	0	Fever	
			notes	
0	0	0	Ear pain (indicate right, left or both)	
			notes	
0	0	0	Headache	
			notes	
0	0	0	Abdominal pain	
			notes	
0	0	0	Poor appetite	
			notes	
0	0	0	Rash	
			notes	
0	0	0	Sleep disturbance	
			notes	
0	0	0	add item	
			notes	
Pas	st M	edio	cal/Social/Family History	
	lect			
			to illness	
	note	S:		
			e (Yes / No and Type)	
	note	s		
	_		cal History	

Family History

notes

•

Cough (v.	2)	
	add item	•
	notes	•

# **Physical Exam**

Ma	ke A	All:	ABN NL N/E	
ABN	NL	N/E	E	
0	0	0	General Appearance	
			notes	•
0	0	0	Head	
			notes	-
0	0	0	Eyes	
			notes	
0	0	0	Ears	
			notes	-
0	0	0	Nose	
			notes	-
0	0	0	Oropharynx	
			notes	
0	0	0	Neck	
			notes	
0	0	0	Chest	
			notes	<b>•</b>
ABN	NL	N/E		
0	0	0	Cardiovascular	
			notes	
0	0	0	Abdomen	
			notes	-
0	0	0	Skin	
			notes	•

000	add item	•
	notes	
Post Proc	dure Note	
USCITUC		

Chronic cough					
notes				-	
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
Atypical pneumonia					
notes				-	
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
Croup					
notes				-	
Add to Problem List	Onset: mm/dd/yy	Problem Note:	problem note		
add diagnosis				-	
notes				-	

# **Diagnoses to Rule Out**

# Atypical pneumonia notes add diagnosis to rule out notes

#### Plan

Select All		
Medication		
notes		-

•

•

Cough (v	2)	
	Medication as e-prescribed	
	notes	▼
	Symptomatic comfort measures	
	notes	•
	Note to return to school	
	notes	•
	add item	•
	notes	-

#### Immunizations

#### Immunization History

There are no immunizations recorded for this patient	
Ordered	
Immunization Orders	
Order Refuse select an immunization	•
Immunization Notes	
Make All: Yes No NA	
Yes No NA	
Immunization informed consent	

Cough (v2)		
	notes	▼
000	add item	▼
	notes	

#### Medical Procedure

Order	Cerumen Removal
Order	Asthma teaching
Order	Asthma action plan
Order	Aerochamber with mask (infant) TOS
Order	Aerochamber without mask TOS

### Lab

#### Radiology

Order CXR

#### Referral



Pulmonology



Emergency Room

# Followup



Order As needed

# Navigational Anchors in Cough (v2)

- 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. Post Procedure Note
- 8. Diagnoses
- 9. Plan
- 10. Immunizations
- 11. Medical Procedures
- 12. Lab
- 13. Radiology
- 14. Referrals
- 15. Follow Up