Intake

Informant/Relationship

Chief Complain	t		•
Vitals			
Weight	lbs	οz	+
Height	in		+
BMI	kg/m ²		
Temperature	۴	Method Unspecified -	+
O ₂ 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	•
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