



History of Present Illness

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Length of time of fever?

Height of fever?

Timing of fever?

Associated URI symptoms such as rhinorrhea, cough whether mucus-sounding or dry?

Ear ache?

Irritability?

Nighttime awakening, sleeping?

Appetite?

Activity level?

Associated rash and its timing?

Any period when fever was clear and length of time of no fever?

Associated sore throat?

Associated headache?

Abdominal pain or discomfort and its severity and location?



notes

Diarrhea or emesis?

notes

Tick bite?

notes

Travel history?

notes

Sick contacts, family members or friends or school mates?

notes

Joint pain or discomfort?

notes

History of fever and response to fever such as recurrent, unexplained fever, recurrent abdominal discomfort or joint pain, swelling or limitation of movements?

notes

Recent antibiotic, medication use?

notes

Color of rhinorrhea and length of time of any discoloration?

notes

Pain when urinating?

notes

Color of urine?

notes

Frequency of urination and associated abdominal, flank and back pain?

notes

Associated with pain in bones or nighttime?

notes

Vitals

Respiratory Rate breaths per minute

Weight lbs oz



More

Past, Social, Family History

Family history of travel?

Family history of Inflammatory disease?

Sick family members or contacts of patient?

History of Febrile Seizure in family or patient?

History of tick exposure?

Past, Social, Family History

Review of Systems

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

Pos Neg N/A

Respiratory, both upper and lower

Oropharyngeal

Abdominal

Skin

Other

add item



notes

Physical Exam

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

ABN NL N/E

Head

notes

Ears

notes

Eyes

notes

Nose

notes

Throat

notes

Chest

notes

Abdomen

notes

Lymph Nodes

notes

ABN NL N/E

Skin

notes

Other

notes

add item

notes

Lab



Order

CBC with Diff

Order

Lyme Titer and WBA

Radiology

Order

CXR

Order

Abdominal Ultrasound

Order

CT Scan of Head or Chest or Abdomen

Order

Renal Ultrasound and VCUG

Medical Procedure

Order

Venipuncture

Order

IV Placement

Supply

Order

Urine Catheterization Tray

Order

Venipuncture Supplies

Order

IV Supplies

Medical Test

Diagnoses

Plan

Select All

- Antibiotics
- Rest and Fluids
- Radiology, including CXR



notes

- Venipuncture for blood work

notes

- Record of Fever, height and timing and associated symptoms

notes

- UA and Urine Culture

notes

- Throat Culture and Rapid Strep Test

notes

- Other

notes

- add item

notes

Plan Notes

Navigational Anchors in Fever

1. History of Present Illness
2. Vitals
3. Past, Social, Family History
4. Review of Symptoms
5. Physical Exam
6. Lab
7. Diagnoses
8. Plan