

**Informant/Relationship**

**Chief Complaint**

**Siblings (Chart-wide)**

None

**Vitals**

Weight	<input type="text"/> lbs	<input type="text"/> oz	<input data-bbox="1484 499 1516 541" type="button" value="+"/>
Blood Pressure	<input type="text"/> s / <input type="text"/> d		<input data-bbox="1484 562 1516 604" type="button" value="+"/>
	Unspecified Location <input type="button" value="v"/>		
	Unspecified Position <input type="button" value="v"/>		
Pulse	<input type="text"/> bpm		<input data-bbox="1484 720 1516 762" type="button" value="+"/>
Respiratory Rate	<input type="text"/> bpm		<input data-bbox="1484 783 1516 825" type="button" value="+"/>
Temperature	<input type="text"/> °F		<input data-bbox="1484 846 1516 888" type="button" value="+"/>
	Unspecified Method <input type="button" value="v"/>		

 More**Comments**

**Growth Charts**

Growth Charts are not available when patient's sex is unknown.

**Allergies (Chart-wide)**Display: All Statuses 

Status	Allergy	Reaction	Onset	Resolved
<input type="text"/>				

**PCC eRx Allergies (Chart-wide)** Last Modified N/ADisplay: All Statuses 

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
<input type="text"/>						

**Past, Family, Social History****Family Medical History (Chart-wide)**

Condition	Relationship	Note
<input type="text"/>		

**Family History (Chart-wide)** No Saved Notes

**Social History (Chart-wide)** No Saved Notes[Edit](#)**Medical History (Chart-wide)** No Saved Notes[Edit](#)**Problem List (Chart-wide)**

Display: All Statuses ▾

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved

**Medication History (Chart-wide)** Last Modified N/A

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

**► Confidential Notes (Chart-wide)** No Saved Notes[Edit](#)**HPI**

**EPPA ROS - Constitutional**Make All:   

Yes No N/A

☐ ☐ ☐ Fever ▾☐ ☐ ☐ Loss of Appetite ▾☐ ☐ ☐ Not Sleeping Well ▾☐ ☐ ☐ Fatigue/Lethargy ▾☐ ☐ ☐ Chills ▾☐ ☐ ☐ Body Aches ▾☐ ☐ ☐ add item ▾

**EPPA ROS - Eyes**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Peri Orbital Edema ▼☐ ☐ ☐ Redness ▼☐ ☐ ☐ add item ▼**EPPA ROS - ENT**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Oral Ulcers ▼☐ ☐ ☐ Sore Throat ▼☐ ☐ ☐ Swollen Glands ▼☐ ☐ ☐ Difficulty Swallowing ▼☐ ☐ ☐ Post Nasal Drip ▼☐ ☐ ☐ add item ▼**EPPA ROS- Cardiovascular**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Chest Pain ▼☐ ☐ ☐ add item ▼

**EPPA ROS - Respiratory**Make All:   

Yes No N/A

☐ ☐ ☐ Chest Pain☐ ☐ ☐ Cough worsening at night/ Disturbing sleep☐ ☐ ☐ Wheezing☐ ☐ ☐ add item**EPPA ROS - GI**Make All:   

Yes No N/A

☐ ☐ ☐ Abdominal Pain☐ ☐ ☐ Nausea☐ ☐ ☐ Vomiting☐ ☐ ☐ Diarrhea☐ ☐ ☐ Cramping☐ ☐ ☐ Constipation☐ ☐ ☐ Change in Stool Color, Character or Frequency☐ ☐ ☐ Blood in Stool

Yes No N/A

☐ ☐ ☐ Heartburn/Reflux

notes

☐ ☐ ☐ Food Intolerance

notes

☐ ☐ ☐ Jaundice

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - GU

Make All:

Yes No N/A

☐ ☐ ☐ Flank Pain

notes

☐ ☐ ☐ Dysuria

notes

☐ ☐ ☐ Change in Urine Color/ Character

notes

☐ ☐ ☐ add item

notes

### EPPA ROS - GU Female

Make All:

Yes No N/A

☐ ☐ ☐ Regularity,Frequency,Duration of Periods

notes

☐ ☐ ☐ Vaginal Irritation, Itching, or Discharge

notes

☐ ☐ ☐ FDLMP

notes

☐ ☐ ☐ Sexual Activity

notes

☐ ☐ ☐ add item

**EPPA ROS - GU Male**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Hernia☐ ☐ ☐ Testicular Pain/ Swelling☐ ☐ ☐ add item**EPPA ROS - Musculoskeletal**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Pain in Joints☐ ☐ ☐ Visible Joint Redness☐ ☐ ☐ Other☐ ☐ ☐ add item**EPPA ROS - Skin**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin☐ ☐ ☐ Changes in Pigmentation☐ ☐ ☐ Changes in Hair or Nails- Color/ Texture

☐ ☐ ☐ add item

notes

**EPPA ROS - Endocrine**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Excessive thirst or hunger

notes

☐ ☐ ☐ Change in Weight

notes

☐ ☐ ☐ Change in Skin Pigmentation

notes

☐ ☐ ☐ add item

notes

**EPPA ROS - Psychiatric**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Feeling worried or anxious

notes

☐ ☐ ☐ Feeling Sad

notes

☐ ☐ ☐ add item

notes

**EPPA ROS General****Physical Exam**Make All: **ABN** **NL** **N/E**

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Head</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Eyes</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Ears</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Nose</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Oropharynx</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Neck</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Lungs</b>	notes	▼

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Chest</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Cardiovascular</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Abdomen</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Genitourinary</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Musculoskeletal</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Neurologic</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Skin</b>	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Extremities</b>	notes	▼

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	▼
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**Pertinent History****EPPA Pertinent Past Medical Hx**Make All:   

Yes No N/A

☐ ☐ ☐ GER/GI problems☐ ☐ ☐ Food Allergy☐ ☐ ☐ UTI☐ ☐ ☐ Anxiety☐ ☐ ☐ Diabetes☐ ☐ ☐ Frequent strep pharyngitis☐ ☐ ☐ Renal calculi☐ ☐ ☐ add item**EPPA Pertinent Family Hx**Make All:   

Yes No N/A

☐ ☐ ☐ GI disease (PUD, GERD, Inflammatory bowel disease, Irritable bowel disease)☐ ☐ ☐ Liver disease☐ ☐ ☐ Diabetes/thyroid disease/other endocrine problems☐ ☐ ☐ Kidney disease/recurrent UTI

☐ ☐ ☐ Renal calculi☐ ☐ ☐ add item**EPPA Pertinent Social Hx**Make All:   

Yes No N/A

☐ ☐ ☐ Daycare attendance☐ ☐ ☐ Ill exposures☐ ☐ ☐ Recent travel☐ ☐ ☐ Family stressors☐ ☐ ☐ Pets in home☐ ☐ ☐ add item**Transition of Care (ARRA)**☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**Immunizations****Vaccines**

	There are no immunizations recorded for this patient
Ordered	

**Diseases**

	There are no vaccine-preventable diseases for this patient
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**Forecasting Results** Updated: NA☒ Show Informational Warnings(0)

Immunization forecasting results and warnings provided by IMMUCAST™

## ▼ Vaccines For Children

Insurance and Race as of 06/27/18

Eligibility Status: 

## Immunization Orders

<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	FLU-IIV4 0.25ml
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	FLU-IIV4pf 0.25ml
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	FLU-IIV4 0.5ml
<input type="button" value="Order"/>	<input type="button" value="Refuse"/>	<input type="text" value="select an immunization"/>

## Immunization Consent

- ☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.

- ☐

## Policies

Display:  

## Lab

<input type="button" value="Order"/>	Rapid Strep Nucleic Acid (in house) R07.0
<input type="button" value="Order"/>	Rapid Strep (in house) R07.0
<input type="button" value="Order"/>	Throat Culture (Group A Streptococcus)
<input type="button" value="Order"/>	Rapid Flu A&B Nucleic Acid (in house) R05
<input type="button" value="Order"/>	Urinalysis (in office) N39.0
<input type="button" value="Order"/>	Urine Culture (Non-Straight Cath Specimen)
<input type="button" value="Order"/>	<input type="text" value="select a lab"/>

## Medical Procedure

<input type="button" value="Order"/>	<input type="text" value="select a medical procedure"/>
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## Screening

<input type="button" value="Order"/>	<input type="text" value="select a screening"/>
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## Diagnoses

- ☐ Abdominal pain

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Constipation

Refine the diagnosis of Constipation

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Diarrhea

Refine the diagnosis of Diarrhea

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Gastroenteritis presumed infectious☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Gastroesophageal reflux disease

Refine the diagnosis of Gastroesophageal reflux disease

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Lactose intolerance

Refine the diagnosis of Lactose intolerance

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Urinary tract infectious disease

Refine the diagnosis of Urinary tract infectious disease

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Vomiting in infants AND/OR children

Refine the diagnosis of Vomiting in infants AND/OR children

☒ Include on Patient Reports

notes	▼
<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/> Problem Note: <input type="text" value="problem note"/>
<input type="checkbox"/> select diagnosis	▼
notes	▼

**Plan and Follow-up Instructions- EPPA****Select All**

<input type="checkbox"/> Symptomatic comfort measures	notes	▼
<input type="checkbox"/> Tylenol (160mg/5mL) dosing as directed every 4 to 6 hours as needed	notes	▼
<input type="checkbox"/> Return to office if not improved in 48-72h or sooner is worsening symptoms or other concerns	notes	▼
<input type="checkbox"/> Return to school/daycare note provided	notes	▼
<input type="checkbox"/> Nothing to eat or drink until 2-3 hours after last vomiting and then start with sips of clear (pedialyte, flat Ginger Ale, 1/2 str Gatorade) 1/2 oz every 15-20 minutes for 2 hours, and then increase to 1 oz every 15-20 minutes for 2 hours. Gradually increase until child is able tolerate 4 oz and then may reintroduce simple foods such as crackers or dry toast. If child vomits, the restart the process.	notes	▼
<input type="checkbox"/> Constipation instructions reviewed: increase fiber; adequate fluids (at least 1oz/kg/d); increase fruit and vegetables; discussed miralax, dosing and frequency and duration of use; toileting discussed, sit after meals, feet should touch the floor or stepstool	notes	▼
<input type="checkbox"/> add Item	notes	▼

**Plan Notes**

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**Greater than 50% of today's visit was spent in counseling****Select All**

<input type="checkbox"/> add item	▼
notes	▼

**Follow-up**

**Select All**

- ☐ Call if no improvement over 48h or sooner if symptoms persist or worsen



- ☐ add item

**Followup****Order** Follow up in 2 weeks**Order** Follow up in 1 month**Order** **Referral****Order** Gastroenterology**Order** General Surgery**Order** **Care Plan (Chart-wide)**

No Interventions

**Print**Display: **Edit****Visit Documents****Prescriptions**

## Navigational Anchors in GI sick EPPA

1. Informant/Relationship
2. Chief Complaint
3. Siblings
4. Vitals
5. Growth Charts
6. Allergies
7. Past, Social, Family History
8. Family Medical History
9. Social History
10. Problem List
11. Medication History
12. HPI
13. EPPA ROS - Constitutional
14. EPPA ROS - Eyes
15. EPPA ROS - ENT
16. EPPA ROS- Cardiovascular
17. EPPA ROS - Respiratory
18. EPPA ROS - GI
19. EPPA ROS - GU
20. EPPA ROS - GU Female
21. EPPA ROS - GU Male
22. EPPA ROS - Musculoskeletal
23. EPPA ROS - Skin
24. EPPA ROS - Endocrine
25. EPPA ROS - Psychiatric
26. EPPA ROS General
27. Physical Exam
28. Pertinent History
29. EPPA Pertinent Past Medical Hx
30. EPPA Pertinent Family Hx
31. EPPA Pertinent Social Hx
32. Immunizations
33. Policies
34. Lab
35. Medical Procedures
36. Screening
37. Diagnoses
38. Plan and Follow-up Instructions- EPPA
39. Plan Notes
40. Follow-up
41. Followup Orders
42. Referral
43. Care Plan
44. Prescriptions