

Forms**Informant/Relationship****Reminders (Chart-wide)** No Saved Notes[Edit](#)**Siblings (Chart-wide)**

None

Chief Complaint**Vitals**Height in [+](#)Weight lbs oz [+](#)

BMI

Blood Pressure s / d [+](#)Unspecified Location Unspecified Position Pulse bpm [+](#)Respiratory Rate bpm [+](#)Temperature °F [+](#)Unspecified Method [More](#)**Comments****Growth Charts**

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

EPPA MDI Evaluation/Teaching NurseMake All:

Yes No N/A

☐ ☐ ☐ CURRENT MEDICATIONS:

☐ ☐ ☐ INITIAL TEACHING

☐ ☐ ☐ REPEAT TEACHING

☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED MDI PROPER TECHNIQUE for priming, use and cleaning

☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED DPI PROPER TECHNIQUE for priming, use and cleaning

☐ ☐ ☐ FAMILY/PATIENT INSTRUCTED NEB PROPER TECHNIQUE for priming, use and cleaning

☐ ☐ ☐ INSTRUCTED proper use SPACER W/MASK

☐ ☐ ☐ INSTRUCTED proper use SPACER W/MOUTHPIECE

Yes No N/A

☐ ☐ ☐ INSPIRATORY AIR FLOW via In-Check Dial L/min

☐ ☐ ☐ Inspiratory Airflow NOT APPROPRIATE re-instruction in proper flow technique

☐ ☐ ☐ Inspiratory Airflow STILL NOT APPROPRIATE to be evaluated by:

☐ ☐ ☐ VIEWED INHALED MEDICATION instructional video

☐ ☐ ☐ HANDOUTS given on inhaled med devices

☐ ☐ ☐ RX REFILLS NEEDED :

☐ ☐ ☐ OTHER:

☐ ☐ ☐ add item

Screening

Order Asthma Control Test (4-11 years)

Order Asthma Control Test (12 years and older)

Order select a screening ▼

Display: All Statuses ▼

Edit

Allergies (Chart-wide)

| Status | Allergy | Reaction | Onset | Resolved |
|--------|---------|----------|-------|----------|
| | | | | |

PCC eRx Allergies (Chart-wide) Last Modified N/A

Display: All Statuses ▼

| Status | Allergen | Reaction | Severity | Sensitivity Type | Onset | Resolved |
|--------|----------|----------|----------|------------------|-------|----------|
| | | | | | | |

Past, Family, Social History

Medical History (Chart-wide) No Saved Notes

Edit

Family Medical History (Chart-wide)

Edit

| Condition | Relationship | Note |
|-----------|--------------|------|
| | | |

Social 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 |
|--------|------------|--------------|-------|------|
| | | | | |

Transition of Care (ARRA)

☐ Patient transitioned to my care from another clinical setting

☐ Medication Reconciliation performed

Smoking Status (ARRA)

select smoking status ▼

HPI

EPPA Asthma f/u HPI

Overall Control:

 ▼

Meds:

 ▼

Last Exacerbation:

 ▼

Last used rescue meds:

 ▼

Prior Asthma Care Plan Goal: Asthma is well controlled and not limiting participation in home, friend, or school activities.

 ▼

Potential barriers to meeting Asthma Care Plan Goal:

 ▼

Any new patient preference and functional/lifestyle goals:

 ▼

Parent/Patient questions re: medications:

 ▼

OTC meds

 ▼

Flu vaccine for current season:

 ▼**EPPA ROS - Constitutional**Make All:

Yes No N/A

☐ ☐ ☐ Fever ▼☐ ☐ ☐ Fatigue/Lethargy ▼☐ ☐ ☐ Not Sleeping Well ▼☐ ☐ ☐ add item ▼

EPPA ROS - EyesMake All: **Yes** **No** **N/A**

Yes No N/A

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Itching | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Infra Orbital Shiners | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Peri Orbital Edema | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Redness | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive Tearing | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item | notes |

EPPA ROS - ENTMake All: **Yes** **No** **N/A**

Yes No N/A

| | | | | |
|-----------------------|-----------------------|-----------------------|--------------------------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nasal Congestion/Discharge/Itching | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nose Bleeds | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Post Nasal Drip | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pressure or Fullness of Ears/Sinuses | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Changes in Hearing | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Earache | notes |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hoarseness | |

☐ ☐ ☐ Sore Throat

Yes No N/A

☐ ☐ ☐**EPPA ROS - Allergic/ Immunologic**Make All:

Yes No N/A

☐ ☐ ☐ Ocular Allergies☐ ☐ ☐ Seasonal Allergies (Pollen)☐ ☐ ☐ Animal Allergies☐ ☐ ☐ Sensitive to Indoor Allergens (Dust,Mold)☐ ☐ ☐ Eczema☐ ☐ ☐ add item**EPPA ROS - Respiratory**Make All:

Yes No N/A

☐ ☐ ☐ Cough☐ ☐ ☐ Cough worsening at night/ Disturbing sleep☐ ☐ ☐ Dyspnea on Exertion☐ ☐ ☐ Wheezing

☐ ☐ ☐ Difficulty Breathing

☐ ☐ ☐ add item

EPPA ROS- Cardiovascular

Make All:

Yes No N/A

☐ ☐ ☐ SOB with Exercise

☐ ☐ ☐ Dizziness during Exercise

☐ ☐ ☐ add item

EPPA ROS - Skin

Make All:

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin

☐ ☐ ☐ add item

EPPA ROS General

Pertinent History

EPPA Pertinent Past Medical Hx

Make All:

Yes No N/A

☐ ☐ ☐ Flu vaccine current for season

| | | | | | |
|-----------------------|-----------------------|-----------------------|--|-------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tobacco use | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Allergic rhinitis (seasonal, environmental, pets) | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Asthma/wheezing/pneumonia | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Chronic or recurrent skin problems (acne, eczema, etc) | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Epistaxis | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Recurrent croup | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Food Allergy | notes | ▼ |

Yes No N/A

| | | | | | |
|-----------------------|-----------------------|-----------------------|--------------------|-------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequent sinusitis | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | GER/GI problems | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item | notes | ▼ |

EPPA Pertinent Family HxMake All:

Yes No N/A

| | | | | | |
|-----------------------|-----------------------|-----------------------|---------------------|-------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Allergic rhinitis | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Asthma/lung disease | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item | notes | ▼ |

EPPA Pertinent Social Hx

Make All: **Yes** **No** **N/A**

Yes No N/A

| | | | | | |
|-----------------------|-----------------------|-----------------------|--|-------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tobacco exposure | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Exposure to dust/mold | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Exposure to industrial solvents, fumes, aerosols, or other chemicals | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Exposure to pollens | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Daycare attendance | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ill exposures | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item | notes | ▼ |

Physical ExamMake All: **ABN** **NL** **N/E**

ABN NL N/E

| | | | | | |
|-----------------------|-----------------------|-----------------------|--------------------|-------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | General Appearance | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eyes | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ears | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nose | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Oropharynx | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neck | notes | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lungs | | |

☐ ☐ ☐ Cardiovascular

ABN NL N/E

☐ ☐ ☐ Skin☐ ☐ ☐ add item**Policies**Display: **All Statuses** **Immunizations****Vaccines**

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

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** FLU-IIV4 0.25ml FLU-IIV4pf 0.25ml FLU-IIV4 0.5ml FLU-IIV4pf 0.5ml **Immunization Consent**☐ Counseled on risks, benefits, and contraindications for all vaccine components. CDC VIS reviewed. All questions answered.☐ add item

Lab**Medical Procedure****Diagnoses**☐ Allergic rhinitis due to pollen☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Allergy to eggs☒ Include on Patient Reports☐ Add to Allergies listOnset: Allergy Reaction: ☐ Allergy to peanuts☒ Include on Patient Reports☐ Add to Allergies listOnset: Allergy Reaction: ☐ Asthma☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Eczema☒ Include on Patient Reports

☐ Add to Problem ListOnset: Problem Note: ☐ Food allergy☒ Include on Patient Reports☐ Add to Allergies listOnset: Allergy Reaction: ☐ select diagnosis**EPPA asthma plan****Select All**☐ Medication changes:☐ All patient/ parent questions answered.☐ Reviewed severity of asthma, control as reported by symptom history and exam☐ Reviewed medications with patient/parent☐ Discussed medication effects and side effects for new meds☐ Discussed need for compliance with daily controllers and avoidance of triggers as much as possible☐ Reviewed pharmacology of controller and rescue medication☐ Discussed use of spacer if applicable☐ Reviewed and addressed barriers to medication compliance☐ Asthma Care Plan (including Asthma Action Plan) developed with AND printed copy given to patient/parent☐ Notify office if acute respiratory symptoms are noted or if patient needs to use rescue inhaler more than twice weekly on a regular basis or if nighttime symptoms or exercise intolerance is noted



- ☐ Contact office with change in status and/or symptoms requiring initiation of yellow/red zone medications.



- ☐ Education handouts available on parent portal and EPPA web site



- ☐ Other:



- ☐ add item



Asthma Action Plan

GREEN ZONE

Select All

- ☐ (No cough, wheeze, chest tightness or shortness of breath during the day or night. Can do usual activities.)



- ☐ Use albuterol 2 puffs 20 minutes prior to exercise as needed



- ☐ Other:



- ☐ add item



YELLOW ZONE

Select All

- ☐ (Cough, wheeze, chest tightness, or shortness of breath. Waking at night due to asthma. Can do some, not all, usual activities.)



- ☐ Other:



- ☐ add item



RED ZONE

Select All

- ☐ (Very short of breath. Quick relief medications have not helped. Cannot do usual activities. Symptoms are same or get worse after 24 hours in Yellow Zone.)

notes

- ☐ Seek medical care if needing to use Albuterol sooner than every 4 hrs

notes

- ☐ Albuterol nebulizer 1 vial every 20min for 3 treatments and call

notes

- ☐ Proair (albuterol) 4 puffs every 20min x3 and call

notes

- ☐ Ventolin (albuterol) 4puffs every 20min x3 and call

notes

- ☐ Patient may ___ may not ___ carry inhaler

notes

- ☐ Provider Signature: _____ Date: _____

notes

- ☐ add item

notes

Provider Signature: _____

Plan and Follow-up Instructions- EPPA

Select All

- ☐ Asthma trigger reduction discussed

notes

- ☐ Asthma action plan developed, copy provided

notes

- ☐ Food allergy/anaphylaxis plan completed and copy given to patient

notes

- ☐ add item

notes

Plan Notes

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

Select All

add item



notes

**Followup****Order**

Follow up in 12mo with PFT

Order

Follow up in 6 mo with PFT

Order

Follow up in 3 mo with PFT

Order

Follow up in 2 mo with PFT

Order

select a followup

**Referral****Order**

Allergy / Immunology

Order

Pulmonology

Order

select a referral

**Care Plan (Chart-wide)**

Print

Display: All Statuses



Edit

No Interventions

Prescriptions**Visit Documents****Confidential Notes (Chart-wide)** No Saved Notes

Edit

Navigational Anchors in Asthma f/u EPPA

1. Informant/Relationship
2. Siblings
3. Chief Complaint
4. Vitals
5. Growth Charts
6. MDI Evaluation/Teaching
7. Screening Orders
8. Allergies
9. Past, Social, Family History
10. Family Medical History
11. Social History
12. Problem List
13. Medication History
14. HPI
15. EPPA ROS - Constitutional
16. EPPA ROS - Eyes
17. EPPA ROS - ENT
18. EPPA ROS - Allergic/ Immunologic
19. EPPA ROS - Respiratory
20. EPPA ROS- Cardiovascular
21. EPPA ROS - Skin
22. EPPA ROS General
23. Pertinent History
24. EPPA Pertinent Past Medical Hx
25. EPPA Pertinent Family Hx
26. EPPA Pertinent Social Hx
27. Physical Exam
28. Policies
29. Immunizations
30. Immunization Consent
31. Lab
32. Medical Procedures
33. Diagnoses
34. EPPA asthma plan
35. Asthma Action Plan
36. Plan
37. Followup Orders
38. Referral
39. Care Plan
40. Prescriptions