

Forms

select a form ▼

Informant/Relationship

▼

Reminders (Chart-wide) No Saved Notes

Edit

Siblings (Chart-wide)

None

Chief Complaint

▼

Vitals

Weight

 lbs oz

+

Blood Pressure

 s / d

+

Unspecified Location ▼

Unspecified Position ▼

Pulse

 bpm

+

Respiratory Rate

 bpm

+

Temperature

 °F

+

Unspecified Method ▼

O₂ Saturation %

+

More

Comments**Growth Charts**

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

Allergies (Chart-wide)

Display: All Statuses ▼

Edit

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

► Confidential Notes (Chart-wide) No Saved Notes

Edit

Transition of Care (ARRA)☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**HPI**

Smoking Status (ARRA)
 ▼
EPPA ROS - ConstitutionalMake All:

Yes No N/A

☐ ☐ ☐ Fever
 ▼
☐ ☐ ☐ Headache
 ▼
☐ ☐ ☐ Irritability
 ▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of Appetite	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chills	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fatigue/Lethargy	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not Sleeping Well	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other	notes	▼
Yes	No	N/A	add item		▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		notes	▼

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

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain in or around eyes	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Discharge	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in visual acuity	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Infra Orbital Shiners	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Itching	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peri Orbital Edema	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Photophobia	notes	▼

Yes No N/A

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

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

Yes No N/A

☐ ☐ ☐ Nasal Congestion/Discharge/Itching

notes

☐ ☐ ☐ Earache

notes

☐ ☐ ☐ Ear Drainage

notes

☐ ☐ ☐ Pressure or Fullness of Ears/Sinuses

notes

☐ ☐ ☐ Sore Throat

notes

☐ ☐ ☐ Hoarseness

notes

☐ ☐ ☐ Post Nasal Drip

notes

☐ ☐ ☐ Difficulty Swallowing

notes

Yes No N/A

☐ ☐ ☐ Swollen Glands

notes

☐ ☐ ☐ Neck Stiffness

notes

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

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

Yes No N/A

☐ ☐ ☐ Cough☐ ☐ ☐ Cough worsening at night/ Disturbing sleep☐ ☐ ☐ Difficulty Breathing☐ ☐ ☐ Wheezing☐ ☐ ☐ Sputum Abnormal Quantity or Color☐ ☐ ☐ Chest Pain☐ ☐ ☐ Dyspnea on Exertion☐ ☐ ☐ Pallor/Cyanosis

Yes No N/A

☐ ☐ ☐ Other☐ ☐ ☐ add item**EPPA ROS- Cardiovascular**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Chest Pain☐ ☐ ☐ Color Change

☐ ☐ ☐ Diaphoresis with feeds☐ ☐ ☐ Palpitations☐ ☐ ☐ Other☐ ☐ ☐ add item**EPPA ROS - GI**Make All:

Yes No N/A

☐ ☐ ☐ Nausea☐ ☐ ☐ Vomiting☐ ☐ ☐ Diarrhea☐ ☐ ☐ Constipation☐ ☐ ☐ Abdominal Pain☐ ☐ ☐ Heartburn/Reflux☐ ☐ ☐ Other☐ ☐ ☐ add item**EPPA ROS - Skin**Make All:

Yes No N/A

☐ ☐ ☐ Rashes or Dry skin

notes

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

EPPA ROS - Allergic/ ImmunologicMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Eczema

notes

☐ ☐ ☐ Seasonal Allergies (Pollen)

notes

☐ ☐ ☐ Ocular Allergies

notes

☐ ☐ ☐ add item

notes

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

Yes No N/A

☐ ☐ ☐ Feeling worried or anxious

notes

☐ ☐ ☐ Feeling Sad

notes

☐ ☐ ☐ Other

notes

☐ ☐ ☐ add item

notes

EPPA ROS General

Pertinent History**EPPA Pertinent Past Medical Hx**Make All: **Yes** **No** **N/A**

Yes No N/A

- ☐ ☐ ☐ Flu vaccine current for season
notes
- ☐ ☐ ☐ Allergic rhinitis (seasonal, environmental, pets)
notes
- ☐ ☐ ☐ Asthma/wheezing/pneumonia
notes
- ☐ ☐ ☐ Recurrent croup
notes
- ☐ ☐ ☐ Frequent sinusitis
notes
- ☐ ☐ ☐ Chronic or recurrent skin problems (acne, eczema, etc)
notes
- ☐ ☐ ☐ Tobacco use
notes
- ☐ ☐ ☐ Prematurity
notes

Yes No N/A

- ☐ ☐ ☐ Food Allergy
notes
- ☐ ☐ ☐ add item
notes

EPPA Pertinent Family HxMake All: **Yes** **No** **N/A**

Yes No N/A

- ☐ ☐ ☐ 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"/>	Immune problems/recurrent infections/HIV	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tuberculosis	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

EPPA Pertinent Social HxMake All: **Yes** **No** **N/A**

Yes No N/A

<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"/>	Tobacco exposure	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pets in home	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 pollens	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"/>	Head	

☐ ☐ ☐ Eyes☐ ☐ ☐ Ears☐ ☐ ☐ Nose☐ ☐ ☐ Oropharynx☐ ☐ ☐ Neck☐ ☐ ☐ Lungs

ABN NL N/E

☐ ☐ ☐ Chest☐ ☐ ☐ Cardiovascular☐ ☐ ☐ Abdomen☐ ☐ ☐ Skin☐ ☐ ☐ Extremities☐ ☐ ☐ add item**Policies**Display: **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)

Refresh

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.

- ☐

Lab

Rapid Strep Nucleic Acid (in house) R07.0

Throat Culture (Group A Streptococcus)

Rapid Flu A&B Nucleic Acid (in house) R05

Medical Procedure

Aerochamber with mask (infant) TOS

MDI treatment (Albuterol), Initial

Aerochamber without mask TOS

Asthma action plan

Asthma/MDI/NEB teaching

Nebulizer Treatment (Duo), Initial

Order MDI treatment (Albuterol), Repeat

Order Nebulizer treatment (Albuterol), Initial

Order Nebulizer treatment (albuterol), Repeat

Order Nebulizer treatment (Duo), Repeat

Order Nebulizer treatment (Racemic Epinephrine), Initial

Order Medication - Prednisolone (15 mg / 5 mL)

Order

Supply

Order Nebulizer Machine

Order

Screening

Order

Diagnoses

☐ Acute pharyngitis

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Acute sinusitis

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Acute suppurative otitis media

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Allergic rhinitis

☒ Include on Patient Reports

☐ Add to Problem ListOnset: Problem Note: ☐ Asthma☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Bronchitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Bronchiolitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Chest pain☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Common cold☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Conjunctivitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Cough☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note:

☐ Croup☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Exposed to tobacco smoke at home☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Influenza due to Influenza A virus☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Influenza due to Influenza virus, type B☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Mucopurulent conjunctivitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Nasopharyngitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Pneumonia☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Serous otitis media☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Wheezing

Refine the diagnosis of Wheezing ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ select diagnosis ▼

notes ▼

Plan and Follow-up Instructions- EPPA

Select All

☐ Acetaminophen/ibuprofen as needed for pain/fever, dosing reviewed

notes ▼

☐ Avoid over the counter cough and cold medications

notes ▼

☐ Encourage fluids

notes ▼

☐ Avoid airway irritants including second hand smoke

notes ▼

☐ Medication as e-prescribed

notes ▼

☐ URI care: Nasal saline, bulb suction, cool mist humidifier and supportive care as directed

notes ▼

☐ Parent / Caregiver expressed understanding of medication and treatment plan

notes ▼

☐ Seasonal flu counseling

notes ▼

☐ Return to office if not improved in 48-72h or sooner is worsening symptoms or other concerns

notes ▼

☐ Asthma trigger reduction discussed

notes ▼

- ☐ Albuterol 2.5mg via nebulizer every 2h x 4 then every 4h x 48h then 3-4x/d for 7d

notes

- ☐ Albuterol 2puffs every 4h while awake for 48h then 3-4x/d for 7d

notes

- ☐ Asthma Care Plan updated and reviewed with patient/parents

notes

- ☐ Instructed on use of MDI spacer

notes

- ☐ Instructed on use of nebulizer

notes

- ☐ Allergic rhinitis: Symptomatic therapy
may use OTC Claritin or zyrtec daily, dosing reviewed
Practical allergen avoidance discussed
wash hair nightly during high pollen season
keep bedroom windows closed
keep pets out of bedroom
Trial: nasal corticosteroid as discussed; reviewed technique for use
Call if no better 1 week

notes

- ☐ Bronchiolitis: Bronchiolitis advice: what to expect and when to worry.
Reviewed usual viral etiology, expected duration of 14-21days. Usually worse over days 1-3, then slow, gradual improvement.
Reviewed signs/symptoms of respiratory distress and secondary fever.
Discussed occasional wheeze with subsequent viral illness, especially during this winter URI season.
Reviewed supportive treatment with nasal saline, bulb suctioning, infant positioning and humidification.
Reviewed current AAP recommendations re: Avoiding use of bronchodilators.
Will RTO with fever, worsening resp symptoms or other concerns

notes

- ☐ add item

notes

Plan Notes

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

Select All

- ☐ add item

notes

Followup

Order Return to office (list reason and time frame)

Order Follow up in 2 weeks

Order Schedule asthma recheck visit

Order School note needed

Order select a followup ▼

Referral

Order select a referral ▼

Care Plan (Chart-wide)

Print

Display: All Statuses ▼

Edit

No Interventions

Prescriptions

Visit Documents

Navigational Anchors in Respiratory sick EPPA

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