

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**

Height	<input type="text"/>	in	+		
Length	<input type="text"/>	in	+		
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	+
BMI					
Temperature	<input type="text"/>	°F	+		
	Temporal		+		
Pulse	<input type="text"/>	bpm	+		
Blood Pressure	<input type="text"/>	s /	<input type="text"/>	d	+
	Unspecified Location		+		
	Sitting		+		
Respiratory Rate	<input type="text"/>	bpm	+		

[More](#)**Vital Notes****Chief Complaint****Past, Social, Family History****Past Medical History (Chart-wide)** No Saved Notes[Edit](#)**Social History (Chart-wide)** No Saved Notes[Edit](#)**Family Medical History (Chart-wide)**[Edit](#)

Condition	Relationship	Note

Problem List (Chart-wide)

Display: All Statuses

[Edit](#)

Status	Problem	Problem Note	Onset	Resolved
<div></div>				

Allergies (Chart-wide)

Display: All Statuses ▾

[Edit](#)

Status	Allergy	Reaction	Onset	Resolved
<div></div>				

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

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
<div></div>						

[Mark as Reviewed](#)

fineprintLbl

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

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop
<div></div>				

[Mark as Reviewed](#)

fineprintLbl

► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**HPI****D2CP ROS Constitutional**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

☐ ☐ ☐ Changes in appetite

notes

 ▾☐ ☐ ☐ Feeling ill, sick

notes

 ▾☐ ☐ ☐ Fatigue/tiredness

notes

 ▾☐ ☐ ☐ Fever

notes

 ▾☐ ☐ ☐ Dizziness, giddiness

notes

 ▾☐ ☐ ☐ Weight gain

notes

 ▾

☐ ☐ ☐ Weight loss

notes

☐ ☐ ☐ add item

notes

D2CP ROS Mouth

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

Yes No N/A

☐ ☐ ☐ Halitosis/Bad odor from mouth

notes

☐ ☐ ☐ Loss of taste

notes

☐ ☐ ☐ Oral ulcers

notes

☐ ☐ ☐ Sore throat

notes

☐ ☐ ☐ Trouble swallowing

notes

☐ ☐ ☐ Swollen tongue

notes

☐ ☐ ☐ add item

notes

D2CP ROS Neck

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

Yes No N/A

☐ ☐ ☐ Neck Pain

notes

☐ ☐ ☐ Swelling of glands in neck

notes

☐ ☐ ☐ Neck stiffness

notes

☐ ☐ ☐

D2CP ROS GastrointestinalMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Abdominal cramping

☐ ☐ ☐ Generalized abdominal pain

☐ ☐ ☐ Upper abdominal pain

☐ ☐ ☐ Epigastric abdominal pain

☐ ☐ ☐ Lower abdominal pain

☐ ☐ ☐ Periumbilical pain

☐ ☐ ☐ Vomiting

☐ ☐ ☐ Diarrhea

Yes No N/A

☐ ☐ ☐ Sensitivity to foods

☐ ☐ ☐ Decreased appetite

☐ ☐ ☐ GER/reflux/ spitting up/ heartburn

☐ ☐ ☐ Frequent burping/belching

☐ ☐ ☐ Abdominal pain worse/better after meals

notes

☐ ☐ ☐ Change in stool color, consistency

notes

☐ ☐ ☐ Pain with bowel movements

notes

☐ ☐ ☐ Constipation

notes

Yes No N/A

☐ ☐ ☐ Trouble with toilet training

notes

☐ ☐ ☐ Stool stains on underwear

notes

☐ ☐ ☐ Straining with bowel movements

notes

☐ ☐ ☐ Black, tarry stools

notes

☐ ☐ ☐ Loss of bowel control/encopresis

notes

☐ ☐ ☐ Bloating/abdominal distention

notes

☐ ☐ ☐ Mucous in stools

notes

☐ ☐ ☐ Blood in stools

notes

Yes No N/A

☐ ☐ ☐ Yellow vomit/bilious vomit

notes

☐ ☐ ☐ Abdominal cramping pain with menstrual periods

notes

☐ ☐ ☐ add item

D2CP ROS GenitourinaryMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Blood in urine☐ ☐ ☐ Change in color/ smell of urine☐ ☐ ☐ Decreased urine output☐ ☐ ☐ Frequent Urination☐ ☐ ☐ Pain with urination☐ ☐ ☐ Changes in blood pressure☐ ☐ ☐ add item**D2CP ROS Skin**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes associated with fever☐ ☐ ☐ Rash associated with food☐ ☐ ☐ Hives/Urticaria/Wheals☐ ☐ ☐ Papular rash/bumps on skin; if yes: color, distribution, appearance

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness of skin/erythema	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bruises, ecchymoses; if yes: location, appearance, number	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maculopapular rash (red spots and bumps)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pustules; abscess; bullae?	<input type="text" value="notes"/>	▼
Yes	No	N/A	<input type="text" value="add item"/>	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

Review of Systems by systemMake All: **Abn** **NL** **N/A**

Abn NL N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergic/Immunologic	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constitutional	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eyes	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ears, Nose, Mouth, Throat	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Endocrine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastrointestinal	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genitourinary	<input type="text" value="notes"/>	▼

Abn NL N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lymphatic	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Integumentary	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Musculoskeletal	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychiatric	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

Physical Exam

Make 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	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

☐ ☐ ☐ Lungs

notes

ABN NL N/E

☐ ☐ ☐ Chest

notes

☐ ☐ ☐ Cardiovascular

notes

☐ ☐ ☐ Abdomen

notes

☐ ☐ ☐ Genitourinary

notes

☐ ☐ ☐ Musculoskeletal

notes

☐ ☐ ☐ Neurologic

notes

☐ ☐ ☐ Skin

notes

☐ ☐ ☐ Extremities

notes

ABN NL N/E

☐ ☐ ☐

add item

notes

Immunizations

Vaccines

Vaccine Record

Print

	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 10/21/20Eligibility Status: **Immunization Orders****Immunization Consent**

- ☐ I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

- ☐ add item

Lab

Rapid Strep (in office)

Stool Studies (Cultures/Giardia Antigen/O&P)

Stool Occult Blood

Rapid Flu A&B (in office)

Mono Spot (in office)

Medical Procedure**Medical Test****Injection****Screening****Radiology**

Diagnoses

☐ Gastroenteritis

Refine the diagnosis of Gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Gastritis

Refine the diagnosis of Gastritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Infectious gastroenteritis

Refine the diagnosis of Infectious gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Noninfectious gastroenteritis

Refine the diagnosis of Noninfectious gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Viral gastroenteritis

Refine the diagnosis of Viral gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Colitis

Refine the diagnosis of Colitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Food protein-induced colitis in infant

☒ Include on Patient Reports

notes ▼

☐ Add to Allergies list Onset: Allergy Reaction: ▼

☐ Non-infective enteritis and colitis ☒ Include on Patient Reports

notes ▼

☐ Add to Problem List Onset: Problem Note:

☐ select diagnosis ▼

notes ▼

D2CP Plan Abdominal Pain

Select All

☐ Discussed various causes of abdominal pain

notes ▼

☐ Discussed the importance of a balanced diet with plenty of fluids, fruits and vegetables and whole grain sources of fiber

notes ▼

☐ Advised to eat a bland food diet and avoid spicy or acidic foods

notes ▼

☐ Advised to keep a diary of food, symptoms, bowel movements for 2 weeks and return

notes ▼

☐ Discussed bowel training methods to help with gastrocolic reflex and need for bathroom breaks after meals

notes ▼

☐ Discussed signs and symptoms to be concerned about such as severe pain that does not resolve or abdominal pain with fever and vomiting, or with diarrhea and dehydration

notes ▼

☐ Will send for H Pylori testing and consider trial of H2 blocker while waiting for the results

notes ▼

☐ Sending for an abdominal xray (KUB) and will follow up results

notes ▼

☐ Sending for stool studies and will follow results

notes ▼

☐ Will obtain an abdominal ultrasound to further evaluate the cause of abdominal pain



- ☐ Follow up in 2-4 weeks for re-evaluation or sooner for lack of improvement or worsening symptoms



- ☐ Discussed Referral to GI for further evaluation



- ☐ add item



Plan Notes

Forms

Generate School Excuse - Sick

Generate School Nurse Meds Admin

Generate School PE Excuse



Followup

Order Follow up if symptoms are not improving

Order Return to office (list reason and time frame)

Order



Referral

Order



Care Plan (Chart-wide)

Print

Display:

Edit

No Interventions

Time of Visit

Select All

- ☐ Time spent in visit:



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



- ☐ add item





Visit Documents

Navigational Anchors in D2CP Abdominal Pain

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Constitutional
5. D2CP ROS Mouth
6. D2CP ROS Neck
7. D2CP ROS Gastrointestinal
8. D2CP ROS Genitourinary
9. D2CP ROS Skin
10. Review of Systems
11. Physical Exam
12. Immunizations
13. Lab
14. Medical Procedures
15. Injection Orders
16. Screening
17. Radiology
18. Diagnoses
19. D2CP Plan Abdominal Pain
20. Forms
21. Followup Orders
22. Referral
23. Time of Visit
24. Prescriptions
25. Visit Documents