

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**Height in [+](#)Length in [+](#)Weight lbs oz [+](#)**BMI**Temperature °F [+](#)Temporal Pulse bpm [+](#)Blood Pressure s / d [+](#)Unspecified Location Sitting Respiratory Rate bpm [+](#)[➔ More](#)**Vital Notes****Growth Charts**

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

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

Allergies (Chart-wide)Display: **All Statuses** ▼[Edit](#)

Status	Allergy	Reaction	Onset	Resolved

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

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprintLbl

Medication History (Chart-wide) Last Modified N/ADisplay: **All Statuses** ▼

Status	Medication	Instructions	Start	Stop

[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

☐ ☐ ☐ Fever
 ▼
☐ ☐ ☐ Changes in sleep
 ▼
☐ ☐ ☐ Chills
 ▼
☐ ☐ ☐ Feeling ill, sick
 ▼
☐ ☐ ☐ Fatigue/tiredness

☐ ☐ ☐ Changes in appetite

☐ ☐ ☐ add item

D2CP ROS Nose

Make All:

Yes No N/A

☐ ☐ ☐ Clear nasal discharge

☐ ☐ ☐ Snoring when sleeping

☐ ☐ ☐ Itching of nose

☐ ☐ ☐ Cloudy nasal discharge

☐ ☐ ☐ Loss of smell

☐ ☐ ☐ Runny nose

☐ ☐ ☐ Sneezing

☐ ☐ ☐ Stuffy nose

Yes No N/A

☐ ☐ ☐

D2CP ROS Allergy/Immunology

Make All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dry eczema rashes	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food allergies; if yes: type of food, reaction	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hives or rashes that itch	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensitivity to chemicals, dyes, additives	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergy to insect bites: if yes: type of insect, reaction	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergic reactions: if yes: type, severity	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coughing or Wheezing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting or abdominal pain/bloating after eating	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of Asthma, Allergies, Eczema (triad)	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seasonal allergies: if yes; which season, reaction	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Indoor allergies: dust, molds	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Outdoor allergies: trees, grass, insects, ragweed	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hives or swelling	<input type="text" value="notes"/>	▼

☐ ☐ ☐

D2CP ROS MouthMake All:

Yes No N/A

☐ ☐ ☐ Sore throat

☐ ☐ ☐ Scratchy throat

☐ ☐ ☐ Loss of taste

☐ ☐ ☐ Oral ulcers

☐ ☐ ☐ Trouble swallowing

☐ ☐ ☐ Hoarse voice

☐ ☐ ☐ Halitosis/Bad odor from mouth

☐ ☐ ☐ Swollen tongue

Yes No N/A

☐ ☐ ☐

D2CP ROS NeckMake All:

Yes No N/A

☐ ☐ ☐ Neck Pain

☐ ☐ ☐ Cyst or lump felt on neck

☐ ☐ ☐ Swelling of glands in neck

☐ ☐ ☐ add item

D2CP ROS Respiratory

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

Yes No N/A

☐ ☐ ☐ Cough with activity

☐ ☐ ☐ Breathing fast

☐ ☐ ☐ Wheezing

☐ ☐ ☐ Sneezing often

☐ ☐ ☐ Dry cough or throat clearing

☐ ☐ ☐ Coughing up sputum that is yellow, green, thick

☐ ☐ ☐ Cough at night

☐ ☐ ☐ Snoring with sleep

Yes No N/A

☐ ☐ ☐ Barking cough

☐ ☐ ☐ Turning blue around lips or face

☐ ☐ ☐ Loss of voice

☐ ☐ ☐ Productive phlegm with cough

☐ ☐ ☐ Shortness of breath

☐ ☐ ☐ Coughing frequently

☐ ☐ ☐ Hoarse voice

☐ ☐ ☐ High-pitched noises with breathing

Yes No N/A

☐ ☐ ☐ Choking/gagging sounds with saliva or food

☐ ☐ ☐ add item

Review of Systems by system

Make All: **Abn** **NL** **N/A**

Abn NL N/A

☐ ☐ ☐ Constitutional

☐ ☐ ☐ HEENT

☐ ☐ ☐ Neck

☐ ☐ ☐ Respiratory

☐ ☐ ☐ Cardiovascular

☐ ☐ ☐ Gastrointestinal

☐ ☐ ☐ Integumentary

☐ ☐ ☐ add item

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

☐ ☐ ☐ Head

☐ ☐ ☐ Eyes

☐ ☐ ☐ Ears

☐ ☐ ☐ Nose

☐ ☐ ☐ Oropharynx

☐ ☐ ☐ Neck

☐ ☐ ☐ Lungs

ABN NL N/E

☐ ☐ ☐ Chest

☐ ☐ ☐ Cardiovascular

☐ ☐ ☐ Abdomen

☐ ☐ ☐ Genitourinary☐ ☐ ☐ Musculoskeletal☐ ☐ ☐ Neurologic☐ ☐ ☐ Skin☐ ☐ ☐ Extremities

ABN NL N/E

☐ ☐ ☐

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 10/21/20

Eligibility Status:

Immunization Orders

Select Vaccine Lots

Order

Refuse

Immunization Consent

Select All

- ☐ 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.

notes

☐ add item

notes

Lab

Generate Requisition

Order Spirometry (in office)

Order select a lab

Medical Procedure

Order Nebulizer treatment (Albuterol), Initial

Order Nebulizer, Inhalation Tx - Atrovent

Order Nebulizer treatment (albuterol), Repeat

Order Nebulizer, Repeat Tx - Atrovent

Order Nebulizer treatment (Racemic Epinephrine), Initial

Order Nebulizer Education/Teaching

Order Pulse Oximetry

Order Medication - Prednisolone (15 mg / 5 mL)

Order select a medical procedure

Medical Test

Order select a medical test

Injection

Order select an injection

Screening

Order select a screening

Radiology

Generate Requisition

Order select a radiology

Diagnoses

☐ Mild intermittent asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Mild persistent asthma**

Refine the diagnosis of Mild persistent asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Moderate persistent asthma**

Refine the diagnosis of Moderate persistent asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Lower respiratory tract infection**

Refine the diagnosis of Lower respiratory tract infection

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Severe persistent asthma**

Refine the diagnosis of Severe persistent asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Acute exacerbation of asthma**

Refine the diagnosis of Acute exacerbation of asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Bronchospasm**

Refine the diagnosis of Bronchospasm

☒ Include on Patient Reports

notes

☐ Add to Problem List Onset: Problem Note:

☐ **Respiratory distress**

Refine the diagnosis of Respiratory distress

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Asthmatic bronchitis

Refine the diagnosis of Asthmatic bronchitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Reactive airways dysfunction syndrome

☒ 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

D2CP Plan Asthma

Select All

☐ Discussed Asthma causes and physiology in detail

notes

☐ Discussed relationship between asthma, allergies, and eczema - atopic march/allergic triad

notes

☐ Gave printed education handouts on asthma

notes

☐ Reviewed asthma triggers including environmental, food, exercise and emotions

notes

☐ Reviewed signs and symptoms of worsening asthma and advised to follow up for these concerns

notes

☐ Reviewed asthma control test responses and score

<input type="checkbox"/>		notes	▼
<input type="checkbox"/>	Reviewed spirometry (lung function test) results in detail	notes	▼
<input type="checkbox"/>	Reviewed the difference between preventative and rescue medications for asthma	notes	▼
<input type="checkbox"/>	Discussed need for use of bronchodilator 15 minutes prior to exercise	notes	▼
<input type="checkbox"/>	Discussed and stressed the importance of daily preventative inhaler in asthma control	notes	▼
<input type="checkbox"/>	Reviewed and gave printed copy of Asthma action plan for home and school management of asthma	notes	▼
<input type="checkbox"/>	Discussed chronic care management of asthma and importance of asthma care visits at least every 2-3 months	notes	▼
<input type="checkbox"/>	Administered breathing treatment in office and after treatment exam showed improvement	notes	▼
<input type="checkbox"/>	Education on use of nebulizer for breathing treatments	notes	▼
<input type="checkbox"/>	Education on use of MDI with inhaler to allow deeper dispersion of medication	notes	▼
<input type="checkbox"/>	Education on use of peak flow meter	notes	▼
<input type="checkbox"/>	Discussed need for further evaluation of allergies and triggers for asthma with allergen response testing	notes	▼
<input type="checkbox"/>	Explained the methods of testing for allergies including IgE and skin allergen response testing	notes	▼
<input type="checkbox"/>	Discussed family history of allergies and asthma in detail	notes	▼
<input type="checkbox"/>	Referral to pulmonologist	notes	▼
<input type="checkbox"/>	Referral to Allergy/Asthma/Immunology specialist for further management		

☐

Plan Notes

Forms

 School Excuse - Sick School Nurse Meds Admin School PE Excuse

Followup

 Follow up if symptoms are not improving Return to office (list reason and time frame)

Referral

Care Plan (Chart-wide)

Display:

No Interventions

Time of Visit

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

Visit Documents

Navigational Anchors in D2CP Asthma

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