

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****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/A

Display: All Statuses ▾

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprintLbl

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

Display: 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**

notes ▾

☐ ☐ ☐ **Chills**

notes ▾

☐ ☐ ☐ **Feeling ill, sick**

notes ▾

☐ ☐ ☐ **Fatigue/tiredness**

notes ▾

☐ ☐ ☐ **Changes in appetite**

notes ▾

☐ ☐ ☐ **add item**

notes ▾

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

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clear nasal discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cloudy nasal discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of smell	<input type="text" value="notes"/>	▼
<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"/>	Sneezing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stuffy nose	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

D2CP ROS Allergy/ImmunologyMake All: **Yes** **No** **N/A**

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"/>	Sneezing	<input type="text" value="notes"/>	▼
<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"/>	▼

☐ ☐ ☐ Seasonal allergies: if yes; which season, reaction

notes



☐ ☐ ☐ Indoor allergies: dust, molds

notes



☐ ☐ ☐ Outdoor allergies: trees, grass, insects, ragweed

notes



Yes No N/A

☐ ☐ ☐ Hives or swelling

notes



☐ ☐ ☐ add item



notes



D2CP ROS Mouth

Make All:

Yes No N/A

☐ ☐ ☐ Sore throat

notes



☐ ☐ ☐ Scratchy throat

notes



☐ ☐ ☐ Loss of taste

notes



☐ ☐ ☐ Oral ulcers

notes



☐ ☐ ☐ Trouble swallowing

notes



☐ ☐ ☐ Hoarse voice

notes



☐ ☐ ☐ Halitosis/Bad odor from mouth

notes



☐ ☐ ☐ Swollen tongue

notes



Yes No N/A

☐ ☐ ☐

D2CP ROS Neck

Make All:

Yes No N/A

☐ ☐ ☐

Neck Pain

☐ ☐ ☐

Cyst or lump felt on neck

☐ ☐ ☐

Swelling of glands in neck

☐ ☐ ☐

D2CP ROS Respiratory

Make All:

Yes No N/A

☐ ☐ ☐

Barking cough

☐ ☐ ☐

Turning blue around lips or face

☐ ☐ ☐

Snoring with sleep

☐ ☐ ☐

Loss of voice

☐ ☐ ☐

Coughing up sputum that is yellow, green, thick

☐ ☐ ☐

Cough with activity

☐ ☐ ☐

Dry cough or throat clearing

notes

☐ ☐ ☐ Productive phlegm with cough

notes

Yes No N/A

☐ ☐ ☐ Shortness of breath

notes

☐ ☐ ☐ Coughing frequently

notes

☐ ☐ ☐ Cough at night

notes

☐ ☐ ☐ Hoarse voice

notes

☐ ☐ ☐ High-pitched noises with breathing

notes

☐ ☐ ☐ Breathing fast

notes

☐ ☐ ☐ Choking/gagging sounds with saliva or food

notes

☐ ☐ ☐ add item

notes

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance

notes

☐ ☐ ☐ Head

notes

☐ ☐ ☐ Eyes

notes

☐ ☐ ☐ Ears

notes

☐ ☐ ☐ Nose

notes

☐ ☐ ☐ Oropharynx

notes

☐ ☐ ☐ 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™
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▼ Vaccines For Children**Insurance and Race** as of 10/21/20Eligibility 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.

- ☐ add item

Lab[Generate Requisition](#)[Order](#) Rapid RSV Test (in office)[Order](#) Rapid Flu A&B (in office)[Order](#) SARS-CoV-2 RNA, Qual Real-Time Test - Quest[Order](#) **Medical Procedure**[Order](#) Nebulizer treatment (Albuterol), Initial[Order](#) Nebulizer treatment (albuterol), Repeat[Order](#) Nebulizer, Inhalation Tx - Atrovent[Order](#) Nebulizer Education/Teaching[Order](#) Nebulizer, Repeat Tx - Atrovent

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

☐ Acute bronchiolitis

Refine the diagnosis of Acute bronchiolitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Acute bronchiolitis due to respiratory syncytial virus

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Bronchiolitis caused by influenza virus

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Lower respiratory tract infection

Refine the diagnosis of Lower respiratory tract infection

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Parainfluenza virus laryngotracheitis

Refine the diagnosis of Parainfluenza virus laryngotracheitis

☒ 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:

☐ Respiratory syncytial virus infection

Refine the diagnosis of Respiratory syncytial virus infection

☒ 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:

☐ Severe acute respiratory infection

☒ 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



D2CP Plan Bronchiolitis List

Select All

- ☐
- Discussed causes of bronchiolitis in babies and toddlers



- ☐
- Gave home nebulizer for use - Forms completed



- ☐
- Discussed importance of supportive care and hydration with pedialyte as instructed



- ☐
- Signs of increasing respiratory distress reviewed



- ☐
- Follow up in 2-4 days or sooner for lack of improvement or worsening symptoms



- ☐
- No significant improvement in respiratory distress- discussed transfer to CHOA ER for further treatment



- ☐
- Reviewed and explained anatomy of upper and lower airways and how bronchoconstriction in medium to small airways can be caused by inflammation



- ☐
- Discussed RSV and clinical signs and symptoms, prognosis and treatment plan



- ☐
- Discussed how Influenza can lead to lower airway inflammation and bronchiolitis



- ☐
- Administered nebulizer breathing treatment in office and re-examined



- ☐
- Demonstrated use of nebulizer and discussed administration of home nebulizer breathing treatments



- ☐
- add item



Plan Notes

Forms**Generate** School Excuse - Sick**Generate** School Nurse Meds Admin**Generate** School PE Excuse

select a form

**Followup****Order** Follow up if symptoms are not improving**Order** Return to office (list reason and time frame)**Order** select a followup**Referral****Order** select a referral**Care Plan (Chart-wide)****Print**

Display: All Statuses

**Edit**

No Interventions

Time of Visit**Select All**☐ Time spent in visit:

notes

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

notes

☐ add item

notes

**Visit Documents**

Navigational Anchors in D2CP Bronchiolitis

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 Bronchiolitis List
19. Forms
20. Followup Orders
21. Referral
22. Time of Visit
23. Prescriptions
24. Visit Documents