

**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

☐ ☐ ☐ Dizziness, giddiness

notes

▾☐ ☐ ☐ Weakness

notes

▾☐ ☐ ☐ Aches and pains

notes

▾☐ ☐ ☐ Fatigue/tiredness

notes

▾☐ ☐ ☐ Feeling ill, sick

notes

▾☐ ☐ ☐ Changes in sleep

notes

▾

☐ ☐ ☐ Changes in appetite

notes



☐ ☐ ☐ add item

notes



## D2CP ROS Cardiovascular

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

Yes No N/A

☐ ☐ ☐ Chest pain

notes



☐ ☐ ☐ Chest tightness

notes



☐ ☐ ☐ High blood pressure

notes



☐ ☐ ☐ Lightheadedness, dizziness

notes



☐ ☐ ☐ Palpitations/Heart racing

notes



☐ ☐ ☐ Fainting/syncope

notes



☐ ☐ ☐ Shortness of breath

notes



☐ ☐ ☐ Chest discomfort with activity

notes



Yes No N/A

☐ ☐ ☐ Family history of heart disease

notes



☐ ☐ ☐ Swelling of hands or feet

notes



☐ ☐ ☐ Swelling of neck vessels

notes



☐ ☐ ☐ Bluish appearance of hands/feet

notes

☐ ☐ ☐ Bluish appearance of lips/face

notes

☐ ☐ ☐ Fingers cold and white

notes

☐ ☐ ☐ Flushed appearance to face

notes

☐ ☐ ☐ History of heart disease

notes

Yes No N/A

☐ ☐ ☐ Heart murmur

notes

☐ ☐ ☐ add item

notes

## D2CP ROS Neck

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

Yes No N/A

☐ ☐ ☐ Swelling of glands in neck

notes

☐ ☐ ☐ Thyroid swelling, goiter, mass

notes

☐ ☐ ☐ Neck Pain

notes

☐ ☐ ☐ Neck stiffness

notes

☐ ☐ ☐ Bruising on neck

notes

☐ ☐ ☐ Cyst or lump felt on neck

notes

☐ ☐ ☐ add item

**D2CP ROS Respiratory**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Cough with activity☐ ☐ ☐ Breathing fast☐ ☐ ☐ Cough at night☐ ☐ ☐ Coughing with feeding☐ ☐ ☐ Long pauses in breathing☐ ☐ ☐ Turning blue around lips or face☐ ☐ ☐ Wheezing☐ ☐ ☐ Snoring with sleep

Yes No N/A

☐ ☐ ☐**D2CP ROS Gastrointestinal**Make All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Decreased appetite☐ ☐ ☐ Frequent burping/belching

☐ ☐ ☐ GER/reflux/ spitting up/ heartburn

notes



☐ ☐ ☐ Upper abdominal pain

notes



☐ ☐ ☐ Abdominal cramping

notes



☐ ☐ ☐ Abdominal pain worse/better after meals

notes



☐ ☐ ☐ Bloating/abdominal distention

notes



☐ ☐ ☐ Black, tarry stools

notes



Yes No N/A

☐ ☐ ☐ Vomiting

notes



☐ ☐ ☐ add item

notes



## Review of Systems by system

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

Abn NL N/A

☐ ☐ ☐ Allergic/Immunologic

notes



☐ ☐ ☐ Constitutional

notes



☐ ☐ ☐ Eyes

notes



☐ ☐ ☐ Ears, Nose, Mouth, Throat

notes



☐ ☐ ☐ Cardiovascular

notes



☐ ☐ ☐ Endocrine

☐ ☐ ☐ **Gastrointestinal**☐ ☐ ☐ **Genitourinary**

Abn NL N/A

☐ ☐ ☐ **Lymphatic**☐ ☐ ☐ **Integumentary**☐ ☐ ☐ **Musculoskeletal**☐ ☐ ☐ **Neurologic**☐ ☐ ☐ **Psychiatric**☐ ☐ ☐ **Respiratory**☐ ☐ ☐ **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

☐ ☐ ☐ **add item****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.

- ☐

**Lab** Glucose Blood Strip Test (in office) Lipid Panel (In Office) Mono Spot (in office) **Medical Procedure** **Medical Test** **Injection**

**Screening**

Order	select a screening	▼
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**Radiology**[Generate Requisition](#)

Order	select a radiology	▼
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**Diagnoses**☐ Chest pain

Refine the diagnosis of Chest pain	▼
------------------------------------	---

☒ Include on Patient Reports

notes	▼
-------	---

☐ Add to Problem List

Onset:

mm/dd/yy
----------

Problem Note:

problem note
--------------

☐ Costal chondritis

Refine the diagnosis of Costal chondritis	▼
---	---

☒ Include on Patient Reports

notes	▼
-------	---

☐ Add to Problem List

Onset:

mm/dd/yy
----------

Problem Note:

problem note
--------------

☐ Heart murmur

Refine the diagnosis of Heart murmur	▼
--------------------------------------	---

☒ Include on Patient Reports

notes	▼
-------	---

☐ Add to Problem List

Onset:

mm/dd/yy
----------

Problem Note:

problem note
--------------

☐ Irregular heart beat

Refine the diagnosis of Irregular heart beat	▼
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☒ Include on Patient Reports

notes	▼
-------	---

☐ Add to Problem List

Onset:

mm/dd/yy
----------

Problem Note:

problem note
--------------

☐ Syncope

Refine the diagnosis of Syncope	▼
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☒ Include on Patient Reports

notes	▼
-------	---

☐ Add to Problem List

Onset:

mm/dd/yy
----------

Problem Note:

problem note
--------------

☐ Vasovagal syncope

Refine the diagnosis of Vasovagal syncope	▼
---	---

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Gastroesophageal reflux disease

Refine the diagnosis of Gastroesophageal reflux disease

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Gastritis

Refine the diagnosis of Gastritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Tachycardia

Refine the diagnosis of Tachycardia

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Exercise induced bronchospasm

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Congenital heart disease

Refine the diagnosis of Congenital heart disease

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ select diagnosis

notes


## D2CP Plan Chest Pain


Select All

☐ Discussed common causes of chest pain


notes

- ☐ Chest pain has a variety of sources, and virtually any structure in or around the chest can cause pain. This includes the lungs, the ribs, the chest wall muscles, the diaphragm, the joints between the ribs and breastbone, and the stomach  


notes 
- ☐ Discussed costochondritis and causes and treatment in detail  

notes 
- ☐ Discussed and gave printed handout on specific exercises to gently stretch the muscles of the rib cage  


notes 
- ☐ May try gentle massage of the intercostal muscles and NSAIDS occasionally for muscle pain  


notes 
- ☐ Discussed chest pain that worsens with activity and need for evaluation of the heart by a cardiologist  


notes 
- ☐ Discussed causes of chest pain that are more concerning and need further evaluation  


notes 
- ☐ Discussed positive family history of heart disease and need for examination by cardiologist due to chest pain  

notes 
- ☐ Explained that referral to cardiologist is necessary to understand heart rhythm, blood flow and heart structure  


notes 
- ☐ Follow up after cardiologist evaluation  


notes 
- ☐ Advised to keep track of symptoms and notice if they occur more with activity or after eating  

notes 
- ☐ Keep a symptom journal for the next week including foods, activities, nature, duration and frequency of symptoms  

notes 
- ☐ Follow up in 1-2 weeks after keeping a symptom log  

notes 
- ☐ Explained how acidic, spicy or greasy foods may be difficult to digest and may contribute to acid reflux and heartburn  

notes 
- ☐ Discussed the need for smaller more frequent meals to prevent stomach distention and reflux  

notes 
- ☐ Discussed blood pressure norms for age and height



- ☐ Discussed ways to ensure adequate hydration and nutritional balance



- ☐ Reduce intake of foods high in sodium- DASH diet handouts printed and given



- ☐ Prescription for home blood pressure monitoring - preferably arm - brachial artery blood pressure monitor



- ☐ Discussed shortness of breath and chest tightness and association with lungs



- ☐ Trial of bronchodilator 15 minutes prior to exercise for exercise induced bronchospasm



- ☐ 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)

No Interventions

Print

Display:

Edit

### 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 Chest Pain**

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