

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**

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™
--	---

▼ 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) Rapid Flu A&B (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☐ Croup☒ Include on Patient Reports

notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
--	--	---

☐ Acute laryngotracheitis☒ Include on Patient Reports

Refine the diagnosis of Acute laryngotracheitis	▼
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notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
--	--	---

☐ Acute viral laryngotracheitis☒ Include on Patient Reports

notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
--	--	---

☐ Acute laryngotracheitis without obstruction☒ Include on Patient Reports

notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
--	--	---

☐ Acute laryngitis☒ Include on Patient Reports

Refine the diagnosis of Acute laryngitis	▼
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notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
--	--	---

☐ Bronchospasm☒ Include on Patient Reports

Refine the diagnosis of Bronchospasm	▼
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notes	▼
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<input type="checkbox"/> Add to Problem List	Onset: <input type="text" value="mm/dd/yy"/>	Problem Note: <input type="text" value="problem note"/>
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☐ Upper respiratory tract allergy

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset: mm/dd/yy

Allergy Reaction: allergy reaction note

☐ Acute upper respiratory infection

Refine the diagnosis of Acute upper respiratory infection

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Nasopharyngitis

Refine the diagnosis of Nasopharyngitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

D2CP Plan Croup List

Select All

☐ Discussed common viral causes of croup such as parainfluenza virus

notes

☐ Explained that running hot water to steam up bathroom, then turning water off and allow baby/child to breathe the humidified air will help

notes

☐ Follow up in 1-2 days for repeat examination of airway and lungs

notes

☐ Discussed signs and symptoms of respiratory distress and airway obstruction and when to call immediately or head to ER

notes

☐ Follow up for any lack of improvement or worsening symptoms

notes

☐ Reviewed likely viral pathogens and option of Viral PCR testing (Respiratory Panel) to assist with diagnosis and treatment

notes

- ☐ Explained anatomy of airway and how swelling of the upper middle airway can lead to stridor and barking cough

notes



- ☐ May give oral steroid short course to help with inflammation

notes



- ☐ May use saline neb treatments to assist with airway humidification

notes



- ☐ Discussed importance of supportive care, hydration and airway humidification

notes



- ☐ Reassurance that symptoms will improve with supportive care

notes



- ☐ add item



notes



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 Croup

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