

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
 ▾
☐ ☐ ☐ Aches and pains
 ▾
☐ ☐ ☐ Night sweats
 ▾
☐ ☐ ☐ Fatigue/tiredness
 ▾
☐ ☐ ☐ add item
 ▾
D2CP ROS Skin

Make All:

Yes No N/A

<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"/>	Itchiness of skin/pruritus	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patches of dry, scaly rash with scratches	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dryness and scaling of skin	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scalp flaking or scaling	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hair loss; if yes nature, duration	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Papular rash/bumps on skin; if yes: color, distribution, appearance	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rash associated with skin care agents, detergents, chemicals	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rash associated with food	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blisters, vesicles; draining?	<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"/>	Hives/Urticaria/Wheals	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Circular raised border rash/lesions	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Circular rash: if yes: appearance, location, duration	<input type="text" value="notes"/>	▼

☐ ☐ ☐ Burn of skin; if yes: location, surface area, appearance

notes



☐ ☐ ☐ Nail deformities

notes



Yes No N/A

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

notes



☐ ☐ ☐ Gastrointestinal

notes



☐ ☐ ☐ Genitourinary

notes



Abn NL N/A

☐ ☐ ☐ Lymphatic

notes



☐ ☐ ☐ 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	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lungs	notes	▼

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest
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☐ ☐ ☐ Cardiovascular☐ ☐ ☐ Abdomen☐ ☐ ☐ Genitourinary☐ ☐ ☐ Musculoskeletal☐ ☐ ☐ Neurologic☐ ☐ ☐ Skin☐ ☐ ☐ ExtremitiesABN NL N/E ☐ ☐ ☐

Immunizations

Vaccines

	There are no immunizations recorded for this patient
Ordered	

Diseases

	There are no vaccine-preventable diseases for this patient
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Forecasting Results Updated: NA☒ Show Informational Warnings(0)

Immunization forecasting results and warnings provided by IMMUCAST™

▼ Vaccines For Children

Insurance and Race as of 10/21/20Eligibility Status: 

Immunization Orders

Order**Refuse**

select an immunization

**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**

Hemoglobin (in office)

Order

Allergy Panel Reg 3 SEND OUT

Order

Food allergy w/ reflex SEND OUT

Order

CBC with Diff SEND OUT

Order

IgE Peanut

Order

select a lab

**Medical Procedure****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**

- ☐ Atopic dermatitis

Refine the diagnosis of Atopic dermatitis



☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Contact dermatitis

Refine the diagnosis of Contact dermatitis

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Seborrheic dermatitis

Refine the diagnosis of Seborrheic dermatitis

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Irritant contact dermatitis

Refine the diagnosis of Irritant contact dermatitis

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Allergic contact dermatitis caused by pollen☒ Include on Patient Reports

notes

☐ Add to Allergies listOnset: Allergy Reaction: ☐ Allergic contact dermatitis caused by plant material

Refine the diagnosis of Allergic contact dermatitis caused by plant material

☒ Include on Patient Reports

notes

☐ Add to Allergies listOnset: Allergy Reaction: ☐ Allergic contact dermatitis caused by chemical

Refine the diagnosis of Allergic contact dermatitis caused by chemical

☒ Include on Patient Reports

notes

☐ Add to Allergies listOnset: Allergy Reaction: ☐ Lip-licking eczema

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Nummular eczema

Refine the diagnosis of Nummular eczema

☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ Psoriasiform eczema☒ Include on Patient Reports

notes

☐ Add to Problem ListOnset: Problem Note: ☐ select diagnosis

notes

D2CP Plan Dermatitis**Select All**☐ Discussed various causes of dermatitis or skin inflammation

notes

☐ Balance between dryness and moisture of skin is important, so bathing quickly in luke warm water, pat dry with cotton towel, air out for a few minutes and then apply gentle skin emollient

notes

☐ Discussed importance of using unscented and dye-free laundry detergents for washing clothes and crib bedding

notes

☐ Discussed using soft cotton clothing that is not too tight

notes

☐ Keep a food, exposure and symptom log for 2 weeks and then return for further evaluation of the skin reactions

notes

☐ Discussed common allergens including outdoor, indoor and food allergens that may trigger skin reactions

notes

☐ Discussed common metals and chemicals that may cause contact dermatitis and advised to eliminate exposure to these agents

notes

- ☐ Discussed "stay free of leaves of three" and educated on the appearance of poison ivy, oak, and sumac in the woods

notes
- ☐ Discussed gentle skin care with organic products such as coconut oil, shea butter, and unscented baby wash and lotion

notes
- ☐ Gave samples and coupons for some common unscented skin care agents

notes
- ☐ Discussed how topical steroids help with skin inflammation

notes
- ☐ Discussed how immunomodulators may help for severe allergic eczema skin reactions

notes
- ☐ Gave blood work order for allergen IgE response testing for common indoor, outdoor and food allergens and follow up in 2 weeks to discuss the results

notes
- ☐ Referral to allergist/immunologist for skin allergen response testing and further evaluation and management

notes
- ☐ Referral to dermatologist for further evaluation and management

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	<input type="text" value="select a followup"/>	▼
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Referral

Order	<input type="text" value="select a referral"/>	▼
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Care Plan (Chart-wide)[Print](#)Display: [Edit](#)

No Interventions

Time of Visit[Select All](#)☐ Time spent in visit:

<input type="text" value="notes"/>	▼
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☐ Greater than 50% of today's visit was spent in counseling.

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

<input type="text" value="notes"/>	▼
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Visit Documents**Navigational Anchors in D2CP Dermatitis**

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