

**Intake**

**Next Visit (Chart-wide)** No Saved Notes

Edit

**Informant/Relationship**

▼

**Vitals**

Height

in

+

Length

in

+

Weight

lbsoz

+

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

fineprint.bl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprint.bl

### ► Confidential Notes (Chart-wide) No Saved Notes

Edit

### HPI

### 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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Gastrointestinal</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Genitourinary</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Lymphatic</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Integumentary</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Musculoskeletal</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Neurologic</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Psychiatric</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Respiratory</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>add item</b>
			<input type="text" value="notes"/>

**D2CP ROS Ears**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Wears hearing aids</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Swelling or redness of ear</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b> ringing in ears</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Pre auricular pit</b>
			<input type="text" value="notes"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Listens to loud music with headphones</b>

notes

☐ ☐ ☐ Itching in ears

notes

☐ ☐ ☐ Hearing loss

notes

☐ ☐ ☐ Has PE tubes in ears

notes

Yes No N/A

☐ ☐ ☐ Foreign body in ear

notes

☐ ☐ ☐ Ear drainage

notes

☐ ☐ ☐ Drainage from ear

notes

☐ ☐ ☐ Clicking sound when opening jaw

notes

☐ ☐ ☐ Trouble Hearing

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 10/21/20

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.

- ☐ add item

### Lab

Generate Requisition

Rapid Strep (in office)

Rapid Flu A&B (in office)

Mono Spot (in office)

### Medical Procedure

### Medical Test

### Injection

**Screening** select a screening**Radiology** select a radiology**Diagnoses**☐ **Pharyngitis**

Refine the diagnosis of Pharyngitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ **URI - Upper respiratory infection**

Refine the diagnosis of URI - Upper respiratory infection

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ **Otitis media**

Refine the diagnosis of Otitis media

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ **Cough**

Refine the diagnosis of Cough

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ **Fever**

Refine the diagnosis of Fever

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ **select diagnosis**

notes

**Plan****Select All**☐ Encourage fluids

notes

☐ OTC Analgesics (as directed)

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)**

No Interventions

**Print**

Display: All Statuses

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

notes

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

notes



<input type="checkbox"/>	add item	▼
	notes	▼

## Visit Documents

### Navigational Anchors in D2CP Sick-Ear

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