

**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

☐ ☐ ☐ Changes in appetite

notes

▾☐ ☐ ☐ Feeling ill, sick

notes

▾☐ ☐ ☐ Fatigue/tiredness

notes

▾☐ ☐ ☐ Fever

notes

▾☐ ☐ ☐ Dizziness, giddiness

notes

▾☐ ☐ ☐ Weight gain

notes

▾

☐ ☐ ☐ Weight loss

notes



☐ ☐ ☐ add item

notes



### D2CP ROS Mouth

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

Yes No N/A

☐ ☐ ☐ Halitosis/Bad odor from mouth

notes



☐ ☐ ☐ Loss of taste

notes



☐ ☐ ☐ Oral ulcers

notes



☐ ☐ ☐ Sore throat

notes



☐ ☐ ☐ Trouble swallowing

notes



☐ ☐ ☐ Swollen tongue

notes



☐ ☐ ☐ add item

notes



### D2CP ROS Neck

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

Yes No N/A

☐ ☐ ☐ Neck Pain

notes



☐ ☐ ☐ Swelling of glands in neck

notes



☐ ☐ ☐ Neck stiffness

notes



☐ ☐ ☐

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

Yes No N/A

☐ ☐ ☐ Abdominal cramping

☐ ☐ ☐ Abdominal pain worse/better after meals

☐ ☐ ☐ Bloating/abdominal distention

☐ ☐ ☐ Decreased appetite

☐ ☐ ☐ Vomiting

☐ ☐ ☐ Diarrhea

☐ ☐ ☐ Generalized abdominal pain

☐ ☐ ☐ Mucous in stools

Yes No N/A

☐ ☐ ☐ Blood in stools

☐ ☐ ☐ Pain with bowel movements

☐ ☐ ☐ Yellow vomit/bilious vomit

☐ ☐ ☐ Sensitivity to foods

☐ ☐ ☐

**D2CP ROS Genitourinary**Make All:   

Yes No N/A

☐ ☐ ☐ Blood in urine

☐ ☐ ☐ Change in color/ smell of urine

☐ ☐ ☐ Decreased urine output

☐ ☐ ☐ Frequent Urination

☐ ☐ ☐ Pain with urination

☐ ☐ ☐ Changes in blood pressure

☐ ☐ ☐

**D2CP ROS Skin**Make All:   

Yes No N/A

☐ ☐ ☐ Rashes associated with fever

☐ ☐ ☐ Rash associated with food

☐ ☐ ☐ Hives/Urticaria/Wheals

☐ ☐ ☐ Papular rash/bumps on skin; if yes: color, distribution, appearance

☐ ☐ ☐ Redness of skin/erythema

notes



☐ ☐ ☐ Bruises, ecchymoses; if yes: location, appearance, number

notes



☐ ☐ ☐ Maculopapular rash (red spots and bumps)

notes



☐ ☐ ☐ Pustules; abscess; bullae?

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

|                       |                       |                       |                 |                                    |   |
|-----------------------|-----------------------|-----------------------|-----------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lymphatic       | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Integumentary   | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Musculoskeletal | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neurologic      | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Psychiatric     | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Respiratory     | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | add item        | <input type="text" value="notes"/> | ▼ |

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

ABN NL N/E

|                       |                       |                       |                    |                                    |   |
|-----------------------|-----------------------|-----------------------|--------------------|------------------------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | General Appearance | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Head               | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eyes               | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ears               | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Nose               | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Oropharynx         | <input type="text" value="notes"/> | ▼ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neck               |                                    |   |

☐ ☐ ☐ Lungs

ABN NL N/E

☐ ☐ ☐ Chest☐ ☐ ☐ Cardiovascular☐ ☐ ☐ Abdomen☐ ☐ ☐ Genitourinary☐ ☐ ☐ Musculoskeletal☐ ☐ ☐ Neurologic☐ ☐ ☐ Skin☐ ☐ ☐ Extremities

ABN NL N/E

☐ ☐ ☐**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****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**

Rapid Strep (in office)

Stool Studies (Cultures/Giardia Antigen/O&amp;P)

Stool Occult Blood

Rapid Flu A&amp;B (in office)

Mono Spot (in office)

**Medical Procedure****Medical Test****Injection****Screening****Radiology**

## Diagnoses

☐ Gastroenteritis

Refine the diagnosis of Gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Gastritis

Refine the diagnosis of Gastritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Infectious gastroenteritis

Refine the diagnosis of Infectious gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Noninfectious gastroenteritis

Refine the diagnosis of Noninfectious gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Viral gastroenteritis

Refine the diagnosis of Viral gastroenteritis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Colitis

Refine the diagnosis of Colitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Food protein-induced colitis in infant

☒ Include on Patient Reports

notes ▼

☐ Add to Allergies list      Onset:       Allergy Reaction:  ▼

☐ Non-infective enteritis and colitis ☒ Include on Patient Reports

notes ▼

☐ Add to Problem List      Onset:       Problem Note:

☐ select diagnosis ▼

notes ▼

**D2CP Plan Gastroenteritis****Select All**

☐ Discussed various causes of vomiting and diarrhea in children

notes ▼

☐ Discussed common viral, bacterial, parasitic and allergen induced causes of gastroenteritis in children

notes ▼

☐ Discussed food-borne illnesses associated with acute gastroenteritis

notes ▼

☐ Discussed signs and symptoms associated with dehydration

notes ▼

☐ Stressed importance of hydration and nutrients to help with gut recovery

notes ▼

☐ Instructed on appropriate methods of hydration including water, pedialyte electrolyte solution , coconut water and chicken and vegetable broth

notes ▼

☐ Advised to avoid sugary liquids like Gatorade, Powerade, Soda, Ginger ale as the sugar will lead to osmosis and a worsening of diarrhea and dehydration

notes ▼

☐ Discussed soft, bland foods in the recovery period: chicken noodle soup, plain white rice, veggie or chicken broth, toast

notes ▼

☐ Discussed if any increased fever, or mucus or blood in the stools to call the office

notes ▼

- ☐ Monitor hydration status and urine output

notes



- ☐ Good handwashing and infection control in the household discussed

notes



- ☐ Keep a food and symptom diary including Bristol stool chart to rate stool appearance for the next 2 weeks and return for a follow up visit

notes



- ☐ Follow up immediately for any abdominal pain that worsens and does not improve

notes



- ☐ Follow up for any lack of improvement or worsening symptoms

notes



- ☐ Consider stool culture and stool for ova and parasite testing

notes



- ☐ Discussed reasons for a referral to GI

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 Gastroenteritis**

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