

**Intake****Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**Height  in [+](#)Length  in [+](#)Weight  lbs  oz [+](#)**BMI**Temperature  °F [+](#)  
Pulse  bpm [+](#)Blood Pressure  s /  d [+](#)  
  
Respiratory Rate  bpm [+](#)[➔ More](#)**Vital Notes****Growth Charts**

Growth Charts are not available when patient's sex is unknown.

**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

▾

☐ ☐ ☐ Changes in sleep

notes

▾

☐ ☐ ☐ Changes in appetite

notes

▾

☐ ☐ ☐ add item

notes

▾

**D2CP ROS Skin**

Make All:

Yes No N/A

☐ ☐ ☐ Birthmarks

notes

☐ ☐ ☐ Acne; if yes: location, appearance, duration

notes

☐ ☐ ☐ Scalp flaking or scaling

notes

☐ ☐ ☐ Moles; changes in appearance, border, color, dimension

notes

☐ ☐ ☐ Pigmentation changes

notes

☐ ☐ ☐ Redness of skin/erythema

notes

☐ ☐ ☐ Dryness and scaling of skin

notes

☐ ☐ ☐ Itchiness of skin/pruritus

notes

Yes No N/A

☐ ☐ ☐ Skin peeling/desquamation

notes

☐ ☐ ☐ Maculopapular rash (red spots and bumps)

notes

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

notes

☐ ☐ ☐ Petechiae (non-blanching reddish purple spots on skin)

notes

☐ ☐ ☐ Circular rash: if yes: appearance, location, duration

notes

☐ ☐ ☐ Pustules; abscess; bullae?

notes

☐ ☐ ☐ Blisters, vesicles; draining?  
 ▼

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

Yes No N/A

☐ ☐ ☐ Rash associated with food  
 ▼

☐ ☐ ☐ Rash associated with skin care agents, detergents, chemicals  
 ▼

☐ ☐ ☐  ▼  
 ▼

### D2CP ROS Allergy/Immunology

Make All:

Yes No N/A

☐ ☐ ☐ Allergic reactions: if yes: type, severity  
 ▼

☐ ☐ ☐ Dry eczema rashes  
 ▼

☐ ☐ ☐ Food allergies; if yes: type of food, reaction  
 ▼

☐ ☐ ☐ Food allergies: milk, wheat, nuts, fruits  
 ▼

☐ ☐ ☐ Sensitivity to chemicals, dyes, additives  
 ▼

☐ ☐ ☐ Hives or swelling  
 ▼

☐ ☐ ☐  ▼  
 ▼

### D2CP ROS Gastrointestinal

Make All:



Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bloating/abdominal distention	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in stool color, consistency	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood in stools	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

**D2CP ROS Hematologic/Lymphatic**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family history of anemia	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Petechiae; non-blanching reddish purple spots on skin	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ruddy, flushed appearance of face	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, red or tender glands, nodes in neck	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, red or tender lymph nodes in axilla	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, red or tender lymph nodes in groin	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, red or tender lymph nodes on scalp	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

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

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Birth trauma to head	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bump on head	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal head shape	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal facial features	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Soft spot (fontanel) bulging or raised	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Soft spot( fontanel) sunken	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**Review of Systems by system**Make All: **Abn** **NL** **N/A**

Abn NL N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergic/Immunologic	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constitutional	<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, Nose, Mouth, Throat	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Endocrine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gastrointestinal	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genitourinary	<input type="text" value="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"/>	▼

☐ ☐ ☐ **Ears**

☐ ☐ ☐ **Nose**

☐ ☐ ☐ **Oropharynx**

☐ ☐ ☐ **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: select an eligibility status ▾

**Immunization Orders**

Select Vaccine Lots

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

select a lab ▾

**Medical Procedure**

Order

Umbilical Cauterization

Order

select a medical procedure ▾

**Medical Test**

Order

select a medical test ▾

**Injection**

Order

select an injection ▾

**Screening**

Order	<input type="text" value="select a screening"/>	▼
-------	---	---

**Radiology**[Generate Requisition](#)

Order	<input type="text" value="select a radiology"/>	▼
-------	---	---

**Diagnoses**☐ Neonatal acne☒ Include on Patient Reports

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

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

☐ Neonatal physiological scaling☒ Include on Patient Reports

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

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

☐ Erythroderma neonatorum☒ Include on Patient Reports

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

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

☐ Infantile acne☒ Include on Patient Reports

<input type="text" value="Refine the diagnosis of Infantile acne"/>	▼
---	---

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

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

☐ Infantile miliaria☒ Include on Patient Reports

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

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

☐ Miliaria crystallina☒ Include on Patient Reports

<input type="text" value="Refine the diagnosis of Miliaria crystallina"/>	▼
---	---

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

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

☐ Miliaria pustulosa☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Miliaria rubra, infantile

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Transient neonatal pustulosis

Refine the diagnosis of Transient neonatal pustulosis ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Neonatal acrocyanosis

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Neonatal cutis marmorata

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Seborrheic dermatitis

Refine the diagnosis of Seborrheic dermatitis ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Seborrheic dermatitis of scalp

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:

☐ Epidermal nevus

Refine the diagnosis of Epidermal nevus ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

Problem Note:



- ☐ Congenital pigmented melanocytic nevus

Refine the diagnosis of Congenital pigmented melanocytic nevus

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- ☐ Multiple benign melanocytic nevi

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- ☐ Hemangioma of skin

Refine the diagnosis of Hemangioma of skin

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

- ☐ select diagnosis

notes

## D2CP Plan Infant Rash

Select All

- ☐ Discussed common skin rashes and skin conditions in newborns and infants

notes

- ☐ Discussed importance of gentle unscented skin care with organic coconut oil or organic shea butter based skin products

notes

- ☐ Try to use dye-free and fragrance free laundry detergents for baby's clothes and crib bedding

notes

- ☐ Gave samples and coupons for unscented gentle skin care products for baby

notes

- ☐ Dry, peeling skin can be seen in almost all normal babies, but is especially noticeable in babies born a little late. The underlying skin is perfectly normal, soft, and moist

notes

- ☐ Erythema toxicum – also called erythema toxicum neonatorum (ETN) or toxic erythema of the newborn – is a common (not toxic) rash seen in full-term newborns. It usually appears in the first few days after birth and fades within a week.



- ☐ Mongolian blue spots, also known as slate gray nevi, are a type of pigmented birthmark. They're formally called congenital dermal melanocytosis.

These marks are flat and blue-gray. They typically appear on the buttocks or lower back, but may also be found on the arms or legs. They're generally present at birth or develop soon after.

These birthmarks are noncancerous and present no health danger. There's no recommended treatment for Mongolian blue spots. They usually fade in childhood



- ☐ Milia are tiny white bumps that appear across a baby's nose, chin or cheeks. Milia are common in newborns but can occur at any age. You can't prevent milia. And no treatment is needed because they usually disappear on their own in a few weeks or months



- ☐ Salmon patches (called a "stork bite" at the back of the neck or an "angel's kiss" between the eyes) are simple nests of blood vessels (probably caused by maternal hormones) that fade on their own after a few weeks or months. Occasionally, stork bites never go away.



- ☐ Pink pimples ('neonatal acne') are sometimes thought to be caused by exposure in the womb to maternal hormones. No treatment is needed, just time. They can last for weeks or even months on a baby's skin



- ☐ Baby acne is different from infantile acne in that open comedones, or blackheads, don't usually appear in baby acne. These symptoms are common in infantile acne. Infantile acne may also appear as cysts or nodules. In rare cases, it can leave scars without treatment



- ☐ Seborrheic dermatitis is believed to be a combination of factors including genes, yeast that lives naturally on the skin, stress, chemical irritants and/or dry, cold weather that causes the skin to overproduce oil. In infants, it is triggered in part by hormones from the mother.



- ☐ Discussed neonatal pustular melanosis and appearance of pustules on skin on face, trunk, neck and extremities and reassured that the condition will resolve and is not dangerous and needs no specific treatment



- ☐ Discussed acrocyanosis and peripheral vascular changes that are common in babies and the bluish appearance of fingers and toes in the newborn period, also how it differs from central cyanosis



- ☐ Prickly heat looks like small red bumps, mostly on areas of your baby's body that tend to overheat and sweat, like the neck, diaper area, and armpits. The treatment is to try to keep the area dry and avoid overheating by dressing him in loose-fitting clothing



- ☐ A fungal infection(candidiasis) can show up in different ways on your baby. On the tongue, it is called thrush and looks like dried milk, which, unlike milk, cannot be scraped off. In the diaper area, candidiasis looks like an intense red rash, often with smaller bumps around the edges. A fungal infection loves moist, dark areas, so you'll find redness due to it in the creases of the neck, underarms and groin (intertrigo). Candidiasis is treated with antifungal oral gel or liquid medicine (for oral thrush) or antifungal cream (for the diaper area), or both



- ☐ Superficial hemangiomas, or cutaneous ("in-the-skin") hemangiomas, grow on the skin surface. They're also called strawberry hemangiomas or strawberry marks because of their bumpy red appearance.



- ☐ Deep hemangiomas grow under the skin, making it bulge, often with a blue or purple tint. Deep hemangiomas are also called subcutaneous ("under the skin") hemangiomas.



- ☐ Most infantile hemangiomas grow larger for several months, then shrink slowly. They usually grow the fastest within the first 3 months. Shrinking may start in the later part of the first year and continue until a child is age 7 or older. Infantile hemangiomas often shrink (or involute) to the point that they're no longer noticeable.



- ☐ Small red or purplish dots over the body ("petechiae") can be caused by a viral infection or a potentially very serious bacterial infection. These will not lighten with pressure. Any infant with possible petechiae should be evaluated by a doctor immediately



- ☐ Fluid-filled blisters (especially ones with opaque, yellowish fluid) can indicate a serious infection, like a bacterial infection or herpes



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



- ☐ 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** 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 Infant Rash

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Constitutional
5. D2CP ROS Skin
6. D2CP ROS Allergy/Immunology
7. D2CP ROS Gastrointestinal
8. D2CP ROS Hematologic/Lymphatic
9. D2CP ROS Head
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 Infant Rash
20. Forms
21. Followup Orders
22. Referral
23. Time of Visit
24. Prescriptions
25. Visit Documents