

Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Informant/Relationship

▼

Vitals

Height	<div></div> in	+
Length	<div></div> in	+
Weight	<div></div> lbs <div></div> oz	+
BMI		
Temperature	<div></div> °F Temporal ▼	+
Pulse	<div></div> bpm	+
Blood Pressure	<div></div> s / <div></div> d Unspecified Location ▼ Sitting ▼	+
Respiratory Rate	<div></div> 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

☐ ☐ ☐ Aches and pains

notes

☐ ☐ ☐ Changes in sleep

notes

☐ ☐ ☐ Dizziness, giddiness

notes

☐ ☐ ☐ Weakness

notes

☐ ☐ ☐ add item

D2CP ROS HeadMake All:

Yes No N/A

☐ ☐ ☐ Head injury☐ ☐ ☐ Headache☐ ☐ ☐ add item**D2CP ROS Neck**Make All:

Yes No N/A

☐ ☐ ☐ Injury to neck☐ ☐ ☐ Neck Pain☐ ☐ ☐ add item**D2CP ROS Cardiovascular**Make All:

Yes No N/A

☐ ☐ ☐ Chest discomfort with activity☐ ☐ ☐ Fainting/syncope☐ ☐ ☐ Flushed appearance to face☐ ☐ ☐ Lightheadedness, dizziness

notes

☐ ☐ ☐ Shortness of breath

notes

☐ ☐ ☐ Swelling of hands or feet

notes

☐ ☐ ☐ add item

notes

D2CP ROS Musculoskeletal

Make All:

Yes No N/A

☐ ☐ ☐ Wrist or hand pain, swelling or injury

notes

☐ ☐ ☐ Arm or elbow pain, swelling or injury

notes

☐ ☐ ☐ Shoulder pain: R,L, B/L

notes

☐ ☐ ☐ Back pain, swelling or injury

notes

☐ ☐ ☐ Hip pain: R, L, B/L

notes

☐ ☐ ☐ Knee pain, swelling or injury

notes

☐ ☐ ☐ Leg pain: R, L, B/L

notes

☐ ☐ ☐ Ankle or foot, pain, swelling or injury

notes

Yes No N/A

☐ ☐ ☐ Limping/abnormal gait

notes

☐ ☐ ☐ Stiffness in joints

notes

☐ ☐ ☐ Injury of joint, sprain, strain

notes

☐ ☐ ☐ Bruising of extremities

notes

☐ ☐ ☐ Joint pain

notes

☐ ☐ ☐ Redness or warm to touch in joints

notes

☐ ☐ ☐ add item

notes

D2CP ROS Skin

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

Yes No N/A

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

notes

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

notes

☐ ☐ ☐ Pigmentation changes

notes

☐ ☐ ☐ Skin peeling/desquamation

notes

☐ ☐ ☐ add item

notes

Review of Systems by system

Make All: **Abn** **NL** **N/A**

Abn NL N/A

☐ ☐ ☐ Allergic/Immunologic

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

Physical Exam

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

ABN NL N/E

☐ ☐ ☐ General Appearance ▼☐ ☐ ☐ Head ▼☐ ☐ ☐ Eyes ▼☐ ☐ ☐ Ears ▼☐ ☐ ☐ Nose ▼☐ ☐ ☐ Oropharynx ▼☐ ☐ ☐ Neck ▼☐ ☐ ☐ Lungs ▼

ABN NL N/E

☐ ☐ ☐ Chest ▼☐ ☐ ☐ Cardiovascular ▼☐ ☐ ☐ Abdomen ▼☐ ☐ ☐ Genitourinary ▼☐ ☐ ☐ Musculoskeletal ▼☐ ☐ ☐ Neurologic ▼

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

select an immunization

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

Rapid Strep (in office)

Order

Rapid Flu A&B (in office)

Order Mono Spot (in office)

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

☐ Injury due to car accident

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Injury of head

Refine the diagnosis of Injury of head

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Injury of neck

Refine the diagnosis of Injury of neck

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Injury of face and neck

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Injury of shoulder and upper arm

Refine the diagnosis of Injury of shoulder and upper arm

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Injury of hip and thigh

Refine the diagnosis of Injury of hip and thigh

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ select diagnosis

notes

D2CP Plan Injury

Select All

☐ Discussed safety and injury prevention in detail

notes

☐ Discussed treatment plan for extremity injuries and use of ACE compression bandages

notes

☐ Discussed sports injury prevention in detail

notes

☐ Discussed water and pool safety

notes

☐ Discussed car safety and appropriate use of seatbelts based on weight and age

notes

☐ Discussed prevention of burns and abrasions

notes

☐ Discussed head injury prevention and use of helmets with cycling, skating and skateboarding

notes

☐ Discussed motor vehicle safety and precautions

notes

☐ Discussed RICE: Rest, Ice, Compression, Elevation

<input type="checkbox"/>	notes	▼
<input type="checkbox"/>	Ice and slow gradual stretching will help the pain and inflammation to improve	
	notes	▼
<input type="checkbox"/>	May use NSAIDS (ibuprofen, naproxen) to help with inflammation and pain as directed by doctor and with food	
	notes	▼
<input type="checkbox"/>	Discussed management of skin care to help with healing of minor abrasions and burns	
	notes	▼
<input type="checkbox"/>	Discussed treatment plan for burn care in detail including use of silvadene and sterile gauze dressings	
	notes	▼
<input type="checkbox"/>	Discussed differences between soft tissue and bony injuries	
	notes	▼
<input type="checkbox"/>	Discussed need for Xray to better visualize the bones involved in the injury	
	notes	▼
<input type="checkbox"/>	Radiology order form and instructions given	
	notes	▼
<input type="checkbox"/>	Consider orthopedics referral for further evaluation	
	notes	▼
<input type="checkbox"/>	Discussed benefits of physical therapy in injury prevention	
	notes	▼
<input type="checkbox"/>	Discussed benefits of the sports medicine program in injury prevention	
	notes	▼
<input type="checkbox"/>	Gave TIPP sheets for age appropriate safety tips	
	notes	▼
<input type="checkbox"/>	Follow up in 1-2 weeks for re-examination	
	notes	▼
<input type="checkbox"/>	Follow up for any lack of improvement or worsening symptoms	
	notes	▼
<input type="checkbox"/>	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 Injury

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Constitutional
5. D2CP ROS Head
6. D2CP ROS Neck
7. D2CP ROS Cardiovascular
8. D2CP ROS Musculoskeletal
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 Injury
20. Forms
21. Followup Orders
22. Referral
23. Time of Visit
24. Prescriptions
25. Visit Documents