

**Intake**

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

Edit

**Informant/Relationship**

▼

**Vitals**

Height	<input type="text"/>	in	+		
Length	<input type="text"/>	in	+		
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	+
BMI					
Temperature	<input type="text"/>	°F	+		
	Temporal ▼				
Pulse	<input type="text"/>	bpm	+		
Blood Pressure	<input type="text"/>	s /	<input type="text"/>	d	+
	Unspecified Location ▼				
	Sitting ▼				
Respiratory Rate	<input type="text"/>	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
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**Problem List (Chart-wide)**

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved
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**Allergies (Chart-wide)**

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved
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**PCC eRx Allergies (Chart-wide)** Last Modified N/A

Display: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved
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Mark as Reviewed

fineprint.bl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop
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Mark as Reviewed

fineprint.bl

**► 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

☐ ☐ ☐ Weight gain☐ ☐ ☐ Weight loss☐ ☐ ☐ add item**D2CP ROS Neck**Make All:   

Yes No N/A

☐ ☐ ☐ Neck Pain☐ ☐ ☐ Swelling of glands in neck☐ ☐ ☐ Neck stiffness☐ ☐ ☐ add item**D2CP ROS Gastrointestinal**Make All:   

Yes No N/A

☐ ☐ ☐ Abdominal cramping☐ ☐ ☐ Generalized abdominal pain☐ ☐ ☐ Upper abdominal pain☐ ☐ ☐ Epigastric abdominal pain

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lower abdominal pain	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Periumbilical pain	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea	notes	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sensitivity to foods	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased appetite	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GER/reflux/ spitting up/ heartburn	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent burping/belching	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal pain worse/better after meals	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"/>	Pain with bowel movements	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Constipation	notes	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble with toilet training	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stool stains on underwear	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Straining with bowel movements	notes	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Black, tarry stools	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of bowel control/encopresis	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Floating/abdominal distention	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mucous in stools	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood in stools	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yellow vomit/bilious vomit	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal cramping pain with menstrual periods	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**D2CP ROS Genitourinary**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pain with urination	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Burning sensation with urination	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent Urination	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Change in color/ smell of urine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased urine output	<input type="text" value="notes"/>	▼

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty emptying bladder	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty with toilet training	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flank pain	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary leakage Day/Night	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of UTI	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood in urine	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family history of high blood pressure	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in blood pressure	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swelling of face or legs/edema	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Penile foreskin issues	<input type="text" value="notes"/>	▼

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sores or ulcers on genitalia	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Penile discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**D2CP ROS Skin**

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

Yes No N/A

☐ ☐ ☐ Rashes associated with fever

notes

☐ ☐ ☐ Rash associated with food

notes

☐ ☐ ☐ Hives/Urticaria/Wheals

notes

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

notes

☐ ☐ ☐ 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

☐ ☐ ☐ **Cardiovascular**☐ ☐ ☐ **Endocrine**☐ ☐ ☐ **Gastrointestinal**☐ ☐ ☐ **Genitourinary**

Abn NL N/A

☐ ☐ ☐ **Lymphatic**☐ ☐ ☐ **Integumentary**☐ ☐ ☐ **Musculoskeletal**☐ ☐ ☐ **Neurologic**☐ ☐ ☐ **Psychiatric**☐ ☐ ☐ **Respiratory**☐ ☐ ☐ **add item****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**☐ ☐ ☐ **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

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

Order

Urine Dipstick (in office)

Order

Urinalysis reflex SEND OUT

Order

Urine C&S SEND OUT

Order

Pregnancy screen/HCG (urine, in office)

Order

Stool Occult Blood

**Order** Stool Studies (Cultures/Giardia Antigen/O&P)

**Order** Basic Metabolic Panel

**Order** Complement C3, Serum

**Order** Complement C4 serum

**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

☐ Urinary incontinence

Refine the diagnosis of Urinary incontinence



☒ Include on Patient Reports

notes



☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Acute urinary tract infection

Refine the diagnosis of Acute urinary tract infection



☒ Include on Patient Reports

notes



☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Chronic urinary tract infection

Refine the diagnosis of Chronic urinary tract infection



☒ Include on Patient Reports

notes



☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ **Nocturnal enuresis**  
 Refine the diagnosis of Nocturnal enuresis  
☒ Include on Patient Reports  
 notes  
☐ Add to Problem List    Onset:     Problem Note:

☐ **Bladder dysfunction**  
 Refine the diagnosis of Bladder dysfunction  
☒ Include on Patient Reports  
 notes  
☐ Add to Problem List    Onset:     Problem Note:

☐ **Dysuria**  
 Refine the diagnosis of Dysuria  
☒ Include on Patient Reports  
 notes  
☐ Add to Problem List    Onset:     Problem Note:

☐ **Blood in urine**  
 Refine the diagnosis of Blood in urine  
☒ Include on Patient Reports  
 notes  
☐ Add to Problem List    Onset:     Problem Note:

☐ **Increased frequency of urination**  
 Refine the diagnosis of Increased frequency of urination  
☒ Include on Patient Reports  
 notes  
☐ Add to Problem List    Onset:     Problem Note:

☐ **select diagnosis**  
 notes

## D2CP Plan Urinary Issues/UTI

Select All

☐ Discussed anatomy and physiology of the urinary tract in detail  
 notes

☐ Reviewed the importance of adequate hydration with plenty of water and the need for urine output to be at least every few hours

notes 

- ☐ Discussed causes of urinary issues and ways to address and improve the issues

notes 

- ☐ Discussed common causes of urinary tract infections

notes 

- ☐ Urinalysis in house reviewed and discussed

notes 

- ☐ Sending urine for culture and sensitivity and starting antibiotics in the meantime

notes 

- ☐ Explained that once culture and sensitivity results arrive may either continue or change antibiotic treatment

notes 

- ☐ Follow up after completion of antibiotic treatment for repeat urinalysis and re-evaluation of symptoms

notes 

- ☐ Stressed the importance of personal hygiene and wiping and cleansing urethra and genitalia correctly

notes 

- ☐ Reviewed family history of bedwetting and discussed significant factors

notes 

- ☐ Reviewed causes of enuresis (bedwetting) and urinary leakage (bladder dysfunction)

notes 

- ☐ Explained how DDAVP can help with stimulation of anti-diuretic hormone and help with nighttime bedwetting

notes 

- ☐ Gave resources from the Bedwetting store for alarms, underpads and special underwear to help with bedwetting

notes 

- ☐ Discussed common issues with bladder function

notes 

- ☐ Explained in detail the methods to do timed and double voiding to help with bladder muscle strengthening

notes 

- ☐ Explained how Ditropan can help with bladder function issues

notes 

- ☐ Discussed and reviewed methods of bowel and bladder training

- ☐ Keep and log of urinary symptoms and stools with the Bristol stool chart for 2 weeks and return for further evaluation

- ☐ Explained how constipation can lead to urinary retention and urinary flow issues

- ☐ Discussed ways to help with constipation such as increased fiber, fluids, fruits, and vegetables and also bathroom breaks after meals to help intestinal motility

- ☐ Will trial Miralax and stool softener for one month to help improve constipation and thereby improve urinary symptoms

- ☐ Discussed need for a toilet squatting position to help with bowel and bladder motility

- ☐ Follow up in 1 month for re-evaluation of urinary symptoms

- ☐ Discussed need for renal ultrasound and VCUG to examine the kidneys, ureter, bladder and urethra in better detail

- ☐ Referral to Urology for further evaluation

- ☐ Consider sending blood work and further urine studies to check for any nephropathies

- ☐ Referral to Nephrology for further evaluation

- ☐ add item

## 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**