

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 <input type="text"/>				
Pulse	<input type="text"/>	bpm	+		
Blood Pressure	<input type="text"/>	s /	<input type="text"/>	d	+
	Unspecified Location <input type="text"/>				
	Sitting <input type="text"/>				
Respiratory Rate	<input type="text"/>	bpm	+		

[More](#)**Vital Notes****Chief Complaint****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/ADisplay: All Statuses

Status	Allergen	Reaction	Severity	Sensitivity Type	Onset	Resolved

[Mark as Reviewed](#)

fineprint.bl

Medication History (Chart-wide) Last Modified N/ADisplay: **All Statuses** ▼

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

fineprint.bl

Past, Social, Family History**Family Medical History (Chart-wide)**[Edit](#)

Condition	Relationship	Note

Past Medical History (Chart-wide) No Saved Notes[Edit](#)**Social History (Chart-wide)** No Saved Notes[Edit](#)**► Confidential Notes (Chart-wide)** No Saved Notes[Edit](#)**HPI****D2CP ROS Constitutional**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chills	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in appetite	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in sleep	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fatigue/tiredness	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling ill, sick	<div>notes</div>

☐ ☐ ☐ Night sweats

notes

☐ ☐ ☐ add item

notes

D2CP ROS Ears

Make All:

Yes No N/A

☐ ☐ ☐ Pain in ears

notes

☐ ☐ ☐ Swelling or redness of ear

notes

☐ ☐ ☐ add item

notes

D2CP ROS Eyes

Make All:

Yes No N/A

☐ ☐ ☐ Eye redness

notes

☐ ☐ ☐ Sensitive to light

notes

☐ ☐ ☐ Watery/tearing eyes

notes

☐ ☐ ☐ Itchy eyes

notes

☐ ☐ ☐ add item

notes

D2CP ROS Mouth

Make All:

Yes No N/A

☐ ☐ ☐ Loss of taste

☐ ☐ ☐ Oral ulcers

☐ ☐ ☐ Sore throat

☐ ☐ ☐ Scratchy throat

☐ ☐ ☐ Hoarse voice

☐ ☐ ☐ Trouble swallowing

☐ ☐ ☐ Swollen cheeks

☐ ☐ ☐ add item

D2CP ROS NeckMake All:

Yes No N/A

☐ ☐ ☐ Neck Pain

☐ ☐ ☐ Swelling of glands in neck

☐ ☐ ☐ Neck stiffness

☐ ☐ ☐ add item

D2CP ROS RespiratoryMake All:

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hoarse voice	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing often	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Barking cough	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coughing frequently	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dry cough or throat clearing	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shortness of breath	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wheezing	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

D2CP ROS GastrointestinalMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Decreased appetite	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Generalized abdominal pain	notes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes

D2CP ROS SkinMake All: **Yes** **No** **N/A**

Yes No N/A

☐ ☐ ☐ Rashes associated with fever

notes

☐ ☐ ☐ Redness of skin/crythema

notes

☐ ☐ ☐ Hives/Urticaria/Wheals

notes

☐ ☐ ☐ Maculopapular rash (red spots and bumps)

notes

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

notes

☐ ☐ ☐ Skin peeling/desquamation

notes

☐ ☐ ☐ add item

notes

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

Abn NL N/A

☐ ☐ ☐ Allergic/Immunologic

notes

☐ ☐ ☐ Constitutional

notes

☐ ☐ ☐ Eyes

notes

☐ ☐ ☐ Ears, Nose, Mouth, Throat

notes

☐ ☐ ☐ Cardiovascular

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 ExamMake 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="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nose	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oropharynx	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neck	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lungs	<input type="text" value="notes"/>	<input type="button" value="▼"/>

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cardiovascular	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdomen	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Genitourinary	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Musculoskeletal	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin	<input type="text" value="notes"/>	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremities	<input type="text" value="notes"/>	<input type="button" value="▼"/>

ABN NL N/E

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="button" value="▼"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	notes	<input type="button" value="▼"/>

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 COVID-19

Order SARS-CoV-2 RNA, Qual Real-Time Test - Quest

Order Rapid Flu A&B (in office)

Order Mono Spot (in office)

Order Rapid RSV Test (in office)

Order Stool Norovirus

Order Coxsackie A AB SEND OUT

Order Coxsackie B (1-6) AB SEND OUT

Order select a lab

Medical Procedure

Order

Medical Test

Order

Injection

Order

Screening

Order

Radiology

Generate Requisition

Order

Diagnoses☐ Acute viral disease

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Exposure to SARS-CoV-2

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Viral fever

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Viral conjunctivitis

☒ Include on Patient Reports

☐ Add to Problem List

Onset:

Problem Note:

☐ Viral upper respiratory tract infection

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Acute viral pharyngitis

Refine the diagnosis of Acute viral pharyngitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Viral tonsillitis

Refine the diagnosis of Viral tonsillitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Viral sinusitis

Refine the diagnosis of Viral sinusitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Viral laryngitis

Refine the diagnosis of Viral laryngitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Viral bronchitis

Refine the diagnosis of Viral bronchitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Viral lower respiratory infection

Refine the diagnosis of Viral lower respiratory infection

☒ 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: Problem Note:

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

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

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

☐ **select diagnosis**
notes

D2CP Plan Viral Illness**Select All**

☐ Discussed common seasonal viruses that cause signs and symptoms patient is experiencing
notes

☐ Discussed different ways of spread of viruses like droplet, airborne and contact methods
notes

☐ Discussed how mask wearing can prevent the spread of respiratory viruses
notes

☐ Discussed common summertime viruses like coxsackie virus, adenovirus and enterovirus strains
notes

- ☐ Discussed common fall and spring season viruses like influenza, RSV, parainfluenza, and rhinovirus strains

notes ▼
- ☐ Discussed common winter season viruses like influenza, RSV, parainfluenza, and norovirus strains

notes ▼
- ☐ Stressed the importance of frequent handwashing with the 20 second rule and covering all surfaces of hands and wrists after touching any surfaces or face

notes ▼
- ☐ Disinfection of surfaces that are high contact such as door knobs, light switches and bathroom faucets is important

notes ▼
- ☐ Supportive care is important: hydration with appropriate electrolyte solutions and water, fever management, rest and immune support discussed in depth

notes ▼
- ☐ Stressed safety when using and storing disinfectants in the home

notes ▼
- ☐ Eating a healthy diet balanced in fruits and vegetables as well as healthy protein and fat sources helps to sustain a healthy gut and immune system

notes ▼
- ☐ A daily organic multivitamin with Vitamin C, D3, zinc, and other important vitamins and minerals can be helpful: options include Smartypants, Zarbees and Oily

notes ▼
- ☐ Saline rinsing of nasal passages and sinuses can help reduce upper respiratory tract symptoms

notes ▼
- ☐ Salt water gargling can help with swelling in the throat

notes ▼
- ☐ Reassured that viral rashes do not any specific topical or oral treatments and will resolve as the immune system completes the process of combating the virus

notes ▼
- ☐ The AAP advises not to use cough and cold medications for children as the risks outweigh the benefits

notes ▼
- ☐ It is advised to stay home and rest until all symptoms have resolved for at least 24-48 hours

notes ▼
- ☐ Follow up for lack of improvement or worsening symptoms

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 Viral illness

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