

Intake*Policies**

Display: All Statuses

Informant/Relationship*Visit Start Time****Transition of Care (ARRA)**☐ Patient transitioned to my care from another clinical setting☐ Medication Reconciliation performed**Allergies (Chart-wide)**

Display: All Statuses

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

fineprintLbl

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

fineprintLbl

Past, Social, Family History**Birth History (Chart-wide)** No Saved Notes**Medical History (Chart-wide)** No Saved Notes**Social History (Chart-wide)** No Saved Notes**Family Medical History (Chart-wide)**

Condition	Relationship	Note

Family History (Chart-wide) No Saved Notes**Problem List (Chart-wide)**

Display: All Statuses

Status	Problem	Problem Note	Onset	Resolved

Smoking Status (ARRA)***Immunization Review****Chief Complaint****Provider start time****HPI*****HPI****Select All**

- ☐
- Symptoms (cough, wheezing, chest tightness, SOB)

- ☐
- Frequency of symptoms (daily, weekly, times per week)

- ☐
- Nighttime symptoms/awakenings (frequency)

- ☐
- Interference with activities

- ☐
- Triggers (URI, allergies, exercise)

- ☐
- Modifying factors (worsens/improves)

- ☐
- Short acting medication usage (type, frequency)

- ☐
- Other medications used for symptoms

- ☐
- Exacerbations (last one, frequency)

- ☐
- Urgent care/ER visit information

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

Abn NL N/A

☐ ☐ ☐ Constitutional☐ ☐ ☐ Eyes☐ ☐ ☐ Ears/Nose/Mouth/Throat☐ ☐ ☐ Respiratory☐ ☐ ☐ Cardiovascular☐ ☐ ☐ Gastrointestinal☐ ☐ ☐ Genitourinary☐ ☐ ☐ Musculoskeletal

Abn NL N/A

☐ ☐ ☐ Integument☐ ☐ ☐ Neurological☐ ☐ ☐ Allergic/Immunologic

☐ ☐ ☐ Hematologic/Lymphatic

notes



☐ ☐ ☐ Endocrine

notes



☐ ☐ ☐ Psychiatric

notes



☐ ☐ ☐ add item



notes



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

*Physical Exam

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

ABN NL N/E

☐ ☐ ☐ Constitutional

notes



☐ ☐ ☐ Eyes

notes



☐ ☐ ☐ Ears/Nose/Throat

notes



☐ ☐ ☐ Neck

notes



☐ ☐ ☐ **Respiratory**

☐ ☐ ☐ **Cardiovascular**

☐ ☐ ☐ **Breasts**

☐ ☐ ☐ **Gastrointestinal**

ABN NL N/E

☐ ☐ ☐ **Genitourinary (female)**

☐ ☐ ☐ **Genitourinary (male)**

☐ ☐ ☐ **Lymphatic**

☐ ☐ ☐ **Musculoskeletal**

☐ ☐ ☐ **Back/Spine**

☐ ☐ ☐ **Integument**

☐ ☐ ☐ **Neurologic**

☐ ☐ ☐ **Psychiatric**

ABN NL N/E

☐ ☐ ☐

Screening

Order	Asthma Control Test (ACT) > 4 yr old
Order	Respiratory & Asthma Control test (TRACK) < 4 yr old
Order	Spirometry
Order	Spirometry Pre & Post bronchodilator

Order

select a screening

**Diagnoses**☐ Acute exacerbation of asthma

Refine the diagnosis of Acute exacerbation of asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Asthma

Refine the diagnosis of Asthma

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

***Plan****Select All**☐ Discussed self-monitoring to assess level of symptom control

notes

☐ Avoid triggers (smoke, pets)

notes

☐ Discussed type of medications and when to use (quick relief vs. long acting)

notes

☐ Discussed importance of using medications as directed

notes

☐ Explained /demonstrated use of aero-chamber/nebulizer

notes

☐ Parents/Caregivers stop smoking

notes

☐ add item

notes

***Asthma Action Plan****Select All**

☐ Written plan given to family/patient

notes



☐ Discussed daily monitoring of symptoms and taking action to control asthma

notes



☐ Discussed step-wise adjustment of medications to control symptoms

notes



☐ Discuss symptoms that would need medical evaluation

notes



☐ Other

notes



☐ add item

notes



Asthma Care (ARRA)

☐ Asthma medication was not prescribed at patient's/caregiver's request

notes



*Plan Notes

Visit Finish Time

*Greater than 50% of today's visit was spent in counseling

Select All

☐ The majority of time was spent on anticipatory guidance and discussion as listed above

notes



☐ add item

notes



*Follow-up

Select All

☐ Next well child exam

notes



☐ As needed

notes



☐ add item

notes

Lab/Radiology/Referral**Lab**

Generate Requisition

Order

select a lab

Radiology

Generate Requisition

Order

select a radiology

Medical Procedure

Order

Nebulizer, Inhalation Tx - Albuterol 1.25 mg

Order

Nebulizer Education/Teaching

Order

select a medical procedure

Referral

Order

select a referral

Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Visit Documents**Navigational Anchors in Sick (Asthma)**

1. Intake
2. Allergies
3. Medication History
4. Past, Social, Family History
5. Medical History
6. Problem List
7. Immunization Review
8. Chief Complaint
9. HPI
10. Review of Systems
11. Vitals
12. Physical Exam
13. Screening Orders
14. Diagnoses
15. Plan
16. Lab/Radiology/Referral
17. Lab
18. Radiology
19. Medical Procedures
20. Prescriptions
21. Visit Documents