



Intake

Independent Historian/Relationship

Primary Care Physician (Chart-wide) No Saved Notes

Edit

Chief Complaint

Vitals

Temperature °F +

Tympanic

Pulse bpm +

Respiratory Rate bpm +

O₂ Saturation % +

Blood Pressure s / d +

Unspecified Location

Sitting

Height in +

Length in +

Weight lbs oz +

BMI

More

Vital Notes

Medications

Current Medications

notes

Vitamins, herbal remedies, homeopathic remedies?

notes

Any allergies to medications? If so, which one?

notes

Pharmacy/Hospital of Choice

notes

► **Medication History (Chart-wide)** No Saved Notes

Edit

History of Present Illness Main

Fever?

notes

Length of time of cough?

notes

Worse at night or day?

notes

Waking at night?

notes

Are symptoms mild, moderate or severe?

notes

Are symptoms worsening, improving, staying the same?

notes

Chest pain?

notes

Shortness of breath?

notes

Quality of the cough (wet, dry, hacking)?

notes

Barking cough, similar to a seal?

notes

Cough worse with exercise?

notes

Associated rhinorrhea and congestion?

notes

Any medications used and response to medications?



notes

Other associated signs and symptoms?

notes

HPI

Past Medical/Social/Family History

Select All

Past Medical History

notes

Family History

notes

Social History

notes

add item

notes

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

ROS - Constitutional

Make All:

Rpt Den N/A

- Fever/Chills
 ▾
- Body aches
 ▾
- Not sleeping well
 ▾
- Whining or crankiness
 ▾
- add item
 ▾

ROS - Eyes

Make All:

Rpt Den N/A

- Red eyes or eye drainage
 ▾
- add item
 ▾

ROS - ENT

Make All:

Rpt Den N/A



- Runny nose and or nasal congestion
- Sore throat
- Postnasal drip
- Ear pain
- Pressure or fullness in ears/sinuses
- add item

ROS - Respiratory

Make All:

Rpt Den N/A

- Cough - Daytime
- Cough - Nighttime disturbing sleep
- Wheezing or difficulty breathing
- add item

ROS - Gastrointestinal

Make All:

Rpt Den N/A

- Nausea
- Vomiting



Decreased appetite

Diarrhea

add item

ROS - Integumentary

Make All: **Rpt** **Den** **N/A**

Rpt Den N/A

Rashes or dry skin

add item

Immunizations

Vaccines

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

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 01/13/25

Eligibility Status:

Immunization Orders

Select Vaccine Lots

Order

Refuse

Immunization Consent

Select All

MD/NP Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks



and benefits; how to deal with potential side effects. VIS given.

notes

add item

notes

Physical Exam

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

ABN NL N/E

Constitutional (3 or more Vital Signs; appearance)

notes

Eyes (inspection of conj,lids; exam of pupils, irises; ophthalm. exam)

notes

Ears, Nose, Mouth, and Throat (ext insp ears, nose; otoscopic exam; assess hearing; insp of nasal mucosa; insp lips,teeth,gums, TMJ; exam of oropharynx)

notes

Neck (exam of neck for masses, symmetry; exam of thyroid)

notes

Respiratory (resp effort; percussion; palpation; auscultation)

notes

Cardiovascular (palpation; auscultation; exam of carotid; abdom aorta; femoral pulses; pedal pulses)

notes

Abdomen (masses or tenderness; liver and spleen; hernia; anus, rectum, perineum; occult blood)

notes

Skin (insp of skin & subc tissues; palpation of skin and subc tissues)

notes

ABN NL N/E

add item

notes

Lab

[Print Labels](#) [Generate Requisition](#)

Order Sars COVID-19 Rapid QuickVue (In House)

Order SARS-CoV-2 RNA (COVID-19)



Order SARS COVID-19 and Flu A&B Rapid (In House)

Order SARS Covid antibody

Order select a lab

Medical Procedure

Order Pulse Oximetry

Order Loan of Nebulizer

Order Medication - Dexamethasone (10mg/1ml)

Order Medication - Dexamethasone 4mg tab

Order Nebulizer Inhalation Treatment, Initial

Order Nebulizer Inhalation Treatment, Repeat

Order Nebulizer Inhalation Treatment w/Teaching

Order MDI Treatment, Initial

Order MDI Treatment, Repeat

Order MDI Teaching

Order select a medical procedure

Medical Test

Order Spirometry Simple

Order Spirometry pre/post

Order select a medical test

Screening

Order select a screening

Radiology

Generate Requisition

Order CXR, AP/lat

Order select a radiology

Assessment

Select All

URI, no evidence of bacterial infection or LRTI



notes

- Cough, no evidence of LRTI likely allergic induced

notes

- add item

notes

Assessment Notes

Diagnoses

- Exposure to SARS-CoV-2

Refine the diagnosis of Exposure to SARS-CoV-2

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

- Acute COVID-19

Refine the diagnosis of Acute COVID-19

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

- Infection of lower respiratory tract caused by SARS-CoV-2

Refine the diagnosis of Infection of lower respiratory tract caused by SARS-CoV-2

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

- Exacerbation of severe persistent asthma

Refine the diagnosis of Exacerbation of severe persistent asthma

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

- Exacerbation of moderate persistent asthma

Refine the diagnosis of Exacerbation of moderate persistent asthma

Include on Patient Reports



notes

Add to Problem List

Onset:

Problem Note:

Exacerbation of mild persistent asthma

Refine the diagnosis of Exacerbation of mild persistent asthma

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Exacerbation of intermittent asthma

Refine the diagnosis of Exacerbation of intermittent asthma

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Wheezing

Refine the diagnosis of Wheezing

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Croup

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Sinusitis

Refine the diagnosis of Sinusitis

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Upper respiratory infection

Refine the diagnosis of Upper respiratory infection

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:

Cough

Refine the diagnosis of Cough ▼

Include on Patient Reports

notes ▼

Add to Problem List Onset: Problem Note:

select diagnosis ▼

notes ▼

Plan

Select All

Medication as e-prescribed

notes ▼

Symptomatic care with ibuprofen or acetaminophen as needed for fever or pain.

notes ▼

Call if no improvement in 2-3 days, new symptoms arise or other concern.

notes ▼

add item ▼

notes ▼

Patient Instructions - Sick

Select All

URI under 3 months - Your child was seen today and diagnosed with the common cold or upper respiratory infection. Your child needs to be seen again if not improving in 10-14 days or sooner if they start having a fever, if not urinating every 6 hours, if vomiting or not tolerating fluids, having difficulty breathing, frequently waking at night or any concerns.

We recommend you see our website for more information on this topic by going the Medical Info tab then choose Infections then Common cold. The goals of treatment goals are to relieve your child's bothersome symptoms. The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as they can have serious and life threatening side effects. For your infant using 2-3 drops of nasal saline then gentle suctioning with bulb syringe or nasal aspirator such as NoseFrida prior to feeds or sleeping and as needed would be beneficial to clear secretions. You may also use a cool mist humidifier in their room.

notes ▼

URI under 2 - Your child was seen today and diagnosed with the common cold or upper respiratory infection. Your



child needs to be seen again if not improving in 10-14 days or sooner if their fever persists more than 72 hours, if not urinating every 6 hours, if vomiting or not tolerating fluids, having difficulty breathing, frequently waking at night or any concerns.

We recommend you see our website for more information on this topic by going the Medical Info tab then choose Infections then Common cold. The goals of treatment goals are to relieve your child's bothersome symptoms. The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as they can have serious and life threatening side effects. For your infant using 2-3 drops of nasal saline then gentle suctioning with bulb syringe or nasal aspirator such as NoseFrida prior to feeds or sleeping and as needed would be beneficial to clear secretions. You may also use a cool mist humidifier in their room. If your child is fussy and develops fever above 100.4, you can give acetaminophen (Tylenol) or if is well hydrated can give ibuprofen (Advil or Motrin). See website for medication dosing.

notes

- URI over 5 - Your child was seen today and diagnosed with the common cold or upper respiratory infection. Your child needs to be seen again if not improving in 10-14 days or sooner if their fever persists more than 72 hours, if not urinating every 6 hours, if vomiting or not tolerating fluids, having difficulty breathing, frequently waking at night or any concerns.

We recommend you see our website for more information on this topic by going the Medical Info tab then choose Infections then Common cold. The goals of treatment goals are to relieve your child's bothersome symptoms. The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as they can have serious and life threatening side effects. For your infant using 2-3 drops of nasal saline then gentle suctioning with bulb syringe or nasal aspirator such as NoseFrida prior to feeds or sleeping and as needed would be beneficial to clear secretions. You may also use a cool mist humidifier in their room. If your child is fussy and develops fever above 100.4, you can give acetaminophen (Tylenol) or if is well hydrated can give ibuprofen (Advil or Motrin). See website for medication dosing.

notes

- URI with asthma - Your child was seen today and diagnosed with the common cold or upper respiratory infection. Your child needs to be seen again if not improving in 10-14 days or sooner if their fever persists more than 72 hours, if not urinating every 6 hours, if vomiting or not tolerating fluids, having difficulty breathing, needing the rescue inhaler more frequently, frequently waking at night or any concerns.

We recommend you see our website for more information on this topic by going the Medical Info tab then choose Infections then Common cold. The goals of treatment goals are to relieve your child's bothersome symptoms. The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as they can have serious and life threatening side effects. For your infant using 2-3 drops of nasal saline then gentle suctioning with bulb syringe or nasal aspirator such as NoseFrida prior to feeds or sleeping and as needed would be beneficial to clear secretions. You may also use a cool mist humidifier in their room. If your child is less than 3 months old and develops a fever of 100.4 or more your child must be re-evaluated. If your child is over 3 months old, is fussy and develops fever above 100.4, you can give acetaminophen (Tylenol) or if older than 6 months and is well hydrated can give ibuprofen (Advil). See website for medication dosing.

As your child has asthma it is important to follow the asthma action plan and give the rescue treatment (albuterol or xopenex) as discussed: we will need to re-evaluate if the need for more frequent treatments occurs or concerns arise.

notes

- URI 2 - 5 - Your child was seen today and diagnosed with the common cold or upper respiratory infection. Your child needs to be seen again if not improving in 10-14 days or sooner if their fever persists more than 72 hours, if not urinating every 6 hours, if vomiting or not tolerating fluids, having difficulty breathing, frequently waking at night or any concerns.

We recommend you see our website for more information on this topic by going the Medical Info tab then choose Infections then Common cold. The goals of treatment goals are to relieve your child's bothersome symptoms. The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as they can have serious and life threatening side effects. For your infant using 2-3 drops of



nasal saline then gentle suctioning with bulb syringe or nasal aspirator such as NoseFrida prior to feeds or sleeping and as needed would be beneficial to clear secretions. You may also use a cool mist humidifier in their room. If your child is fussy and develops fever above 100.4, you can give acetaminophen (Tylenol) or if is well hydrated can give ibuprofen (Advil). See website for medication dosing.

- Wheezing - Your child was seen today and found to be wheezing. Continue albuterol (either 2 puffs with inhaler and spacer or 1 vial in nebulizer) every 3-4 hours for next 48 hours, then every 6 hours for 2 days, then every 8 hours for 2 days, then twice a day for two days. Call if no improvement in 2-3 days, worsening cough, fever, cough returns after stopping albuterol or other concern. Follow up per your provider's instructions.

- Asthma exacerbation - Quick reliever: (albuterol) Give 2 puffs every 3-4 hours for the next 48 hours, then 2 puffs every 6 hours for 2 days, then every 8 hours for 2 days then twice a day for 2 days, then discontinue. Continue all maintenance medications per your asthma action plan. Call if cough is worsening, need for quick reliever more than every 2 to 3 hours, fever, coughing is causing vomiting, no improvement in 2 to 3 days, cough returns after stopping steroids and quick reliever or other concern. Follow up per your provider's instructions.

- Asthma exacerbation (severe) Quick reliever: (albuterol) Give 4 puffs every 2-3 hours today and overnight. Follow up tomorrow. Call if worsening cough, vomiting, poor fluid intake, severe shortness of breath or fatigue or other concern.

- Croup - Your child was seen today and diagnosed with croup which is caused by a virus. Treat symptomatically - Humidity to help loosen secretions, saline drops to each side of nose as needed with gentle nasal suctioning if needed. Increase fluids (warm), tylenol/motrin as needed. Please see website for tylenol/motrin dosing. Call if shortness of breath or difficulty breathing, vomiting, poor fluid intake, fever lasting longer than 72 hours, or other concern.

We recommend you see our website for more information on this topic and link to HealthyChildren.org and review AAP croup handout.

- add item

Followup

Referral

Number and Complexity of Problems Addressed

- LEVEL 2: 1 self - limited or minor problem



notes ▼

- LEVEL 3: 2 or more self - limited or minor problems; OR 1 stable chronic illness; OR 1 acute uncomplicated illness or injury OR 1 stable acute illness; OR 1 acute uncomplicated illness or injury requiring hospital inpatient or observation level of care

notes ▼

- LEVEL 4: 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; OR 2 or more stable chronic illnesses; OR 1 undiagnosed new problem with uncertain diagnosis; OR 1 acute illness with systemic symptoms; OR 1 acute complicated injury

notes ▼

- LEVEL 5: 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; OR 1 acute or chronic illness or injury that poses a threat to life or bodily function

notes ▼

- add item ▼

notes ▼

Amount and/or Complexity of Data

Select All

- LEVEL 2: Minimal or None

notes ▼

- LEVEL 3: ONE CATEGORY REQUIRED: CATEGORY 1: (2/3) 1. Review of prior external notes from each unique source 2. Ordering of each unique test or 3. Review of the results of each unique test OR CATEGORY 2: assessment requiring an independent historian

notes ▼

- LEVEL 4: ONE CATEGORY REQUIRED: CATEGORY 1: (3/4) 1. Review of prior external notes from each unique source 2. Ordering each unique test 3. Review of the results of each unique test 4. Assessment requiring an independent historian OR CATEGORY 2: independent interpretation of test performed by another MD/QHCP/ appropriate source (not separately reported) OR CATEGORY 3: Discussion of management or test interpretation with external MD/QHCP/appropriate source (not separately reported)

notes ▼

- LEVEL 5: TWO CATEGORIES REQUIRED: CATEGORY 1: (3/4) 1. Review of prior external notes from each unique source 2. Ordering of each unique test or 3. Review of the results of each unique test 4. Assessment requiring an independent historian OR CATEGORY 2: Independent interpretation of test performed by another MDQHCP (not separately reported) OR, CATEGORY 3: Discussion of management or test interpretation with external MD/QHCP/ appropriate source (no separately reported)

notes ▼

- add item ▼

notes ▼

Risk of morbidity from additional diagnostic testing/treatment


Select All

-
- LEVEL 2: Minimal Risk

-
- LEVEL 3: Low Risk

-
- LEVEL 4: Moderate risk-prescription drug management

-
- LEVEL 4: Moderate risk-dx or treatment significantly limited by SDoH

-
- LEVEL 4: Moderate risk-decision re: minor surgery w/identified pt or procedure risk factors

-
- LEVEL 4: Moderate risk-decision re: elective major surgery w/o identified pt or procedure risk factors

-
- LEVEL 5: High risk - drug therapy requiring intensive monitoring for toxicity

-
- LEVEL 5: High risk - decision re: hospitalization OR ESCALATION OF HOSPITAL LEVEL CARE

-
- LEVEL 5: High risk - decision re: emergency major surgery

-
- LEVEL 5: High risk - decision re: elective major surgery with identified pt. or procedure risk factors

-
- add item

Today's Total Time
Select All

-
- Pre - visit: reviewing notes, results, correspondence, reports, past records (note sources, dates)

-
- Visit: history from pts and others

-
- Visit: exam; discussion; counseling; education; planning



notes

Visit: ordering; referrals; documentation

notes

Visit: prescriptions; PA

notes

Post - visit: chart documentation

notes

Post - visit: care coordination

notes

Post - visit: independent interpretation of tests (not separately billed)

notes

Post - visit: reviewing and communication results

notes

Total time

notes

add item

notes

Visit Documents

Cosign Note

Select All

Cosign Attestation

notes

add item

notes



Navigational Anchors in TOPEKAKF Cough

1. Intake
2. History of Present Illness
3. Past Medical/Social/Family History
4. Immunizations
5. Physical Exam
6. Lab
7. Medical Procedures
8. Assessment Notes
9. Diagnoses
10. Plan
11. Patient Instructions - Sick
12. Followup Orders
13. Referral
14. Number and Complexity of Problems Addressed
15. Amount and/or Complexity of Data
16. Risk of morbidity from additional diagnostic testing/treatment
17. Today's Total Time
18. Prescriptions
19. Visit Documents