



Intake

Reminders (Chart-wide) No Saved Notes

Edit

Siblings (Chart-wide)

None

Independent Historian/Relationship

Primary Care Physician (Chart-wide) No Saved Notes

Edit

Chief Complaint

Vitals

Weight lbs oz

+

Temperature °F

+

Tympanic

More

Medications

Any allergies to medications? If so, which one?

Current Medications

Vitamins, herbal remedies, homeopathic remedies?

Pharmacy/Hospital of Choice

Kid's First History

Allergies to Medications

Any recurrent medical issues



Any significant family medical problems

notes

Hospitalizations

notes

Missing or Delayed Immunizations

notes

Receiving any Medical Care from a Specialist

notes

Serious Behavioral or Mental Health Issues

notes

Serious Illnesses or Medical Conditions

notes

Surgeries

notes

History of Present Illness Main

Length of time of symptoms?

notes

Are symptoms mild, moderate or severe?

notes

Are symptoms worsening, improving, staying the same?

notes

Worse at night or day?

notes

Waking at night?

notes

Location of pain?

notes

Is pain constant or intermittent?

notes

Vomiting? nonbilious or bilious?

notes



Frequency of vomiting?

notes

Diarrhea? nonbloody or bloody?

notes

Frequency of diarrhea?

notes

Is pain related to eating?

notes

What makes pain better?

notes

What makes pain worse?

notes

Is pain relieved by vomiting or bowel movement?

notes

What is consistency of stools?

notes

Frequent burping/food in back of the throat?

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

Family History (Chart-wide) No Saved Notes

Edit

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

fineprintLbI

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

Display: All Statuses ▼

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbI

Confidential Notes (Chart-wide) No Saved Notes

Edit

ROS

Make All:



Abn NL NA

- Constitutional (fever, chills, HA, body aches, dizziness, appetite, malaise, night sweats, disrupted sleep, fussiness)

notes
- ENT (runny nose/congestion, ear pain, pressure or fullness in ears or sinuses, mouth ulcers, sore throat, difficulty swallowing, change in taste perception)

notes
- Respiratory (cough-daytime/nighttime, chest pain, SOB, DOE, exposure to cigarette smoke, need to use asthma rescue med >2x/wk)

notes
- Gastrointestinal (abdominal pain, nausea, vomiting, diarrhea, stool pattern changes, blood in stool, feeding pattern)

notes
- Genitourinary (change in frequency, urgency, dysuria, enuresis, flank pain, testicular pain, vaginal irritation/discharge)

notes
- Integumentary (rash, lesion, eczema, acne)

notes
- Endocrine (cold intolerance, fatigue, constipation, polydypsia, polyuria)

notes
- Allergic (allergy to food, pollen, animal/insect, etc; eczema, followed by allergist/pulmonologist)

notes

Abn NL NA

notes

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

Immunization Consent

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.

Physical Exam

Make All:

ABN NL N/E

- Constitutional (3 or more Vital Signs; appearance)
- Eyes (inspection of conj,lids; exam of pupils, irises; ophthalm. exam)
- 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)
- Neck (exam of neck for masses, symmetry; exam of thyroid)
- Respiratory (resp effort; percussion; palpation; auscultation)
- Cardiovascular (palpation; auscultation; exam of carotid; abdom aorta; femoral pulses; pedal pulses)
- Abdomen (masses or tenderness; liver and spleen; hernia; anus, rectum, perineum; occult blood)
- Genitourinary (Male - scrotal contents; penis Female - exam of ext genitalia; urethra; bladder; cervix; uterus; adnexa)



notes

ABN NL N/E

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

notes

add item

notes

Medical Procedure

Order Venipuncture

Order select a medical procedure

Lab

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

Order Urine Dipstick (In House)

Order Urinalysis

Order Urine Culture

Order Stool Culture (shiga toxin, yersinia, salmonella, shigella)

Order Ova & Parasite w/ Giardia Antigen (Stool)

Order C. Difficile Toxin A and B, EIA

Order Stool leukocytes

Order Stool Rotavirus

Order Reducing Substances, Stool

Order Hemocult (In Office)

Order CBC with Diff/plt

Order CMP (Comprehensive Metabolic Panel)

Order CRP(C Reactive Protein)



Order ESR (Sed Rate)

Order select a lab

Medical Test

Order select a medical test

Radiology

Generate Requisition

Order KUB

Order Ultrasound Abdominal - Complete

Order select a radiology

Assessment

Select All

Vomiting and diarrhea, likely viral illness. No signs of acute abdomen. Well hydrated.

notes

Vomiting without signs of acute abdomen. No neurological findings. Well hydrated. Likely viral illness.

notes

Diarrhea, likely viral illness. Well hydrated.

notes

add item

notes

Assessment Notes

Diagnoses

Diarrhea

Refine the diagnosis of Diarrhea

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

Vomiting

Refine the diagnosis of Vomiting

Include on Patient Reports



notes

Add to Problem List Onset: Problem Note:

Constipation

Refine the diagnosis of Constipation

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Abdominal pain

Refine the diagnosis of Abdominal pain

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Gastroesophageal reflux disease

Refine the diagnosis of Gastroesophageal reflux disease

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Acute infective gastroenteritis

Refine the diagnosis of Acute infective gastroenteritis

Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

select diagnosis

notes

Plan

Select All

Encourage fluids

notes

Dietary changes:

notes

Probiotics daily.

notes



- Constipation management - may include Miralax, suppositories, dietary changes.

notes ▼

- GERD precautions.

notes ▼

- Call if worsening abdominal pain, bloody or bilious vomiting, blood in stool, poor fluid intake, or other concern.

notes ▼

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

notes ▼

- add item ▼

notes ▼

Followup

Order select a followup ▼

Patient Instructions - Sick

Select All

- Vomiting - Your child has been diagnosed with viral gastritis/"stomach virus."
 Treatment goals should focus on keeping your child comfortable and hydrated. In order to do this, please follow the instructions listed below:
 Make sure your child is taking enough fluids- small amounts, often of Pedialyte or other clear liquids. Avoid juices and other osmotic fluids.
 Once they are tolerating fluids, try giving bland diet. Advance diet as child is tolerating it.
 You may give your child acetaminophen or ibuprofen as needed for pain or fever. For dosing instructions, please refer to our website.
 Monitor patient closely for signs of dehydration or worsening abdominal symptoms.
 Your child may return to school or daycare when he/she has no more fever or vomiting for 24 hours, stools are less than 3/day, and is feeling well enough to participate in regular activities.
 Please call our office if your child is not improving in 24 to 48 hours, has uncontrollable fever, increased vomiting, worsening abdominal pain, refusal to take fluids, not voiding every 6-8 hours, or other concerns.
 For more information regarding stomach viruses, please refer to our handout your provider may have given you.

notes ▼

- Diarrhea - Your child has been diagnosed with viral enteritis/diarrhea.
 Treatment goals should focus on keeping your child comfortable and hydrated. In order to do this, please follow the instructions listed below:
 Make sure your child is taking enough fluids- small amounts, often of Pedialyte or other clear liquids. Avoid juices and other sugary fluids.
 Giving starchy solids like rice/carrots/bananas. Diarrhea recovery diet as discussed.
 Start a probiotic, for example florastor, bio gaia or culturelle, 1-2x/day while having diarrhea.
 You may give your child acetaminophen or ibuprofen as needed for pain or fever. For dosing instructions, please refer to our website.
 Your child may return to school or daycare when he/she has no more fever, stools are formed and less than 3/day, and is feeling well enough to participate in regular activities.
 Please call our office if your child is not improving in 48 to 72 hours, has uncontrollable fever or worsening abdominal pain, bloody stools, more than 6 stools per day, refusal to take fluids, or you have any other concerns.



For more information regarding stomach viruses, your provider may have given you a hand out.

- Gastroenteritis - Your child has been diagnosed with viral gastroenteritis/"stomach virus."
 Treatment goals should focus on keeping your child comfortable and hydrated. In order to do this, please follow the instructions listed below:
 Make sure your child is taking enough fluids- small amounts, often of Pedialyte (or other oral rehydration solutions) or other clear liquids. Avoid juices and other sugary beverages.
 Once they are keeping fluids down for 6 hours or more, begin small amounts of bland foods and increase as tolerated.
 Start a probiotic, for example, Lactobacillus reuterii, Lactobacillus acidophilus, Saccharomyces boulardii (Florastor, Culturelle and others) one to two times a day while having diarrhea. These are available over the counter.
 You may give your child acetaminophen or ibuprofen as needed for pain or fever. For dosing instructions, please refer to our website.
 Your child may return to school or daycare when he/she has no more fever or vomiting for 24 hours, stools are less than 3/day, and is feeling well enough to participate in regular activities.
 Please call our office if your child is not improving in 24 to 48 hours, has uncontrollable fever, increased vomiting, worsening abdominal pain, bloody stools, more than 6 stools per day, refusal to take fluids, or you have any other concerns.
 For more information regarding stomach viruses, your provider may have given you.

-
-

Referral

Number and Complexity of Problems Addressed

Select All

- LEVEL 2: 1 self - limited or minor problem
- 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
- 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
- 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



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

notes

- LEVEL 3: Low Risk

notes

- LEVEL 4: Moderate risk-prescription drug management

notes

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

notes

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



notes

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

notes

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

notes

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

notes

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

notes

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

notes

- add item

notes

Today's Total Time

Select All

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

notes

- Visit: history from pts and others

notes

- 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 Gastrointestinal

1. Intake
2. Medications
3. Kid's First History
4. History of Present Illness
5. Past Medical/Social/Family History
6. ROS
7. Immunizations
8. Physical Exam
9. Lab
10. Diagnoses
11. Referral
12. Number and Complexity of Problems Addressed
13. Amount and/or Complexity of Data
14. Risk of morbidity from additional diagnostic testing/treatment
15. Today's Total Time
16. Prescriptions
17. Visit Documents