



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

Vital Notes

Medications

Current Medications

Vitamins, herbal remedies, homeopathic remedies?

Any allergies to medications? If so, which one?

Pharmacy/Hospital of Choice

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop



Mark as Reviewed

fineprintLbl

Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

HPI

Past Medical/Social/Family History

Select All

Past Medical History

notes

Family History

notes

Social History

notes

add item

notes

ROS - Constitutional

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

Rpt Den N/A

Fever/Chills

notes

Whining or crankiness

notes

Not sleeping well

notes

Fatigue

notes

Headache

notes



Body aches

Dizziness

Loss of appetite

Rpt Den N/A

Malaise

Night sweats

Weight loss or gain

add item

ROS - Cardiovascular

Make All:

Rpt Den N/A

Chest Pain

Color change or sweating with feeding

Feeling dizzy during exercise

Dyspnea on exertion

Palpitations

add item



ROS - Musculoskeletal

Make All:

Rpt Den N/A

- Pain in joints with swelling and redness
 ▾
- Pain in joints but no visible swelling or redness
 ▾
- Muscle aches
 ▾
- Morning stiffness
 ▾
- Back pain
 ▾
- Recurrent sprains or dislocations
 ▾
- History of overuse injuries (pitcher or tennis elbow, shin splints)
 ▾
- add item
 ▾

ROS - Hematologic/Lymphatic/Immunologic

Make All:

Rpt Den N/A

- Easy bruising
 ▾
- Epistaxis
 ▾
- Prolonged bleeding after a cut or dental work
 ▾
- Family history of bleeding diathesis
 ▾



Family history of hyper-coagulation

notes

add item

notes

ROS - Neurologic

Make All:

Rpt Den N/A

Headaches increasing in severity or frequency

notes

Headaches that are worse in the morning

notes

Change in gait or coordination

notes

Change in language, academic, or work performance

notes

Change in short term memory

notes

Change in visual fields

notes

Double vision

notes

Fine motor difficulties

notes

Rpt Den N/A add item

notes

Lab

select a lab

Medical Procedure

Foreign Body Removal



- suture removal
- Laceration Repair - Dermabond
- Laceration Repair - Staples
- Laceration Repair - Sutures
- ▾

Radiology

- ▾

Followup

- Follow up as noted
- ▾

Physical Exam

Make All:

ABN NL N/E

- Constitutional (3 or more Vital Signs; appearance)
 ▾
- Chest/lungs
 ▾
- Cardiovascular
 ▾
- Skin
 ▾
- ▾
 ▾

Assessment

▾

Diagnoses

- Laceration - injury
 ▾

Include on Patient Reports



 Add to Problem List

 Onset:

 Problem Note:

Plan

Patient Instructions - Sick

- Stitches: Keep dry for 5 days. Do not pick at stitches or scabs. If stitches come out and wound is open or it has been less than 48 hours since stitches placed, close the wound with tape or butterfly band-aids. Depending on nature of the wound, see your health care provider or go to the nearest hospital emergency department.

- Steri-Strips: You can wash or shower with Steri-Strips in place. Clean the area with mild soap and water and gently pat dry with a clean towel or cloth. Do not pull, tug or rub Steri-Strips. The Steri-Strips will fall off on their own within two weeks. After two weeks, gently remove any remaining Steri-Strips. If the strips start to curl before it's time to remove them, you can trim them.

- Glue: Keep wound dry. A brief bath or shower after 28-48 hours maybe given but do not soap or scrub wound until fully healed. No swimming or soaking in bath for 7 days, do not let child rub, scratch or pick at the glue or wound. If the adhesive tape have been applied over the flue, allow them to fall off naturally. Do not pick them off. The glue may take up to Three weeks to completely fall off the wound.

- Staples: keep area dry for 24-48 hours after staples are placed. Then, you can start to gently wash around the staple site 1-2 times daily. Wash with cool water and soap. Dab dry, do not rub. If there is a bandage over the staples, replace it with a new clean bandage and antibiotic treatment as directed by your provider, if applicable.

- Protect wound from the sun by keeping it covered. To prevent the scar from darkening, use sunscreen on the healed wound for at least 12 months.

- All wounds will leave a scar. Initially the scar may be red or purple in color and will fade to light pink, white or nearly invisible over time. This may take up to a year. Vitamin E or other over the counter scar creams such as Mederma are available to help with scaring.

- Tylenol or ibuprofen can be given for pain



notes

add item

notes

Number and Complexity of Problems Addressed

Select All

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

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

- add item
notes



Navigational Anchors in TOPEKAKF Laceration

1. Intake
2. Medication History
3. Problem List
4. HPI
5. Past Medical/Social/Family History
6. ROS - Constitutional
7. ROS - Cardiovascular
8. ROS - Musculoskeletal
9. ROS - Hematologic/Lymphatic/Immunologic
10. ROS - Neurologic
11. Lab Orders
12. Medical Procedure Orders
13. Followup Orders
14. Physical Exam
15. Diagnoses
16. Patient Instructions - Sick
17. Number and Complexity of Problems Addressed
18. Amount and/or Complexity of Data
19. Risk of morbidity from additional diagnostic testing/treatment
20. Today's Total Time
21. Visit Documents
22. Prescriptions