



**Intake**

**Reminders (Chart-wide)** No Saved Notes

Edit

**Siblings (Chart-wide)**

None

**Growth Charts**

Growth Charts are not available when patient's sex is unknown.

**Independent Historian/Relationship**

**Primary Care Physician (Chart-wide)** No Saved Notes

Edit

**Chief Complaint**

**Medications**

Any allergies to medications? If so, which one?

**Current Medications**

Vitamins, herbal remedies, homeopathic remedies?

Pharmacy/Hospital of Choice

**Vitals**

Height  in

Length  in

Weight  lbs  oz

BMI

Temperature  °F

Tympanic

Pulse  bpm



Blood Pressure  s /  d +

Unspecified Location ▾

Sitting ▾

Respiratory Rate  bpm +

More

**Vital Notes**

▾

**Kid's First History**

Allergies to Medications

notes ▾

Any recurrent medical issues

notes ▾

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**

Rhinorrhea and/or congestion?

notes ▾

Length of time of symptoms?

notes ▾



Are symptoms mild, moderate or severe?

notes [dropdown arrow]

Worse at night or day?

notes [dropdown arrow]

Waking at night?

notes [dropdown arrow]

Are symptoms worsening, improving, staying the same?

notes [dropdown arrow]

Associated sore throat?

notes [dropdown arrow]

Ear ache?

notes [dropdown arrow]

Any medications used and response to medications?

notes [dropdown arrow]

Other associated signs and symptoms?

notes [dropdown arrow]

**HPI**

[Empty text box]

**Past Medical/Social/Family History**

Select All

Past Medical History

notes [dropdown arrow]

Family History

notes [dropdown arrow]

Social History

notes [dropdown arrow]

add item

notes [dropdown arrow]

**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

notes

Body aches

notes

Headache

notes

Not sleeping well

notes

Whining or crankiness



notes

add item

notes

**ROS - Eyes**

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

Rpt Den N/A

Red eyes or eye drainage

notes

Pain in or around eye

notes

add item

notes

**ROS - ENT**

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

Rpt Den N/A

Runny nose and or nasal congestion

notes

Ear pain

notes

Difficulty swallowing

notes

Sore throat

notes

Mouth ulcers

notes

Pressure or fullness in ears/sinuses

notes

add item

notes



### ROS - Respiratory

Make All:

Rpt Den N/A

- Cough - Daytime
- Cough - Nighttime disturbing sleep
- Wheezing or difficulty breathing
- Needs to use asthma rescue meds more than twice a week
- Chest pain
- add item

### ROS - Gastrointestinal

Make All:

Rpt Den N/A

- Decreased appetite
- Abdominal pain
- Diarrhea
- Vomiting
- add item

### ROS - Integumentary



Make All:  Rpt  Den  N/A

Rpt Den N/A

Rashes or dry skin

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

Lymphatic (palp of nodes in TWO or more: neck, axillae, groin, other)

notes

add item

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

Select Vaccine Lots

Order

Refuse

#### Immunization Consent

Select All

#### Lab

Print Labels

Generate Requisition

Sars COVID-19 Rapid QuickVue (In House)

Rapid Flu A&B

COVID PCR (Stormont Vail)

SARS-CoV-2 RNA (COVID-19)

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

SARS Covid antibody

#### Radiology

Generate Requisition





Order select a radiology

Medical Procedure

- Order Pulse Oximetry
- Order Medication - Albuterol 0.083% in 3 mL NaCl - 2.5 mg/vial
- Order Medication - Albuterol MDI (2 puffs)
- Order Medication - Prednisolone (15 mg / 5 mL)
- 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 select a medical test

Assessment

- Select All
- URI, no evidence of bacterial infection or LRTI
  - notes
- add item
  - notes

Referral

Order select a referral

Followup

Order select a followup

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:

Fever

Refine the diagnosis of Fever

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:

Acute COVID-19

Refine the diagnosis of Acute COVID-19

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:

Upper respiratory infection

Refine the diagnosis of Upper respiratory infection

Include on Patient Reports

notes

Add to Problem List    Onset:     Problem Note:



Allergic rhinitis  
 Refine the diagnosis of Allergic rhinitis  
 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:

Acute bacterial sinusitis  
 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:

Bronchiolitis  
 Refine the diagnosis of Bronchiolitis  
 Include on Patient Reports  
 notes  
 Add to Problem List    Onset:     Problem Note:

Pneumonia  
 Refine the diagnosis of Pneumonia  
 Include on Patient Reports  
 notes  
 Add to Problem List    Onset:     Problem Note:

Influenza  
 Refine the diagnosis of Influenza  
 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 ▼

Encourage fluids  
notes ▼

add item ▼  
notes ▼

**Patient Instructions - Sick**

**Select All**

URI under 2 months - Your child has been diagnosed with an upper respiratory infection or a viral infection of the nose and throat. Viral URIs often cause cough, congestion, fussiness, poor sleep and fever for 3-5 days. Due to age, if your child develops a fever of 100.4F you should call the office or present to the emergency room immediately. There is no medication to make viral infections go away more quickly. Care for your child by placing nasal saline in their nostrils, using a nose Frida or similar device to suck out their mucous especially before sleep or feeds, run a cool mist humidifier in their room, and encourage frequent feeds to remain hydrated. If your child is refusing breast milk or formula, they may have PediaLyte for hydration, but do not give plain water. If your child has fewer than 3 wet diapers in 24 hours or has increased difficulty breathing and you notice their skin pulling in between their ribs with each breath, please call the office immediately. If your child becomes so tired that you cannot wake them and they do not respond appropriately, please take them to the ER immediately.  
notes ▼

URI 2-6 months - Your child has been diagnosed with an upper respiratory infection or a viral infection of the nose and throat. Viral URIs often cause cough, congestion, fussiness, poor sleep and fever for 3-5 days. There is no medication to make viral infections go away more quickly. Care for your child by using nasal saline in their nostrils, using a nose Frida or similar device to suck out their mucous especially before sleep or feeds, run a cool mist humidifier in their room, and encourage frequent feeds to remain hydrated. If your child is refusing breast milk or formula, they may have PediaLyte for hydration, but do not give plain water. If your child has fewer than 3 wet diapers in 24 hours or has increased difficulty breathing and you notice their skin pulling in between their ribs with each breath, please call the office immediately. If your child becomes so tired that you cannot wake them and they do not respond appropriately, please take them to the ER immediately.  
notes ▼

URI 6m-2y - your child was diagnosed with an upper respiratory infection or a viral infection of the nose and throat. Viral URIs often cause cough, congestion, fussiness, poor sleep, and fever for 3-5 days. There is no medication to make viral infections go away more quickly. Care for your child by placing nasal saline in their nostrils, using a nose Frida or similar device to suck out their mucous especially before sleep and feeds, run a cool mist humidifier in their room, give Tylenol or Ibuprofen as needed for fever or discomfort, and encourage





them to drink lots of fluids to remain hydrated. We do not recommend over the counter cough medications, but if your child is over 1 year of age, they may have honey to treat cough. If your child has fewer than 3 wet diapers in 24 hours or has increased difficulty breathing and you notice their skin pulling in between their ribs with each breath, please call the office immediately. If your child becomes so tired that you cannot wake them and they do not respond appropriately, please take them to the ER immediately. If your child has a fever of greater than 100.4F for more than 5 days in a row, they need to be seen again, even if they have already been seen during this illness.

notes ▼

- URI 2-5 years - your child was diagnosed with an upper respiratory infection or a viral infection of the nose and throat. Viral URIs often cause cough, congestion, fussiness, poor sleep, and fever for 3-5 days. There is no medication to make viral infections go away more quickly. Care for your child by using nasal saline spray to loosen their mucous and help them blow more effectively, run a cool mist humidifier in their room, give Tylenol or ibuprofen as needed for fever and discomfort, and encourage them to drink lots of fluids to remain hydrated. We do not recommend over the counter cough medications, but your child may have honey to treat cough. If your child pees fewer than 3 times in 24 hours or has increased difficulty breathing and you notice their skin pulling in between their ribs with each breath, please call the office immediately. If your child becomes so tired that you cannot wake them and they do not respond appropriately, please take them to the ER immediately. If your child has a fever of greater than 100.4F for more than 5 days in a row, they need to be seen again, even if they have already been seen during this illness.

notes ▼

- URI 6 and up - Your child has been diagnosed with an upper respiratory infection or a viral infection of the nose and throat. Viral URIs often cause cough, congestion, fussiness, poor sleep and fever for 3-5 days. There is no medication to make viral infections go away more quickly. Care for your child by using nasal saline spray to loosen their nostrils to loosen their mucous and help them blow more effectively, run a cool mist humidifier in their room, give Tylenol or ibuprofen as needed for fever and discomfort, and encourage them to drink lots of fluids to remain hydrated. Some of the over the counter cough and cold medications are labeled for this age group. If you choose to use these products, please use them according to the instructions on the box and do not use two products together that have any of the same active ingredients. Do not use any products that have aspirin or other salicylates in them. Many parents and children find that plain honey is more effective for their cough than over the counter remedies. If your child pees fewer than 3 times in 24 hours or has increased difficulty breathing and you notice their skin pulling in between their ribs with each breath, please call us immediately. If your child becomes so tired that you cannot wake them and they do not respond appropriately, please take them to the ER immediately.

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 ▼





- Sinusitis - Your child was seen and diagnosed with sinus infection. The goals of treatment are to relieve your child's bothersome symptoms and the most helpful will be starting or continuing nasal saline suction/rinses at least 4 times a day and as needed for congestion. .  
The American Academy of Pediatrics does not recommend the use of cough and cold medications for children under 6 years of age as can have serious and life threatening side effects.  
Use of tylenol or motrin as needed for pain/fever can be used.  
Start antibiotic and complete as prescribed. Ensure your child is drinking plenty of fluids.  
Call if no improvement in the next 48 hours or if noted to be vomiting, not tolerating fluids or antibiotic, worsening cough, fever or any concerns.

- 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.

- 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](http://HealthyChildren.org) and review AAP croup handout.

- Your child has been seen today and diagnosed with bronchiolitis. Bronchiolitis is a viral infection of the respiratory tract. Treatment consist of good supportive care and close monitoring. A cool mist humidifier can be helpful to loosen mucous and relieve cough & congestion and nasal aspiration with saline nose drops, especially before feedings and sleep. Your child may want smaller more frequent feedings. If your child is retracting (pulling in at the ribs to breathe), wheezing (whistling sound from the mouth), or not staying hydrated (urinating every 8 hours) he/she needs to be seen. If your child has a fever for more than 5 days, new or worsening symptoms, or you are concerned, please follow up.

- Your child has been referred to the Outpatient Bronchiolitis Clinic. Your child will be assessed by the respiratory therapist, and their nose will be cleared of mucus using suctioning and saline. If the respiratory therapist has any concerns about your child's respiratory condition, the pediatric hospitalist will be notified. Nasal suctioning can be helpful in preventing hospitalizations or re-hospitalizations. Please follow the written instructions given to you today at your appointment.

- add item

### 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

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 URI**

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