



### Intake

Next Visit (Chart-wide) No Saved Notes

Edit

### Screening

- Asthma Trigger Exposure Questionnaire
- Environmental Triggers and Smoke Exposure Questionnaire
- Asthma: Childhood Asthma Control Test for Children 4-11 years (ACT 4-11)
- Asthma: Asthma Control Test for People 12 years and Older (ACT 12+)
- 

### Informant/Relationship

### Vitals

- Temperature  °F
- Weight  lbs  oz
- Length  in
- Height  in
- BMI
- Blood Pressure  s /  d
- Pulse  bpm
- O<sub>2</sub> Saturation  %
- Respiratory Rate  bpm

More

### Vital Notes

### Growth Charts

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

### Chief Complaint



### 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

### Current Medications

### Past, Social, Family History

#### Problem List (Chart-wide)

Display: All Statuses

Edit

Status	Problem	Problem Note	Onset	Resolved

#### Past 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

#### ► Confidential Notes (Chart-wide) No Saved Notes

Edit

### HPI

### D2C ROS Allergy/Immunology

Make All:

Yes No N/A



- Runny nose**  
notes
- Dry eczema rashes**  
notes
- Food allergies; if yes: type of food, reaction**  
notes
- Hives or rashes that itch**  
notes
- Sensitivity to chemicals, dyes, additives**  
notes
- Allergy to insect bites: if yes: type of insect, reaction**  
notes
- Allergic reactions: if yes: type, severity**  
notes
- Sneezing**  
notes

Yes No N/A

- Coughing or Wheezing**  
notes
- Vomiting or abdominal pain/bloating after eating**  
notes
- History of Asthma, Allergies, Eczema (triad)**  
notes
- Seasonal allergies: if yes; which season, reaction**  
notes
- Indoor allergies: dust, molds**  
notes
- Outdoor allergies: trees, grass, insects, ragweed**  
notes
- Hives or swelling**  
notes



add item

notes

## D2C ROS Respiratory

Make All:

Yes No N/A

Cough with activity

Breathing fast

Wheezing

Sneezing often

Dry cough or throat clearing

Coughing up sputum that is yellow, green, thick

Cough at night

Snoring with sleep

Yes No N/A

Barking cough

Turning blue around lips or face

Loss of voice

Productive phlegm with cough

Shortness of breath



notes

Coughing frequently

notes

Hoarse voice

notes

High-pitched noises with breathing

notes

Yes No N/A

Choking/gagging sounds with saliva or food

notes

add item

notes

### Review of Systems by system

Make All: **Abn** **NL** **N/A**

Abn NL N/A

Constitutional

notes

Allergic/Immunologic

notes

HEENT

notes

Lymphatic

notes

Respiratory

notes

Cardiovascular

notes

Gastrointestinal

notes

Skin



notes

Abn NL N/A

add item

notes

### Physical Exam

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

ABN NL N/E

General Appearance

notes

Head

notes

Eyes

notes

Ears

notes

Nose

notes

Oropharynx

notes

Neck

notes

Chest

notes

ABN NL N/E

Cardiovascular

notes

Lungs

notes

Abdomen

notes

Genitourinary



notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

Extremities

notes

ABN NL N/E

Psychiatric

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 02/27/25

Eligibility Status: select an eligibility status

#### Immunization Orders

Select Vaccine Lots

Order

Refuse

select an immunization

#### Immunization Consent

Select All

I personally provided parent education about immunizations and the appropriate CDC VIS was provided for each



vaccine. Parent was counseled about the risks and benefits of each antigen administered. Verbal consent was obtained for each of the vaccines given.

notes

add item

notes

### Lab

Print Labels

Generate Requisition

**Order** Spirometry (in office)

**Order** Food allergy w/ reflex SEND OUT

**Order** Allergy Panel Reg 3 SEND OUT

**Order** CBC with Diff SEND OUT

**Order** CRP inflammatory SEND OUT

**Order** Sed rate SEND OUT

**Order** select a lab

### Medical Procedure

**Order** Asthma action plan

**Order** Pulse Oximetry

**Order** Asthma/MDI/NEB teaching

**Order** Nebulizer Education/Teaching

**Order** Pulse oximetry Pre-treatment

**Order** Nebulizer, Inhalation Tx - Albuterol 2.5 mg

**Order** Nebulizer, Inhalation Tx - Atrovent

**Order** Nebulizer treatment (Racemic Epinephrine), Initial

**Order** Nebulizer treatment (albuterol), Repeat

**Order** Nebulizer, Repeat Tx - Atrovent

**Order** Pulse oximetry Post- treatment

**Order** Medication - Prednisolone (15 mg / 5 mL)

**Order** Medication- Dexamethasone

**Order** Medication - Diphenhydramine (12.5mg/5ml)





Order select a medical procedure

Medical Test

Order Childhood Asthma Control Test (4-11 years)

Order Asthma Control Test (12 years and older)

Order select a medical test

Injection

Order select an injection

Radiology

Generate Requisition

Order CXR, AP/lat

Order select a radiology

Diagnoses

Mild intermittent asthma

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Mild persistent asthma

Refine the diagnosis of Mild persistent asthma

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Moderate persistent asthma

Refine the diagnosis of Moderate persistent asthma

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Severe persistent asthma

Refine the diagnosis of Severe persistent asthma

Include on Patient Reports

notes

Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

Exacerbation of intermittent asthma



 Include on Patient Reports

 Add to Problem List

 Onset: 

 Problem Note: 
 Exacerbation of mild persistent asthma

 Include on Patient Reports

 Add to Problem List

 Onset: 

 Problem Note: 
 Exacerbation of moderate persistent asthma

 Include on Patient Reports

 Add to Problem List

 Onset: 

 Problem Note: 
 Exacerbation of severe persistent asthma

 Include on Patient Reports

 Add to Problem List

 Onset: 

 Problem Note: 
 select diagnosis

## D2C Plan Asthma

 Discussed Asthma causes and physiology in detail

 Discussed relationship between asthma, allergies, and eczema - atopic march/allergic triad

 Gave printed education handouts on asthma

 Reviewed asthma triggers including environmental, food, exercise and emotions



- Reviewed signs and symptoms of worsening asthma and advised to follow up for these concerns  
notes
- Reviewed asthma control test responses and score  
notes
- Reviewed spirometry (lung function test) results in detail  
notes
- Reviewed the difference between preventative and rescue medications for asthma  
notes
- Discussed need for use of bronchodilator 15 minutes prior to exercise  
notes
- Discussed and stressed the importance of daily preventative inhaler in asthma control  
notes
- Reviewed and gave printed copy of Asthma action plan for home and school management of asthma  
notes
- Discussed chronic care management of asthma and importance of asthma care visits at least every 2-3 months  
notes
- Administered breathing treatment in office and after treatment exam showed improvement  
notes
- Education on use of nebulizer for breathing treatments  
notes
- Education on use of MDI with inhaler to allow deeper dispersion of medication  
notes
- Education on use of peak flow meter  
notes
- Discussed need for further evaluation of allergies and triggers for asthma with allergen response testing  
notes
- Explained the methods of testing for allergies including IgE and skin allergen response testing  
notes
- Discussed family history of allergies and asthma in detail  
notes
- Referral to pulmonologist



notes

Referral to Allergy/Asthma/Immunology specialist for further management

notes

add item

notes

**Plan Notes**

**Forms**

select a form

**Followup**

**Order** Follow up if symptoms are not improving

**Order** Follow up in 1 week

**Order** Follow up in 2 weeks

**Order** Follow up in 1 month

**Order** Follow up in 3 months

**Order** select a followup

**Referral**

**Order** select a referral

**Care Plan (Chart-wide)**

**Print** Display: All Statuses **Edit**

No Interventions

**Care Coordination and Care Plan Management**

**Asthma Care (ARRA)**

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

notes

**Visit Documents**



## Navigational Anchors in D2C Asthma

1. Intake
2. Screening
3. Growth Charts
4. Past, Social, Family History
5. Medical History
6. HPI
7. D2C ROS Allergy/Immunology
8. D2C ROS Respiratory
9. Physical Exam
10. Immunizations
11. Lab
12. Medical Procedures
13. Medical Test Orders
14. Injection Orders
15. Radiology
16. Diagnoses
17. Prescriptions
18. D2C Plan Asthma
19. Forms
20. Followup Orders
21. Referral
22. Visit Documents