



Intake

Next Visit (Chart-wide) No Saved Notes

Edit

Next Visit Reason (Chart-wide) No Saved Notes

Edit

Screening

Order

Informant/Relationship

Vitals

Temperature	<input type="text"/>	°F	<input type="button" value="+"/>
	Tympanic		<input type="button" value="v"/>
Weight	<input type="text"/>	lbs <input type="text"/>	oz <input type="button" value="+"/>
Length	<input type="text"/>	in	<input type="button" value="+"/>
Head Circumference	<input type="text"/>	cm	<input type="button" value="+"/>
Pulse	<input type="text"/>	bpm	<input type="button" value="+"/>
Respiratory Rate	<input type="text"/>	bpm	<input type="button" value="+"/>
O ₂ Saturation	<input type="text"/>	%	<input type="button" value="+"/>

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

Family Medical History (Chart-wide)

Edit

Condition	Relationship	Note

Social History (Chart-wide) No Saved Notes

Edit

► Confidential Notes (Chart-wide) No Saved Notes

Edit

HPI

D2C ROS Skin

Make All: Yes No N/A

Yes No N/A

Birthmarks

 ▾

Acne; if yes: location, appearance, duration

 ▾

Scalp flaking or scaling



notes

- Moles; changes in appearance, border, color, dimension

notes

- Pigmentation changes

notes

- Redness of skin/erythema

notes

- Dryness and scaling of skin

notes

- Itchiness of skin/pruritus

notes

Yes No N/A

- Skin peeling/desquamation

notes

- Maculopapular rash (red spots and bumps)

notes

- Papular rash/bumps on skin; if yes: color, distribution, appearance

notes

- Petechiae (non-blanching reddish purple spots on skin)

notes

- Circular rash: if yes: appearance, location, duration

notes

- Pustules; abscess; bullae?

notes

- Blisters, vesicles; draining?

notes

- Bruises, ecchymoses; if yes: location, appearance, number

notes

Yes No N/A

- Rash associated with food

notes

- Rash associated with skin care agents, detergents, chemicals



notes

add item

notes

Review of Systems by system

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

Abn NL N/A

Allergic/Immunologic

notes

Constitutional

notes

Eyes

notes

Ears, Nose, Mouth, Throat

notes

Cardiovascular

notes

Respiratory

notes

Endocrine

notes

Gastrointestinal

notes

Abn NL N/A

Genitourinary

notes

Lymphatic

notes

Integumentary

notes

Musculoskeletal

notes



- Neurologic**
notes
- Psychiatric**
notes
- 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
- Lungs**
notes

ABN NL N/E

- Chest**
notes
- Cardiovascular**
notes
- Abdomen**



notes

Genitourinary

notes

Musculoskeletal

notes

Neurologic

notes

Skin

notes

Extremities

notes

ABN NL N/E

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 03/03/25

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

select a lab

Medical Procedure

Umbilical Cauterization

select a medical procedure

Medical Test

select a medical test

Injection

select an injection

Radiology

select a radiology

Diagnoses

Neonatal acne Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Neonatal physiological scaling Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Neonatal acrocyanosis Include on Patient Reports

notes

Add to Problem List Onset: Problem Note:

Congenital pigmented melanocytic nevus

Include on Patient Reports



notes

Add to Problem List

Onset:

Problem Note:

Infantile acne

Refine the diagnosis of Infantile acne

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Infantile miliaria

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Miliaria crystallina

Refine the diagnosis of Miliaria crystallina

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Miliaria pustulosa

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Miliaria rubra, infantile

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Neonatal cutis marmorata

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

Seborrheic dermatitis

Refine the diagnosis of Seborrheic dermatitis

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:


 Seborrheic dermatitis of scalp

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 Epidermal nevus

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 Neonatal erythroderma

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 Hemangioma of skin

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 Transient neonatal pustulosis

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 Multiple benign melanocytic nevi

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 select diagnosis

D2C Plan Infant Rash

 Discussed common skin rashes and skin conditions in newborns and infants



notes

- Discussed importance of gentle unscented skin care with organic coconut oil or organic shea butter based skin products

notes

- Try to use dye-free and fragrance free laundry detergents for baby's clothes and crib bedding

notes

- Gave samples and coupons for unscented gentle skin care products for baby

notes

- Dry, peeling skin can be seen in almost all normal babies, but is especially noticeable in babies born a little late. The underlying skin is perfectly normal, soft, and moist

notes

- Erythema toxicum – also called erythema toxicum neonatorum (ETN) or toxic erythema of the newborn – is a common (not toxic) rash seen in full-term newborns. It usually appears in the first few days after birth and fades within a week.

notes

- Mongolian blue spots, also known as slate gray nevi, are a type of pigmented birthmark. They're formally called congenital dermal melanocytosis.

These marks are flat and blue-gray. They typically appear on the buttocks or lower back, but may also be found on the arms or legs. They're generally present at birth or develop soon after.

These birthmarks are noncancerous and present no health danger. There's no recommended treatment for Mongolian blue spots. They usually fade in childhood

notes

- Milia are tiny white bumps that appear across a baby's nose, chin or cheeks. Milia are common in newborns but can occur at any age. You can't prevent milia. And no treatment is needed because they usually disappear on their own in a few weeks or months

notes

- Salmon patches (called a "stork bite" at the back of the neck or an "angel's kiss" between the eyes) are simple nests of blood vessels (probably caused by maternal hormones) that fade on their own after a few weeks or months. Occasionally, stork bites never go away.

notes

- Pink pimples ('neonatal acne') are sometimes thought to be caused by exposure in the womb to maternal hormones. No treatment is needed, just time. They can last for weeks or even months on a baby's skin

notes

- Baby acne is different from infantile acne in that open comedones, or blackheads, don't usually appear in baby acne. These symptoms are common in infantile acne. Infantile acne may also appear as cysts or nodules. In rare cases, it can leave scars without treatment

notes



- Seborrheic dermatitis is believed to be a combination of factors including genes, yeast that lives naturally on the skin, stress, chemical irritants and/or dry, cold weather that causes the skin to overproduce oil. In infants, it is triggered in part by hormones from the mother.



- Discussed neonatal pustular melanosis and appearance of pustules on skin on face, trunk, neck and extremities and reassured that the condition will resolve and is not dangerous and needs no specific treatment



- Discussed acrocyanosis and peripheral vascular changes that are common in babies and the bluish appearance of fingers and toes in the newborn period, also how it differs from central cyanosis



- Prickly heat looks like small red bumps, mostly on areas of your baby's body that tend to overheat and sweat, like the neck, diaper area, and armpits. The treatment is to try to keep the area dry and avoid overheating by dressing him in loose-fitting clothing



- A fungal infection(candidiasis) can show up in different ways on your baby. On the tongue, it is called thrush and looks like dried milk, which, unlike milk, cannot be scraped off. In the diaper area, candidiasis looks like an intense red rash, often with smaller bumps around the edges. A fungal infection loves moist, dark areas, so you'll find redness due to it in the creases of the neck, underarms and groin (intertrigo). Candidiasis is treated with antifungal oral gel or liquid medicine (for oral thrush) or antifungal cream (for the diaper area), or both



- Superficial hemangiomas, or cutaneous ("in-the-skin") hemangiomas, grow on the skin surface. They're also called strawberry hemangiomas or strawberry marks because of their bumpy red appearance.



- Deep hemangiomas grow under the skin, making it bulge, often with a blue or purple tint. Deep hemangiomas are also called subcutaneous ("under the skin") hemangiomas.



- Most infantile hemangiomas grow larger for several months, then shrink slowly. They usually grow the fastest within the first 3 months. Shrinking may start in the later part of the first year and continue until a child is age 7 or older. Infantile hemangiomas often shrink (or involute) to the point that they're no longer noticeable.



- Small red or purplish dots over the body ("petechiae") can be caused by a viral infection or a potentially very serious bacterial infection. These will not lighten with pressure. Any infant with possible petechiae should be evaluated by a doctor immediately



- Fluid-filled blisters (especially ones with opaque, yellowish fluid) can indicate a serious infection, like a bacterial infection or herpes



- Follow up for any lack of improvement or worsening of rashes





add item ▼

notes ▼

Plan Notes

Forms

select a form ▼

Followup

Follow up if symptoms are not improving

Follow up in 2 weeks

Follow up in 1 month

select a followup ▼

Referral

select a referral ▼

Care Plan (Chart-wide)

Display:

No Interventions

Care Coordination and Care Plan Management

Visit Documents



Navigational Anchors in D2C Infant Rash

1. Intake
2. Screening
3. Growth Charts
4. Past, Social, Family History
5. Medical History
6. HPI
7. D2C ROS Skin
8. Review of Systems
9. Physical Exam
10. Immunizations
11. Lab
12. Medical Procedures
13. Injection Orders
14. Radiology
15. Diagnoses
16. Prescriptions
17. D2C Plan Infant Rash
18. Forms
19. Followup Orders
20. Referral
21. Visit Documents