

Intake**Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**Height in [+](#)Length in [+](#)Weight lbs oz [+](#)

BMI

Temperature °F [+](#)Temporal Pulse bpm [+](#)Blood Pressure s / d [+](#)Unspecified Location Sitting Respiratory Rate bpm [+](#)[+ More](#)**Vital Notes****Chief Complaint****Past, Social, Family History****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

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

► Confidential Notes (Chart-wide) No Saved Notes[Edit](#)**HPI****D2CP ROS Constitutional**Make All: [Yes](#) [No](#) [N/A](#)

Yes No N/A

☐ ☐ ☐ Fever
 ▾
☐ ☐ ☐ Chills
 ▾
☐ ☐ ☐ Feeling ill, sick
 ▾
☐ ☐ ☐ Fatigue/tiredness
 ▾
☐ ☐ ☐ Changes in appetite
 ▾
☐ ☐ ☐ add item
 ▾

D2CP ROS NoseMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clear nasal discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cloudy nasal discharge	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of smell	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stuffy nose	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

D2CP ROS Allergy/ImmunologyMake All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coughing or Wheezing	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting or abdominal pain/bloating after eating	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of Asthma, Allergies, Eczema (triad)	<input type="text" value="notes"/>	▼

☐ ☐ ☐ Seasonal allergies: if yes; which season, reaction

notes



☐ ☐ ☐ Indoor allergies: dust, molds

notes



☐ ☐ ☐ Outdoor allergies: trees, grass, insects, ragweed

notes



Yes No N/A

☐ ☐ ☐ Hives or swelling

notes



☐ ☐ ☐ add item



notes



D2CP ROS Mouth

Make All:

Yes No N/A

☐ ☐ ☐ Sore throat

notes



☐ ☐ ☐ Scratchy throat

notes



☐ ☐ ☐ Loss of taste

notes



☐ ☐ ☐ Oral ulcers

notes



☐ ☐ ☐ Trouble swallowing

notes



☐ ☐ ☐ Hoarse voice

notes



☐ ☐ ☐ Halitosis/Bad odor from mouth

notes



☐ ☐ ☐ Swollen tongue

notes



Yes No N/A

☐ ☐ ☐

D2CP ROS Neck

Make All:

Yes No N/A

☐ ☐ ☐

Neck Pain

☐ ☐ ☐

Cyst or lump felt on neck

☐ ☐ ☐

Swelling of glands in neck

☐ ☐ ☐



D2CP ROS Respiratory

Make All:

Yes No N/A

☐ ☐ ☐

Barking cough

☐ ☐ ☐

Turning blue around lips or face

☐ ☐ ☐

Snoring with sleep

☐ ☐ ☐

Loss of voice

☐ ☐ ☐

Coughing up sputum that is yellow, green, thick

☐ ☐ ☐

Cough with activity

☐ ☐ ☐

Dry cough or throat clearing

notes

☐ ☐ ☐ Productive phlegm with cough

notes

Yes No N/A

☐ ☐ ☐ Shortness of breath

notes

☐ ☐ ☐ Coughing frequently

notes

☐ ☐ ☐ Cough at night

notes

☐ ☐ ☐ Hoarse voice

notes

☐ ☐ ☐ High-pitched noises with breathing

notes

☐ ☐ ☐ Breathing fast

notes

☐ ☐ ☐ Choking/gagging sounds with saliva or food

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

Vaccine Record

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](#)

	Immunization forecasting results and warnings provided by IMMUCAST™
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▼ Vaccines For Children**Insurance and Race** as of 10/21/20Eligibility Status: **Immunization Orders**[Select Vaccine Lots](#)[Order](#)[Refuse](#)**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.

- ☐ add item

Lab[Generate Requisition](#)[Order](#) Allergy Panel Reg 3 SEND OUT[Order](#) Immunoglobulin A SEND OUT[Order](#) Immunoglobulin E SEND OUT[Order](#) Immunoglobulin G SEND OUT[Order](#) IGG Subclass panel[Order](#) **Medical Procedure**[Order](#) **Medical Test**[Order](#)

Injection

Order	<input type="text" value="select an injection"/>	▼
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Screening

Order	<input type="text" value="select a screening"/>	▼
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Radiology[Generate Requisition](#)

Order	<input type="text" value="select a radiology"/>	▼
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Diagnoses☐ Seasonal allergic rhinitis☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Allergic urticaria☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note: ☐ Allergic disorder☒ Include on Patient Reports☐ Add to Allergies listOnset: Allergy Reaction: ☐ Allergic reaction caused by peanut☒ Include on Patient Reports☐ Add to Allergies listOnset: Allergy Reaction: ☐ Allergic reaction to bee sting☒ Include on Patient Reports☐ Add to Problem ListOnset: Problem Note:

☐ Allergic reaction caused by penicillin

Refine the diagnosis of Allergic reaction caused by penicillin

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Allergic reaction caused by tree nut

Refine the diagnosis of Allergic reaction caused by tree nut

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Allergic rhinitis due to pollen

Refine the diagnosis of Allergic rhinitis due to pollen

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset:

Problem Note:

☐ Intermittent asthma co-occurrent with allergic rhinitis

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Allergic rhinitis due to animal hair and dander

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Mild persistent asthma co-occurrent with allergic rhinitis

Refine the diagnosis of Mild persistent asthma co-occurrent with allergic rhinitis

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Allergic conjunctivitis of bilateral eyes

Refine the diagnosis of Allergic conjunctivitis of bilateral eyes

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset:

Allergy Reaction:

☐ Allergic contact dermatitis

Refine the diagnosis of Allergic contact dermatitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ Allergic reaction caused by egg protein☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset: mm/dd/yy

Allergy Reaction: allergy reaction note

☐ Allergic reaction caused by fish

Refine the diagnosis of Allergic reaction caused by fish

☒ Include on Patient Reports

notes

☐ Add to Allergies list

Onset: mm/dd/yy

Allergy Reaction: allergy reaction note

☐ Nasopharyngitis

Refine the diagnosis of Nasopharyngitis

☒ Include on Patient Reports

notes

☐ Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

☐ select diagnosis

notes

D2CP Plan Allergies

Select All

☐ Discussed common triggers for allergies

notes

☐ Discussed outdoor, indoor, food and other allergies

notes

☐ Discussed ways to reduce outdoor allergen exposure such as: understand the seasonal changes in pollen; follow pollen counts and avoid going out on high pollen count days; shower and change clothes after going out; avoid sitting in the grass; use a mask when cutting lawn or raking leaves

notes

☐ Discussed ways to reduce indoor allergen exposure such as: Use a HEPA air filter; use hypoallergenic bedding; wash sheets and blankets in hot water once a week; keep pet free zones; prevent mold, keep surfaces dry; clean hard surfaces and control cockroaches



- ☐ Discussed atopic march and allergic triad of allergies, asthma and eczema



- ☐ Discussed symptom relief with saline nasal rinses and also inhaled nasal steroid



- ☐ Antihistamines block histamine the main chemical that leads to sneezing, runny nose and watery eyes



- ☐ Discussed benefits of using antihistamine in days when allergy symptoms are worse



- ☐ Decongestants shrink blood vessels that are swollen due to allergies and relieve sinus pressure and congestion but never should be used on a frequent or regular basis as they can cause rebound congestion once the medication is stopped



- ☐ Inhaled nasal steroids reduce inflammation by blocking the effects of many cellular chemicals released in the allergy pathway and work best when taken regularly



- ☐ Follow up in 1-2 months for check-in on allergy symptoms



- ☐ Follow up sooner for any lack of improvement or worsening in symptoms



- ☐ Epinephrine autoinjector Rx discussed and reviewed in detail- sending Epinephrine autoinjector Rx to pharmacy and keep one at home and one at school



- ☐ Allergy action plan reviewed



- ☐ Discussed signs of severe allergy and anaphylaxis and gave an emergency plan for allergies printed to family and school



- ☐ Discussed methods to test for allergies including blood IgE responses and skin allergen response testing



- ☐ Will order immunocap IgE allergen response testing - order form completed and needs to return for discussion about results



- ☐ Reviewed oral versus injection immunotherapy options and discussed that the allergist can assist with the best choices

notes



- ☐ Discussed benefits of immunotherapy and gradual desensitization of the immune responses that are overactive and how allergists can help with immunotherapy

notes



- ☐ Discussed benefits of skin allergen response testing with allergist as that is more accurate and definitive in understanding the body's allergy responses

notes



- ☐ Referral to allergist/immunologist for further evaluation

notes



- ☐ add item



notes



Plan Notes

Forms

Generate School Excuse - Sick

Generate School Nurse Meds Admin

Generate School PE Excuse

select a form



Followup

Order Follow up if symptoms are not improving

Order Return to office (list reason and time frame)

Order select a followup



Referral

Order select a referral



Care Plan (Chart-wide)

Print

Display: All Statuses

Edit

No Interventions

Time of Visit

Select All

- ☐ Time spent in visit:

notes ▼

- ☐ Greater than 50% of today's visit was spent in counseling.

notes ▼

- ☐ add item ▼

notes ▼

Visit Documents

Navigational Anchors in D2CP Allergies

1. Intake
2. Past, Social, Family History
3. Medical History
4. D2CP ROS Constitutional
5. D2CP ROS Nose
6. D2CP ROS Allergy/Immunology
7. D2CP ROS Mouth
8. D2CP ROS Neck
9. D2CP ROS Respiratory
10. Physical Exam
11. Immunizations
12. Lab
13. Medical Procedures
14. Injection Orders
15. Screening
16. Radiology
17. Diagnoses
18. D2CP Plan Allergies
19. Forms
20. Followup Orders
21. Referral
22. Time of Visit
23. Prescriptions
24. Visit Documents