

**Intake****Next Visit (Chart-wide)** No Saved Notes[Edit](#)**Informant/Relationship****Vitals**

Height	<input type="text"/>	in	<a href="#">+</a>			
Length	<input type="text"/>	in	<a href="#">+</a>			
Weight	<input type="text"/>	lbs	<input type="text"/>	oz	<a href="#">+</a>	
BMI						
Temperature	<input type="text"/>	°F	<a href="#">+</a>			
	Temporal	<a href="#">v</a>				
Pulse	<input type="text"/>	bpm	<a href="#">+</a>			
Blood Pressure	<input type="text"/>	s	/	<input type="text"/>	d	<a href="#">+</a>
	Unspecified Location		<a href="#">v</a>			
	Sitting		<a href="#">v</a>			
Respiratory Rate	<input type="text"/>	bpm	<a href="#">+</a>			

[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](#)

fingerprint.bl

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

Display: All Statuses ▾

Status	Medication	Instructions	Start	Stop

[Mark as Reviewed](#)

fingerprint.bl

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

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sore throat	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scratchy throat	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oral ulcers	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loss of taste	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen tongue	<div>notes</div>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble swallowing	<div>notes</div>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Halitosis/Bad odor from mouth	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drooling excessively	<input type="text" value="notes"/>	▼
Yes No N/A					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hoarse voice	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen cheeks	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	<input type="text" value="notes"/>	▼

**D2CP ROS Constitutional**Make All: **Yes** **No** **N/A**

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chills	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night sweats	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in appetite	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changes in sleep	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling ill, sick	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fatigue/tiredness	<input type="text" value="notes"/>	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aches and pains	<input type="text" value="notes"/>	▼

Yes No N/A

☐ ☐ ☐

**D2CP ROS Gastrointestinal**Make All:   

Yes No N/A

☐ ☐ ☐ Vomiting

☐ ☐ ☐ Diarrhea

☐ ☐ ☐ Upper abdominal pain

☐ ☐ ☐ Abdominal pain worse/better after meals

☐ ☐ ☐ Bloating/abdominal distention

☐ ☐ ☐ Sensitivity to foods

☐ ☐ ☐ Frequent burping/belching

☐ ☐ ☐ GER/reflux/ spitting up/ heartburn

Yes No N/A

☐ ☐ ☐ Hiccups

☐ ☐ ☐

**D2CP ROS Ears**Make All:   

Yes No N/A

☐ ☐ ☐ Pain in ears

☐ ☐ ☐ Trouble Hearing☐ ☐ ☐ Drainage from ear☐ ☐ ☐ Itching in ears☐ ☐ ☐ Swelling or redness of ear☐ ☐ ☐ add item**D2CP ROS Eyes**Make All:   

Yes No N/A

☐ ☐ ☐ Eye redness☐ ☐ ☐ Eye drainage☐ ☐ ☐ Eye pain☐ ☐ ☐ Swelling of eyelids☐ ☐ ☐ Watery/tearing eyes☐ ☐ ☐ add item**D2CP ROS Nose**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stuffy nose	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clear nasal discharge	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cloudy nasal discharge	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Itching of nose	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sneezing	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Snoring when sleeping	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item	notes	▼

**D2CP ROS Allergy/Immunology**Make All:   

Yes No N/A

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coughing or Wheezing	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seasonal allergies; if yes; which season, reaction	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food allergies; if yes; type of food, reaction	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hives or swelling	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of Asthma, Allergies, Eczema (triad)	notes	▼
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	add item		▼

**Physical Exam**Make All:   

ABN NL N/E

☐ ☐ ☐ **General Appearance**☐ ☐ ☐ **Head**☐ ☐ ☐ **Eyes**☐ ☐ ☐ **Ears**☐ ☐ ☐ **Nose**☐ ☐ ☐ **Oropharynx**☐ ☐ ☐ **Neck**☐ ☐ ☐ **Lungs**

ABN NL N/E

☐ ☐ ☐ **Chest**☐ ☐ ☐ **Cardiovascular**☐ ☐ ☐ **Abdomen**☐ ☐ ☐ **Genitourinary**☐ ☐ ☐ **Musculoskeletal**

☐ ☐ ☐ 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™

## ▼ Vaccines For Children

Insurance and Race as of 10/21/20

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**[Generate Requisition](#)**Order** Rapid Strep (in office)**Order** Rapid Flu A&B (in office)**Order** Mono Spct (in office)**Order** select a lab ▼**Medical Procedure****Order** select a medical procedure ▼**Medical Test****Order** select a medical test ▼**Injection****Order** select an injection ▼**Screening****Order** select a screening ▼**Radiology**[Generate Requisition](#)**Order** select a radiology ▼**Diagnoses**☐ Pharyngitis

Refine the diagnosis of Pharyngitis ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ URI - Upper respiratory infection

Refine the diagnosis of URI - Upper respiratory infection ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Otitis media

Refine the diagnosis of Otitis media ▼

☒ Include on Patient Reports

notes ▼

☐ Add to Problem List

Onset:

mm/dd/yy

Problem Note:

problem note

☐ Cough

Refine the diagnosis of Cough

☒ 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:

☐ select diagnosis

notes

**D2CP Plan Pharyngitis****Select All**

☐ Discussed viral, bacterial, and allergen related causes of pharyngitis

notes

☐ Discussed common bacterial causes of pharyngitis

notes

☐ Discussed common viruses that cause pharyngitis

notes

☐ Discussed allergen related inflammation and swelling in the nasopharynx

notes

☐ May take ibuprofen with food every 6-8 hrs as needed for pain or swelling

notes

☐ Saline rinses/sprays in nostrils every few hours will help with mucous clearance

notes

☐ Cool mist humidifier and HEPA air filter may be beneficial to have in bedroom

notes

☐ Soft, cool foods to eat, like yogurt, pudding and soups

notes

☐ Discussed supportive care with increased water, pedialyte and broth hydration

☐ **Plan Notes****Forms** School Excuse - Sick School Nurse Meds Admin School PE Excuse**Followup** Follow up if symptoms are not improving Return to office (list reason and time frame) **Referral** **Care Plan (Chart-wide)**Display: 

No Interventions

**Time of Visit**☐ Time spent in visit:☐ Greater than 50% of today's visit was spent in counseling.☐ **Visit Documents**

## Navigational Anchors in D2CP Pharyngitis

1. Intake
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