



Intake

Reminders (Chart-wide) No Saved Notes

Edit

Siblings (Chart-wide)

None

Independent Historian/Relationship

Primary Care Physician (Chart-wide) No Saved Notes

Edit

Chief Complaint

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

Medications

Any allergies to medications? If so, which one?

notes

Current Medications



notes

Vitamins, herbal remedies, homeopathic remedies?

notes

Pharmacy/Hospital of Choice

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

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

Display: All Statuses

Status	Medication	Instructions	Start	Stop

Mark as Reviewed

fineprintLbl

History of Present Illness Main

Which eye?

notes



Length of time of symptoms?

notes 

Are symptoms mild, moderate or severe?

notes 

Are symptoms worsening, improving, staying the same?

notes 

Worse at night or day?

notes 

Painful?

notes 

Itchy?

notes 

Tearing or watery?

notes 

Red?

notes 

Discharge?

notes 

Sensitivity to light?

notes 

Sensation of foreign body?

notes 

History of trauma?

notes 

Change in vision?

notes 

Any medications used and response to medications?

notes 

Other associated signs and symptoms?

notes 



HPI

Past Medical/Social/Family History

Select All

Past Medical History

notes ▼

Family History

notes ▼

Social History

notes ▼

add item

notes ▼

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

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

fineprintLbi

Policies

Display: All Statuses ▼

Edit

ROS



Make All: **Abn** **NL** **NA**

Abn NL NA

- Constitutional (fever, chills, HA, body aches, dizziness, appetite, malaise, night sweats, disrupted sleep, fussiness)

notes
- ENT (runny nose/congestion, ear pain, pressure or fullness in ears or sinuses, mouth ulcers, sore throat, difficulty swallowing, change in taste perception)

notes
- Respiratory (cough-daytime/nighttime, chest pain, SOB, DOE, exposure to cigarette smoke, need to use asthma rescue med >2x/wk)

notes
- Cardiovascular (chest pain, color change, sweating with feeds, dyspnea on exertion, dizziness with exercise, palpitations)

notes
- Gastrointestinal (abdominal pain, nausea, vomiting, diarrhea, stool pattern changes, blood in stool, feeding pattern)

notes
- Integumentary (rash, lesion, eczema, acne)

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

select an immunization

Immunization Consent

Select All

MD/NP Counseling for vaccines done - reviewed diseases protected by vaccines, including each component; risks and benefits; how to deal with potential side effects. VIS given.

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

Neck (exam of neck for masses, symmetry; exam of thyroid)

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

Respiratory (resp effort; percussion; palpation; auscultation)

notes

Cardiovascular (palpation; auscultation; exam of carotid; abdom aorta; femoral pulses; pedal pulses)

notes

Skin (insp of skin & subc tissues; palpation of skin and subc tissues)

notes

add item

notes

Lab

Print Labels

Generate Requisition



Order select a lab

Medical Procedure

Order Fluorescein Eye Exam

Order Removal of Foreign Body, Eye

Order select a medical procedure

Medical Test

Order select a medical test

Screening

Order Vision Screen

Order Vision Screen - SPOT

Order select a screening

Radiology

Generate Requisition

Order select a radiology

Assessment

Select All

- Conjunctivitis, likely allergy induced

notes

- Conjunctivitis, concern for bacterial etiology

notes

- add item

notes

Assessment Notes

[Empty text area for assessment notes]

Diagnoses

- Neonatal obstruction of nasolacrimal duct

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note



- Cellulitis of periorbital region**
 Refine the diagnosis of Cellulitis of periorbital region ▼

Include on Patient Reports

 notes ▼
 Add to Problem List Onset: Problem Note:

- Corneal abrasion**
 Refine the diagnosis of Corneal abrasion ▼

Include on Patient Reports

 notes ▼
 Add to Problem List Onset: Problem Note:

- External hordeolum**
 Refine the diagnosis of External hordeolum ▼

Include on Patient Reports

 notes ▼
 Add to Problem List Onset: Problem Note:

- Chalazion**
 Refine the diagnosis of Chalazion ▼

Include on Patient Reports

 notes ▼
 Add to Problem List Onset: Problem Note:

- Acute conjunctivitis**
 Refine the diagnosis of Acute conjunctivitis ▼

Include on Patient Reports

 notes ▼
 Add to Problem List Onset: Problem Note:

- select diagnosis** ▼
 notes ▼

Plan

-

- Medication as e-prescribed**
 notes ▼

- add item** ▼



notes ▼

Patient Instructions - Sick

Select All

- Allergic conjunctivitis - Wash eyes frequently with water or artificial tears. Avoid touching eyes with hands. Use eye drops and allergy medications as prescribed. Call with questions or concerns.

notes ▼

- Bacterial Conjunctivitis - Use eye drops as prescribed. Call if no improvement in 2-3 days, worsening discharge, fever, swelling, or other concern

notes ▼

- Chalazion - Apply warm compresses twenty minutes on/twenty minutes off as needed to help drain. To prevent future styes, wash lashes with baby shampoo or use eyelid scrubs several times a week.

notes ▼

- Corneal abrasion - Use eyedrops as prescribed. Call if worsening pain or discomfort, discharge from eye, change in vision, no improvement in next few days or other concern.

notes ▼

- Nasolacrimal duct obstruction - Use gentle massage from the nose to the corner of the eye several times a day. Gently wipe away any discharge. Call if eye redness, worsening discharge, swelling or other concern.

notes ▼

- Eye - Call if no improvement in next few days, worsening discharge, swelling or redness, eye pain, change in vision or other concern.

notes ▼

- add item ▼

notes ▼

Referral

Order ▼

Followup

Order ▼

Number and Complexity of Problems Addressed

Select All

- 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 MD/QHCP (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 Eye

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