



Siblings (Chart-wide)

None

Reminders (Chart-wide) No Saved Notes

Edit

Intake

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

History of Present Illness Main

How long has rash been present?

notes

Where did the rash start?

notes

Is the rash spreading?



notes ▼

Are symptoms worsening, improving, staying the same?

notes ▼

Is it itchy?

notes ▼

Is it painful?

notes ▼

Any medications used and response to medications?

notes ▼

Other associated signs and symptoms?

notes ▼

HPI

Allergies (Chart-wide)

Display: All Statuses ▼

Edit

Status	Allergy	Reaction	Onset	Resolved

Growth Charts

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

Past, Social, Family History

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

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

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

ROS

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

Abn NL NA

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

notes
- Eyes (itchy, pain, redness, drainage, photophobia, change in visual acuity, double vision)

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

notes



exercise, palpitations)

notes

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

notes

- Genitourinary (change in frequency, urgency, dysuria, enuresis, flank pain, testicular pain, vaginal irritation/discharge)

notes

- Heme/Lymph/Immunologic (easy bruising, epistaxis, family h/o bleeding disorder, hypercoagulopathy, prolonged bleeding)

notes

Abn NL NA

- Endocrine (cold intolerance, fatigue, constipation, polydypsia, polyuria)

notes

- add item

notes

ROS - Integumentary

Make All:

Rpt Den N/A

- Rashes or dry skin

notes

- Skin lesion

notes

- Pigmentation changes

notes

- Exposure to new products, medications, or skin irritants

notes

- Itching

notes

- Pain of rash or lesion

notes

- Family history of similar skin lesion



ROS - Allergic/Immunologic

Make All:

Rpt Den N/A

 Animal allergies

 Drug allergies

 Eczema

 Food allergies

 Seasonal allergies (pollens)

 Sensitivity to indoor allergies (dust, mold)

 History of childhood asthma

Physical Exam

Make All:

ABN NL N/E

 Constitutional (3 or more Vital Signs; appearance)

 Eyes (inspection of conj,lids; exam of pupils, irises; ophthalm. exam)



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

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

notes ▼
- Respiratory (resp effort; percussion; palpation; auscultation)

notes ▼
- Lymphatic (palp of nodes in TWO or more: neck, axillae, groin, other)

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

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
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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: select an 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 ▼

Lab

Print Labels

Generate Requisition

Order Wound Culture (Aerobic)

Order Fungus Culture (Hair, Nail, Skin)

Order select a lab ▼

Referral

Order select a referral ▼

Radiology

Generate Requisition

Order select a radiology ▼

Medical Procedure

Order Wart Removal 1-14 Lesions

Order select a medical procedure ▼

Surgical Procedure

Order I&D Abscess simple/single

Order Laceration Repair - dermabond

Order select a surgical procedure ▼

Medical Test

Order select a medical test ▼

Screening

Order select a screening ▼

Followup

Order select a followup ▼

Assessment Notes



Diagnoses

- Abscess of skin and/or subcutaneous tissue

Refine the diagnosis of Abscess of skin and/or subcutaneous tissue

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

- Impetigo

Refine the diagnosis of Impetigo

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

- Verruca plantaris

Refine the diagnosis of Verruca plantaris

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

- Verruca vulgaris

Refine the diagnosis of Verruca vulgaris

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

- Molluscum contagiosum infection

Refine the diagnosis of Molluscum contagiosum infection

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:

- Contact dermatitis

Refine the diagnosis of Contact dermatitis

Include on Patient Reports

notes

Add to Problem List

Onset:

Problem Note:


 Eczema

 Include on Patient Reports

 Add to Problem List

 Onset:

 Problem Note:
 select diagnosis

Patient Instructions - Sick
Select All

- Molluscum contagiosum - Your child has been diagnosed with a rash caused by a virus. This virus is usually self-limited but may take up to a year to resolve. No treatment is required, but some parents find applying apple cider vinegar nightly helps the lesions resolve faster. Occasionally, if the lesions are in a sensitive area, we will recommend visiting with a dermatologist or freezing the lesions in the office. Follow up as needed.

- Impetigo: Your child was seen today and diagnosed with impetigo. Impetigo is a skin infection caused by bacteria. It can develop in any skin injury, such as an insect bite, cut or break in the skin. It can also develop as a result of irritation caused by a runny nose. Your child can spread this infection to other parts of their body by scratching. They can also spread it to others in close contact by directly touching them or by touching surfaces that others touch. Your child was prescribed medication today. They should take it exactly as prescribed. They may return to school or child care 24 hours after starting the antibiotics. You should call the clinic if their skin infection is not getting better with treatment, spreads to other areas of their body, or you have other concerns.

- Tinea capitis - Your child was seen today and diagnosed with ringworm of the scalp, a fungal infection that is contagious and can be spread by direct skin-to-skin contact. Topical medications are ineffective for treating tinea capitis. Your child should take the oral antifungal medication prescribed by your provider as directed. Wash your child's hair at least twice weekly with Selsun Blue shampoo. Call the office if you are not seeing improvement in 1-2 weeks and if the rash has not completely cleared in 6 weeks. Follow up as directed.

- Tinea Corporis - Your child was seen today and diagnosed with ringworm, a fungal infection this is contagious and can be spread by direct skin-to-skin contact. Ringworm can be treated with over the counter antifungal creams such as clotrimazole (Lotrimin) or terbinafine (Lamisil). You should apply this medicine to the rash and 1 inch beyond the border three times a day. Continue to apply the cream for 7 days after the rash is cleared. Your child may continue to attend school or daycare. Call the office if your child's rash continues to spread after using the cream for one week or if the rash is not cleared in 4 weeks or any other concern.

- Scabies- Your child was diagnosed with the human mite scabies. It is important that you follow all the instructions. Massage the cream 5% permethrin (Elimite) into the skin from the head to the soles of the feet including the scalp in infants. Areas that do not seem to be infected still need to be covered in cream. Treat between the fingers and the toes as well. Be sure to clean under the fingernails and apply there as well. One tube of cream should cover an adult size body. Leave the Elimite on for 8-14 hours then give the child a bath to wash off the cream. repeat the same treatment with Elimite after 7 days. The itching and rash may last a few weeks after treatment as the mite is still in the skin but dead. Benadryl by mouth and hydrocortisone or Calamine on the rash



may help the itching. All washable clothing, linens that have been in contact with the person infected should be washed in hot water 125 degrees for at least 5 min and machine dried on high heat for at least 20 min to destroy mites. All persons in household including babysitters should be treated.

notes

- Poison Ivy/Contact dermatitis- Your child's rash will be treated with topical and /or oral Prednisone and antihistamines by mouth Benadryl at night and Zyrtec or Claritin during the day. It is important that you follow the instructions so the rash does not recur. This is an allergic rash so your child is not contagious. If this is poison ivy/oak/sumac be careful as the equipment you had with you will also have the plant oils on it.

notes

- Abscess - Warm baths twice a day, then gently try to press to drain pus. apply mupirocin to area twice a day and to inner part of nostrils once a day. Give all antibiotics as prescribed. Call if no improvement in 2-3 days, worsening redness, fever, or other concern. Follow CDC handout for prevention of future skin infections.

notes

- Eczema - Your child was seen today and diagnosed with eczema, also known as atopic dermatitis. Eczema is a common chronic skin condition that causes dry, red, itchy skin. The rash may come and go. It is not contagious. For prevention and management of eczema flares, it is important to follow your eczema action plan that your provider gives you. Follow up may be necessary if you cannot control the symptoms or rash.

notes

- add item

notes

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 Skin

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