

# TM-OTITIS EXTERNA (100201)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: \_\_\_\_\_

CC \_\_\_\_\_

HPI Exposure to swimming/water: yes

freeform ROS \_\_\_\_\_

## Structured ROS

Denies: fever/chills	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: pressure or fullness in ears/sinuses	_____
Denies: postnasal drip	_____
Denies: runny nose and/or nasal congestion	_____
Reports: ear pain	especially when touched
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: rashes or dry skin	no rash

## Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
NL: conjunctivae & lids: pink & moist	, no pallor or icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
ABNL: external ears & nose	+ tragal tenderness demonstrated when asked patient/parent to perform and observed, + material/debris visible in external auditory canal with inflammation
NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal

NL: without meningeal signs	patient/parent asked to flex and extend neck without any difficulty on visualization or compensatory elevation of shoulders
NL: respiratory effort: no retractions, no tachypnea	, also no audible grunting or other indication for increased work of breathing
NL: inspection (includes subcutaneous tissue): no rash	, no rash, no petechiae or bruising or other markings of skin

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Unspecified otitis externa, bilateral(H60.93)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system History and exam most consistent with otitis externa Discussed cause/prevention of swimmer's ear Treat symptoms with acetaminophen or ibuprofen as needed Topical antibiotic drops as prescribed: No swimming until pain free x 24 hours Discussed prevention of recurrence Call if no better 3 days, sooner if worse/concerns Discussed under what circumstances a face-to-face office visit would be appropriate Recheck in office prn/PE
Patient Instructions:	

Remaining workflow elements

Procedures

---

Orders

---

--