

TM- URTICARIA/HIVES (100224)

Category: Skin

Scheduled appt type: _____

CC _____

HPI Exposure to new soaps/detergents: none Exposure to known allergens: none Recent illness: none Current/recent meds: reviewed

freeform

ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: body aches	_____
Denies: red eyes or eye drainage	_____
Pert: sore throat	_____
Denies: mouth ulcers	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: decreased appetite	_____
Reports: rashes or dry skin	+ itchy rash
Pert: animal allergies	_____
Pert: seasonal allergies (pollens)	_____
Pert: sensitive to indoor allergies (dust, mold)	_____
Pert: food allergies	_____
Pert: drug allergies	_____
Pert: eczema	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	alert, pleasant, not ill appearing
NL: conjunctivae & lids: pink & moist	_____
NL: nares (nasal mucosa, septum and turbinates): clear	, no flare
NL: lips, teeth and gums	no lip/oral swelling
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	moist mucous membranes, without pharyngeal erythema or mucous membrane involvement
NL: respiratory effort: no retractions, no tachypnea	, and no audible grunting or wheezing
NL: extremities: no edema, brisk capillary refill	, with cooperation of patient/parent through video visualization of good perfusion with brisk capillary refill confirmed (asking patient/parent to demonstrate)
ABNL: inspection (includes subcutaneous tissue): no rash	scattered wheals/urticarial lesions on trunk/extremities/face

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	IDIOPATHIC URTICARIA(708.1)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed possible etiologies: new foods/soaps/detergents Also could be infectious triggered: viruses No evidence of increased work of breathing or cardiovascular instability Treatment is focused on symptomatic therapy: or antihistamines, stay cool Call if no better 2-3 days, sooner for change/concerns or if spreads to mucous membrane surfaces or acting ill To ER for tongue swelling/respiratory

	difficulty/wheeze/cough 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

Medications	Atarax	
Medications	Zyrtec	
Medications	Allegra	
Medications	Claritin	