

TM-COSSACKIE/HAND FOOT MOUTH (100217)

Category: Infectious Diseases

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Pert: mouth ulcers	_____
Denies: difficulty swallowing	_____
Denies: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: nausea	_____
Denies: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Reports: Adequate urine output	_____

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) including moist conjunctival membranes
NL: external ears & nose	_____

NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	through video connection limited oropharynx inspection completed and moist mucous membranes, with mild posterior pharyngeal erythema and shallow ulcerations posterior pharynx; no ulcerations of gums or lips
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: 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	vesicular rash including lesions on palms and/or soles

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	Coxsackie pharyngitis(B08.5)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Symptoms and exam most consistent with diagnosis of coxsackie or other non-polio enterovirus Discussed natural course and what to expect as there is no definitive treatment other than supportive care for this common childhood illness Treat symptoms with acetaminophen or ibuprofen as needed Increase fluids, avoid acidic/scratchy foods Call if no better 3-4 days, sooner for change/concerns/dehydration (reviewed) Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office prn

Patient Instructions:	
----------------------------------	--

Remaining workflow elements

Procedures

Orders
