

TM-URINARY FREQUENCY (100215)

Category: Genitourinary

Scheduled appt type: _____

CC urgent urination and urinating more frequently

HPI _____

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: body aches	_____
Denies: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: change in exercise tolerance	_____
Denies: orthopnea (difficulty breathing when lying down)	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: constipation	_____
Denies: localized abdominal pain	_____
Denies: blood in stool	_____
Denies: cramping	_____
Denies: diffused abdominal pain	_____
Denies: decreased appetite	_____
Denies: dysuria	_____
Reports: urinary frequency	daytime, not overnight
Pert: flank pain	_____
Pert: change in urinary stream	_____
Pert: enuresis	_____

Pert: urge incontinency	
Denies: bloody, tea colored or dark urine	
Pert: history of UTIs	

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) with 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
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, no Kussmaul respirations
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)
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:	Urinary frequency(R35.0)
Assessment:	
	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Disc with parent/guardian/patient differential dx of urinary frequency in this age group includes but is not limited to: 1.

Plan:	Infection: highly doubtful with no fever, no abdominal pain and no dysuria 2. IDDM: unlikely as voiding small frequent amounts, not getting up in the middle of the night to urinate and no weight loss according to parent 3. Inability to concentrate urine: will consider obtaining 1st AM to make sure but doubtful based on history 4. Incomplete emptying 5. Behavioral Most likely 4 or 5. Disc strategies to distract after finishing to relax sphincter as well as behavioral techniques Discussed under what circumstances a face-to-face office visit would be appropriate including fever, weight loss, acting ill, signs of dehydration If symptoms persist or worsen, or if patient appears ill, additional evaluation including urine specimen for laboratory study indicated recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
