

# TM-DIAPER RASH (CONTACT) (100226)

Category: Skin

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	_____
Pert: mouth ulcers	_____
Pert: runny nose and/or nasal congestion	_____
Pert: Oral thrush	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Pert: dysuria	_____
Pert: history of recurrent infections	_____
Pert: History of recent antibiotic use	_____

## 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)
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal
NL: respiratory effort: no	, also no audible grunting or other indication for increased

retractions, no tachypnea	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	+ erythematous diaper rash without satellite lesions with areas of excoriation

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	Diaper dermatitis(L22)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed pathophysiology of most likely diagnosis: irritant/contact dermatitis Open to air as much as possible Symptomatic therapy including use of healing and barrier creams In the future, use of zinc oxide containing products such as Balmex, Triple Paste or Butt Cream OR Vaseline or Aquaphor Change wet/soiled diapers frequently Use non-irritant products (water wipes only) Call if no better 4-5 days, sooner prn change/concerns Discussed under what circumstances a face-to-face office visit would be appropriate
Patient Instructions:	

Remaining workflow elements

Procedures

Orders

