

TM-ABDOMINAL PAIN (FUNCTIONAL) (100210)

Category: Gastrointestinal

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: not sleeping well	_____
Denies: loss of appetite	_____
Denies: fatigue	_____
Denies: weight loss or gain	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: mouth ulcers	_____
Denies: change in taste perception	_____
Denies: difficulty swallowing	_____
Denies: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: chest pain	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: constipation	_____
Denies: localized abdominal pain	_____
Denies: blood in stool	_____
Denies: unexplained weight loss	_____
Reports: cramping	diffuse abdominal cramping
Denies: increased burping	_____
Denies: heartburn	_____

Denies: pain radiating to shoulder or back	_____
Denies: rectal bleeding	_____
Reports: diffused abdominal pain	intermittent non-focal pain
Denies: decreased appetite	_____
Denies: mucous in stool	_____
Denies: dysuria	_____
Denies: urinary frequency	_____
Denies: flank pain	_____
Denies: history of UTIs	_____
Denies: rashes or dry skin	_____
Denies: fatigue	_____
Denies: cold intolerance	_____
Pert: Comments:	Stressors in home/school
Denies: difficulty sleeping	_____
Denies: feeling sad	_____

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: 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
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: Findings:	no gross abdominal bloating, patient able to hop on one foot without difficulty
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 abdominal pain(R10.9)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with patient/family limited normal exam and history/findings are not consistent with an acute abdominal process Patient appears well and no peritoneal signs Diagnosis most consistent with functional abdominal pain Discussed symptomatic therapy, including trial of probiotics, antacids and/or changes in lifestyle to decrease patient stressors Discussed the need for healthy lifestyle habits of diet and exercise Discussed need to return for persistent or increasing symptoms or if develops weight loss, blood/mucous in stool, localized abdominal pain or worsening pain that interferes with sleep or activity Discussed under what circumstances a face-to-face office visit would be appropriate Recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
