

# TM-ALLERGIC RHINITIS (100195)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: \_\_\_\_\_

CC \_\_\_\_\_

HPI Family hx of allergies, asthma or eczema: Prior hx of allergies, eczema or asthma:

freeform  
ROS \_\_\_\_\_

## Structured ROS

Denies: fever/chills	_____
Denies: headache	_____
Pert: red eyes or eye drainage	_____
Pert: Itching/rubbing of eyes	_____
Denies: sore throat	_____
Denies: pressure or fullness in ears/sinuses	_____
Reports: postnasal drip	_____
Reports: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Reports: Itching/rubbing of nose	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Denies: exposure to mold, birds, animals	_____
Denies: cigarette/secondhand smoke exposure	_____
Denies: exposure to renovation dust	_____
Reports: exposure to pollens	_____
Denies: change in exercise tolerance	_____
Pert: rashes or dry skin	_____
Pert: animal allergies	_____
Pert: seasonal allergies (pollens)	_____
Pert: ocular allergies	_____
Pert: sensitive to indoor allergies (dust, mold)	_____

Pert: eczema	
Pert: history of childhood asthma	
Pert: history of recurrent infections	

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	alert, well appearing, no distress, not ill appearing
ABNL: conjunctivae & lids: pink & moist	allergic shiners and conjunctiva with clear discharge, no scleral injection or crusting/matting of lashes
ABNL: nares (nasal mucosa, septum and turbinates): clear	clear discharge with pale/swollen nasal turbinates, mild congestion, no flare
ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	moist mucous membranes, limited oropharynx exam without significant erythema
NL: respiratory effort: no retractions, no tachypnea	, no audible grunting or other evidence of 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: inspection (includes subcutaneous tissue): no rash	

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	Allergic rhinitis, unspecified(J30.9)
Assessment:	
Plan:	History reviewed and exam with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Findings most consistent with allergic rhinitis Patient not ill appearing and no evidence of respiratory distress Discussed allergic rhinitis and triggers Practical allergen avoidance discussed Trial: Call if no better 1 week, sooner for worsening, difficulty breathing, change in symptoms or fever, acting ill Discussed under what

	circumstances a face-to-face office visit would be appropriate recheck in office prn
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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