

TM-CONJUNCTIVITIS/ALLERGIC (100207)

Category: Eyes

Scheduled appt type: _____

CC _____

HPI History of allergies/asthma/eczema:

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: change in visual acuity	_____
Reports: red eyes or eye drainage	clear drainage, mild redness
Denies: pain in or around eyes	_____
Reports: Itching of eyes	_____
Pert: sore throat	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: rashes or dry skin	_____
Pert: animal allergies	_____
Pert: seasonal allergies (pollens)	_____
Pert: ocular allergies	_____
Pert: sensitive to indoor allergies (dust, mold)	_____
Pert: eczema	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
ABNL: conjunctivae & lids: pink & moist	sclera injected with watery discharge, no significant crusting/matting of lashes
NL: external ears & nose	_____
NL: nares (nasal mucosa, septum and	through video connection anterior nares inspected and

turbinate(s): clear	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: 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:	Acute atopic conjunctivitis, bilateral(H10.13)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Findings most consistent with allergic/atopic conjunctivitis Treat symptoms as needed Eye drops as prescribed: Consider nasal steroids and/or antihistamines if symptoms not controlled with topical therapy Discussed avoidance of irritants/allergens Call if no better 2-3 days, sooner for eye pain/change/concerns Discussed under what circumstances a face-to-face office visit would be appropriate recheck prn
Patient Instructions:	_____

Remaining workflow elements

Procedures

Orders
