

# TM-Allergic reaction (100179)

Category: Symptoms

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

CC possible allergic reaction  
HPI History of allergies: Suspected trigger:  
freeform ROS \_\_\_\_\_

Structured ROS

Pert: fever/chills	_____
Pert: itching of throat	_____
Pert: enlargement of tongue	_____
Pert: swelling of lips	_____
Pert: daytime cough	_____
Pert: swelling of joints	_____
Pert: rashes or dry skin	_____
Pert: hives on skin	_____
Pert: itching of skin	_____
Pert: change in gait or coordination	_____
Pert: confusion	_____

Structured exam

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	_____ (____)
Assessment:	_____
Plan:	_____
Patient Instructions:	_____

Remaining workflow elements

**Procedures**

---

**Orders**

---