

TM-SNORING (100204)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: _____

CC Snoring/mouth breathing
HPI Family hx of sleep apnea or need for T&A:
freeform ROS _____

Structured ROS

Denies: fever/chills	<input type="checkbox"/>
Pert: not sleeping well	<input type="checkbox"/>
Pert: loss of appetite	<input type="checkbox"/>
Pert: fatigue	<input type="checkbox"/>
Pert: weight loss or gain	<input type="checkbox"/>
Pert: malaise	<input type="checkbox"/>
Denies: red eyes or eye drainage	<input type="checkbox"/>
Pert: sore throat	<input type="checkbox"/>
Denies: mouth ulcers	<input type="checkbox"/>
Pert: change in taste perception	<input type="checkbox"/>
Pert: pressure or fullness in ears/sinuses	<input type="checkbox"/>
Denies: dental problems or bleeding gums	<input type="checkbox"/>
Pert: difficulty swallowing	<input type="checkbox"/>
Pert: postnasal drip	<input type="checkbox"/>
Pert: runny nose and/or nasal congestion	<input type="checkbox"/>
Pert: ear pain	<input type="checkbox"/>
Pert: Chronic mouth breathing, even when well	<input type="checkbox"/>
Denies: daytime cough	<input type="checkbox"/>
Denies: dyspnea on exertion	<input type="checkbox"/>
Denies: nighttime cough disturbing sleep	<input type="checkbox"/>
Denies: wheezing or difficulty breathing	<input type="checkbox"/>
Denies: dyspnea on exertion	<input type="checkbox"/>
Denies: orthopnea (difficulty breathing when lying down)	<input type="checkbox"/>
Denies: nausea	<input type="checkbox"/>
	<input type="checkbox"/>

Denies: vomiting	_____
Denies: localized abdominal pain	_____
Denies: diffused abdominal pain	_____
Pert: decreased appetite	_____
Pert: enuresis	_____
Denies: pain in joints with swelling and redness	_____
Denies: muscle aches (myalgias)	_____
Denies: easy bruising	_____
Denies: epistaxis	_____
Denies: headaches that are worse in the morning	_____
Denies: change in language, academic or work performance	_____
Denies: headaches increasing in severity or frequency	_____
Pert: animal allergies	_____
Pert: seasonal allergies (pollens)	_____
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	_____
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
ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal with posterior pharynx revealing large tonsils
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: 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:	Snoring(R06.83)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Snoring: likely due to hypertrophy of adenoids and/or tonsils Discussed at length with patient and family Discussed peak age of tonsil/adenoid size is 4-7 years of age Discussed to look for presence/absence of true sleep apnea Discussed how snoring can cause daytime somnolence, inability to concentrate during the day, bed-wetting and general fatigue as well as interrupt growth in some patients Consider: lateral neck xray to document size of tonsils/adenoids in relation to airway. Consider: sleep study to investigate true sleep apnea Consider treatment of allergies and/or referral to allergist if feel AR is contributing factor If studies indicated/ordered: phone/e-message follow up after studies complete and if significant hypertrophy would refer to ENT Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office PE/prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
