

TM-PHARYNGITIS (100202)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: _____

CC _____

HPI Exposure to known ill contact with strep: Personal history of recurrent strep pharyngitis:

freeform
ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: body aches	_____
Pert: headache	_____
Denies: red eyes or eye drainage	_____
Reports: sore throat	_____
Pert: mouth ulcers	_____
Pert: difficulty swallowing	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Pert: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Pert: decreased appetite	_____
Denies: rashes or dry skin	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
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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	_____
ABNL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and with clear discharge
ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed with the following findings:
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	_____

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Acute pharyngitis, unspecified(J02.9)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Due to inability to perform strep testing as part of virtual visit, specificity of etiology for pharyngitis is more difficult to make definitive diagnosis Elected to treat symptoms as expect likelihood of strep is low and antibiotics not indicated Discussed treating symptoms including using acetaminophen or ibuprofen as needed for pain and/or fever Increase fluids and monitor hydration status Discussed under what circumstances a

	face-to-face office visit would be appropriate including face-to-face office visit to obtain definitive laboratory testing recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
