

TM-VIRAL SYNDROME (100221)

Category: Infectious Diseases

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: body aches	_____
Pert: not sleeping well	_____
Pert: fatigue	_____
Pert: whining or crankiness	_____
Pert: red eyes or eye drainage	_____
Pert: sore throat	_____
Pert: pressure or fullness in ears/sinuses	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Pert: muscle aches (myalgias)	_____
Pert: rashes or dry skin	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no	_____
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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	_____
ABNL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and congested with clear rhinorrhea without nasal flaring
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal including moist mucous membranes
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:	VIRAL SYNDROME(079.89)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Signs and symptoms most consistent with a viral illness No evidence of bacterial illness or indication for antibiotics at this time Treat symptoms as needed Increase fluids Rest Call if no better 3 days, sooner for lethargy/irritability/concerns/change Discussed under what circumstances a face-to-face office visit would be appropriate recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
