

TM-EPISTAXIS (100196)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: _____

CC nosebleeds

HPI _____

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Pert: fatigue	_____
Pert: malaise	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: mouth ulcers	_____
Denies: pressure or fullness in ears/sinuses	_____
Pert: dental problems or bleeding gums	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: blood in stool	_____
Denies: rectal bleeding	_____
Denies: bloody, tea colored or dark urine	_____
Pert: easy bruising	_____
Pert: prolonged bleeding after a cut or dental work	_____
Pert: history of anemia	_____
Pert: family history of bleeding diatheses	_____
Reports: epistaxis	_____
Pert: animal allergies	_____
Pert: seasonal allergies (pollens)	_____
Pert: sensitive to indoor allergies (dust, mold)	_____

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	_____
ABNL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected with crusted blood along anterior/inferior septum without active bleeding
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: 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:	Epistaxis(R04.0)
Assessment:	_____
	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed major cause of epistaxis is irritation at Keisselbach's plexus No evidence of bleeding issues, no systemic symptoms or concerning findings (no petechiae, bruising, purpura, pallor) Discussed what to do for acute nosebleed: pressure

Plan:	over anterior nares x 5-10 minutes, limit local irritation Local care with emollient such as Vaseline, A&D or Neosporin bid x 1-2 weeks Discussed need to keep environment moist with cool mist humidifier or vaporizer if necessary If recurrent issue: consider ENT referral for cautery Recheck in office prn or for additional concerns regarding other bleeding/easy bruising, fatigue, unexplained fevers or acting ill. Discussed under what circumstances a face-to-face office visit would be appropriate
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
