

TM-ASTHMA FLARE MILD (100252)

Category: Respiratory

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Denies: body aches	_____
Pert: not sleeping well	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: pressure or fullness in ears/sinuses	_____
Reports: postnasal drip	_____
Reports: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Reports: daytime cough	_____
Denies: dyspnea on exertion	_____
Reports: nighttime cough disturbing sleep	_____
Reports: wheezing or difficulty breathing	_____
Denies: chest pain	_____
Denies: need to use asthma rescue meds more than twice a week	_____
Denies: nighttime cough disturbing sleep more than twice a week	_____
Denies: ER/doctor visits more than twice a month due to asthma	_____
Denies: 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	_____
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 notable for congestion with clear-mucoid rhinorrhea, but without nasal flaring
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:	Mild intermittent asthma with (acute) exacerbation(J45.21)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Patient with known asthma and mild flare Discussed triggers/using albuterol as rescue medicine Discussed daily preventative therapy: For flare: Reviewed asthma action plan with patient/caregiver who expressed understanding Call if no better 2-3 days, sooner for change/worsening/concerns

	Reviewed how to evaluate for increased work of breathing Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
