

# TM-HERPES GINGAVASTOMATITIS (100197)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: \_\_\_\_\_

CC \_\_\_\_\_

HPI \_\_\_\_\_

freeform ROS \_\_\_\_\_

## Structured ROS

Reports: fever/chills	_____
Reports: loss of appetite	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Pert: sore throat	_____
Reports: mouth ulcers	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Reports: decreased appetite	_____
Reports: rashes or dry skin	rash around mouth and on gums

## Structured exam

ABNL: general appearance: alert, pleasant, not ill appearing, no distress	Alert, pleasant, uncomfortable but not toxic appearing, no distress
NL: conjunctivae & lids: pink & moist	, no pallor of conjunctiva or injection of sclera, no crusting of lashes
NL: external ears & nose	_____
NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
ABNL: lips, teeth and gums	perioral vesicular lesions on lips and perioral skin

ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed showing ulcerations on erythematous bases on gums and oral mucosa
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, no ulcers on palms/soles

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Herpesviral gingivostomatitis and pharyngotonsillitis(B00.2)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed differential diagnosis and most consistent with herpetic gingivastomatitis Discussed the pathophysiology of HSV gingivastomatitis and this most likely represents primary outbreak of HSV I Discussed expected course: fever usually resolves within 3-5 days, however oral lesions/rash may persists for 10-14 days. Discussed viral etiology and self-limited nature of illness Treat symptoms with acetaminophen or ibuprofen as needed, avoid acidic and scratchy/salty foods. Increase fluids Call if pt refuses to take liquids or shows symptoms/signs of dehydration or is otherwise acting ill Discussed under what

	circumstances a face-to-face office visit would be appropriate recheck in office prn
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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