

TM-VULVOVAGINITIS NONSPECIFIC (100238)

Category: Genitourinary

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: red eyes or eye drainage	_____
Pert: sore throat	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: constipation	_____
Denies: diffused abdominal pain	_____
Pert: dysuria	_____
Pert: urinary frequency	_____
Pert: enuresis	_____
Pert: vaginal irritation or discharge	_____
Pert: Vaginal itching	_____
Pert: Exposure to chemical irritants (hot tub, bubble bath, etc.)	_____
Pert: History of recent antibiotic use	_____

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: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear 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)
ABNL: external genitalia & vagina: no vulvar erythema, no discharge	mild erythema of vaginal introitus; no vaginal discharge; no external vaginal lesions or evidence of trauma
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:	Nonspecific vulvovaginitis(N76.0)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with patient/caregiver that telocommunication system does not store pictures and that examiner is alone in secure location without additional observers. Confirmed patient also in a private setting and GU exam conducted only after patient and/or caregiver gave consent and was comfortable with privacy Discussed most likely diagnosis is nonspecific vulvovaginitis Local care, topical emollients for skin healing Avoid bubble bath, dryer sheets in underwear, strong detergents Call if no better 3-5 days, sooner for

	change/concerns, fever, worsening symptoms Consider UA and vaginal culture to rule out strep vaginitis if not improving Discussed under what circumstances a face-to-face office visit would be appropriate recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
