

TM-CROUP (100222)

Category: Respiratory

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

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

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) with moist conjunctival membranes

NL: external ears & nose	_____
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 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
ABNL: Findings:	+ barky cough
NL: respiratory effort: no retractions, no tachypnea	, also no audible grunting, stridor 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:	Croup(J05.0)
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 viral croup, patient without distress or evidence of increased work of breathing Discussed with parent natural history of illness and what to expect including 2-4 days of illness which often is worse in the evening/night Discussed avoiding airway irritants, increasing humidity of environment Treat symptoms as needed, increase fluids For significant coughing spells/stridor discussed using steamy bathroom environment to loosen mucous followed by breathing cool night air or air

	from freezer to shrink swelling Call if no better 2-3 days, sooner for distress, poor feeding, lethargy, irritability or acting ill. Discussed what to watch for indicating increased work of breathing Discussed under what circumstances a face-to-face office visit would be appropriate recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
