

# TM-CONJUNCTIVITIS (100206)

Category: Eyes

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

CC \_\_\_\_\_

HPI \_\_\_\_\_

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

## Structured ROS

Pert: fever/chills	_____
Reports: red eyes or eye drainage	_____
Pert: photophobia	_____
Pert: pain in or around eyes	_____
Denies: sore throat	_____
Denies: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: decreased appetite	_____
Denies: rashes or dry skin	_____

## Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
ABNL: conjunctivae & lids: pink & moist	+ scleral injection, crusting of lashes and mucoid discharge
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	, through video connection limited oropharynx

erythema or intraoral lesions	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: 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:	Conjunctivitis, bilateral(H10.33)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Differential diagnosis includes and visit most consistent with conjunctivitis. Discussed not always possible to determine viral vs bacterial conjunctivitis Treat symptoms as needed Topic antibiotics as prescribed Call if no better 2-3 days, sooner for eye pain/worsening/concerns Discussed contagious until on therapy x 24 hours Discussed under what circumstances a face-to-face office visit would be appropriate including pain in eye, recurrent symptoms,, not responding, change in visual acuity, fever recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

**Orders**

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