

TM-JAUNDICE (INFANT) (100214)

Category: Gastrointestinal

Scheduled appt type: _____

CC _____
HPI _____ Diet: _____
freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Reports: Yellow/jaundice of sclera	_____
Denies: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Denies: Comments:	tiring or color change with feedings
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: constipation	_____
Denies: blood in stool	_____
Denies: decreased appetite	_____
Reports: Appropriate oral intake	_____
Reports: Appropriate number of stools per day	_____
Pert: Appropriate urinary output	appropriate number/amount of wet diapers
Denies: rashes or dry skin	_____
Reports: Comments:	yellow color to skin
Denies: Comments:	excessive irritability or lethargy
Pert: Vigorous cry and suck	_____
Pert: Awakens appropriately for feedings	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	, vigorous infant with mild jaundice
ABNL: conjunctivae & lids: pink & moist	+ scleral icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
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
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: inspection (includes subcutaneous tissue): no rash	no rash, no petechiae or bruising or other markings of skin, jaundice to level of:

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	FEEDING PROBLEMS IN NEWBORN(779.31)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed pathophysiology of newborn jaundice Discussed need for frequent feedings Discussed breast vs formula Discussed infant sleepiness can be related to bilirubin level Discussed need to monitor oral intake and urine/stool output Consideration given to

	obtaining bilirubin level and discussed with parents Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
