

TM-ERYTHEMA MULTIFORME MINOR (100228)

Category: Skin

Scheduled appt type: _____

CC _____

HPI _____

freeform ROS _____

Structured ROS

Pert: fever/chills	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: mouth ulcers	_____
Pert: postnasal drip	_____
Pert: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Pert: decreased appetite	_____
Denies: pain in joints but no visible swelling or redness	_____
Reports: rashes or dry skin	_____
Pert: seasonal allergies (pollens)	_____
Pert: food allergies	_____
Pert: eczema	_____
Pert: History of recent medications	_____

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: 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	scattered wheal like lesions with some targets on trunk and some on extremities

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Erythema multiforme minor(L51.9)
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 erythema multiforme minor Discussed common causes/triggers including viral illness (such as HSV, mono, flu, adenovirus) and occasionally medications Discussed natural history of EM and expected course Treatment is supportive care including oral antihistamines for itching Call for involvement of mucous membranes or joint swelling Call if no better 3-5 days,

	sooner for worsening, acting ill, dehydration,and as above Discussed under what circumstances a face-to-face office visit would be appropriate recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
