

# TM-FEBRILE SEIZURE (100245)

Category: Neurologic

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

CC seizure activity  
Description of event(s): Patient with prior history of febrile seizure: Patient history of  
HPI developmental delays: Family history of febrile seizure: Family history of non-febrile  
seizure: Family history of developmental delays:  
freeform  
ROS \_\_\_\_\_

## Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Denies: photophobia	_____
Pert: sore throat	_____
Pert: mouth ulcers	_____
Denies: difficulty swallowing	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: decreased appetite	_____
Pert: rashes or dry skin	_____

## Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
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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)
NL: inspection (includes subcutaneous tissue): no rash	, no rash, no petechiae or bruising or other markings of skin
NL: age appropriate gait & coordination on observation	_____
NL: age appropriate social/language interaction	_____

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Simple febrile convulsions(R56.00)
Assessment:	_____
	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed at length with family febrile seizures, their common occurrence in preschool aged children, tendency to run in families and general benign implications. Provided information to parents regarding what to do in case of a seizure, how to keep child safe and when to call for

<b>Plan:</b>	assistance. Discussed when return phone call to our office is indicated and under what circumstances need for calling 911/emergency assistance is indicated. Discussed appropriate treatment for fever using appropriate and safe dosing of acetaminophen or ibuprofen and if indicated appropriate treatment for underlying cause of fever Disc inability to prevent further occurrences and many times febrile seizure is first indication of illness and fever. Call for repeated episodes, febrile seizure lasting more than five minutes, prolonged sleepiness after seizure or atypical event. Also call for worsening symptoms, distress, lethargy, irritability, poor feeding or other questions/concerns Follow up: Discussed under what circumstances a face-to-face office visit would be appropriate
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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