

# TM-BRONCHIOLITIS (100239)

Category: Infectious Diseases

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

CC \_\_\_\_\_

HPI \_\_\_\_\_ Family history of asthma:

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

## Structured ROS

Reports: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Denies: difficulty swallowing	_____
Reports: runny nose and/or nasal congestion	_____
Reports: daytime cough	_____
Reports: nighttime cough disturbing sleep	_____
Reports: wheezing or difficulty breathing	_____
Denies: cigarette/secondhand smoke exposure	_____
Denies: exposure to renovation dust	_____
Pert: vomiting	_____
Denies: diarrhea	_____
Pert: decreased appetite	_____
Denies: Decreased urinary output	_____

## 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	_____
	through video connection anterior nares inspected and

ABNL: nares (nasal mucosa, septum and turbinates): clear	congested with clear-mucoid nasal discharge but no 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
ABNL: Findings:	audible wheezing appreciated through video connection
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

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Acute bronchiolitis, unspecified(J21.9)
Assessment:	
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system History, limited exam and clinical course most consistent with diagnosis of bronchiolitis (of which RSV is most common pathogen) Bronchiolitis info from AAP provided to parents. Evidence based guidelines suggest that supportive care is appropriate management for bronchiolitis with close monitoring Avoid airway irritants, increase fluids, use vaporizer, use nasal saline and suction as directed if necessary Call for distress/poor feeding/concerns or if no better 3 days. Discussed what to watch for including

	grunting/flaring/retracting which indicates increased work of breathing Discussed under what circumstances a face-to- face office visit would be appropriate Recheck:
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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