TM-NOCTURNAL ENURESIS (100237)

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Category: Genitourinary

Scheduled appt type: ____

CC	____
HPI	Initially toilet trained day: Initially toilet trained PM: Stressors: Family history of nocturnal enuresis:
freeform ROS	____

Structured ROS

Denies: fever/chills	___
Pert: not sleeping well	___
Denies: weight loss or gain	___
Denies: vomiting	___
Denies: diarrhea	___
Pert: constipation	___
Denies: decreased appetite	___
Denies: dysuria	___
Pert: urinary frequency	___
Pert: change in urinary stream	___
Pert: history of UTIs	___

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	, through video connection limited oropharynx inspection

erythema or intraoral lesions	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, Kussmaul respirations 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:	Nocturnal enuresis(N39.44)
Assessment:	____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed nocturnal enuresis with family Differential diagnosis also includes urinary tract infection, inability to concentrate urine, IDDM however exam, history and clinical course not consistent with those diagnoses at this time Discussed pathophysiology of enuresis, expectations Provided information on alarms and/or DDAVP if appropriate Also discussed observation may be equally appropriate Observe closely for signs of constipation Treatment approach at this time: If not improving or worrisome other symptoms would consider getting urine same for urinalysis and/or culture Discussed under what circumstances a face-to-face office visit would be

	appropriate recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
