

TM-SUSPECTED OTITIS MEDIA (100205)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: _____

CC ear pain
HPI Exposure to swimming: History of recurrent ear infections: History of allergic rhinitis:
freeform
ROS _____

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: whining or crankiness	_____
Denies: red eyes or eye drainage	_____
Pert: sore throat	_____
Pert: pressure or fullness in ears/sinuses	_____
Pert: postnasal drip	_____
Reports: runny nose and/or nasal congestion	_____
Reports: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Denies: nausea	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Pert: decreased appetite	_____
Pert: rashes or dry skin	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
	, no pallor or icterus (asked patient/parent to pull down

NL: conjunctivae & lids: pink & moist	lower eyelids to assess sclera and conjunctiva which was observed via video connection)
NL: external ears & nose	_____
ABNL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and with congestion, clear-mucoid rhinorrhea
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

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Otalgia, left ear(H92.02)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Etiology of ear pain uncertain as cannot visualize tympanic membrane Patient is not ill appearing, no distress and AAP guidelines currently state that in some cases watchful waiting and/or safety net antibiotic prescription is acceptable even when acute otitis media is definitively diagnosed Therefore treating symptoms and observation is appropriate in this patient Symptomatic therapy including using ibuprofen or acetaminophen for fever and/or ear pain Increase fluids Avoid airway irritants

	Call if no better 2-3 days at which time appropriate to consider face-to-face office visit for confirmatory diagnosis and oral antibiotics if appropriate Call sooner for patient acting ill, lethargic, poor feeding or other concerns recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
