

TM-URI (100223)

Category: Respiratory

Scheduled appt type:

CC

HPI

freeform ROS

Structured ROS

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

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) with moist mucous membranes

NL: external ears & nose	_____
ABNL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and congestion, clear nasal discharge without nasal flaring
NL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and normal including moist mucous membranes
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:	URI(J06.9)
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 diagnosis of an upper respiratory infection, no evidence of lower airway involvement or increased work of breathing Treatment is supportive care Symptomatic therapy as needed including acetaminophen or ibuprofen for fever Increase fluids Avoid airway irritants Discussed use/avoidance of cold symptom medications which do not often work and can have side effects/risks in young children Call if no better 3-5 days, sooner for change/concerns/wheeze/distress or other signs of increased work

	of breathing (reviewed), lethargy, irritability or acting ill Discussed under what circumstances a face-to-face office visit would be appropriate recheck prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
