

TM-GASTROENTERITIS W/DEHYDRATION (100213)

Category: Gastrointestinal

Scheduled appt type: _____

CC _____

HPI Exposure to ill contacts: Recent travel: Exposure to unusual pets/reptiles:

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Pert: fever/chills	_____
Denies: not sleeping well	_____
Pert: not sleeping well	_____
Denies: change in visual acuity	_____
Pert: change in visual acuity	_____
Denies: mouth ulcers	_____
Denies: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Pert: daytime cough	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: localized abdominal pain	_____
Denies: blood in stool	_____
Pert: cramping	_____
Pert: diffused abdominal pain	_____
Reports: decreased appetite	_____
Denies: mucous in stool	_____
Denies: dysuria	_____
Reports: decreased urine output	_____
Denies: rashes or dry skin	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
ABNL: 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) but little/no tears and conjunctiva with decreased moisture
NL: external ears & nose	_____
NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
ABNL: oropharynx: moist mucous membranes, without pharyngeal erythema or intraoral lesions	, through video connection limited oropharynx inspection completed and demonstrated mucous membranes that were not moist, thick oral secretions
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: Findings:	no gross abdominal distention
NL: Findings:	no tenting of skin
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:	Viral gastroenteritis(A08.4)
Assessment:	_____
	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed pathophysiology of likely viral gastroenteritis with patient/family Evidence of dehydration present on exam and severity noted: Discussed based on above, if moderate dehydration care is more appropriate provided within the

Plan:	context of a face-to-face visit to obtain more accurate assessment Appointment made for office visit or discussed seeking appropriate level of care at external facility: If minimal dehydration discussed oral re-hydration and specific education/handouts provided to family with arrangements for follow up as follows: Discussed need for appropriate fluids, specific directions regarding diet in next few hours and over the next few days Discussed abdominal cramping If outpatient re-hydration chosen, discussed need to call for blood or mucous in stool, and/or worsening signs or symptoms of dehydration (reviewed) Call if no better 24-48 hours, sooner for concerns/worsening/severe abdominal pain recheck/follow-up:
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
