

# TM-Vomiting (100191)

Category: Symptoms

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

CC vomiting  
HPI Exposure to ill contacts:  
freeform ROS \_\_\_\_\_

Structured ROS

Pert: fever/chills	_____
Pert: not sleeping well	_____
Pert: weight loss or gain	_____
Pert: headache	_____
Pert: whining or crankiness	_____
Pert: red eyes or eye drainage	_____
Pert: pain in or around eyes	_____
Pert: Able to make tears	_____
Pert: sore throat	_____
Pert: mouth ulcers	_____
Pert: difficulty swallowing	_____
Pert: runny nose and/or nasal congestion	_____
Pert: ear pain	_____
Pert: daytime cough	_____
Pert: nighttime cough disturbing sleep	_____
Pert: wheezing or difficulty breathing	_____
Pert: nausea	_____
Reports: vomiting	_____
Pert: diarrhea	_____
Pert: localized abdominal pain	_____
Pert: blood in stool	_____
Pert: cramping	_____
Pert: heartburn	_____
Pert: rectal bleeding	_____
	_____

Pert: diffused abdominal pain	
Pert: decreased appetite	
Pert: dysuria	
Pert: urinary frequency	
Pert: history of UTIs	
Pert: Adequate urinary output	
Pert: rashes or dry skin	
Pert: headaches that are worse in the morning	
Pert: morning vomiting	
Pert: change in gait or coordination	
Pert: headaches increasing in severity or frequency	

Structured exam

Remaining template documentation elements

Counseling:	
Coordination of Care:	
Diagnosis:	( )
Assessment:	
Plan:	
Patient Instructions:	

Remaining workflow elements

Procedures

Orders