

# TM-ASTHMA FOLLOW UP (100253)

Category: Respiratory

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

CC \_\_\_\_\_

HPI Age of asthma onset: Triggers/things that make asthma worse:

freeform ROS \_\_\_\_\_

## Structured ROS

Denies: fever/chills	<input type="checkbox"/>
Denies: not sleeping well	<input type="checkbox"/>
Denies: red eyes or eye drainage	<input type="checkbox"/>
Denies: sore throat	<input type="checkbox"/>
Pert: postnasal drip	<input type="checkbox"/>
Pert: runny nose and/or nasal congestion	<input type="checkbox"/>
Denies: ear pain	<input type="checkbox"/>
Pert: daytime cough	<input type="checkbox"/>
Pert: dyspnea on exertion	<input type="checkbox"/>
Pert: nighttime cough disturbing sleep	<input type="checkbox"/>
Pert: wheezing or difficulty breathing	<input type="checkbox"/>
Denies: chest pain	<input type="checkbox"/>
Pert: need to use asthma rescue meds more than twice a week	<input type="checkbox"/>
Pert: nighttime cough disturbing sleep more than twice a week	<input type="checkbox"/>
Pert: ER/doctor visits more than twice a month due to asthma	<input type="checkbox"/>
Pert: exposure to industrial solvents, fumes, aerosols, or other chemical agents	<input type="checkbox"/>
Pert: cigarette/secondhand smoke exposure	<input type="checkbox"/>
Denies: palpitations	<input type="checkbox"/>
Denies: nausea	<input type="checkbox"/>
Denies: decreased appetite	<input type="checkbox"/>
Pert: animal allergies	<input type="checkbox"/>
Pert: seasonal allergies (pollens)	<input type="checkbox"/>
Pert: sensitive to indoor allergies (dust, mold)	<input type="checkbox"/>
Pert: eczema	<input type="checkbox"/>

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 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:	Mild intermittent asthma, uncomplicated(J45.20)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Reviewed patients medications with patient/parent Discussed need for compliance with daily controllers and avoidance of triggers as much as possible Discussed use of spacer/peak flow meter if applicable Reviewed severity of asthma, control as reported by symptom

	history and exam Reviewed Asthma Action Plan and printed/discussed with patient/parent. Pt to contact office per change in status and/or symptoms requiring initiation of yellow/red zone medications. Discussed under what circumstances a face-to- face office visit would be appropriate Recheck:
<b>Patient Instructions:</b>	

**Remaining workflow elements**

**Procedures**

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**Orders**

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