

TM-IRRITABLE BOWEL SYNDROME (100234)

Category: Gastrointestinal

Scheduled appt type: _____

CC _____

HPI _____ Family hx of GI disease/conditions:

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: not sleeping well	_____
Denies: weight loss or gain	_____
Denies: malaise	_____
Denies: red eyes or eye drainage	_____
Denies: sore throat	_____
Denies: mouth ulcers	_____
Denies: difficulty swallowing	_____
Denies: postnasal drip	_____
Denies: runny nose and/or nasal congestion	_____
Denies: ear pain	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: chest pain	_____
Pert: nausea	_____
Pert: vomiting	_____
Pert: diarrhea	_____
Pert: constipation	_____
Pert: localized abdominal pain	_____
Pert: blood in stool	_____
Pert: cramping	_____
Pert: increased burping	_____
Pert: heartburn	_____
Pert: pain radiating to shoulder or back	_____

Pert: rectal bleeding	_____
Pert: diffused abdominal pain	_____
Pert: decreased appetite	_____
Pert: mucous in stool	_____
Denies: dysuria	_____
Denies: urinary frequency	_____
Denies: flank pain	_____
Denies: history of UTIs	_____
Denies: pain in joints but no visible swelling or redness	_____
Denies: rashes or dry skin	_____

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: Findings:	no gross distension of abdomen
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:	Irritable bowel syndrome with diarrhea(K58.0)
Assessment:	_____

Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed with patient/family history and exam not consistent with acute abdominal process or surgical abdomen. Growth appears normal by review of growth chart and/or home measurements That coupled with normal exam and reassuring history makes inflammatory bowel disease unlikely Discussed irritable bowel frequent triggers include certain foods (can be different for each patient), lactose intolerance as well as emotional or physical stressors. Patients with IBS often have intermittent constipation, diarrhea or both Discussed symptomatic therapy and gave patient/family resource information on IBS Consider trial of the following medications: Patient/family to call for additional or concerning symptoms such as vomiting, weight loss, blood or mucous in stool, abdominal pain that interferes with sleep or activity. Discussed under what circumstances a face-to-face office visit would be appropriate Recheck in office prn
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
