

TM-HERPES LABIALIS (100198)

Category: Ears, Nose, Mouth, Throat

Scheduled appt type: _____

CC fever blisters
HPI History of prior fever blister outbreaks: Family history of fever blister outbreaks:
Known exposure to herpes:
freeform
ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: body aches	_____
Denies: malaise	_____
Denies: sore throat	_____
Pert: mouth ulcers	_____
Denies: dental problems or bleeding gums	_____
Denies: difficulty swallowing	_____
Denies: runny nose and/or nasal congestion	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Reports: rashes or dry skin	swelling/blisters on lips

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
NL: conjunctivae & lids: pink & moist	, no pallor or scleral irritation, no crusting of lashes
NL: external ears & nose	_____
NL: nares (nasal mucosa, septum and turbinates): clear	through video connection anterior nares inspected and clear without nasal flaring
ABNL: lips, teeth and gums	vesicular crusted lesions with mild swelling on lips
ABNL: oropharynx: moist mucous	through video connection limited oropharynx inspection

membranes, without pharyngeal erythema or intraoral lesions	completed and no intraoral vesicles noted on gums/tongue
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, no ulcers of skin/palms/soles

Remaining template documentation elements

Counseling:	_____
Coordination of Care:	_____
Diagnosis:	Herpes labialis(B00.9)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed recurrent cold sores with patient and provided educational material Disc topical vs oral anti-viral treatment options Discussed for optimal efficacy oral anti-virals should be started within first 24 hours of symptoms Discussed symptomatic therapy for pain/discomfort, avoid acidic/salty/scratchy foods Discussed contagiousness and oral secretion spread Discussed common triggers such as sunburn, stress, inter-current illness CINB 1 week, sooner for change/concerns/systemic symptoms Discussed under what circumstances a face-to-face office visit would be appropriate
Patient Instructions:	

Remaining workflow elements

Procedures

Orders
