

TM-NASOLACRIMAL DUCT OBSTRUCTION (100208)

Category: Eyes

Scheduled appt type: _____

CC _____

HPI Maternal hx of HSV/chlamydia/gonorrhea: none

freeform ROS _____

Structured ROS

Denies: fever/chills	_____
Denies: not sleeping well	_____
Denies: whining or crankiness	_____
Reports: red eyes or eye drainage	eye drainage
Denies: difficulty swallowing	_____
Denies: runny nose and/or nasal congestion	_____
Denies: daytime cough	_____
Denies: nighttime cough disturbing sleep	_____
Denies: wheezing or difficulty breathing	_____
Denies: vomiting	_____
Denies: diarrhea	_____
Denies: constipation	_____
Denies: decreased appetite	Feeding appropriate volume for age
Denies: Decreased urine output/wet diapers	_____

Structured exam

NL: general appearance: alert, pleasant, not ill appearing, no distress	_____
ABNL: conjunctivae & lids: pink & moist	no significant periorbital swelling or erythema, + increased tear lake visible with mucoid crusting inner canthus, no significant scleral injection, no pallor
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:	Neonatal obstruction of bilateral nasolacrimal duct(H04.533)
Assessment:	_____
Plan:	History reviewed and exam considered with limitations acknowledged due to nature of virtual visit through a synchronous telecommunications system Discussed natural hx of NDLO in infants Discussed option of NLD massage vs observation For acute increased purulent d/c and evidence of infection: topical antibiotics as prescribed With hx of NLDO can expect overflow crusting on/off for up to 12 months of age. Would refer to Ophthalmology if persists at age 12+ months Call if purulent drainage no better after using topical therapy for 2-3 days, sooner for fever/poor feeding/irritability/lethargy/eye swelling or concerns Discussed under what circumstances a face-to-face office visit would be appropriate Recheck in office PE/prn
Patient	

Instructions:

Remaining workflow elements

Procedures

Orders