

Pediatric Documentation Templates

Pediatric Asthma Template

Executive Summary

The Partners Pediatric Asthma Template was designed to aid in the documentation of asthma symptoms as well as to improve adherence to recommendations for assessing asthmatic patients. This web site contains views of each section of the template.

On the Partners HealthCare System, this template exists within the notes section of the electronic medical record (EMR). In its current form, it is meant to assist the provider during a visit in which a child's asthma symptoms and medications are reviewed. The interval history and assessment/plan sections are specific for asthma. However, note that the chief complaint, history of present illness, social history, neonatal history, review of systems, physical examination, and laboratory/x-ray findings sections are reasonably general and could also be used as the basis for creating a general visit template if desired.

Note that only relevant sections of the template need to be accessed for a given visit. For example, if a neonatal history is not obtained during the visit, there is no need to access this section.

Source

This template was developed under a grant from the Agency for Healthcare Research and Quality (AHRQ), [**Improving Pediatric Safety and Quality with Healthcare IT**](#), in collaboration with the Partners HealthCare System Quality Improvement Group, the Massachusetts General Hospital for Children, and Partners HealthCare System Inc. Information Systems. Listed below are the names of clinicians and experts who contributed to development of the template. In addition, the LMR Pediatric Content Subcommittee and the main LMR Content Committee reviewed the template, and approved it for use with the Partners Longitudinal Medical Record (LMR).

Contributors

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Template

Select Desktop Patient Chart Oncology Custom: Templates Reports Admin Sign ? Resource Popup

Note Type...

- ✓ Chief Complaint **Add**
- Vital Signs
- History of Present Illness
- Allergies
- Interval History **Add**
- Visit type
- Illness/Injury since last visit?
- Specialty appointment since last visit?
- Hospitalization, Surgery, ER, Urgent visit since last visit?
- Nighttime symptoms
- Exercise symptoms
- Early A.M. symptoms
- Airway irritability symptoms
- Cough after laugh symptoms
- Exposure / Trigger
- Peak flow
- Personal best:
- Today:
- Other
- Neonatal History **Add**
- Gestation
- Delivery Route
- Birth weight
- Discharge weight
- Appgars
- Prenatal problems?

Chief Complaint

Select Desktop Patient Chart Oncology Custom: Templates Reports Admin Sign ? Resource Popup

Note Type...

- Chief Complaint **Add**
- Vital Signs
- ✓ History of Present Illness
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- Early A.M. symptoms
- Airway irritability symptoms

History of Present Illness

Select Desktop Patient Chart Oncology Custom: Templates Reports Admin Sign ? Resource Popup

Note Type...

- Chief Complaint **Add**
- Vital Signs
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- Cough after laugh symptoms
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- Peak flow
- Personal best:
- Today:
- Other
- Neonatal History **Add**
- Gestation
- Delivery Route
- Birth weight
- Discharge weight
- Appgars

Interval History No to All

Visit type Acute Maintenance

Illness/Injury since last visit? Y N

Specialty appointment since last visit? Y N

Hospitalization, Surgery, ER, Urgent visit since last visit? Y N

Nighttime symptoms Y N

Exercise symptoms Y N

Early A.M. symptoms Y N

Airway irritability symptoms Y N

Cough after laugh symptoms Y N

Exposure / Trigger URI Exercise Allergens Smoke Cold air Other

1 Note Type...

Chief Complaint **Add**

Vital Signs

History of Present Illness

Allergies

Interval History **Add**

- Visit type
- Illness/Injury since last visit?
- Specialty appointment since last visit?
- Hospitalization, Surgery, ER, Urgent visit since last visit?
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- Personal best:
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- Other

Neonatal History **Add**

- Gestation
- Delivery Route
- Birth weight
- Discharge weight
- Annars

Exercise symptoms Y N

Early A.M. symptoms Y N

Airway irritability symptoms Y N

Cough after laugh symptoms Y N

Exposure / Trigger URI Exercise Allergens Smoke Cold air Other

Peak flow

Personal best:

Today:

Other

1 Note Type...

Chief Complaint **Add**

Vital Signs

History of Present Illness

Allergies

Interval History **Add**

- Visit type
- Illness/Injury since last visit?
- Specialty appointment since last visit?
- Hospitalization, Surgery, ER, Urgent visit since last visit?
- Nighttime symptoms
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- Cough after laugh symptoms
- Exposure / Trigger
- Peak flow
- Personal best:
- Today:
- Other

Neonatal History **Add**

- Gestation
- Delivery Route
- Birth weight
- Discharge weight
- Apgars
- Prenatal problems?
- Neonatal problems?
- Head circumference
- Blood type
- Comments

Neonatal History

Gestation Pre-term Term Post-Term

Delivery Route Vaginal C-Section

Birth weight

Discharge weight

Apgars

Prenatal problems? Y C N

Neonatal problems? Y C N

Head circumference

Blood type

Comments

Ok Ok-Previous Ok-Next Cancel Delete

Note Type...

- Neonatal problems?
- Head circumference
- Blood type
- Comments
- ✓ **Social History Add**
 - Household changes?
 - Smokers in environment?
 - Pets in environment?
 - Firearms in environment?
 - Lead paint in environment?
 - TB Risk Status?
 - Violence in home?
 - Financial instability?
 - Education
 - Comments
- **Review of Systems Add**
 - General
 - Head/Eyes
 - ENT
 - Cardiovascular
 - Respiratory
 - GI
 - GU
 - Musculoskeletal
 - Skin

Social History Carry Forward

Household changes? Y N

Smokers in environment? Y N

Pets in environment? Y N

Firearms in environment? Y N

Lead paint in environment? Y N

TB Risk Status? High Low

Violence in home? Y N

Financial instability? Y N

Education Day care At home Preschool Attends school Problems in school Other

Comments

Note Type...

- Neonatal problems?
- Head circumference
- Blood type
- Comments
- **Social History Add**
 - Household changes?
 - Smokers in environment?
 - Pets in environment?
 - Firearms in environment?
 - Lead paint in environment?
 - TB Risk Status?
 - Violence in home?
 - Financial instability?
 - Education
 - Comments
- ✓ **Review of Systems Add**
 - **General** Negative Carry Forward
 - Pos Neg
 - NL energy/activity, no fever
 - **Head/Eyes** Pos Neg
 - No trauma, eye redness, vision problems
 - **ENT** Pos Neg
 - No ear pain, hearing loss, nasal dc, sore throat, dental problems
 - **Cardiovascular** Pos Neg
 - No h/o murmur or congenital heart dz, cyanosis, dyspnea or exercise intolerance
 - **Respiratory** Pos Neg
 - No wheeze, cough, trouble breathing
- **GI** Pos Neg
 - No vomiting, diarrhea, constipation, blood in stool, colic/abdominal pain
- **GU** Pos Neg
 - NL urination. NL appearance of genitalia. No undescended testes
- **Musculoskeletal** Pos Neg
 - No joint swelling/pain, fractures, sprains, abnormal appearance of limbs
- **Skin** Pos Neg
 - No rash, hives, sores, hair loss
- **Endocrine** Pos Neg
 - No polyuria, polydypsia, pubertal ex

Note Type...

- Neonatal problems?
- Head circumference
- Blood type
- Comments
- **Social History Add**
 - Household changes?
 - Smokers in environment?
 - Pets in environment?
 - Firearms in environment?
 - Lead paint in environment?
 - TB Risk Status?
 - Violence in home?
 - Financial instability?
 - Education
 - Comments
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 - **Endocrine** Pos Neg
 - No polyuria, polydypsia, pubertal ex

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Note Type...

- Neonatal problems?
 - Head circumference
 - Blood type
 - Comments
- Social History Add
 - Household changes?
 - Smokers in environment?
 - Pets in environment?
 - Firearms in environment?
 - Lead paint in environment?
 - TB Risk Status?
 - Violence in home?
 - Financial instability?
 - Education
 - Comments
- Review of Systems Add
 - General
 - Head/Eyes
 - ENT
 - Cardiovascular
 - Respiratory
 - GI
 - GU
 - Musculoskeletal

Endocrine	<input checked="" type="checkbox"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg	No polyuria, polydypsia, pubertal sx
Neuro	<input checked="" type="checkbox"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg	No milestone delay/loss, abn tone or clumsiness, seizures
Heme	<input checked="" type="checkbox"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg	No excessive bleeding, bruising, lymphadenopathy
Psych	<input checked="" type="checkbox"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg	NL relationships, no aggression, anxiety, depression
Other	<input checked="" type="checkbox"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg	

Note Type...

- GU
- Musculoskeletal
- Skin
- Endocrine
- Neuro
- Heme
- Psych
- Other
- Physical Exam Add
 - General Appearance
 - Skin
 - Head
 - Eyes
 - Ears
 - Nose
 - Mouth
 - Throat
 - Neck
 - Heart
 - Lungs
 - Abdomen
 - External Genitalia
 - Tanner Stage
 - Testes descended?
 - Circumcised?
 - Femorals
 - Extremity

Physical Exam	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Carry Forward	<input type="button" value="Clear"/>
General Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WDMN, NAD
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No cyanosis, rash, abnl pigmented lesions
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Normocephalic, atraumatic
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERRL, EOM normal
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NL canals, TMs clear with normal landmarks
Nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NL shape, no discharge
Mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NL tongue, mucosa, dentition
Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NL tonsils. No petechiae, exudate
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supple, no adenopathy or masses
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RRR, no murmur
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clear to auscultation, no rales or wheezes
Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Soft, non-tender, no masses. Liver/spleen not
External Genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NL external genitalia. No hernia. No discharge

Note Type...

- Abdomen
- External Genitalia
- Tanner Stage
- Testes descended?
- Circumcised?
- Femorals
- Extremity
- Hips
- Neurological
- Other Findings
- Labs / X-ray Findings Add
 - Assessment and Plan Add
 - Next Visit:
 - Call/Return if worse or not better in:
 - Asthma Severity
 - Treatment
 - Type of Nebulizer:
 - Teaching
 - Asthma Management Program / VNA
 - Flu shot given
 - Medications
 - Problems
 - Attending Addendum
 - History

Labs / X-ray Findings	<input checked="" type="checkbox"/> Clear
<input type="checkbox"/> Rapid strep test <input type="checkbox"/> Throat culture <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Uricult <input type="checkbox"/> CBC <input type="checkbox"/> Hgb <input type="checkbox"/> Chol <input type="checkbox"/> Hemocult	
<input type="checkbox"/> HCG <input type="checkbox"/> Chlamydia/Gonorrhea <input type="checkbox"/> O2 Sat <input type="checkbox"/> Fungal culture <input type="checkbox"/> Radiographs <input type="checkbox"/> Other	

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Note Type...

- Abdomen
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- Hips
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 - Other Findings
- Labs / X-ray Findings
- Assessment and Plan **Add**
 - Next Visit:
 - Call/Return if worse or not better in:
 - Asthma Severity
 - Treatment
 - Type of Nebulizer:
 - Teaching
 - Asthma Management Program / VNA
 - Flu shot given
- Medications

Assessment and Plan

Next Visit: _____

Call/Return if worse or not better in: _____

Asthma Severity: _____

Treatment: Nebulizer PFT

Type of Nebulizer: Albuterol Albuterol / Atrovent

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Note Type...

- Abdomen
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 - Tanner Stage
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 - Other Findings
- Labs / X-ray Findings
- Assessment and Plan **Add**
 - Next Visit:
 - Call/Return if worse or not better in:
 - Asthma Severity
 - Treatment
 - Type of Nebulizer:
 - Teaching
 - Asthma Management Program / VNA
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- Attending Addendum
- History

Call/Return if worse or not better in: _____

Asthma Severity: _____

Treatment: Nebulizer PFT

Type of Nebulizer: Albuterol Albuterol / Atrovent

Teaching: Smoke / Trigger
 Environment
 Management Plan
 MDI / Spacer
 Other

Asthma Management Program / VNA: C Y C N _____

Flu shot given: C Y C N _____

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Note Type...

- Abdomen
- External Genitalia
 - Tanner Stage
 - Testes descended?
 - Circumcised?
- Femorals
- Extremity
- Hips
- Neurological
 - Other Findings
- Labs / X-ray Findings
- Assessment and Plan **Add**
 - Next Visit:
 - Call/Return if worse or not better in:
 - Asthma Severity
 - Treatment
 - Type of Nebulizer:
 - Teaching
 - Asthma Management Program / VNA
 - Flu shot given
- Medications
- Problems **Add**
 - Next Visit:
 - Call/Return if worse or not better in:
 - Asthma Severity
 - Treatment
 - Type of Nebulizer:
 - Teaching
 - Asthma Management Program / VNA
 - Flu shot given
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Problems

Rules

Manually Select from Patient Record

Automatically Load New

Automatically Load All

Disclaimer

These tools were created using national, state, and local guidelines, and group consensus regarding best practices. These guidelines, and their interpretation by clinicians at Partners Healthcare System, may not represent the standard of care across all regions or settings, and are not intended to be adopted or applied without independent assessment of their suitability for a particular setting. Moreover, guidelines change over time (for example, the age range for children who should receive influenza vaccinations was recently extended to 59 months). The rules and/or reminders contained within these templates may need the addition or modification of certain items to ensure that they remain consistent with current guidelines. Therefore, the tools included here are intended only as examples or guides for the development of similar templates in other settings. Partners Healthcare System and its affiliates disclaim any and all responsibility or liability associated with the use of the templates displayed here by third parties.