Pediatric Documentation Templates

Acute Respiratory Infection (ARI) Smart Form

Executive Summary

The Partners Pediatric Acute Respiratory Infection (ARI) smart form is a guideline-driven template designed to streamline urgent care visits for patients ages 6 months to 18 years presenting with ARIs. The form is designed to assist with the assessment and management of non-specific upper respiratory infections, otitis media, pharyngitis, strep pharyngitis, influenza, cough, pneumonia, and sinusitis. The form provides check boxes for symptoms and physical examination specifically related to ARIs; therefore, it does not provide the opportunity to document other problems.

After the provider specifies a primary and possibly a secondary diagnosis, it provides guideline-based options for management. After the provider selects the desired items for the management plan, the system then generates prescriptions, handouts, and a completed note. This web site includes views of each page of the ARI smart form, as well as a preview of the note.

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

ARI Smart Form - Microsoft Internet Explorer provided by Partners HealthCare System

Bwhlmrprtest,Fourteen (21080445 BWH) 06/01/1999 (7 yrs.) M

PARTNERS ARI Smart Form ?

Summary | Note Preview | Orders/Plan

Show/Hide All
CC
Symptoms
HPI
Remedies
Problems
Allergies
Meds
Smoking
ROS
PE
Results
Dx

Chief Complaint

Chief Complaint: Choose...
Choose...
Other...
Fever
Chills
Chills or feeling cold
Ear pain or stuffiness
Sinus pain or pressure
Runny nose
Sore throat
Cough
Fatigue or weakness

Overall duration o days.

Symptoms

		Comments
☐	Docu ax (°F)	
☐	Subjective fever	
☐	Chills or feeling cold	
☑	Fatigue, tired, worn-out	
☑	Ear pain bilateral	
☐	Ear pain right	
☑	Ear pain left	
☑	Ear stuffiness	
☑	Red or itchy eyes	
☐	Headache	
☑	Facial or sinus pain	
☑	Facial or sinus pressure	
☑	Runny nose/nasal discharge	
☐	- Colored nasal discharge	
☑	Post-nasal drip	
☑	Sore throat	
☑	Swollen glands	
☑	Shortness of breath	
☑	Wheezing	
☑	Pleuritic chest pain	
☐	Cough	
☐	- Productive cough (sputum or phlegm)	
☐	- Cough productive of colored sputum	
☐	- Non-productive cough	
☐	- Coughing up blood	
☑	Rash	
☑	Muscle aches	
☑	Hydration (PO intake)	

Other:

Orders/Plan

HPI

Overall clinical course: ○ improving ◉ worsening ○ no change

Has the illness caused the patient to restrict their activity? Yes ☑ No ☐

Patient's primary goal in seeking care: Get a diagnosis

Sick contacts? Yes ☑ No ☐ School and daycare

Remedies already tried

Y	N	Remedies	Comments
☑	☐	Analgesics/antipyretics	Effective? Yes ☑ No ☐
☐	☑	Cough remedies	Effective? Yes ☐ No ☐
☐	☑	Antibiotics	Effective? Yes ☐ No ☐

Other remedies tried: None

Problems

None

Allergies

None

Medications

None

Smoking

N/A

Other:

Review of Systems

		System	Comments
☑	☐	Chest pain, non-pleuritic	
☑	☐	Nausea	
☑	☐	Vomiting	
☑	☐	Abdominal pain	
☑	☐	Bowel changes	
☑	☐	Urinary changes	
☑	☐	Joint pains	
☐	☑	Dizziness	

Other systems:

Physical Exam

VS T: 100.2 °F BP: / Pulse:

O_2 Sat: % Wt: 52 Pounds

Unable to get O_2 Sat from LMR Flowsheet. If entered here, will be recorded into LMR Flowsheet.

Peak Flow:

General: No acute distress

		HEENT	Comments
☑	☐	Conjunctiva	
☑	☐	Pupils	
☐	☑	Tympanic membranes	Left
☑	☐	External auditory canal	
☑	☐	Sinus tenderness	
☑	☐	Nasal mucosal abnormality	
☑	☐	Pharyngeal exudate	
☑	☐	Pharyngeal erythema	
☑	☐	Pharyngeal vesicles (cobblestoning)	
		Neck	**Comments**
☑	☐	Lymphadenopathy	
☑	☐	Tender anterior lymphadenopathy	
		Lung	**Comments**
☑	☐	Lung exam	
☑	☐	Wheezing	
		Heart	**Comments**
☑	☐	Rate and rhythm	
☑	☐	S1 and S2	
☑	☐	Murmurs, rubs, gallops	
		Abdomen	**Comments**
☑	☐	Bowel sounds	
☑	☐	Soft	
☑	☐	Tenderness or distension	
☑	☐	Hepatosplenomegaly	
		Extremities	**Comments**
☑	☐	Cyanosis	
☑	☐	Clubbing	
☑	☐	Rashes	

Other:

Show/Hide All
- CC
- Symptoms
- HPI
- Remedies
- Problems
- Allergies
- Meds
- Smoking
- ROS
- PE
- Results
- Dx

Recent Test Results

Test	Comments
Chest x-ray	
Streptococcal culture	
Influenza test	
Rapid strep test	Negative ☐ Positive ☐

Other recent test results:

Diagnoses

1°	2°	Diagnosis
○	☐	Non-specific URI
◉	☐	Otitis media
○	☐	Non-streptococcal pharyngitis
○	☐	Streptococcal pharyngitis
○	☐	Sinusitis
○	☐	Acute cough/acute bronchitis
○	☐	Viral syndrome
○	☐	Influenza
○	☐	Pneumonia
○	☐	Other:

Assessment:

Orders/Plan

Otitis media

Reference information

Management options

- ☑ Observation with appropriate pain management- defer antibiotics for 48-72 hours
  - children 6months -2 years with nonsevere illness and uncertain diagnosis
  - children >2 years with nonsevere symptoms or uncertain diagnosis

Prescribe Medications

Antibiotics

- ☑ Amoxicillin 500mg (10 ml) po tid x 5 days
- ☐ Amoxicillin 500mg (2 tabs) po tid x 5 days
- ☐ Amoxicillin 500mg (1 tab) po tid x 5 days
- ☐ Amoxicillin 500mg (10 ml) po tid x 10 days
- ☐ Amoxicillin 500mg (2 tabs) po tid x 10 days
- ☐ Amoxicillin 500mg (1 tab) po tid x 10 days
- ☐ Augmentin 500mg (10 ml) po tid x 5 days
- ☐ Augmentin 500mg (2 caps) po tid x 5 days
- ☐ Augmentin 500mg (10 ml) po tid x 10 days
- ☐ Augmentin 500mg (2 caps) po tid x 10 days
- ☐ Cefdinir 325mg (6.5 ml) po qd x 10 days
- ☐ Azithromycin 240mg (6 ml) po qd x 3 days
- ☐ Azithromycin 240mgx1, 120mg x4 (6 ml) po qd x 1 day ; (3 ml) po qd x 4 days
- ☐ Cefpodoxime 120mg (6 ml) po bid x 5 days
- ☐ Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

- ☑ Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

- ☐ Ibuprofen (100mg/5ml), 40mg/ml
- ☐ Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

- ☐ Pseudoephedrine (15 mg/5ml, 30mg/5ml, 15 chewable) 2-6 yo 15 mg po q6hr max 60 mg/day; 6-12 yo 30 mg po q6hr, max 120 mg/day; >12 yo 60mg po q6hr, max 240 mg/day

Expectorants

- ☐ Guaifenesin (100/5ml) 2-6 year old 50-100 mg po q4hr (max 600mg/day); 6-12 year old 100-200 mg po q4hr, max 1200 mg/day; >12 year old, 200-400 mg po q4hr, max 2400mg/day

Cough Suppressants

- Dextromethorphan (10mg/5ml) 2-6 years old 2.5-5 mg po q4hr, max 30mg/day;

Save and Exit | Save as Final and Exit

Send ARI Smart Form Feedback

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Results
Dx

Bowel sounds
Soft
Tenderness or distension
Hepatosplenomegaly

Extremities	Comments
Cyanosis	
Clubbing	
Rashes	

Other:

Recent Test Results

Test	Comments
Chest x-ray	
Streptococcal culture	
Influenza test	
Rapid strep test	Negative Positive

Other recent test results:

Other features include patient education handouts, excuse from school and work notes, and a free text box for other plans.

Diagnoses

1°	2°	Diagnosis
○	☐	Non-specific URI
◉	☐	Otitis media
○	☐	Non-streptococcal pharyngitis
○	☐	Streptococcal pharyngitis
○	☐	Sinusitis
○	☐	Acute cough/acute bronchitis
○	☐	Viral syndrome
○	☐	Influenza
○	☐	Pneumonia
○	☐	Other:

Assessment:

Azithromycin 240mgx1, 120mg x4 (6 ml) po qd x 1 day ; (3 ml) po qd x 4 days
Cefpodoxime 120mg (6 ml) po bid x 5 days
Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

Ibuprofen (100mg/5ml), 40mg/ml
Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

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Cough Suppressants

Dextromethorphan (10mg/5ml) 2-6 years old 2.5-5 mg po q4hr, max 30mg/day; 6-12 year old 5-10 mg po q4hr, max 60mg/day; >12 year old 10-20 mg po q4hr, max 120mg/day

Combination Products

Pediacare Multisymptom 6-12 years old, 10ml every 4 to 6 hours, not to exceed 4 doses/24 hours, 2 tablets every 4 to 6 hours, not to exceed 4 doses/24 hours
Pediacare Infant decongestant and cough children 2-3 years old 1.6ml every 4 to 6 hours, do not exceed 4 doses/24 hours

Recommend

Call if symptoms worsen, new symptoms arise, or symptoms fail to improve after a total of 14 days

Print

Patient handout about otitis media
Ear Infections and Children
Ear Infections and Children
Your Child and Antibiotics - English
Your Child and Antibiotics - Spanish
Common Childhood Infections - English
Common Childhood Infections - Spanish

Excuse from school note: Child may return to school/daycare in 2 days
Parent excuse from work note: Parent needs to stay home with child for 2 days
Excuse from work note: May return to work in ___ days

Other Plan:

Save and Exit | Save as Final and Exit

Send ARI Smart Form Feedback

Remedies
Problems
Allergies
Meds
Smoking
ROS
PE
Results
Dx

Tenderness or distension
Hepatosplenomegaly

Extremities	Comments

http://is.partners.org/aappe/pdffiles/papers/EarInfection1_HE0193.pdf - Microsoft Int...

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Patient Instructions

Ear Infections and Children

Part I Symptoms, Treatment, and Complications

How do ear infections develop?

Symptoms of an ear infection

Cross-Section of the Ear

1 of 2

Pneumonia
Other:
Assessment:

Cefpodoxime 120mg (6 ml) po bid x 5 days
Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

Ibuprofen (100mg/5ml), 40mg/ml
Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

Pseudoephedrine (15 mg/5ml, 30mg/5ml, 15 chewable) 2-6 yo 15 mg po q6hr max 60 mg/day; 6-12 yo 30 mg po q6hr, max 120 mg/day; >12 yo 60mg po q6hr, max 240 mg/day

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Patient education handouts appear in a pop-up window. The provider then prints the handout using the Print feature.

Print

Patient handout about otitis media
Ear Infections and Children
Your Child and Antibiotics - Spanish
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Excuse from school note: Child may return to school/daycare in 2 days
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PARTNERS ARI Smart Form ?

Summary | Note Preview | Orders/Plan

Note Preview

Note Subject: ARI Smart Form Note: Otitis media

Using the tab feature, providers can edit and view a preview of their ARI Smart Form note.

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(21080445 BWH)
06/01/1999 (7 yrs.) M

CHIEF COMPLAINT
Patient presents with a chief complaint of ear pain or stuffiness for 3 days.

SYMPTOMS
Patient complains of subjective fever, ear pain right and headache.

Patient denies documented fever, chills or feeling cold, feeling fatigued, tired, worn-out, ear pain bilateral, ear pain left, ear stuffiness, red or itchy eyes, facial or sinus pain, facial or sinus pressure, runny nose/nasal discharge, post-nasal drip, sore throat, swollen glands, shortness of breath, wheezing, pleuritic chest pain, rash, muscle aches or hydration (PO intake).

HPI
Overall clinical course is worsening. The illness has caused the patient to restrict their activities. Patient's primary goal in seeking care is to get a diagnosis. The patient has sick contacts (School and daycare).

REMEDIES
Patient reports trying analgesics/antipyretics, which were effective. Patient reports not trying cough remedies or antibiotics.
Other: None.

Smoking

REVIEW OF SYSTEMS
Patient complains of dizziness.

Patient denies non-pleuritic chest pain, nausea, vomiting, abdominal pain, bowel changes, urinary changes or joint pains.

- [ ] Azithromycin 240mgx1, 120mg x4 (6 ml) po qd x 1 day ; (3 ml) po qd x 4 days
- [ ] Cefpodoxime 120mg (6 ml) po bid x 5 days
- [ ] Cefpodoxime 120mg (6 ml) po bid x 10 days

Other prescription

- [x] Antipyrine/Benzocaine 2-4 drops to affected ear (s) QID prn

Recommend OTC Medications

Analgesics & Antipyretics

- [ ] Ibuprofen (100mg/5ml), 40mg/ml
- [ ] Acetaminophen (160 mg/5ml), 80 mg/0.8ml

Decongestants

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Recommend

- [x] Call if symptoms worsen, new symptoms arise, or symptoms fail to improve after a total of 14 days

Print

- [x] Patient handout about otitis media

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- [x] Excuse from school note: Child may return to school/daycare in 2 days
- [x] Parent excuse from work note: Parent needs to stay home with child for 2 days
- [ ] Excuse from work note: May return to work in ___ days

Other Plan:

Save and Exit | Save as Final and Exit

Send ARI Smart Form Feedback

Disclaimer

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