

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

Timothy Ferris, MD, MPH; Stephen Morgan, MD; Eric Poon, MD, MPH; James Perrin, MD; Shelly Bernstein, MD; Peter Greenspan, MD; John Co, MD, MPH; Mark Mandell, MD.

Template

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

I O

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
- Apgars
- Prenatal problems?

Chief Complaint

Save

Cancel

Print Preview

ReOrder

Add Section

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

History of Present Illness

Carry Forward

Clear

Write comment

Select Desktop Patient Chart Oncology Custom: Templates Reports Admin Sign ? Resource Popu
<input type="text" value="Note"/> <input type="text" value="Type..."/>
<div> <div> 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 </div> <div> Interval History <input checked="" type="checkbox"/> No to All <input type="checkbox"/> Carry Forward <input type="button" value="C"/> Clear Visit type <input type="radio"/> Acute <input type="radio"/> Maintenance <input type="text"/> Illness/Injury since last visit? <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Specialty appointment since last visit? <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Hospitalization, Surgery, ER, Urgent visit since last visit? <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Nighttime symptoms <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Exercise symptoms <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Early A.M. symptoms <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Airway irritability symptoms <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Cough after laugh symptoms <input type="radio"/> Y <input type="radio"/> N <input type="text"/> Exposure / Trigger <input type="checkbox"/> URI <input type="checkbox"/> Exercise <input type="checkbox"/> Allergens <input type="checkbox"/> Smoke <input type="checkbox"/> Cold air <input type="checkbox"/> Other <input type="text"/> </div> </div>

☐ 1 ☐ 0 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
- Appars

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 ☐ 0 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?

Neonatal History

Gestation ☐ Pre-term ☐ Term ☐ Post-Term

Delivery Route ☐ Vaginal ☐ C-Section

Birth weight

Discharge weight

Appgars

Prenatal problems? ☐ Y ☐ N

Neonatal problems? ☐ Y ☐ N

Head circumference

Blood type

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
- Head/Eyes
- ENT
- Cardiovascular
- Respiratory
- GI
- GU
- Musculoskeletal
- Skin

Social History

Household changes? ☒ Carry Forward ☐ Clear

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
- Head/Eyes
- ENT
- Cardiovascular
- Respiratory
- GI
- GU
- Musculoskeletal
- Skin

Review of Systems

General ☒ Negative ☐ Carry Forward ☐ Clear

General ☒ ☐ 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

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
- Endocrine

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, polydipsia, pubertal sx

Select	Desktop	Patient Chart	Oncology	Custom: Templates	Reports	Admin	Sign	?	Resource	Popup																				
<div> <input type="text"/> Note <input type="text"/> Type... </div>																														
<ul style="list-style-type: none"> Neonatal problems? Head circumference Blood type Comments Social History Add <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> General Head/Eyes ENT Cardiovascular Respiratory GI GU Musculoskeletal 		<table border="1"> <tr> <td>Endocrine</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td> <input type="radio"/> Pos <input checked="" type="radio"/> Neg No polyuria, polydypsia, pubertal sx </td> </tr> <tr> <td>Neuro</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td> <input type="radio"/> Pos <input checked="" type="radio"/> Neg No milestone delay/loss, abn tone or clumsiness, seizures </td> </tr> <tr> <td>Heme</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td> <input type="radio"/> Pos <input checked="" type="radio"/> Neg No excessive bleeding, bruising, lymphadenopathy </td> </tr> <tr> <td>Psych</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td> <input type="radio"/> Pos <input checked="" type="radio"/> Neg NL relationships, no aggression, anxiety, depression </td> </tr> <tr> <td>Other</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td> <input type="radio"/> Pos <input checked="" type="radio"/> Neg </td> </tr> </table>									Endocrine	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg No polyuria, polydypsia, pubertal sx	Neuro	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<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="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg No excessive bleeding, bruising, lymphadenopathy	Psych	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg NL relationships, no aggression, anxiety, depression	Other	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg
Endocrine	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg No polyuria, polydypsia, pubertal sx																											
Neuro	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<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="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg No excessive bleeding, bruising, lymphadenopathy																											
Psych	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg NL relationships, no aggression, anxiety, depression																											
Other	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	<input type="radio"/> Pos <input checked="" type="radio"/> Neg																											

Select	Desktop	Patient Chart	Oncology	Custom: Templates	Reports	Admin	Sign	?	Resource	Popup																																																																						
<div> <input type="text"/> Note <input type="text"/> Type... </div>																																																																																
<ul style="list-style-type: none"> GU Musculoskeletal Skin Endocrine Neuro Heme Psych Other Physical Exam Add <ul style="list-style-type: none"> General Appearance Skin Head Eyes Ears Nose Mouth Throat Neck Heart Lungs Abdomen External Genitalia Tanner Stage Testes descended? Circumcised? Femorals Extremity 		<table border="1"> <tr> <td>Physical Exam</td> <td><input checked="" type="checkbox"/></td> <td>Normal</td> <td><input type="button" value="Down"/></td> <td> <input type="button" value="Carry Forward"/> <input type="button" value="Clear"/> </td> </tr> <tr> <td>General Appearance</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>WDMN, NAD</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Skin</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>No cyanosis, rash, abnl pigmented lesions</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Head</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>Normocephalic, atraumatic</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Eyes</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>PERRL, EOM normal</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Ears</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>NL canals, TMs clear with normal landmarks</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Nose</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>NL shape, no discharge</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Mouth</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>NL tongue, mucosa, dentition</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Throat</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>NL tonsils. No petechiae, exudate</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Neck</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>Supple, no adenopathy or masses</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Heart</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>RRR, no murmur</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Lungs</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>Clear to auscultation, no rales or wheezes</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>Abdomen</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>Soft, non-tender, no masses. Liver/spleen not</td> <td><input type="button" value="Down"/></td> </tr> <tr> <td>External Genitalia</td> <td><input checked="" type="checkbox"/></td> <td><input type="button" value="Down"/></td> <td>NL external genitalia. No herpes. No discharge</td> <td><input type="button" value="Down"/></td> </tr> </table>									Physical Exam	<input checked="" type="checkbox"/>	Normal	<input type="button" value="Down"/>	<input type="button" value="Carry Forward"/> <input type="button" value="Clear"/>	General Appearance	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	WDMN, NAD	<input type="button" value="Down"/>	Skin	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	No cyanosis, rash, abnl pigmented lesions	<input type="button" value="Down"/>	Head	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Normocephalic, atraumatic	<input type="button" value="Down"/>	Eyes	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	PERRL, EOM normal	<input type="button" value="Down"/>	Ears	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL canals, TMs clear with normal landmarks	<input type="button" value="Down"/>	Nose	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL shape, no discharge	<input type="button" value="Down"/>	Mouth	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL tongue, mucosa, dentition	<input type="button" value="Down"/>	Throat	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL tonsils. No petechiae, exudate	<input type="button" value="Down"/>	Neck	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Supple, no adenopathy or masses	<input type="button" value="Down"/>	Heart	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	RRR, no murmur	<input type="button" value="Down"/>	Lungs	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Clear to auscultation, no rales or wheezes	<input type="button" value="Down"/>	Abdomen	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Soft, non-tender, no masses. Liver/spleen not	<input type="button" value="Down"/>	External Genitalia	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL external genitalia. No herpes. No discharge	<input type="button" value="Down"/>
Physical Exam	<input checked="" type="checkbox"/>	Normal	<input type="button" value="Down"/>	<input type="button" value="Carry Forward"/> <input type="button" value="Clear"/>																																																																												
General Appearance	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	WDMN, NAD	<input type="button" value="Down"/>																																																																												
Skin	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	No cyanosis, rash, abnl pigmented lesions	<input type="button" value="Down"/>																																																																												
Head	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Normocephalic, atraumatic	<input type="button" value="Down"/>																																																																												
Eyes	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	PERRL, EOM normal	<input type="button" value="Down"/>																																																																												
Ears	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL canals, TMs clear with normal landmarks	<input type="button" value="Down"/>																																																																												
Nose	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL shape, no discharge	<input type="button" value="Down"/>																																																																												
Mouth	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL tongue, mucosa, dentition	<input type="button" value="Down"/>																																																																												
Throat	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL tonsils. No petechiae, exudate	<input type="button" value="Down"/>																																																																												
Neck	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Supple, no adenopathy or masses	<input type="button" value="Down"/>																																																																												
Heart	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	RRR, no murmur	<input type="button" value="Down"/>																																																																												
Lungs	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Clear to auscultation, no rales or wheezes	<input type="button" value="Down"/>																																																																												
Abdomen	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	Soft, non-tender, no masses. Liver/spleen not	<input type="button" value="Down"/>																																																																												
External Genitalia	<input checked="" type="checkbox"/>	<input type="button" value="Down"/>	NL external genitalia. No herpes. No discharge	<input type="button" value="Down"/>																																																																												

Select	Desktop	Patient Chart	Oncology	Custom: Templates	Reports	Admin	Sign	?	Resource	Popup							
<div> <input type="text"/> Note <input type="text"/> Type... </div>																	
<ul style="list-style-type: none"> Abdomen External Genitalia Tanner Stage Testes descended? Circumcised? Femorals Extremity Hips Neurological Other Findings Labs / X-ray Findings Add <ul style="list-style-type: none"> 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 		<table border="1"> <tr> <td>Labs / X-ray Findings</td> <td><input checked="" type="checkbox"/></td> <td>Clear</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Rapid strep test <input type="checkbox"/> Throat culture <input type="checkbox"/> Urine dipstick <input type="checkbox"/> Urucult <input type="checkbox"/> CBC <input type="checkbox"/> Hgb <input type="checkbox"/> Chol <input type="checkbox"/> Hemocult </td> </tr> <tr> <td colspan="2"> <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 </td> </tr> </table>									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"/> Urucult <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	
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"/> Urucult <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																	

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

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

Assessment and Plan

Carry Forward Clear

Next Visit:

Call/Return if worse or not better in:

Asthma Severity

Treatment

☐ Nebulizer ☐ PFT

Type of Nebulizer:

☐ Albuterol ☐ Albuterol / Atrovent

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

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
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

Flu shot given

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

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
Attending Addendum
History

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.