

Your Clinic Name/Logo

MEDICAL RECORD #:

Check in Time: _____
 Time in Rm: _____
 D/C Time: _____

URI/SINUSITIS/SORE THROAT

NAME _____

AGE _____

Date of Visit / /

| | | | | | | | | |
|--|---------|------|----|----|--|---|----|---------------|
| H: | W: | TIME | T: | P: | B/P: | / | R: | O2 SAT: |
| W B O H | SEX M F | TIME | T: | P: | B/P: | / | R: | O2 SAT: |
| CURRENT MEDICATIONS/DOSAGES: <input type="checkbox"/> SEE LIST | | | | | ALLERGIES: <input type="checkbox"/> SEE LIST <input type="checkbox"/> NKDA | | | |
| | | | | | LNMP _____ Pregnant Y N ? | | | |
| | | | | | TETANUS: <5yrs >5yrs / / | | | |
| CHIEF COMPLAINT: | | | | | | | | F/U VISIT Y N |
| Nurse Signature: _____ | | | | | | | | |

Applicable, Appropriate Options, Pertinent Negatives

HPI: (At Least 4 Elements Required)

LOCATION: Cough ST Rhinorrhea Sinus (pain congestion) HA (frontal temporal top post) Ear (pain fullness) Other _____

DURATION: # _____ Days # _____ Weeks _____ Today **SEVERITY:** Mild Mod Sev _____/10

QUALITY: Dull Sharp Stabbing Constant Intermittent

ASSOC S&S's: Fever Chills Prod. Cough Colored (sputum rhinorrhea) SOB DOE Wheezing Sneezing Chest (pain tightness) N/V Diarrhea Fatigue Hemoptysis Diaphoresis Insomnia Eye R L (redness d/c pain) Hearing R L None

CONTEXT: Bad Weather Seasonal Allergies Close Contact URI/Strep Throat No Change Other: _____

MODIFYING FACTORS: WITH: Rest · Humidifier · OTC Meds · Inhalers · Sinus Irrig · Nothing WITH: Activity · Exertion · Supine · Heat · Swallowing · Stopping over Unchanged by: _____

TIMING: Night Day Continuous Active Rest Other _____

ROS (Related by Patient) System Element if Negative Element if positive Affirmatives chronic and unchanged if not explained below

CONST Fever Chills Wt ↑ ↓ Weak Fatigue Body Aches EYES (OD OS OU) Red Itchy D/C Pain Photophobia ENT ST Rhinorrhea Earache Dry Mouth Dental Pain

RESP Cough SOB Wheezing CV Chest Pain Diaphoresis Palpitations Rapid Rate Leg Edema GI ↓Appetite Nausea Vomiting Diarrhea Abd Pain ↑R ↑L ↓R ↓L EPI SP

GU Freq. Dysuria Urgency D/C Bleeding Sexually Active >1 Partners Dysmenorrhea

MS Pain: (Joint Back Neck) Swelling: (Joint Extremity) Myalgias Lumps NEURO HA Numbness Weakness LOC Slurred Speech Vision Changes Dizziness PSYCH Depressed Emotional Lability Anxiety SKIN Rash Induration Lesions LYMPH Enlarged Tender

(2-9 Det 10 > Comp) **RECENT ANTIBIOTICS** Y N ALL NEGATIVE EXCEPT AS NOTED

PFSH (Past Medical Hx, Family and Social Hx) _____ SBE Precautions Y N

PMHx/FHx: Form reviewed Y N Date _____/_____/_____

SHX: M S D W Smoke _____ppd _____yrs ETOH Y N (soc mod heavy) Drugs: Y N (coc mar opi) PreSch _____ School _____ Work PT/FT _____

EXAMINATION: System and NML if Appropriate Element if Negative Element if positive

Const: Any 3 of 7 vitals · Appears ill · Distress (mild mod sev) · Malnourished · Fussy · Crying · Obese · Sedate NML

Eyes: Conjunctival inj · D/C · Unequal Pupils · Abn Light Reflex · ↓EOM · Lid Edema · Tearing · Chemosis · Sty NML

ENT: Ears: AD AS AJ External (swelling bruising tender) · Middle (TM hyperemia hemotympanum TM Rupt ↓landmarks) NML
 ↓ Hearing R L B · TM's/Canals Obscured by Cerumen/Exudate

Nasal: Tenderness · Swelling · Bruising · Blood R L B · Septal Hematoma · Hyperemic · Deviated Septum · Crepitus · TTP Sinuses NML

Throat: PND · Exudate · Hyperemic · Hypertrophic · Hoarse · Ulcers · Nasal Tone · Peritonsillar Mass · Muffled voice · Trismus · Halitosis NML

Mouth: Poor Dentition · Gingivitis · Fever Blisters · Aphous Ulcer · T MJ Pain · Teeth Tender NML

Neck: Tender · Swelling · Masses · Thyroid Mass · Thyroid nodule · Crepitus · ↓Supple NML

Respir: Wheezes · Rhonchi · Rales · Labored Cough (dry congested wheezy barky bronchitic) (occ freq) · BS's ↓ on R L NML
 Spitting · Prolonged Exp · Retractions · Access Muscles

CVS: Irreg Rate · Tachy · Brady · Murmur (___/6, syst/diast) · Gallop (S3 S4) · Cyanotic · Bruits (abd carotid Femoral) · JVD NML
 Pitting Edema 1+ 2+ 3+ 4+ · Pulse Deficits · Varicosity · Orthopneic · Orthostatic · SQ Emphysema · ↑AP Dia

GI (Abd): Masses · Tender (↑R ↑L ↓R ↓L EPI SP) · OM · Hernia · Rebound · Abn BS's · Tender CVA NML

Lymph: Tender · Enlarged (cervical mandibular inguinal axilla) (R L B) · Lymphedema · Lymphangitis NML

Musc: Tender · Painful ROM · Joint Swelling · Antalgic Gait · ↓ROM · Arthritic · Clubbing · Defect NML

Skin: Erythema · Induration · Rash (Urticaria scarlatiniform vesicular crusty) · Tender · ↓Turgor NML

Neuro: CN Deficit · ↓LOC · ↓Coordination · ↓Strength · Abn Gait · ↑ ↓Reflexes · ↓Sensory · Abn F-N, H-S · Meningismus · AF Bulging NML

Psych: Depressed · Anxious · Strange Affect · ↓Memory (recent remote) · Disorientation · ↓Judgment · Psychotic NML

PROVIDER NOTES

| LABORATORY STUDIES | JUSTIFICATION | X-RAYS | JUSTIFICATION |
|---|---------------|--|---------------|
| In-House: Send out: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> RAPID STREP <input type="checkbox"/> BMP <input type="checkbox"/> MONO <input type="checkbox"/> D.DIMER <input type="checkbox"/> UA <input type="checkbox"/> BNP <input type="checkbox"/> RSV <input type="checkbox"/> THROAT C & S <input type="checkbox"/> BLOOD CULTURE X____ <input type="checkbox"/> EXTRA BLOOD _____ _____ | | 1. 2. 3. 4. 5. <input type="checkbox"/> CXR PA&LAT <input type="checkbox"/> SINUSES | |

| NURSING ORDERS: | NURSE INITIALS/TIME | NURSE INITIALS/TIME |
|---|---|--|
| <u>NURSE: ALLERGIES CHECKED? Y N</u> | | |
| 1. _____ | | 3. _____ |
| 2. _____ | | 4. _____ |
| <input type="checkbox"/> NEB TX ALBUTEROL (child <2yo ask doctor) Others 2.5mg <input type="checkbox"/> EKG <input type="checkbox"/> ↑FLUIDS <input type="checkbox"/> TILTS <input type="checkbox"/> O2 SAT <input type="checkbox"/> REPEAT VITALS <input type="checkbox"/> OBSERVE _____ MINS <input type="checkbox"/> SET UP PELVIC <input type="checkbox"/> OBTAIN OLD MEDICAL RECORD <input type="checkbox"/> IRRIGATE EAR R L START IV NS @ _____ cc/hr Start time _____ End time: _____ | CIRCLD ORDERS BELOW: Td 0.5cc IM (Deltoid R L) TORADOL 60mg IM (GM R L) _____ DECADRON _____mg IM (GM R L) _____ ROCEPHIN _____mg/gm (GM R L) _____ NUBAIN _____mg IM (GM R L) _____ PHENERGAN _____mg IM (GM R L) _____ IBUPROFEN/TYLENOL Per Wt (PO) _____ BICILLIN LA 600,000 900,000 1.2 mil units IM (GM R L) _____ | Lot#/Exp/ NURSE INITIALS/TIME _____ _____ _____ _____ _____ _____ |

| REFERRALS: | ADDITIONAL NURSE NOTES: |
|--|-------------------------|
| <input type="checkbox"/> Call & make appointment for patient | |

| DIAGNOSIS: | DIAGNOSIS CONTINUED: | TREATMENT PLAN/RX's: | Antibiotics: |
|---|---|--|---|
| <input type="checkbox"/> SINUSITIS, <i>Acute Chronic</i> <input type="checkbox"/> BRONCHITIS, <i>Acute Chronic</i> <input type="checkbox"/> OTITIS MEDIA, R L B <input type="checkbox"/> OTITIS EXTERNA, R L B <input type="checkbox"/> ALLERGIC RHINITIS <input type="checkbox"/> VIRAL ILLNESS <input type="checkbox"/> PHARYNGITIS <i>Strep Acute</i> <input type="checkbox"/> INFLUENZA <input type="checkbox"/> VIRAL CONJUNCTIVITIS, <i>Acute</i> <input type="checkbox"/> BACTERIAL CONJUNCTIVITIS <input type="checkbox"/> ASTHMA, <i>Acute</i> <input type="checkbox"/> BRONCHOSPASM <input type="checkbox"/> CROUP, VIRAL SPASTIC <input type="checkbox"/> BRONCHIOLITIS, <i>Acute</i> <input type="checkbox"/> RESPIRATORY SYNCYTIAL VIRUS | <input type="checkbox"/> TONSILLITIS, <i>Acute Chronic</i> <input type="checkbox"/> PNEUMONIA, R L B <input type="checkbox"/> CERUMEN IMPACTION R L <input type="checkbox"/> MONONUCLEOSIS <input type="checkbox"/> LARYNGITIS, <i>Acute</i> <input type="checkbox"/> EUSTACHIAN TUBE Dysfunction R L _____ _____ _____ | <input type="checkbox"/> Rest and Fluids <input type="checkbox"/> Tylenol/Motrin <input type="checkbox"/> F/U as instructed <input type="checkbox"/> Off Work/School _____ Days prn <input type="checkbox"/> Cool Mist Vaporizer <input type="checkbox"/> Humidifier <input type="checkbox"/> Tamiflu <input type="checkbox"/> Pain Medicine <input type="checkbox"/> Other Antibiotic <input type="checkbox"/> Steroids (inhaled nasal/pulm oral) <input type="checkbox"/> Albuterol Inh <input type="checkbox"/> Antihistamine &/or Decongestant <input type="checkbox"/> Cough suppressant <i>Narcotic</i> <input type="checkbox"/> Ear Drops: <i>Antibiotic Steroid Antifungal Analgesic</i> <input type="checkbox"/> Sinus Rinse Other: _____ <input type="checkbox"/> Discharge instructions given for _____ | <input type="checkbox"/> Amoxil <input type="checkbox"/> Zithromax <input type="checkbox"/> Augmentin <input type="checkbox"/> Avelox <input type="checkbox"/> Levaquin <input type="checkbox"/> Biaxin <input type="checkbox"/> Ceclor <input type="checkbox"/> Doxycycline <input type="checkbox"/> Penicillin <input type="checkbox"/> Omnicef <input type="checkbox"/> Other Antibiotic |

Critical Care Time: _____ mins
 Additional Notes: _____
 Discharge Home Condition Improved at Discharge Y N
 Transfer to ED via EMS / POV
 Left AMA
 Check With Provider Before Discharge

Providers Names MD Providers Names DO Providers Names, NP Providers Names, PA-C

MR# _____ Date _____