

**Jump Start  
Guide**



# Smart Phrases for Nurse Practitioners

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BURNED-OUT  
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PRACTITIONER

# The Burned-out Nurse Practitioner's Smart Phrases for Nurse Practitioners

**Introduction:** *Nurse Practitioner Burnout* is becoming a pandemic of its own. The current roles and responsibilities of nurse practitioners continue to grow. Not only do we partake in assessing, diagnosing, and treating patients, we also have to document our findings. Then add on medication refills, analyzing diagnostic data, reviewing past medical records, and the never-ending patient messages.

Many nurse practitioners find themselves staying late at the office or bringing documentation home just to stay caught up! This destroys our work-life balance and makes us question leaving the healthcare field altogether.

After overcoming healthcare burnout herself, Erica D the NP created The Burned-out Nurse Practitioner to assist other nurse practitioners to do the same!

[The Burned-out Nurse Practitioner](#) offers online courses, coaching, and support to help overwhelmed nurse practitioners ***create work-life balance, conquer burnout, and advocate for themselves.***

This is why The Burned-out Nurse Practitioner compiled a list of smart phrases, to help nurse practitioners **STOP** charting at home. This is a jump start list of smart phrases. A downloadable comprehensive list of smart phrases can be purchased using this link:

[https://burnedoutnp.teachable.com/purchase?product\\_id=4058444](https://burnedoutnp.teachable.com/purchase?product_id=4058444)

More information about The Burned-out Nurse Practitioner can be found at [www.burnedoutnp.com](http://www.burnedoutnp.com).

Check out [The Burned-out NP's blog page](#) for free content including time management and charting tips, overcoming burnout, nurse practitioner career and personal life advice.

Check out The Burned-out NP's paid courses:

[The Nurse Practitioner Charting Course](#)  
[Burnout Bootcamp for Nurse Practitioners](#)  
[Contract Negotiation for Nurse Practitioners](#)  
[Control the Imposter Syndrome](#)

**Disclaimer:** The content of this document is for informational purposes only. The content should not be used for any medical or practice specific needs. Contact a medical coding/billing specialist, malpractice lawyer, medical director, or certification/licensing committee for specific needs.

Please note these are generic smart/dot phrases and are not meant to be used for each individual patient encounter. Please change/add/delete any of the information so it best fits your patient's specific health and your own nurse practitioner practice. As a nurse practitioner/healthcare provider, you should use your own judgment for assessing, diagnosing, treating, and documenting patient encounters.

The following smart phrases do not account for clinical practice updates as healthcare is ever changing.

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## **How to use this Document**

The smart phrases are categorized into **Basic, Acute, or Chronic** topics.

Please check related areas for certain topics. Many smart phrases are listed as diagnosis (i.e. acute URI, hypertension, COPD, etc.)

However, some are listed as symptoms (i.e. abdominal pain is listed in the Acute section).

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If there are any questions or concerns, please email [erica@burnedoutnp.com](mailto:erica@burnedoutnp.com)

## Review of Systems

Smart/Dot Phrase	Example Text
.roscon	CONSTITUTIONAL: No fever or chills. Denies recent weight loss or weight gain.
.rosneuro	NEUROLOGICAL: No convulsions or seizure. Denies tremor, paralysis, head injury or stroke.
.roseye	EYES: No blurred or double vision. No redness or drainage.
.rosent	ENT: Denies hearing loss or tinnitus. No ear pain or discharge. Denies nasal congestion or sore throat.
.rosresp	RESPIRATORY: Denies shortness of breath or difficulty breathing. Denies cough or wheezes.
.roscard	CARDIOVASCULAR: Denies chest pain, shortness of breath, or palpitations. No peripheral edema.
.rosgas	GASTROINTESTINAL: Denies abdominal pain. No nausea or vomiting. Denies diarrhea, constipation, or bloody stools.
.rosuro	URINARY: Denies burning, urgency, or frequency of urination.
.rosgyn	GYNECOLOGY: No vaginal itching, abnormal discharge, or odor. Last menstrual period:
.rosms	MUSCULOSKELETAL: No joint or muscle pain. Denies swelling or redness of joints. Denies weakness.
.rosint	INTEGUMENTARY: No rash or itching. Denies wounds or lesions.
.rospsych	PSYCHIATRIC: Denies feeling hopeless or depressed. Denies anxiety. No thoughts of harming self or others.
.rosendo	ENDOCRINE: No heat or cold intolerance. Denies excessive thirst or urination.
.roshem	HEMATOLOGIC: Denies excessive bruising. No history of blood transfusion.
.rosall	ALLERGIC: Denies allergies to medications or food.

## Exam

Smart/Dot Phrase	Example Text
.examcon	CONSTITUTIONAL: Well-developed, well nourished. No acute distress.
.examneuro	<p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>NEUROLOGICAL: The patient is alert, orientated to self, place, time, and situation. Speech is clear and understandable. Patient recalls 3/3 objects at 5 minutes. Able to follow commands. <b>Cranial nerves:</b> CN II: Visual fields by confrontation normal. Pupils equal, 4 mm, round, and briskly reactive to light. CN III, IV, VI: Six cardinal positions of gaze symmetrical bilaterally. No nystagmus noted. CN V: Facial sensation to sharp and dull intact, equal bilaterally. CN VII: Patient able to close eyes, raise eyebrows smile, puff cheeks. Movement is symmetrical bilaterally. CN VIII: Hearing is equal bilaterally to whispered voice. Weber test equal lateralization. Rinne test- air conduction &gt; bone conduction. CN IX, X: Upward movement of palate noted. Gag reflex present. Phonation is normal. CN XI: Shoulder shrug and head movement with resistance equal bilaterally. CN XII: Tongue is midline with symmetrical movement. <b>Motor:</b> Strength and muscle is equal bilaterally. No pronator drift noted. <b>Sensory:</b> Sharp and dull sensation is noted equal bilaterally of upper and lower extremities. <b>Reflexes:</b> Reflexes are 2+ and symmetric at the biceps, triceps, knees, and ankles. <b>Coordination:</b> Rapid alternating and fine finger movements intact. No ataxia or dysmetria with finger-to-nose and heel-knee-shin tests. Romberg test negative, steady balance. <b>Posture/gait:</b> Good posture noted. Steady, coordinated gait noted. Heel to toe walking normal.</p>
.examheent	HEENT: Head is normocephalic. Eyes- symmetrical, no erythema or discharge. Ears- Canals without erythema or discharge. Tympanic membrane intact, no erythema or effusion present. Nares- are patent bilaterally, no discharge noted. Oral- Oropharynx is clear, no erythema or exudate. Oral mucosa pink and moist. Lips are pink and moist, no lesions. Neck- Supple, no lymphadenopathy.
.examresp	LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.
.examcard	HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.

.examab	ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.
.examgyn	GENITOURINARY: No external vaginal redness or lesions. No abnormal or odorous discharge. Speculum exam reveals no lesions or therythema of the cervix. Cervix not friable.
.examms	MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.  MUSCULOSKELETAL/EXTREMITIES: Extremities are intact. Active/passive ROM of upper/lower extremities full and equal bilaterally. Strength of upper/lower extremities is strong/moderate/weak and equal bilaterally. Dull and sharp sensation intact and equal bilaterally. _ reflexes 0/+1/+2/+3/+4. Cap refill less than 3 seconds. No tenderness upon palpation.
.examint	INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.
.examps	PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.

### Quick Phrases

Smart/Dot Phrase	Example Text
.med	Explained intended effects, potential side effects, and schedule of dosages of the medication.
.review	Personally reviewed chronic conditions with patient including current disease state, prevention, and treatment plan. Independently reviewed and interpreted all relevant labs, diagnostics, consult/referrals related to chronic conditions and any past medical records available. Discussed current medications, risks/benefits, and side effects with patient. Reports understanding.
.redflag	Discussed red flag signs and symptoms of worsening condition, when to call the office, and when to seek higher level of care.

.support	Discussed importance of a strong support system with multiple members. Information about crisis intervention services available if mental health declines.
.smoking	Discussed potential complications of tobacco use. Discussed triggers and cravings for cigarettes. Offered interventions including nicotine patch/gum, medication, counseling, free resources. Motivational interviewing revealed patient is ready/thinking about/not ready to quit smoking. We developed a plan to gradually cut back on cigarette use. Patient identifies barriers and supportive partners. Verbalizes understanding of importance of smoking cessation. Follow-up in 1 month or sooner if needed.

### Acute Visit

Smart/dot phrase	Example text
.hpiacute	Presents with complaints of __. Symptoms started __ and worsened/persisted/improved. Describes as __. Worsens with __. Improves with __. Previous treatments include __.
.examacute	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>HEENT: Head is normocephalic. Eyes- symmetrical, no erythema or discharge. Ears- Canals without erythema or discharge. Tympanic membrane intact, no erythema or effusion present. Nares- are patent bilaterally, no discharge noted. Oral- Oropharynx is clear, no erythema or exudate. Oral mucosa pink and moist. Lips are pink and moist, no lesions. Neck- Supple, no lymphadenopathy.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>



.planacute	Prescriptions for _ sent to _pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Nonpharmacological interventions include_. Follow up in clinic for worsening or persistent symptoms. Present to the ED for any symptoms of _. Patient verbalizes understanding regarding plan of care and all questions answered.
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## Acute Upper Respiratory Illness

Smart/Dot Phrase	Example Text
.hpiuri	Presents with complaints of upper respiratory symptoms. Symptoms started _. Reports rhinorrhea, sinus pressure, sore throat. Denies fevers. Notes productive/non productive cough. Taken OTC medications.
.examuri	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact.</p> <p>HEENT: Head is normocephalic. Eyes- symmetrical, no erythema or discharge. Ears- Canals without erythema or discharge. Tympanic membrane intact, no erythema or effusion present. Nares- are patent bilaterally, no discharge noted. Oral- Oropharynx is clear, no erythema or exudate. Oral mucosa pink and moist. Lips are pink and moist, no lesions. Neck- Supple, no lymphadenopathy.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.planuri	Symptomatic treatment, rest, increase oral fluid intake. Take OTC medications. Follow-up for worsening or persistent symptoms. Patient verbalizes understanding regarding plan of care and all questions answered.

## Acute Urinary Tract Infection

Smart/Dot Phrase	Example Text
.hpiuti	Presents with complaints of burning, urgency, and frequency of urination. Symptoms started __. Denies fevers. No nausea, vomiting, diarrhea or abdominal pain. Denies CVA tenderness or hematuria. Taking OTC medications.
.examuti	CONSTITUTIONAL: Well-developed, well nourished. No acute distress. NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady. ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants. BACK: No CVA tenderness. PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.
.planuti	Prescriptions for __ sent to __pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Urine sent for culture. May take OTC medications. Increase oral fluid intake. Follow up for worsening or persistent symptoms. Patient verbalizes understanding regarding plan of care and all questions answered.

## Rash

Smart/Dot Phrase	Example Text
.hpirash	Presents to the clinic with complaints of rash. Symptoms started __ with/without precipitating events. Reports itching. Denies drainage. No recent fevers or acute illness. No new medications. Denies change in laundry detergent, soap, lotion. Treatments include __.
.examrash	CONSTITUTIONAL: Well-developed, well nourished. No acute distress. NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady. INTEGUMENTARY: Skin pink, dry, warm to touch. Rash is confluent/scattered across __. Rash is macular/papular/maculopapular/vesicles. Erythematous/no erythema to base or surrounding skin. No drainage noted. PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.

.planrash	Recommend patient apply _ once/twice a day. May take OTC medications including _. Follow-up for erythema, purulent drainage, fever, or other signs of infection. Patient verbalizes understanding regarding plan of care and all questions answered.
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### Abdominal Pain- ED setting

Smart/Dot Phrase	Example Text
.hpiabd	Presents with complaints of abdominal pain. Symptoms began _ with/without precipitating events. Reports pain to epigastric, RUQ, LUQ, RLQ, LLQ. Pain is described as _ and rates _/10. Reports/denies nausea/vomiting. Reports/denies fevers. Last BM _, diarrhea/constipation/normal BM noted. Pertinent past medical/surgical history includes _.
.examabd	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Distended/firm/soft. Tenderness to epigastric/RUQ/LUQ/RLQ/LLQ/nontender. Bowel sounds active/hypoactive/absent in all four quadrants. McBurney's sign positive/negative. Rovsing's sign positive/negative. Blumberg's sign positive/negative. CVA tenderness positive/negative.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.planabd	Lab results _. CT/ultrasound/X-ray results _. Medications given in ED include _. Consulted with general surgery. Patient will be admitted/discharged. Patient verbalizes understanding regarding plan of care and all questions answered.

## Chronic Medical Visit

Smart/Dot Phrase	Example Text
.hpicchronic	Presents for chronic medical visit __. History of __. Taking __ and tolerating medications. Last lab __. Reports symptoms of __. Denies __.
.examchronic	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>HEENT: Head is normocephalic. Eyes- symmetrical, no erythema or discharge. Ears- Canals without erythema or discharge. Tympanic membrane intact, no erythema or effusion present. Nares- are patent bilaterally, no discharge noted. Oral- Oropharynx is clear, no erythema or exudate. Oral mucosa pink and moist. Lips are pink and moist, no lesions. Neck- Supple, no lymphadenopathy.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.planchronic	Refills of __ sent to __pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Follow up 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.

## Hypertension

Smart/Dot Phrase	Example Text
.hpihtn	Presents for followup of essential hypertension. Taking __ and tolerating medications. Denies change in vision, headache, or dizziness. No complaints of chest pain, palpitations, or shortness of breath.

.examhtn	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>HEENT: Head is normocephalic. Eyes- symmetrical, no erythema or discharge. Ears- Canals without erythema or discharge. Tympanic membrane intact, no erythema or effusion present. Nares- are patent bilaterally, no discharge noted. Oral- Oropharynx is clear, no erythema or exudate. Oral mucosa pink and moist. Lips are pink and moist, no lesions. Neck- Supple, no lymphadenopathy.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.planhtn	<p>Blood pressure well controlled. Refills sent to _pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Non Pharmacological interventions such as low salt, cardiac diet discussed. Educated on stress reduction and physical activity. Discussed signs and symptoms of major cardiovascular event and need to present to the ED. Follow up in 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.</p>

## Atrial Fibrillation

Smart/Dot Phrase	Example Text
.hpiafib	<p>Presents for followup/new diagnosis of atrial fibrillation with/without RVR. Symptoms began _ with/without precipitating event. Denies chest pain, palpitations, or shortness of breath. Taking _ for rate control and _ for anticoagulation. Tolerating medications. Additional testing included _.</p>
.examafib	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p>

	<p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Irregularly irregular. No cardiac murmur, click, or rub noted.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.planafib	<p>EKG results __. Heart rate __. Blood pressure __. Continue current medications. Refills sent to __pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Discussed signs and symptoms of major cardiovascular event and need to present to the ED. Follow up in 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.</p>

## Diabetes Mellitus

Smart/Dot Phrase	Example Text
.hpidm	<p>Presents for follow up on Type __ diabetes. Taking __ and tolerating well. Uses long acting insulin. Injects short acting per sliding scale. Checking blood glucose __ times a day. Average fasting __. Last A1C __. Denies change in vision. No numbness, tingling, or open wounds. Denies chest pain, shortness of breath, or palpitations.</p>
.examdm	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p>

	<p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin. No open wounds or ulcerations noted on bilateral lower extremities.</p> <p>PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.</p>
.plandm	<p>A1C __, at goal. Refills sent to __pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Nonpharmacological interventions such as low carb diet, high in vegetables and fruit discussed. Educated on importance of physical activity. Discussed signs and symptoms of hypoglycemia and need to present to the ED. Follow up in 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.</p>

## COPD

Smart/Dot Phrase	Example Text
.hpicopd	<p>Presents for follow up of COPD. Reports feeling short of breath less than 2 days a week/2 times a week/most days/everyday. Reports no/minor/some/extreme limitation of activity. Using SABA occasionally/weekly/daily/several times a day. Using ICS and/or LABA inhaler. Taking __. Reports 0/1/2/3 exacerbations in past year. No/Recent hospitalization. Last FEV<sub>1</sub> __ with results of __. Has seen__ for pulmonology.</p>
.examcopd	<p>CONSTITUTIONAL: Well-developed, well nourished. No acute distress.</p> <p>NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady.</p> <p>LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds.</p> <p>HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted.</p> <p>ABDOMEN: Soft, nontender. Bowel sounds active in all four quadrants.</p> <p>MUSCULOSKELETAL/EXTREMITIES: Extremities are intact, no redness or edema noted of upper or lower extremity.</p> <p>INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin. No open wounds or ulcerations noted on bilateral lower extremities.</p>

	PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.
.plancopd	COPD is mild/moderate/severe/very severe. Refills of inhalers and medications sent to _pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Encouraged nonpharmacological interventions such as respiratory hygiene, monitoring O2 levels, and having SABA inhaler available at all times. Discussed signs and symptoms of respiratory distress and need to present to the ED. Follow up in 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.

## Anxiety

.hpianxiety	Presents for followup of generalized anxiety disorder. Reports symptoms of _ affecting/not affecting daily function. Reports/denies debilitating panic attack. Taking _ daily, no missed doses, and tolerating med. Seeing a therapist on weekly/monthly basis. Denies intent to harm self or others. No recent mental health hospitalizations.
.examanxiety	CONSTITUTIONAL: Well-developed, well nourished. No acute distress. NEUROLOGICAL: Patient alert, orientated, memory intact. Gait steady. LUNGS: Respirations even and unlabored, chest expansion symmetrical. Lung sounds clear in all lobes, no wheezing, crackles, or adventitious breath sounds. HEART: Rate and rhythm regular. No cardiac murmur, click, or rub noted. INTEGUMENTARY: Skin pink, dry, warm to touch. No rash, wounds, lesions noted on visible skin. PSYCHOSOCIAL: Calm and cooperative, interacts appropriately with staff.
.plananxiety	Anxiety well controlled. Refills sent to _pharmacy. Discussed medication desired effects, potential side effects, and how to administer the medication. Discussed nonpharmacological interventions such seeing a therapist, stress reduction, diet, exercise, and sleep. Follow up in 3/6/12 months or sooner if needed. Patient verbalizes understanding regarding plan of care and all questions answered.