**Dermatology Dictation Guide**:

Pause 1

Record 2

End and start new report 8

Rewind 3

Fast forward 9

Disconnect 5

Dial #00 or 1-877-580-4842

Dictation ID (YK 53954#) (KM 55261#) (SAN 52723#)

67#

1#`

Encounter/Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#

Say the following:

Patient name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending physician:

Dictating physician (if a resident is dictating)

Date of visit is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring physician name, complete address, phone and fax numbers

Parent’s names and complete address, phone numbers (from intake sheet if completed or face sheet)

Dear Dr. [PCP NAME], I had the pleasure of seeing your patient [NAME] on [DATE] in dermatology clinic at children’s national. Thank you for the referral. [NAME] is accompanied by his/her\_\_\_\_\_\_\_\_\_. [INTERVIEW WAS CONDUCTED IN {LANGUAGE} WITH AN INTERPRETER]. As you know, [NAME] is a [AGE] month/year old child referred in consultation for \_\_\_\_\_\_\_\_.

HPI:

Medications:

Allergies:

Past Medical:

Family/social histories: [NAME] is in the \_\_\_th grade.

Review of systems: A full 14-point review of systems was performed and was negative with the exception of \_\_\_\_\_\_\_\_\_ and what was noted in the HPI

Physical exam: The patient is a well-nourished, well developed Fitzpatrick type \_\_\_ [BOY/GIRL/YOUNG MAN/YOUNG LADY] in no acute distress. His/her weight today was \_\_\_kg.

(For new visit): The following body sites were inspected and palpated: scalp, face, ears, oropharynx, neck, axilla, apocrine/eccrine glands, chest, back, genitalia, buttocks, upper and lower extremities, nails, and hair. Notable findings include: \_\_\_\_

(For follow up exam): A focused examination was performed of the following body sites: \_\_\_\_\_. Notable findings include \_\_\_\_\_\_\_.

A/P and conclusion: Include any handouts or patient instructions that were provided.

We look forward to seeing [PATIENT NAME] in \_\_\_\_ months/as needed. Thank you for the opportunity to participate in the care of this interesting child. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Dr. \_\_\_\_\_\_This concludes the dictation. Please send a copy of this note to Dr. \_\_\_\_ (and the parents of PATIENT NAME).

Press 5, and then write down the dictation number on the ATR. (They only say it once)

**Quick texts:**

“Dermatology Review of Systems”: (.ROSnegative)

Appetite changes, Weight change, Fatigue, Fever/Chills, Bromhidrosis, Hyperhidrosis, Pruritus, Night sweats, Flaky/itchy scalp, Hair changes/alopecia, Xerosis, Nail changes, Headache, Dizziness, Blurry/double vision, Itchy/Watery Eyes**,** Tinnitus, Hearing loss, Rhinorrhea, Nasal congestion, Epistaxis, Sore Throat, Dental problems/cavities, oral ulcers, Abdominal pain, Hematochezia/melena, Diarrhea, Constipation, Easy bleeding/bruising, lymphadenopathy, Palpitations, Cold fingers/toes, Edema, Chest pain, Dyspnea, Wheezing/Cough, Polyuria, dysuria, Muscle weakness, arthralgias/stiffness, myalgias, Numbness/Tingling, Disturbance of sleep, Trouble concentrating, Mood changes

“Dermatology Past medical and Family history”: (.familyhistory)

Patient and family history negative for eczema, asthma, allergies, skin cancer, unusual moles, excessive scar formation, blistering sunburns, allergy to tape, developmental problems, diabetes, thyroid disorder, blood disorder, high blood pressure, arthritis, Ear/Nose/Throat disorder, Seizures, Stomach/bowel problems, kidney disease, and heart disease

“Dermatology Complete Physical Exam”: (.fullphysicalexam)

A full cutaneous skin exam was performed, including scalp, hair, face, ears, neck, eyes, oropharynx, chest, back, axilla, eccrine/apocrine glands, arms, legs, genitalia, buttocks, nails. Atypical findings include the following:\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

“Dermatology Punch Biopsy note”: (.punchbx)

Risks of bleeding, scar, infection and non-diagnostic result reviewed with parent. Verbal and written consent obtained from parent and placed on chart. Site was prepped with alcohol. Lidocaine 1% with epinephrine \_\_\_\_\_\_\_ mL was injected with a 30 gauge needle and anesthesia was obtained. A \_\_ mm punch biopsy was performed on the \_\_\_\_\_\_\_\_\_\_. Estimated blood loss was less than 1 mL. Hemostasis was obtained with \_\_\_ suture. Patient tolerated procedure well with no adverse effects. Pressure dressing was applied after dressing the wound with Vaseline. Wound care instructions provided to parent. Suture removal recommended in \_\_\_\_\_\_\_\_.

“Dermatology Shave biopsy note”: (.shavebx)

Risks of bleeding, scar, infection and non-diagnostic result reviewed with parent. Verbal and written consent obtained from parent and placed on chart. Site was prepped with alcohol. Lidocaine 1% with epinephrine \_\_\_\_\_\_\_ mL was injected with a 30 gauge needle and anesthesia was obtained. A shave biopsy was performed on the \_\_\_\_\_\_\_\_\_\_\_\_. Estimated blood loss was less than 1 mL. Hemostasis was obtained with Aluminum chloride. Patient tolerated procedure well with no adverse effects. Pressure dressing was applied after dressing the wound with Vaseline. Wound care instructions provided to parent.

“Dry skin care quick text” (.dryskincare)

I advised them on a bathing and moisturizing regimen. I did advise that they discontinue the use of wash cloths and to change from soap to a soap-free cleanser such as Cetaphil. I recommend short baths/showers lasting no more than 15 minutes with water that is not too hot. Moisturizers should be applied to the skin within 3 minutes of leaving the bath while skin is still damp. I recommended moisturizers containing ceramides such as Cerave cream, Cetaphil restoraderm, or Aveeno baby eczema therapy, or bland emollients such as Vaseline to be applied liberally twice a day.

“Wart information”

We reviewed the natural history of warts and provided anticipatory guidance. I advised that home wart therapy must be performed nightly for optimal results and in office treatment such as cryotherapy is a "jump start" to the process but does not replace home treatments. Home wart therapy involves softening the wart (should be performed either after bathing or the child may soak the affected area), then filing with a disposable emery board which should be discarded. Salicylic acid (such as wartstick 40%) should be applied to the wart avoiding surrounding skin. Duct tape should then be applied to all lesions, and may be removed the next morning or prior to the next nightly treatment. I advised that the wartstick looks like a lip balm and to store out of reach of small children. Parent endorsed understanding.

“Dermatology cryotherapy”: (.cryotherapywart)

Natural history of verruca vulgaris reviewed with parent. Anticipatory guidance provided. Risks of blistering, scarring, hyper and hypopigmentation reviewed with parent and verbal consent obtained. Site was prepped with 5% lidocaine cream applied under occlusion for 15 minutes. Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ treated with 2 ten second freeze thaw cycles. Site dressed with sterile bandage. Patient tolerated procedure with no adverse effects.

“Molluscum quick text” (.molluscum)

I did review the natural history of molluscum and provided anticipatory guidance including that, untreated, these lesions can last for up to 2 years, but that treatment does not necessarily hasten clearance. I did advise that they may locally spread, or progress to become a sterile abscess which may require treatment. I advised that they may leave behind hypopigmentation, hyperpigmentation or atrophic scars regardless of treatment. I reviewed the treatment options, including active non-intervention, cantharidin, and extraction. Cantharidin and extraction may leave behind the hypo- or hyperpigmentation, or a scar. Cantharidin is applied in-office and is washed off after 4-6 hours. Rarely, a larger blister may form. I reviewed wound care for this circumstance. I also reviewed that molluscum should not prevent the child from any normal activities.

“Dermatology cantharidin”: (.cantharidin)

Risks of blistering, scarring, hyper and hypopigmentation reviewed with parent and verbal consent obtained. Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ treated with cantharidin in flexible collodion. Reviewed with parent that treatment should be washed off in 4 hours or sooner. Patient tolerated procedure with no adverse effects.

“Retinoid side effects”: (.retinoid)

I advised that only a pea-sized amount of the prescribed medication should be applied. I advised that it be applied to all acne-prone areas, not only as a “spot treatment.”

“Resident attestation” (.resident)

This patient was interviewed and examined with a resident. I obtained the relevant history and performed the examination myself. I agree with the assessment and plan as documented above.