

Infectious Disease Monkeypox Treatment Consult Note

Consulting Attending: ***

This is an Monkeypox treatment evaluation for @PATPREFNAME@, who is a @AGE@ @GENDERID@ referred for the evaluation of Monkeypox.

Required by CDC:

Sex assigned at birth: ***

(Choices: M, F)

Gender identity: ***

(Choices, M, F, Transgender male, Transgender female, other, unknown)

Race: ***

(Choices: AA//Black, Asian, White, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Other)

Ethnicity: ***

(Choices Hispanic/Not Hispanic)

CDC Eligibility criteria:

Does the patient have laboratory confirmed orthopoxvirus infection? : {Yes No:20284}

Has the orthopoxvirus species been confirmed: No

Indication for treatment: ***

(Choices: Risk of severe outcome due to immunosuppression, Lesions in sensitive anatomical areas (please list area), pain (please list location of pain), other (please specify details))

This evaluation is being completed in the *** setting

Choices:inpatient, inpatient-icu, outpatient

If inpatient, date of admission: ***

- 1) Willing to sign informed consent: Yes
- 2) Accepts Tecovirimat treatment: Yes
- 3) Known allergy to tecovirimat or excipients of tecovirimat: No
- 4) For IV only: Cr Cl < 30ml/min: No

HPI

(including day by day timeline from prodrome to present)

Monkeypox Specific History

Date of illness onset: ***

Date of exposure if known): ***

Date of smallpox vaccination (and type):

If ACAM 2000 was there a documented vaccine take:

Presenting Signs and Symptoms:

Approximate number of lesions: ***

Size of maximal lesion (in mm): ***

Percent of body affected: ***
(Using rule of 9's with any part with at least one lesion counting)

Risk Factors:

Immunocompromised: ***
Immunocompromising medication: ***
Travel History:***

Past Medical History

@PMH@

Medication History

@CMED@

Surgical History

@PSH@

Immunization History

@IMMHIST@

Family History

@FAMHX@

Social History

@SOCH@
Gender of sex partners: ***
Top/Bottom/Verse: ***
Partners in past month: ***
Condoms (% of time): ***

Allergies

@ALLERGY@

@ROSBYAGE@

Vital Signs:

@VS@

@PHYSEXAMBYAGE@

Distribution of Lesions:

Left

__ scalp	__ face	__ mouth	__ oral mucosa
__ throat	__ eye	__ hand	__ arm
__ trunk	__ abdomen	__ buttock	__ genitals
__ anus	__ thigh	__ calf	__ foot
__ Other			

Right

__ scalp	__ face	__ mouth	__ oral mucosa
__ throat	__ eye	__ hand	__ arm

__ trunk __ abdomen __ buttock __ genitals
__ anus __ thigh __ calf __ foot
__ Other

Lesion photos in Epic (Y/N): {Yes No:20284}
Images inserted at bottom of the note: {Yes No:20284}

Laboratory**BMP:**

@BRIEFLAB(NA,CL,BUN,K,CO2,CREATININE,GLUs)@

CBC:

@BRIEFLAB(WBC,RBC,HGB,CRIT,MCV,MCH,MCHC,RDW,PLT,MPV,NEUTP,LYMPHP,MON
OP,EOSP,BASOP,NEUT,LYMPH,MONO,EOS,BASO,RETIC,MANDIFF,LUC,LUCP)@

LFTs:

@BRIEFLAB(TP,SGPT,SGOT,ALK,ALB,DBILI,TBILI)@

UA

@BRIEFLAB(UCOLOR,UAPPEAR,SGUR,PHUR,PROTUR,GLUUR,UKETONE,UBILI,UBLOOD,UROBILI
NOGEN,NIUR,LEUEU,SQUAMOUSEC,SQUAMOUSECH,SPERMUR,WBCUR,WBCURH,RBCUR,RBCU
RH,UREC,UTEC,TRICHOMONAS,BACTUR,BACTERIAUR)@

STI Testing:

(If previously completed please document date and results)

- HIV -
- Hep C -
- 3 site GC/CT -
- RPR -
- HSV/VZV -
- Bacterial Culture -

CDC Labs:

Immunochemistry collected: {Yes (Default)/No:51158}

Lesion swab collected: {Yes (Default)/No:51158}

Lesion swab collected from: ***

Assessment and Plan:

*** yo *** with no significant PMHx now with *** Monkeypox with ***

1) Monkeypox

- Will start TPOXX 600mg PO *** daily x 14 days
 - (Patient completed the informed consent process per the IRB/IND and wishes to pursue treatment)
- MPX orders sent : BMP, CBCd, Hepatic panel, urinalysis
- Have provided the patient with a diary form
- Have provided counseling about keeping lesions covered and isolating
- Have provided counseling to call me or go to the ED if symptoms worsen
- Patient follow-up on *** via *** (in person or tele medicine)



Clinical Images Taken at Today's Visit: