



“2 MINUTE PEARLS” Patient Handouts Template



- A great tool to quickly access patient education materials directly through AHLTA!
- Enables easy documentation into progress note that patient education occurred
- Can be used by any member of the health care team (RN, LPN, Medic, Patient Educator, Provider)
- Handouts available in English or Spanish
- Many handouts have great pictures
- Can link easily to other related handout information
- Usage Directions:
 - Go to S/O Template Management from the S/O Module
 - Search for: all--patient handouts
 - Select the template that displays Department of Defense as the owner and Add to Favorites for easy access in the future

AMEDD AHLTA Program Office
“Enhancing Military Health Care”

STACKLE, MARK E: Military Clinical Desktop - 5/D (Privacy Act of 1974/EO 13526)

File Edit View Go Tools Actions Help

Search Patient List Appointments Telephone Consults Alert Review Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQQQQQ, QQQQQQQ 201800-36-0822 69yo F AMN DOB:22 Aug 1936

Physician Shortcuts << >> AIM - ALL-Patient Handou AutoNeg Undo Details Browse Shift Browse Note View

Intro Infection/Infestation Cancer/Endocrine Peds HEENT Cardio/Pulmonary Gastro Gyn/Breast Male Repro/Urinary Derm Ortho/Rheum Neuro/Psych Online View

General patient education topics across top of form

How To Use This Form

...d a set of commercially developed and maintained patient handouts. This Form provides and easy access to all of the DoD- licensed patient handouts.

...e organized under topical tabs. Under each tab items are organized alphabetically. Some er more than one tab. (E.g. 'melanoma' is under both the Cancer/Endocrine tab and the

...cepts with more than one name may be listed under each name (e.g. Epilepsy and Seizure disorder); however synonymous terms on this Form will always point to the same patient handout.

Clicking the question mark to the right of an item will take you to that topic's handout on the TOL website from which you may print the document to give to the patient. Most handouts are 1 - 4 printed pages.

Your internet browser may warn you that the web page contains both secure and non-secure items. This is expected behavior. Click the 'Yes' button to 'display the non-secure items.'

Clicking the round button to the left of the item on this Form will create an entry in the 'Counseling/Education' part of your note stating that you gave the patient printed information for that topic.

The content of these handouts is not developed or modified by the DoD. The handouts are merely licensed by the DoD for your use. They are made available here as a convenience to you.

If you prefer to use a locally available handout for a topic on this Form then don't click the question mark button. But please do click the round button next to the item to emit to your note the fact that you provided a related handout.

If you think a handout exists on the TOL Web site but you can't find it on this Form you may click this button to access a web-based index of available Patient Handouts. ? **Note! Using the button to the left to access the Web-based index to Handouts will not document that you provided a handout to your patient!**

USAF Medcin Form Revised May 2006 [Medcin Forms Help](#) ?

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Physician Shortcuts: Search, Patient List, Appointments, Telephone Cons, Alert Review, Health History, Previous Encou, Clinical Notes, Problems, Meds, Lab, Radiology, Demographics, S/D, Vital Signs Rev, Flowsheets, A/P, Order Entry Med, Order Entry Lab, Procedure, Disposition, Army Readiness, CHCS-I, Reports, Template Man, Consult Log

AIM - ALL-Patient Handou AutoNeg Undo Details Browse Shift Browse Note View

Intro Infection/Infestation Cancer/Endocrine Peds HEENT Cardio/Pulmonary Gastro Gyn/Breast Male Repro/Urinary Derm Ortho/Rheum Neuro/Psych Outline View

Pediatrics:

<input type="radio"/> Acne	<input type="radio"/> Cystic Fibrosis	<input type="radio"/> Laryngitis	<input type="radio"/> Rickets
<input type="radio"/> ADHD	<input type="radio"/> Cystitis	<input type="radio"/> Lead Poisoning	<input type="radio"/> Scarlet Fever
<input type="radio"/> Allergic Rhinitis	<input type="radio"/> Deafness	<input type="radio"/> Marfan Syndrome	<input type="radio"/> Scoliosis
<input type="radio"/> Anal Fissure	<input type="radio"/> Dehydration	<input type="radio"/> Measles	<input type="radio"/> Seasonal Allergy
<input type="radio"/> Anorexia Nervosa	<input type="radio"/> Diarrhea	<input type="radio"/> Meningitis Bacterial	<input type="radio"/> Seizure Disorder
<input type="radio"/> Aphthous Ulcer		<input type="radio"/> Meningitis Viral	<input type="radio"/> Sickle Cell Disease
<input type="radio"/> Asperger's Syn		<input type="radio"/> Mononucleosis	<input type="radio"/> Sleep Apnea
<input type="radio"/> Asthma		<input type="radio"/> Motion Sickness	<input type="radio"/> Spina Bifida
<input type="radio"/> Autism		<input type="radio"/> Multiple Sclerosis	<input type="radio"/> Stuttering
<input type="radio"/> Bacterial Meni		<input type="radio"/> Nasal Fracture	<input type="radio"/> Tay-Sachs Disease
<input type="radio"/> Bladder Infecti		<input type="radio"/> Neurofibromatosis	<input type="radio"/> Teething
<input type="radio"/> Bulimia Nervos		<input type="radio"/> Nose Bleed	<input type="radio"/> Tetralogy of Fallot
<input type="radio"/> Candidiasis Ora		<input type="radio"/> Obesity	<input type="radio"/> Thrush
<input type="radio"/> Canker Sore		<input type="radio"/> Oral Candidiasis	<input type="radio"/> Tooth Decay
<input type="radio"/> Caries	<input type="radio"/> Heat Stroke/Exhaustion	<input type="radio"/> Oral-Facial Cleft	<input type="radio"/> Upper Respiratory Infect.
<input type="radio"/> Cerebral Palsy	<input type="radio"/> Hydrocephalus	<input checked="" type="radio"/> Otitis Media	<input type="radio"/> Urinary Tract Infection
<input type="radio"/> Concussion	<input type="radio"/> Hyperhidrosis	<input type="radio"/> Retinoblastoma	<input type="radio"/> Viral Meningitis
<input type="radio"/> Constipation	<input type="radio"/> Influenza	<input type="radio"/> Reye's Syndrome	<input type="radio"/> Viral Sore Throat
<input type="radio"/> Cough	<input type="radio"/> Intussusception	<input type="radio"/> Rh Incompatibility	<input type="radio"/> von Willebrand Disease
<input type="radio"/> Croup	<input type="radio"/> Jaundice	<input type="radio"/> Rheumatic Fever	

Selecting Left bullet will document that educational materials were given to patient

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Search Patient List Appointments Telephone Consults Alert Review Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

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Physician Shortcuts

- Search
- Patient List
- Appointments
- Telephone Cons
- Alert Review
- Health History
- Previous Encou
- Clinical Notes
- Problems
- Meds
- Lab
- Radiology
- Demographics
- S/D
- Vital Signs Rev
- Flowsheets
- A/P
- Order Entry Med
- Order Entry Lab
- Procedure
- Disposition
- Army Readiness
- CHCS-I
- Reports
- Template Manag
- Consult Log

Entry details for current patient

Printed information given for

Duration (numeric) Onset Modifier

Value Unit

HPI

PMH

ROS

PE

Tests

Browse

Templates (Symptoms)

- printed information given for sinus pain**
- printed information given for snoring**
- printed information given for hiccups**
- printed information given for cough**
- printed information given for difficulty swallowing (dysphagia)**
- printed information given for heartburn**
- printed information given for yellow skin or eyes (jaundice)**
- printed information given for constipation**
- printed information given for lower back pain**
- printed information given for fainting (syncope)**
- printed information given for insomnia**

Counseling/Education

- Printed information given for otitis media

Track 4
Unknown Artist
Album (8/27/2004 5:13:44 PM)

Start

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Documentation is added automatically under Counseling/Education

Pediatrics:

<input type="radio"/> Acne	<input type="radio"/> Cystic Fibrosis	<input type="radio"/> Laryngitis
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<input type="radio"/> Aphthous Ulcer	<input type="radio"/> Down Syndrome	<input type="radio"/> Meningitis
<input type="radio"/> Asperger's Syndrome	<input type="radio"/> Drug Addiction	<input type="radio"/> Mononucleosis
<input type="radio"/> Asthma	<input type="radio"/> Encopresis	<input type="radio"/> Motion Sickness
<input type="radio"/> Autism	<input type="radio"/> Epilepsy	<input type="radio"/> Multiple Sclerosis
<input type="radio"/> Bacterial Meningitis	<input type="radio"/> Fetal Alcohol Syndrome	<input type="radio"/> Nasal Fracture
<input type="radio"/> Bladder Infection	<input type="radio"/> Fever Blister	<input type="radio"/> Neurofibromatosis
<input type="radio"/> Bulimia Nervosa	<input type="radio"/> Fragile X Syndrome	<input type="radio"/> Nose Bleed
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		<input type="radio"/> Upper Respiratory Infection
		<input type="radio"/> Urinary Tract Infection
		<input type="radio"/> Viral Meningitis
		<input type="radio"/> Viral Sore Throat
		<input type="radio"/> von Willebrand Disease

Selecting RIGHT "?" button will direct you to the Health Library patient handout that can be printed and given to patient.

Middle Ear Infection

(*Otitis Media*)

by [Rosalyn Carson-DeWitt, MD](#)

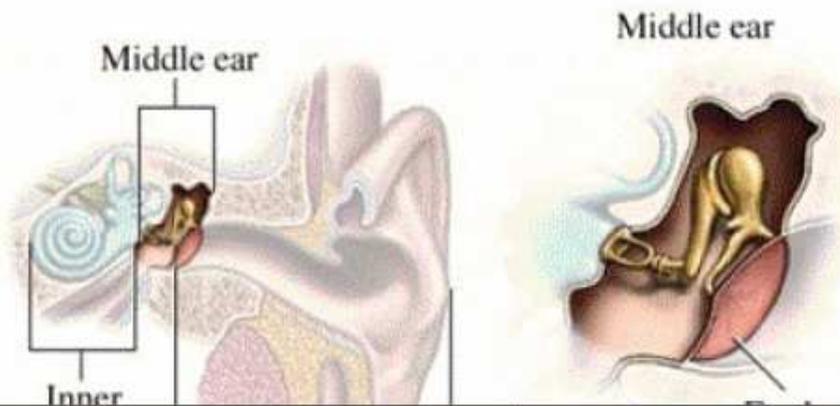
[En Español \(Spanish Version\)](#)

Many are available in Spanish as well

Definition

Middle ear infection is a term for infection and inflammation of the middle ear. The middle ear is the part of the ear behind the eardrum.

The Middle Ear



Middle Ear Infection - Microsoft Internet Explorer

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Address <https://healthlibrary.epnet.com/GetContent.aspx?token=a66f9fd4-3ac7-4a34-8185-d24f0646d30a&chunkid=11640> Go

Causes

Middle ear infections are caused by bacteria and viruses. Common causative organisms include:

- *Haemophilus influenzae*
- *Streptococcus pneumoniae*
- *Moraxella (or Branhamella) catarrhalis*
- *Streptococcus pyogenes* (under 5% of cases)
- *Staphylococcus aureus* (3% or less of cases)

Risk Factors

A risk factor is something that increases your chance of getting a disease or condition.

Risk factors include:

- Recent viral infection, such as a [cold](#)
- Recent [sinusitis](#)
- Age: babies and toddlers
- Attendance at day care
- Being bottle fed as an infant (especially while lying down)
- Medical conditions that cause abnormalities of the eustachian tube
 - [Cleft palate](#)
 - [Down syndrome](#)
- History of allergies
- [Gastroesophageal reflux disease \(GERD\)](#)
- Babies whose mother drank alcohol while pregnant
- Exposure to second hand smoke, usually cigarette smoke
- A variety of other conditions both rare and common can cause middle ear infections.

Symptoms

Symptoms include:

- Ear pain (in babies too young to report pain, you may notice tugging or rubbing at the ear or face)
- Fever

*Information includes Causes, Risks Factors, Symptoms...

*Blue text provides link to other related diagnoses or procedures

*Some procedure topics also include short summary video of what the patient should expect with the procedure

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Middle Ear Infection - Microsoft Internet Explorer

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Address <https://healthlibrary.epnet.com/GetContent.aspx?token=a66f9fd4-3ac7-4a34-8185-d24f0646d30a&chunkid=11640>

Diagnosis

The doctor will ask about symptoms and medical history, and perform a physical exam. Most middle ear infections are diagnosed using an otoscope, a lighted instrument.

The doctor will look to see if there is fluid or pus behind the eardrum. A small tube and bulb (insufflator) may be at blown into the ear. This helps the doctor see if the eardrum is moving normally.

Other tests may include:

- Tympanocentesis**—withdrawal of fluid or pus from the middle ear using a needle to check for bacteria
- Tympanometry**—a test that measures pressure in the middle ear and responsiveness of the eardrum
- Hearing Test**—may be ordered for repeated ear infections

Treatment

Treatments include:

Antibiotics

Antibiotics are commonly given to treat ear infections. The most frequently recommended antibiotics are amoxicillin and clavulanate (Augmentin). A number of other drugs including cephalosporins (cefprozil, cefdinir, cefpodoxime, and ceftriaxone) and sulfa drugs (Septra, Bactrim, Pediazole) are sometimes used.

Some ear infections are not caused by bacteria, but instead by a virus. Antibiotics will not speed up the cure of a viral ear infection. These infections (and many bacterial infections) tend to improve on their own in 2-3 days without antibiotic treatment.

Over-the-Counter (OTC) Pain Relievers

OTC pain relievers can help reduce pain, fever, and irritability. These include acetaminophen or ibuprofen. Aspirin is not recommended for children with a current or recent viral infection. Check with your doctor before giving a child aspirin.

Ear Drops

Ear drops may help decrease pain. They cannot be used if there is any chance that the eardrum has ruptured.

*Also includes Diagnosis Methods and Treatment Options (both prescribed and OTC) and Prevention Strategies

*Can be printed directly from site and handed to patient at the close of the visit or emailed to patient

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AMEDD AHLTA Program Office



- For Further AHLTA Information, use the following links or contact your local Sustainment Trainer
 - AMEDD AHLTA Homepage
 - <https://www.us.army.mil/suite/page/406> (AKO password required)
 - AHLTA Video Tutorials
 - <http://www-nmcp.mar.med.navy.mil/AHLTA/AHLTA%20Training%20Tools/index.html>
 - I would appreciate any feedback/suggestions you have for future **AHLTA 2 MINUTE PEARLS**.

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- Email: mark.stackle@us.army.mil

AMEDD AHLTA Program Office
“Enhancing Military Health Care”