

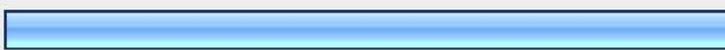


AHLTA Use with Dragon NaturallySpeaking

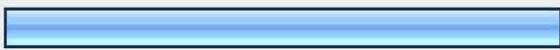
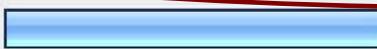
Bob Marshall, MD MPH MISM
CAPT MC USN

Puget Sound Family Medicine
NavMedWest AHLTA Regional Champion

11. Have you ever used Dragon NaturallySpeaking or other dictation/voice recognition software?

		Response Percent	Response Count
Yes		22.6%	105
No		77.4%	360
<i>answered question</i>			465
<i>skipped question</i>			55

12. Do you think you could use voice recognition software, such as Dragon NaturallySpeaking, to improve your documentation in AHLTA?

		Response Percent	Response Count
Yes		59.1%	270
No		40.9%	187
<i>answered question</i>			457
<i>skipped question</i>			63

Top 5 Reasons Dragon Fails

(no particular order)

1. Users Don't like the Microphone
2. Not enough RAM (recommend at least 1GB)
3. No Roaming Profile
4. No Training Provided
5. No Environment to Use Dictation



Problem 1:

Users Don't Like the Microphone

- A "headset" microphone ships with Dragon NaturallySpeaking.
- Some people prefer this microphone to allow their hands to type and use the mouse.
- Others do not like the microphone because it has to be worn as a headset and they prefer "handheld" microphones.



Andrea ANC 300



The Andrea-300 handheld microphone (with stand) features a “mute” switch for rapid on/off functionality during dictation.

This is a favorite for affordable wired (not wireless) handheld microphones (i.e. if you don't like the headset).

Andrea ANC300 company webpage: (cost \$29.95)

<http://www.andraelectronics.com/Buy/ProductDesc/ANC300.htm>

Other places to purchase:

VoiceRecognition.com (cost \$24.95)

<http://shop.voicerecognition.com/s.nl/it.A/id.82/f>

CDW (cost \$29.99) – is a GSA contractor

http://www.cdw.com/shop/products/default.aspx?edc=858262&cm_ven=RKG&cm_cat=adwords&cm_pla=Multimedia&cm_ite=cyber_acoustics_ac-850

Options



Track Changes

User Information

Compatibility

File Locations

Hidden Settings



Manufacturers' default settings (Not to be edited)

Endurance options

Crash every 

Crash after bytes of un-saved changes

Save options

Create incredibly large files

Allow me to carry on typing during AutoRecovery saves

AutoRecovery saves take

Other options

Biss me off by applying the same stupid default attributes to every table, picture and object I insert

Annoy me with that sodding paper clip

constantly

when I least expect it

OK

Cancel

Reset

AHLTA's Hidden Settings

OK

Close

Problem 2: Not enough RAM

- *Recommended* RAM for DNS > 1 GB
- Recommendation is to upgrade all machines to 2GB for DNS with AHLTA.



Newer machines will be coming with at least 1-2 GB of RAM

Both AHLTA and Dragon are very RAM dependent



FUTURE
ARCHAEOLOGY

OUR BEST
GUESS IS THAT
IT WAS SOME
SORT OF LATE
20TH CENTURY
PRISON...

Problem 3: No Roaming Profile

- When you first “train” DNS you create a personal profile. Ideally, this profile should be created once and stored centrally. Otherwise, you would have to “train” each machine where you use DNS.
- Solution: Create a “Roaming” profile that is stored on the network drive (i.e. My Documents).

Creating a New Roaming Profile

- When you first use DNS you will need to create your profile. This profile will keep track of your particular inflections/accent information and voice short-cuts.
- Although you will have one profile, you can have multiple “sources” associated with a profile. A source refers to the “source” of voice input (typically the type of microphone being used—USB or plug-in, etc.).

Some microphones use USB others use the normal microphone-type plug.



Problem 4: No Training Provided

- Nuance offers personal trainers for 2-days of implementation (per contract) but they cannot train every provider.
- **Solution:** Use the existing Navy sustainment trainers/consultants to assist training providers to use DNS with AHLTA. Use the Nuance trainers to “train the trainers” ...

Also identify a clinic specific training day to be done by AHLTA clinical champion.

FOR SALE BY OWNER

Complete set of Encyclopedia
Britannica.

45 volumes.

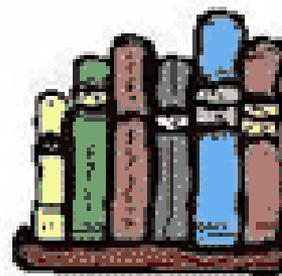
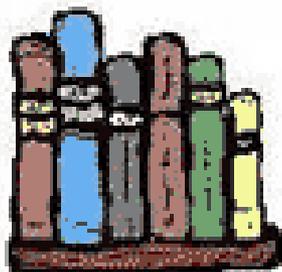
Excellent condition.

\$1,000.00 or best offer.

No longer needed.

Got married last
weekend.

Wife knows everything.



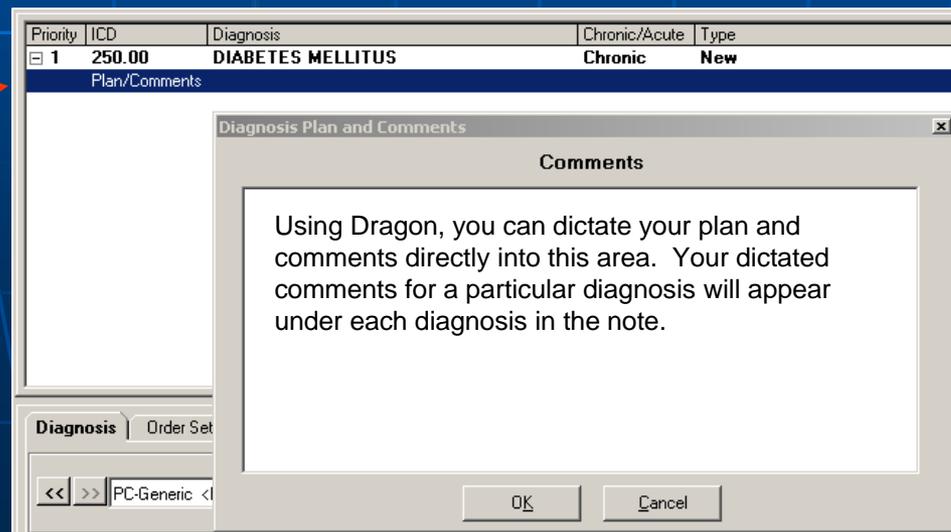
Problem 5:

No Environment to Use Dictation

- DNS does not work well with AHLTA MedCin terms or MedCin templates.
- Solution:
Use DNS to dictate into "Add Note" section or free-text areas of MedCin terms.
→ example: PC-Generic AIM form or the text boxes of any AIM form.

Best places to use DNS in AHLTA

1. Add Note (found on main note screen)
2. Free-Text fields of AIM form in **S/O** module.
3. Free-Text fields of MedCin terms in **S/O** module.
4. Comments/Plan section of **A/P** module.
→ This particular section is often overlooked by providers.



A vibrant, stylized illustration of a dragon. The dragon's body is primarily blue and green, with a long, flowing tail that curls around. It has large, translucent purple wings and a crown of red, flame-like spikes. The dragon is set against a dark blue background with a light blue grid pattern. The text "Some Examples of Dragon in AHLTA" is overlaid in the center in a bold, white font with a black outline.

Some Examples of Dragon in AHLTA

Dragon use within AHLTA

Folder List

- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
- Immunizations Ad
- QQQAATEST, SPOU
- Demographics
- Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Re
 - PKC Couplers
 - Readiness
 - Patient Quest
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encount
 - Flowsheets
 - Current Encounte
 - Screening
 - Vital Signs En
 - S/D
 - A/P
- Reminders
 - Breast Exam Screen

FamMed-Adult-AIM--plus0 AutoNeg Undo Details Browse Shift Browse Note View

HPI ROS Physical Exam Well Woman Colposcopy/Laryngoscopy Vasectomy Misc Minor Procedures PFTs/ECG Help Outline View

Documentation recommendations:
Under HPI document the reason for the visit with attention to the elements of duration, onset, and alleviating/exacerbating factors using free text if structured items can not be found easily.
Include pertinent positives and negatives under ROS.

This is a new consult visit

Referred by:

NOTE: Change "Service Type" to "Consult" in Disposition Module

History of Present Illness

<input type="checkbox"/> Pain	<input type="checkbox"/>	<input type="checkbox"/> Cough	<input type="checkbox"/>
<input type="checkbox"/> Headache	<input type="checkbox"/>	<input type="checkbox"/> Skin Sx	<input type="checkbox"/>
<input type="checkbox"/> Vertigo	<input type="checkbox"/>	<input type="checkbox"/> Feeling ill	<input type="checkbox"/>
<input type="checkbox"/> Medication refill	<input type="checkbox"/>	<input type="checkbox"/> Visit for a Physical	<input type="checkbox"/>

Additional problems:

HPI (con"t) -- Military/Background Info

This Visit is Deployment-related

Branch of Service: USA USN USAF USMC

Source of information: Patient

Reliability of source of patient information:

Past Medical / Surgical History

Reviewed Past Medical Hx

Reviewed Past Surgical Hx

Reviewed Medication Hx

Reported Recent Immunization

Reviewed Allergy Hx (N indicates no known drug allergies)

Reviewed Dietary Hx

Prior Tests

Complete Colonoscopy

Previous Hospitalizations

Previous ER Visits

Cardiac Risk Factors

Exposure To Secondhand Smoke

Other concerns/Subjective information:

Personal History

Reviewed Social Hx

Tobacco Use

Alcohol Use

Caffeine Use

Herbal Medicines

Drug Use

Regular Exercise

Reviewed Sleep Habits

Disability

Mental Disability:

Physical Disability:

Significant Co-Morbid Conditions

Hx of Hypertension (systemic)

Hx of Coronary Artery Disease

Hx of Congestive Heart Failure

Hx of Diabetes Mellitus

Hx of Osteoporosis

Hx of Depression

Family History

Reviewed Family History

AMEDD Medci FP-G

Here is the typical opening page on a general AIM form. You can dictate into the text boxes with Dragon.

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- Current Encounte
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- Vital Signs En
- S/D
- A/P

Reminders

Breast Exam Screen

FamMed-Adult-AIM-plusD AutoNeg Undo Details Browse Shift Browse Note View

HPI ROS Physical Exam Well Woman Colposcopy/Laryngoscopy Vasectomy Misc Minor Procedures PFTs/ECG Help Outline View

FP--General--AMEDD

ABDOMEN WAS SOFT, BOWEL SOUNDS WERE EXAGGERATED W/HIGH PITCHED SOUNDS; A MASS WAS FELT IN THE RIGHT LOWER QUADRANT OVER THE ADNEXA. THERE WAS DIFFUSE +TTP OVER THE RLQ TO RUQ.]

Close The Note Dialog ABC Insert Text

<input type="checkbox"/> <input type="checkbox"/> PERRLA	<input type="checkbox"/> <input type="checkbox"/> Breath Sounds
<input type="checkbox"/> <input type="checkbox"/> External Eye	Cardiovascular
<input type="checkbox"/> <input type="checkbox"/> Conjunctiva Discharge	<input type="checkbox"/> <input type="checkbox"/> Rate and Rhythm
<input type="checkbox"/> <input type="checkbox"/> Icteric Sclera	<input type="checkbox"/> <input type="checkbox"/> Heart Sounds
ENT	<input type="checkbox"/> <input type="checkbox"/> Murmur heard
<input type="checkbox"/> <input type="checkbox"/> Nasal Mucosa	<input type="checkbox"/> <input type="checkbox"/> Arterial Pulses
<input type="checkbox"/> <input type="checkbox"/> Flaring of the Nostrils	Abdominal
<input type="checkbox"/> <input type="checkbox"/> Buccal Mucosa	<input type="checkbox"/> <input type="checkbox"/> Abdomen Rigid
<input type="checkbox"/> <input type="checkbox"/> Oropharynx	<input checked="" type="checkbox"/> <input type="checkbox"/> Abdomen Tender
<input type="checkbox"/> <input type="checkbox"/> Tympanic Membrane	<input type="checkbox"/> <input type="checkbox"/> Mass Palpated
<input type="checkbox"/> <input type="checkbox"/> Erythema Present	<input type="checkbox"/> <input type="checkbox"/> Liver Enlarged
<input type="checkbox"/> <input type="checkbox"/> Loss of Light Reflex	<input type="checkbox"/> <input type="checkbox"/> Spleen Enlarged
<input type="checkbox"/> <input type="checkbox"/> Loss of Landmarks	<input type="checkbox"/> <input type="checkbox"/> Hernia discovered
<input type="checkbox"/> <input type="checkbox"/> Mobility Decreased	<input type="checkbox"/> <input type="checkbox"/> Bowel Sounds

Genital M

- Penis
- Scrotum
- Cryptorchism observed

Genital F

- External Genitalia
- Vaginal Discharge
- Bloody Discharge

Use Well Woman tab for comprehensive female evaluation

Rectum

- Rectum
- Prostate

Skin

- Color/Pig
- Clubbing
- Cyanosis
- Edema
- Lesions

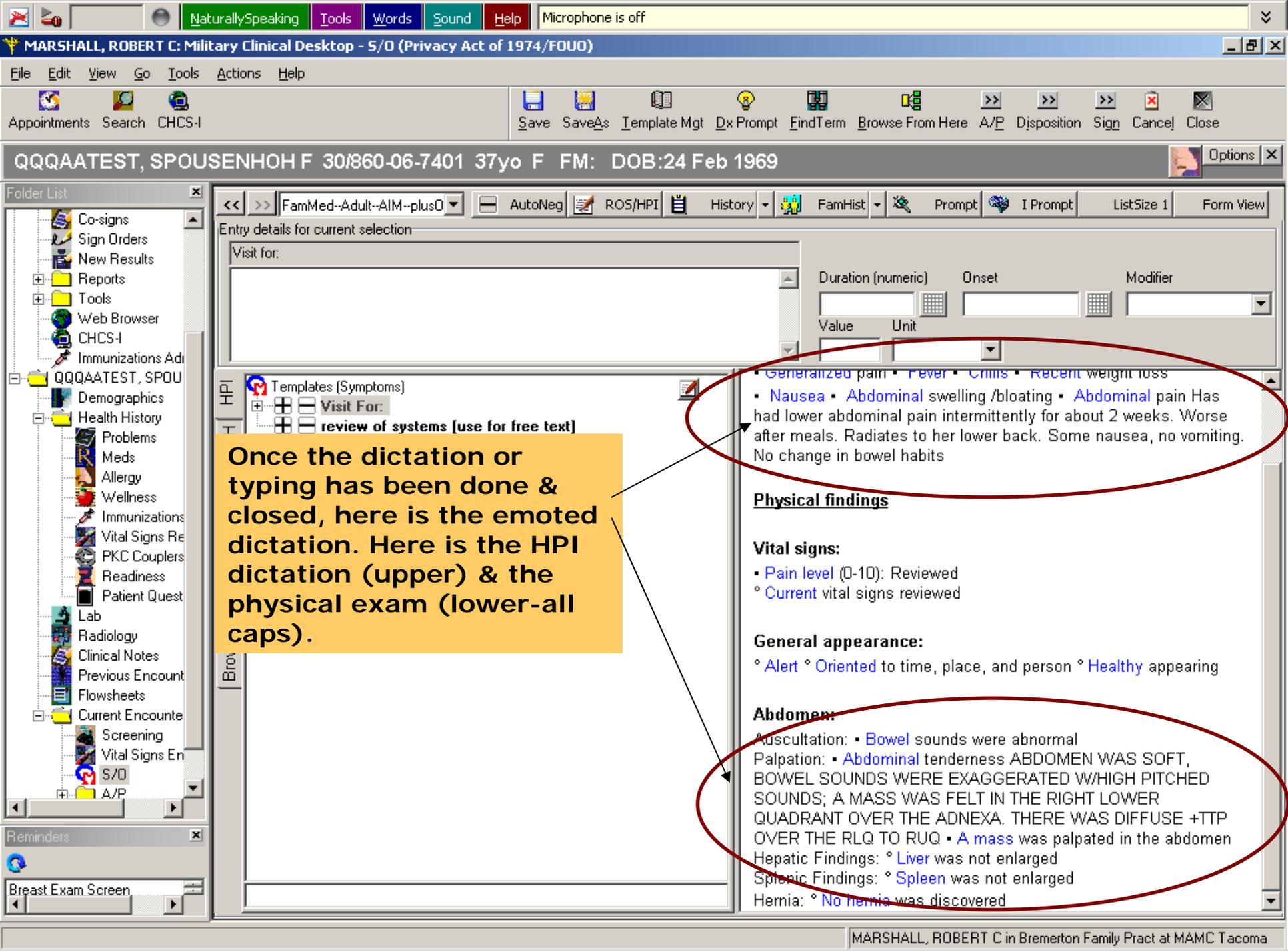
Breast

- Right Br
- Left Bre

Musculoskeletal

- Thoracolumbar Spine
- Cervical Spine Abnormal
- Lumbar/lumbosacral Spine
- Grossly normal movement
- Shoulders
- Elbows
- Wrists
- Hands
- Fingers
- Hips
- Knees

In the physical exam section, can use text boxes to document any positive physical findings. Can use All-Caps or Cap-That commands to capitalize all the text or just the first letters to help it stick out for the reader.



Once the dictation or typing has been done & closed, here is the emoted dictation. Here is the HPI dictation (upper) & the physical exam (lower-all caps).

Generalized pain • Fever • Chills • Recent weight loss
• Nausea • Abdominal swelling /bloating • Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits

Physical findings

Vital signs:

- Pain level (0-10): Reviewed
- ° Current vital signs reviewed

General appearance:

- ° Alert
- ° Oriented to time, place, and person
- ° Healthy appearing

Abdomen:

Auscultation: • Bowel sounds were abnormal
Palpation: • Abdominal tenderness ABDOMEN WAS SOFT, BOWEL SOUNDS WERE EXAGGERATED W/HIGH PITCHED SOUNDS; A MASS WAS FELT IN THE RIGHT LOWER QUADRANT OVER THE ADNEXA. THERE WAS DIFFUSE +TTP OVER THE RLQ TO RUQ • A mass was palpated in the abdomen
Hepatic Findings: ° Liver was not enlarged
Spleenic Findings: ° Spleen was not enlarged
Hernia: ° No hernia was discovered

Folder List

- Appointments
- Telephone Consu
- Search
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 - PKC Couplers
 - Readiness
 - Patient Quest
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 - Clinical Notes
 - Previous Encount
 - Flowsheets

Reminders

Breast Exam Screen

Previous Encounters View last four View All

Date	Status	Primary Diagnosis	Clinic
01 Sep 2006 1425	Complete	VULVOVAGINITIS CANDIDA ALBICANS	B FAMILY PRACT
10 Aug 2006 1010	Complete	CANDIDIASIS VAGINAL	Bremerton Family Pract
07 Jul 2006 1355	Complete	ATYPICAL CHEST PAIN	Bremerton Family Pract
06 Jul 2006 1430	Complete	ESOPHAGITIS CHRONIC REFLUX	Bremerton Gen Surgery

Signed Encounter Documents: 07 Jul 2006 1905 signed by MARSHALL, ROBERT C (1 documents found)

BP: 108/72 Adult Cuff, Right Arm, HR: 64, RR: 20, HT: 59 in, WVT: 101 lbs, BMI: 20.4, BSA: 1.379 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

SO Note Written by MARSHALL, ROBERT C @ 07 Jul 2006 1841 PDT

History of present illness

The Patient is a 41 year old female.

- Past medical history reviewed: Reviewed Autocite Content
- Chest pain or discomfort She complains of left-sided chest pain that is sharp and radiates directly through to the back. She denies any shortness of breath with this. She also has no diaphoresis or feeling of impending doom. She states that she's not having any anxiety associated with this chest pain
- Heartburn She continues to have GERD symptoms although they are much less on her current medications. She also has some moderate swelling and bloating that are most likely due to a mild dumping syndrome status post her cholecystectomy
- Abdominal swelling /bloating
- Musculoskeletal symptoms She still continues to have marked lower extremity edema on intermittent basis. She states that when she is quite active she will get marked edema and pain in her lower extremities which restrict her activities. All evaluations up to this point have been negative

Allergies

No allergies: Reviewed Allergy Information in CHCS

Past medical/surgical history

Reported History:

Reported prior tests: Prior tests were performed She has had a prior echocardiogram that was also normal
An ECG was normal, a treadmill test was normal, and an ANA was not high.

Reported medications: Medication history: Reviewed Autocite Content

Surgical /procedures: Surgical /procedures history: Reviewed

Here is an example of using dictation or typing for the HPI & ROS boxes as the HPI. This is the HPI & is much more readable than pure MedCin.

Dia
No osteoporosis

Folder List

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Reminders

Breast Exam Screen

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Date	Status	Primary Diagnosis	Clinic
01 Sep 2006 1425	Complete	VULVOVAGINITIS CANDIDA ALBICANS	B FAMILY PRACT
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06 Jul 2006 1430	Complete	ESOPHAGITIS CHRONIC REFLUX	Bremerton Gen Surgery

Signed Encounter Documents: 07 Jul 2006 1905 signed by MARSHALL, ROBERT C (1 documents found)

~~" No tenderness. " Demonstrated no decrease in suppleness. " No cervical mass was seen.~~

Lymph Nodes:
" Cervical lymph nodes were not enlarged.

Lungs:
" Lungs: She has moderate chest wall tenderness along the left costochondral border. She states this is similar but somewhat different than her pain that causes her to come in. She has no evidence of a pleural or pericardial rub
" Exaggerated use of accessory muscles for inspiration was not observed. " Clear to auscultation.

Cardiovascular system
Heart Rate And Rhythm: " Normal.
Heart Sounds: " Normal.
Murmurs: " No murmurs were heard.
Arterial Pulses: " Normal.

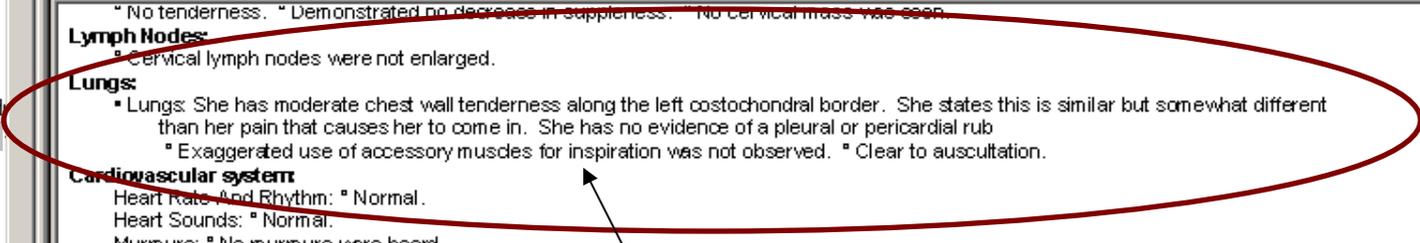
Abdomen:
Auscultation: " Bowel sounds were normal. " A bruit was not heard in the abdomen.
Palpation: " Abdomen was soft. " No abdominal tenderness. " No mass was palpated in the abdomen.
Hepatic Findings: " Liver was not enlarged.
Splenic Findings: " Spleen was not enlarged.
Hernia: " No hernia was discovered.

Skin:
" Color and pigmentation were normal. " No cyanosis. " No skin lesions:

Nails:
" No clubbing of the fingernails.

Musculoskeletal system:
General/bilateral: " Normal movement of all extremities
Cervical:
Thoracic:
Lumbar:

Neurological:
Motor: " A motor exam demonstrated no dysfunction.
Balance: " Normal.
Gait And Stance: " Normal.



Here is an example of a physical exam that was dictated or typed. Simple, 1-to-2 sentence narrative that helps readability. Here, the All-Caps/Cap-That command was not used.

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- Flowsheets

Reminders

Blood Pressure Screen

Previous Encounters View last four View All

Here is a summary of care in this A/P module "Comments" section. This can be accomplished briefly with Dragon or typing. Makes much more readable note.

Signed Encounter Documents: 21 Jul 2006 1626 signed by MARSHALL, ROBERT C (1 documents found)

Neurological:

Motor: * A motor exam demonstrated no dysfunction.
Balance: * Normal.
Gait And Stance: * Normal.
Reflexes: * Normal.

A/P Written by MARSHALL, ROBERT C @ 21 Jul 2006 1625 PDT

1. ATHEROSCLEROSIS EXTREMITIES WITH INTERMITTENT CLAUDICATION: His MRA showed significant involvement of the right vascular distribution from the iliac vessels distally. He has opted to try Trental at three times a day. He is also going to see Dr. Bernstein, who is a local vascular surgeon. His visit is for next Wednesday. Was in the visit today was involved with discussing his various options for treating his peripheral vascular disease and counseling him about those options. He will follow-up after his visit with Dr. Bernstein.
2. Allergic rhinitis: He is doing well with his current medication list. The Atrovent nasal spray and the oral antihistamines are working to control his allergic rhinitis. I did give him a prescription for Singulair, but he desires not to take that at this time e. I will refill his Atrovent, and he will continue on his other current medications.

Medication(s): -IPRATROPIUM (ATROVENT NASAL)-NAS 0.03% -INSTILL 2 SPRAYS IN EACH NOSTRIL 2-3 TIMES PER DAY Qt: 1 Rf: 3
Comment: NKDA P46

3. CHRONIC MARGINAL BLEPHARITIS: This seems to be under very good control with his erythromycin ointment. I will refill that, which he will use nightly.

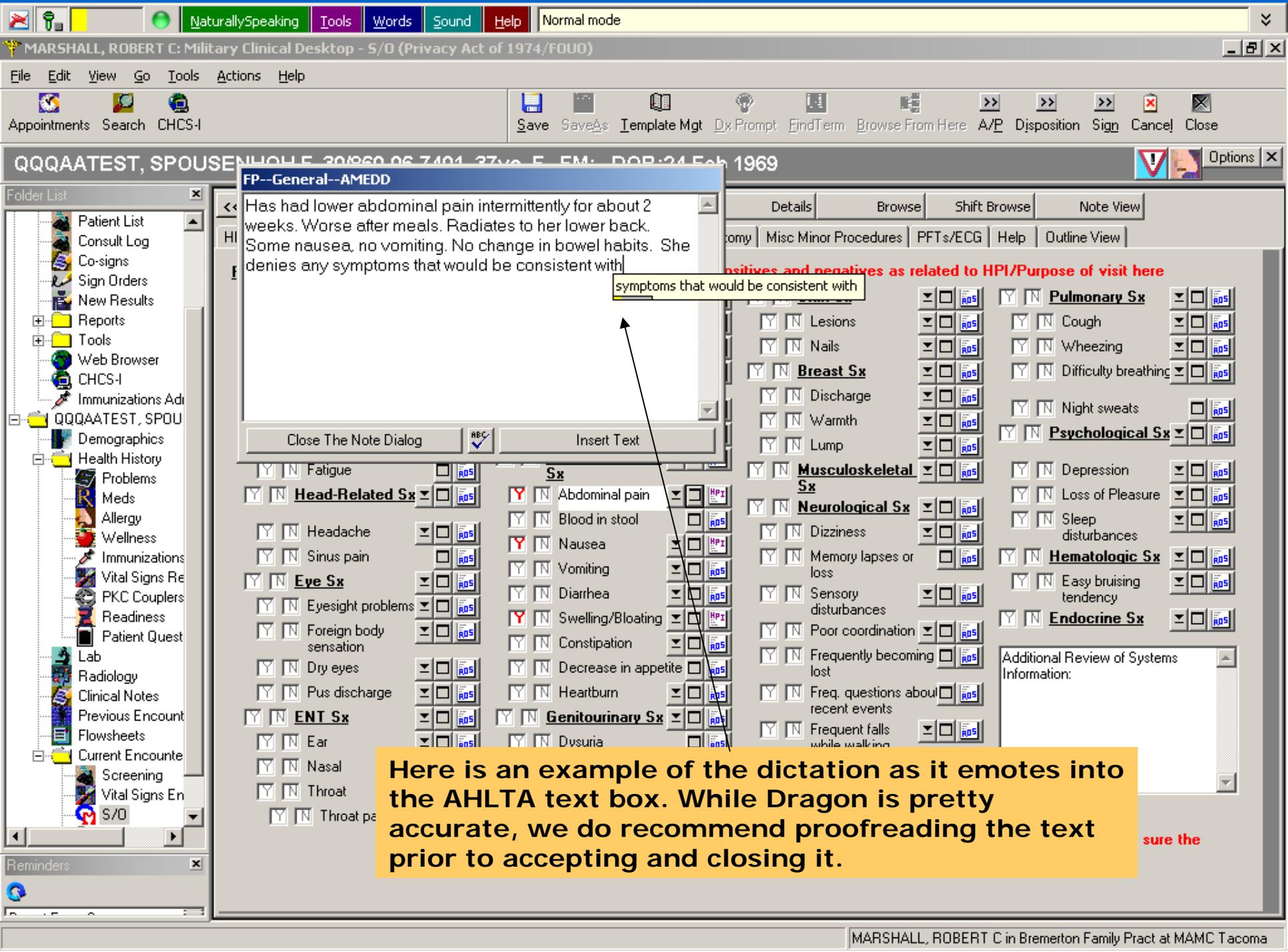
Medication(s): -ERYTHROMYCIN (ILOTYCIN)--OPT 5MG/GM OINT - APPLY A THIN RIBBON 1CM IN LENGTH TO EYE TID TILL CLEAR FOR 48 H #1 Rf: 5
Comment: NKDA. P29

Disposition Written by MARSHALL, ROBERT C @ 21 Jul 2006 1625 PDT

Released w/o Limitations

Follow up: as needed in 2 to 4 week(s) with PCM and/or in the B FAMILY PRACT clinic or sooner if there are problems.
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. 25 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Signed By MARSHALL, ROBERT C (Physician, NHB Bremerton) @ 21 Jul 2006 1626



FP--General--AMEDD
Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with

symptoms that would be consistent with

Here is an example of the dictation as it emotes into the AHLTA text box. While Dragon is pretty accurate, we do recommend proofreading the text prior to accepting and closing it.

Details Browse Shift Browse Note View
PFTs/ECG Help Outline/View
positives and negatives as related to HPI/Purpose of visit here
Pulmonary Sx
Cough
Wheezing
Difficulty breathing
Night sweats
Psychological Sx
Depression
Loss of Pleasure
Sleep disturbances
Hematologic Sx
Easy bruising tendency
Endocrine Sx
Additional Review of Systems Information:

sure the

Folder List

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- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
- Screening
- Vital Signs En
- S/D

Reminders

FP--General--AMEDD

The abdomen was soft. Bowel sounds were normal with some evidence of high pitched tinkling in the left lower quadrant. A 4 x 5 cm mass was palpated in the left lower quadrant. This was mildly tender to palpation. It appeared fixed and immovable. No other abnormalities were noted on the rest of the exam.

no other abnormalities were noted on the rest of the exam period

Close The Note Dialog ABC Insert Text

Genital M

- Penis
- Scrotum
- Cryptorchism observed

Genital F

- External Genitalia
- Vaginal Discharge
- Bloody Discharge

Use Well Woman tab for comprehensive female evaluation

Rectum

- Rectum
- Prostate

Skin

- Color/Pigment
- Clubbing of Nails
- Cyanosis
- Edema present
- Lesions present

Breast

- Right Breast

Musculoskeletal

- Thoracolumbar Spine
- Cervical Spine Abnormal
- Lumbar/lumbosacral Spine
- Grossly normal movement
- Shoulders
- Elbows
- Wrists
- Hands
- Fingers
- Hips
- Knees
- Ankles
- Feet

Neurological

- Motor Dysfunction
- Balance Impaired
- Gait_Stance
- Reflexes

ENT

- Nasal Mucosa
- Flaring of the Nostrils
- Buccal Mucosa
- Oropharynx

Cardiovascular

- Rate and Rhythm
- Heart Sounds
- Murmur heard
- Arterial Pulses

Abdominal

- Abdomen Rigid
- Abdomen Tender

PERRLA Breath Sounds

External Eye

Conjunctiva Discharge

Icteric Sclera

Tyr Erythema F

Loss of Lig

Loss of Larynx

Mobility Decreased

Bowel Sounds

In order to apply the All-Caps or Cap-That command to the text within the box, you must first highlight the text with the mouse.

- Patient List
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- Current Encounte
- Screening
- Vital Signs En
- S/O

SO Note Written by MARSHALL, ROBERT C (BREM) @ 06 Dec 2006 1232 PST

History of present illness
The Patient is a 37 year old female.
▪ Generalized pain ▪ Fever ▪ Chills ▪ Recent weight loss
▪ Nausea ▪ Abdominal swelling /bloating ▪ Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with dyspepsia or peptic ulcer disease

Physical findings

Vital signs:
▪ Pain level (0-10): Reviewed
▪ Current vital signs reviewed

General appearance:
▪ Alert ▪ Oriented to time, place, and person ▪ Healthy appearing

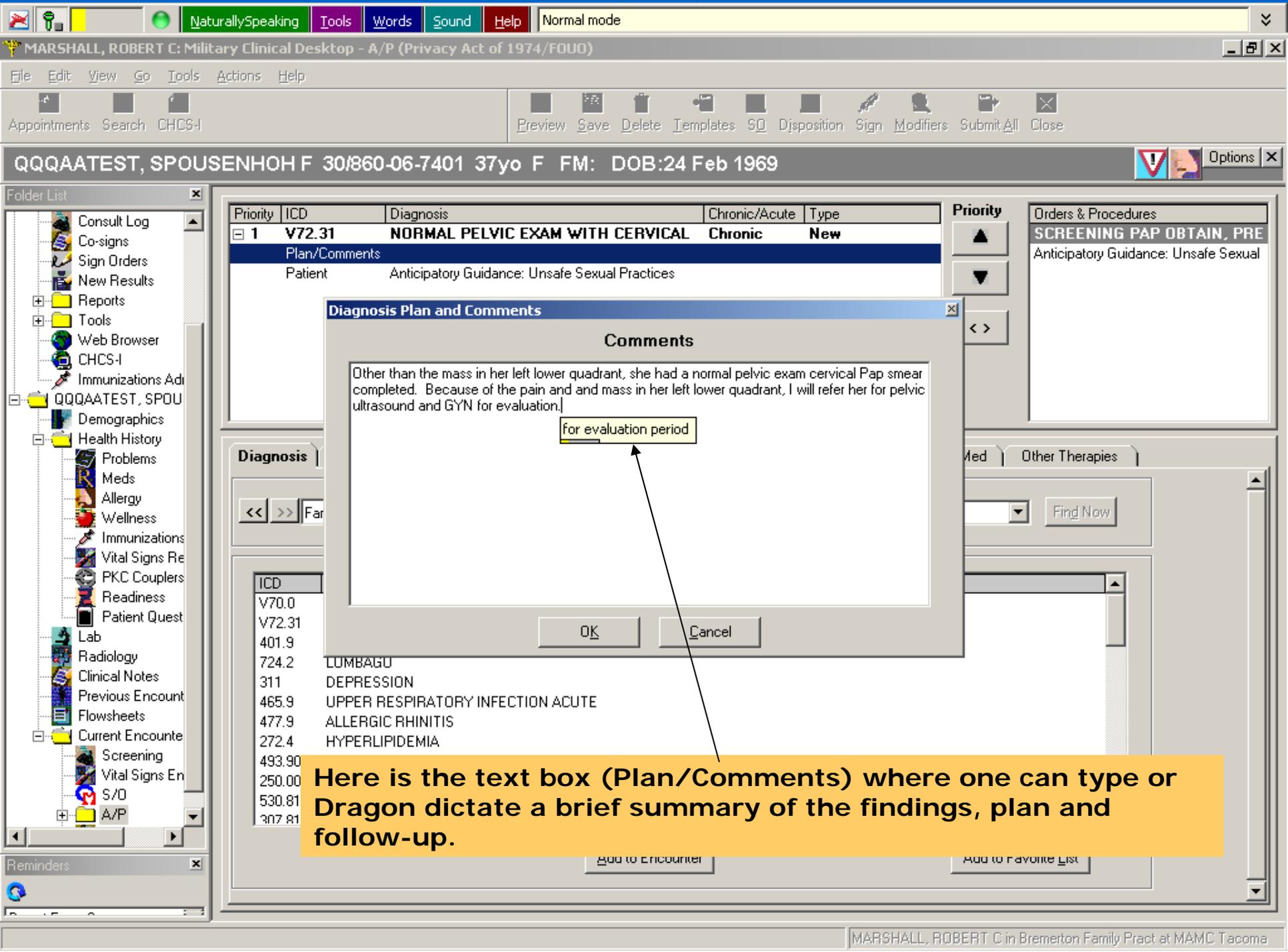
Abdomen:
Auscultation: ▪ Bowel sounds were abnormal
Palpation: ▪ Abdominal tenderness The Abdomen Was Soft. Bowel Sounds Were Normal with Some Evidence of High Pitched Tinkling in the Left Lower Quadrant. A 4 X 5 Cm Mass Was Palpated in the Left Lower Quadrant. This Was Mildly Tender to Palpation. It Appeared Fixed and Immovable. No Other Abnormalities Were Noted on the Rest of the Exam ▪ A mass was palpated in the abdomen
Hepatic Findings: ▪ Liver was not enlarged
Splenic Findings: ▪ Spleen was not enlarged
Hernia: ▪ No hernia was discovered

A/P Written by MARSHALL, ROBERT C @ 28 Nov 2006 0827 PST
1. NORMAL PELVIC EXAM WITH CERVICAL PAP SMEAR
Patient Instruction(s) -Anticipatory Guidance: Unsafe Sexual Practices

--> Unassociated orders and procedures <--
SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB x 1

Disposition Written by MARSHALL, ROBERT C @ 07 Sep 2006 1403 PST

Here is the output from the dictated text boxes. The HPI/ROS text box dictation goes into the HPI section. The PE text box dictation goes into the appropriate area of the physical exam.



- Folder List
- Consult Log
 - Co-signs
 - Sign Orders
 - New Results
 - Reports
 - Tools
 - Web Browser
 - CHCS-I
 - Immunizations Ad
 - QQQAATEST, SPOU
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Re
 - PKC Couplers
 - Readiness
 - Patient Quest
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encount
 - Flowsheets
 - Current Encounte
 - Screening
 - Vital Signs En
 - S/O
 - A/P

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V72.31	NORMAL PELVIC EXAM WITH CERVICAL	Chronic	New

Plan/Comments
Patient Anticipatory Guidance: Unsafe Sexual Practices

Priority

▲

▼

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Orders & Procedures

SCREENING PAP OBTAIN, PRE

Anticipatory Guidance: Unsafe Sexual

Diagnosis Plan and Comments

Comments

Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation.

for evaluation period

OK Cancel

Diagnosis

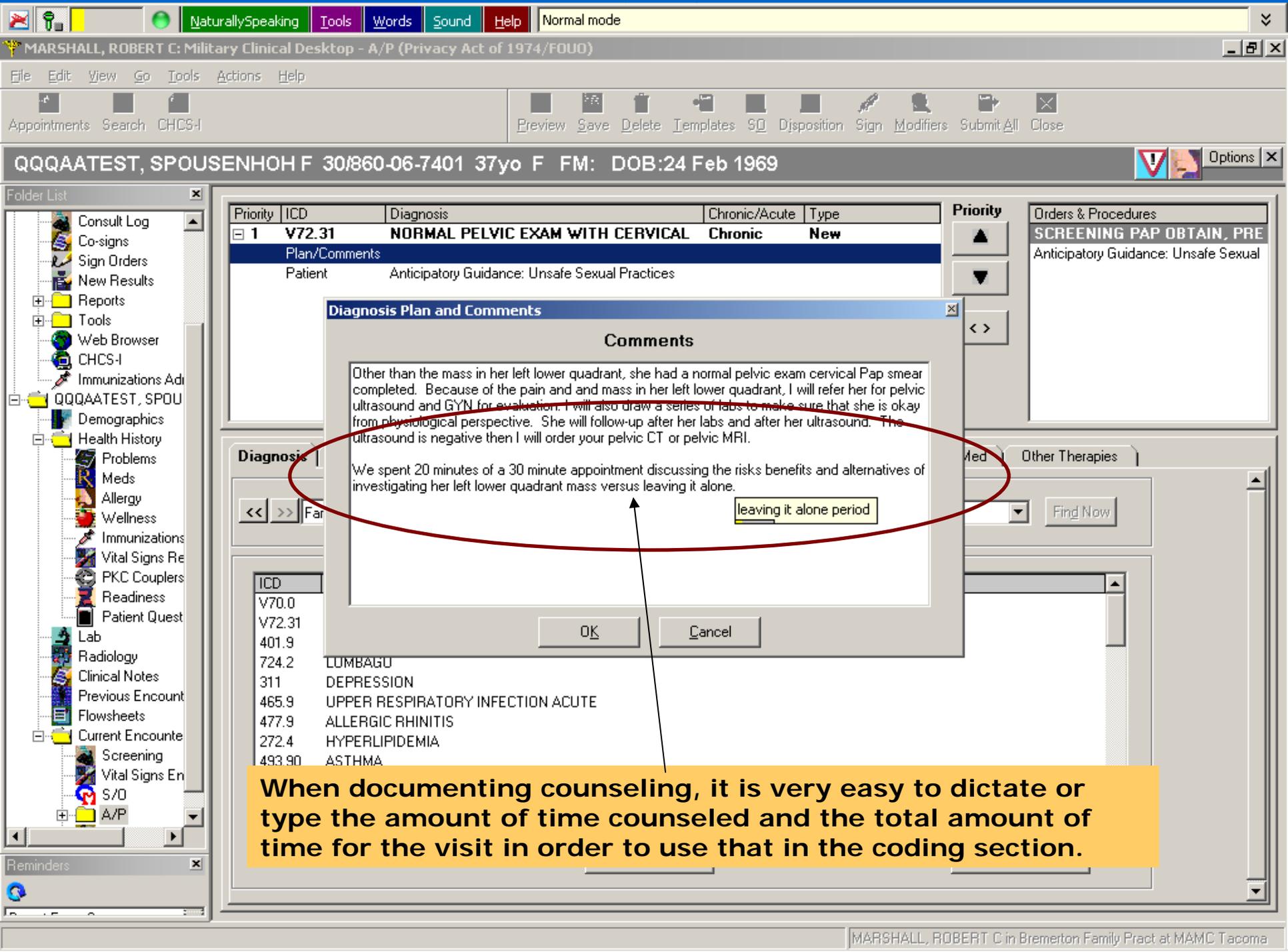
<< >> Far

- ICD
- V70.0
 - V72.31
 - 401.9
 - 724.2 LUMBAGO
 - 311 DEPRESSION
 - 465.9 UPPER RESPIRATORY INFECTION ACUTE
 - 477.9 ALLERGIC RHINITIS
 - 272.4 HYPERLIPIDEMIA
 - 493.90
 - 250.00
 - 530.81
 - 307.81

Here is the text box (Plan/Comments) where one can type or Dragon dictate a brief summary of the findings, plan and follow-up.

Add to Encounter

Add to Favorite List



- Folder List
- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
- Immunizations Ad
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- Vital Signs Re
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- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
- Screening
- Vital Signs En
- S/O
- A/P

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V72.31	NORMAL PELVIC EXAM WITH CERVICAL	Chronic	New

Plan/Comments
Patient Anticipatory Guidance: Unsafe Sexual Practices

Priority

▲

▼

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Orders & Procedures

SCREENING PAP OBTAIN, PRE

Anticipatory Guidance: Unsafe Sexual

Diagnosis Plan and Comments

Comments

Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation. I will also draw a series of labs to make sure that she is okay from physiological perspective. She will follow-up after her labs and after her ultrasound. The ultrasound is negative then I will order your pelvic CT or pelvic MRI.

We spent 20 minutes of a 30 minute appointment discussing the risks benefits and alternatives of investigating her left lower quadrant mass versus leaving it alone.

leaving it alone period

OK Cancel

Diagnosis

<< >> Far

ICD	
V70.0	
V72.31	
401.9	
724.2	LUMBAGO
311	DEPRESSION
465.9	UPPER RESPIRATORY INFECTION ACUTE
477.9	ALLERGIC RHINITIS
272.4	HYPERLIPIDEMIA
493.90	ASTHMA

When documenting counseling, it is very easy to dictate or type the amount of time counseled and the total amount of time for the visit in order to use that in the coding section.

Folder List

- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
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 - Previous Encount
 - Flowsheets
 - Current Encounte
 - Screening
 - Vital Signs En
 - S/O
 - A/P

Here is what the final note looks like with the dictated or typed text in the HPI, physical exam and A/P Module Plan/Comments section.

virals

S/O **Questionnaire AutoCites** Refreshed by MARSHALL, ROBERT C @ 06 Nov 2006 1023 PST
Questionnaires
 No Questionnaires Found.

SO Note Written by MARSHALL, ROBERT C (BREM) @ 06 Dec 2006 1232 PST
History of present illness
 The Patient is a 37 year old female.
 • Generalized pain • Fever • Chills • Recent weight loss
 • Nausea • Abdominal swelling /bloating • Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with dyspepsia or peptic ulcer disease

Physical findings
Vital signs:
 • Pain level (0-10): Reviewed
 • Current vital signs reviewed

General appearance:
 • Alert • Oriented to time, place, and person • Healthy appearing

Abdomen:
 Auscultation: • Bowel sounds were abnormal
 Palpation: • Abdominal tenderness The Abdomen Was Soft. Bowel Sounds Were Normal with Some Evidence of High Pitched Tinkling in the Left Lower Quadrant. A 4 X 5 Cm Mass Was Palpated in the Left Lower Quadrant. This Was Mildly Tender to Palpation. It Appeared Fixed and Immovable. No Other Abnormalities Were Noted on the Rest of the Exam • A mass was palpated in the abdomen
 Hepatic Findings: • Liver was not enlarged
 Splenic Findings: • Spleen was not enlarged
 Hernia: • No hernia was discovered

A/P **A/P** Written by MARSHALL, ROBERT C @ 06 Dec 2006 1242 PST
1. NORMAL PELVIC EXAM WITH CERVICAL PAP SMEAR: Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation. I will also draw a series of labs to make sure that she is okay from physiological perspective. She will follow-up after her labs and after her ultrasound. The ultrasound is negative then I will order your pelvic CT or pelvic MRI .

We spent 20 minutes of a 30 minute appointment discussing the risks benefits and alternatives of investigating her left lower quadrant mass versus leaving it alone.

Procedure(s)	-SCREENING PAP OBTAIN, PREP, CONVEY CER VVAG SMEAR TO LAB x 1
Patient Instruction(s)	-Anticipatory Guidance: Unsafe Sexual Practices

Disposition **Disposition** Written by MARSHALL, ROBERT C @ 07 Sep 2006 1403 PST



NUANCE

The experience speaks for itself™



Dragon NaturallySpeaking⁹

MEDICAL

Dragon NaturallySpeaking Information Center for the US Department of Defense Military Health System

Military Health System

- Overview
- AHLTA Demonstration
- Medical Board Template
- Video Demonstrations
- Recommendations
- Getting Started
- Military Terms
- Voice Commands
- Tips & Tricks

Contact Us >>

- Overview**
- On these pages, you'll find:
- [A recorded demonstration of using Dragon NaturallySpeaking with AHLTA](#)
 - [A recorded demonstration of a Medical Board Template](#)
 - [\[video\] Navy Hospital Pensacola AIM Form Demonstration](#) (8:13)
 - [\[video\] Dragon Demonstration with New AIM Form](#) (7:25)
 - [Recommendations for training Dragon NaturallySpeaking users](#)
 - [Hints for getting started with Dragon NaturallySpeaking before your formal training](#)
 - [Lists of military terms that you can import into your vocabulary](#)
 - [Voice commands for navigating in AHLTA and tips for customizing them](#)
 - [Dragon NaturallySpeaking and AHLTA: Additional Tips and Tricks](#)
 - [Dragon NaturallySpeaking Knowledge Base](#)
 - [How to contact the Nuance MHS project team](#)



This information center is supported in part by the US Army Telemedicine and Advanced Technologies Research Center (TATRC).



This is the Nuance web site built specifically for the MHS. At this site are demos of using Dragon NaturallySpeaking with AHLTA to control the program and dictate notes. There are also files to add ranks and military-unique terms...http://www.nuance.com/mhs

Questions

