

AHLTA Use with Dragon Naturally Speaking

Bob Marshall, MD MPH

CAPT MC USN

Puget Sound Family Medicine

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

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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Reminders

Breast Exam Screen

Review of Systems

REMINDER: Include pertinent positives and negatives as related to HPI/Purpose of visit here

<input type="checkbox"/> ROS Unobtainable	<input type="checkbox"/> Neck Sx	<input type="checkbox"/> Skin Sx	<input type="checkbox"/> Pulmonary Sx
<input type="checkbox"/> Constitutional Sx	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Lesions	<input type="checkbox"/> Cough
<input checked="" type="checkbox"/> Fever	<input type="checkbox"/> Swollen glands	<input type="checkbox"/> Nails	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Gen pain	<input type="checkbox"/> Cardiovascular Sx	<input type="checkbox"/> Breast Sx	<input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> Wt loss (lbs)	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Discharge	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Chills	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Warmth	<input type="checkbox"/> Psychological Sx
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Gastrointestinal Sx	<input type="checkbox"/> Lump	<input type="checkbox"/> Depression
<input type="checkbox"/> Head-Related Sx	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Musculoskeletal Sx	<input type="checkbox"/> Loss of Pleasure
<input type="checkbox"/> Headache	<input type="checkbox"/> Blood in stool	<input type="checkbox"/> Neurological Sx	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Sinus pain	<input type="checkbox"/> Nausea	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hematologic Sx
<input type="checkbox"/> Eye Sx	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Memory lapses or loss	<input type="checkbox"/> Easy bruising tendency
<input type="checkbox"/> Eyesight problems	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sensory disturbances	<input type="checkbox"/> Endocrine Sx
<input type="checkbox"/> Foreign body sensation	<input type="checkbox"/> Swelling/Bloating	<input type="checkbox"/> Poor coordination	
<input type="checkbox"/> Dry eyes	<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequently becoming lost	
<input type="checkbox"/> Pus discharge	<input type="checkbox"/> Decrease in appetite	<input type="checkbox"/> Freq. questions about recent events	
<input type="checkbox"/> ENT Sx	<input type="checkbox"/> Heartburn		
<input type="checkbox"/> Ear	<input type="checkbox"/> Genitourinary Sx		
<input type="checkbox"/> Nasal			
<input type="checkbox"/> Throat			
<input type="checkbox"/> Throat pain			

Additional Review of Systems Information:

Here is the ROS page. Each of the blue buttons can be clicked with the mouse to both give a "Yes" answer to the MedCin term and to change the ROS item to an HPI item (we recommend doing this for any positive items).

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

Review of Systems REMINDER: Include pertinent positives and negatives as related to HPI/Purpose of visit here

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<input checked="" type="checkbox"/> Gen pain	<input checked="" type="checkbox"/> Cardiovascular Sx	<input type="checkbox"/> Breast Sx	<input type="checkbox"/> Difficulty breathing
<input checked="" type="checkbox"/> Wt loss (lbs)	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Discharge	<input type="checkbox"/> Night sweats
<input checked="" type="checkbox"/> Chills	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Warmth	<input checked="" type="checkbox"/> Psychological Sx
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<input type="checkbox"/> Eyesight problems	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sensory disturbances	<input checked="" type="checkbox"/> Endocrine Sx
<input type="checkbox"/> Foreign body sensation	<input checked="" type="checkbox"/> Swelling/Bloating	<input type="checkbox"/> Poor coordination	
<input type="checkbox"/> Dry eyes	<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequently becoming lost	
<input type="checkbox"/> Pus discharge	<input type="checkbox"/> Decrease in appetite	<input type="checkbox"/> Freq. questions about recent events	
<input checked="" type="checkbox"/> ENT Sx	<input type="checkbox"/> Heartburn	<input type="checkbox"/> Frequent falls while walking	
<input type="checkbox"/> Ear	<input checked="" type="checkbox"/> Genitourinary Sx		
<input type="checkbox"/> Nasal	<input type="checkbox"/> Dysuria		
<input type="checkbox"/> Throat	<input type="checkbox"/> Polyuria		
<input type="checkbox"/> Throat pain	<input type="checkbox"/> Urinary incor		
	<input type="checkbox"/> Nocturia		
	<input type="checkbox"/> Sexual dysfunction		

Additional Review of Systems Information:

Recommend using the HPI/ROS buttons to designate positive findings (HPI) and negative findings (ROS). Just click on the button to indicate a positive

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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 p
- Lesions

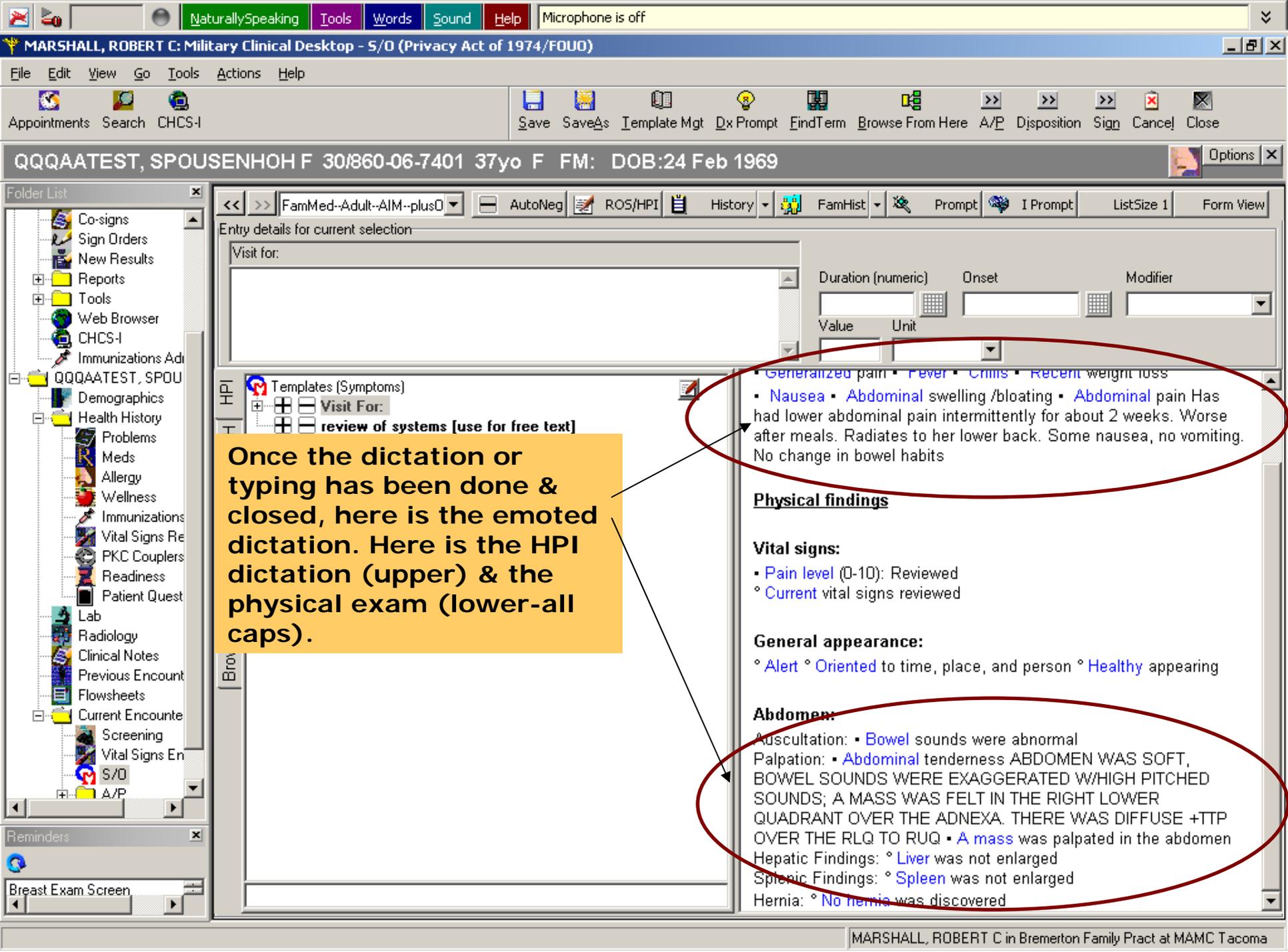
Breast

- 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

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Reminders

Blood Pressure Screen

Previous Encounters View last four View All

Date	Status	Primary Diagnosis	Clinic
22 Jul 2006 0746	Complete	ATHEROSCLEROSIS EXTREMITIES WITH INTERMITTENT CLAUDICATION	B FAMILY PRACT
21 Jul 2006 0820	Complete	ATHEROSCLEROSIS EXTREMITIES WITH INTERMITTENT CLAUDICATION	B FAMILY PRACT
16 Jul 2006 1030	Complete	ATHEROSCLEROSIS EXTREMITIES WITH INTERMITTENT CLAUDICATION	B FAMILY PRACT
05 Nov 2006 1049	Complete	Vaccines Prophylactic Need Against Influenza	B PREV MED CLN

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

Questionnaire AutoCites Refreshed by MARSHALL, ROBERT C @ 21 Jul 2006 0830 PDT

Questionnaires
No Questionnaires Found.

SO Note Written by MARSHALL, ROBERT C @ 21 Jul 2006 1604 PDT

History of present illness

The Patient is a 71 year old male.

- Past medical history reviewed: Reviewed Autocite Content
- Feeling tired (fatigue) Continues to have general fatigue. This is long-standing, and his symptoms with this have not changed in some time
- Cardiovascular symptoms He contains to have symptoms that we now relates his claudication in his significant peripheral vascular disease in his right vascular distribution from the iliac vessels distally. He has the symptoms on the left though he does have some disease on that side as well

Allergies
No allergies: Reviewed Allergy Information in CHCS

Past medical/surgical history

Reported History:

Reported prior tests: Prior tests were performed Had a recent MRA that showed multi-vessel disease on the right starting at the iliac level and moving down the leg. There was mild to moderate single vessel involvement on the left

Reported medications: Medication history: Reviewed Autocite Content

Surgical / procedu

Dietary: Reported

Diagnosis History:

No coronary artery disease
No congestive heart failure.
Hypertension.

Here is what the emoted SF600 appears like using the style of dictation or typing recommended.

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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 another 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

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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.

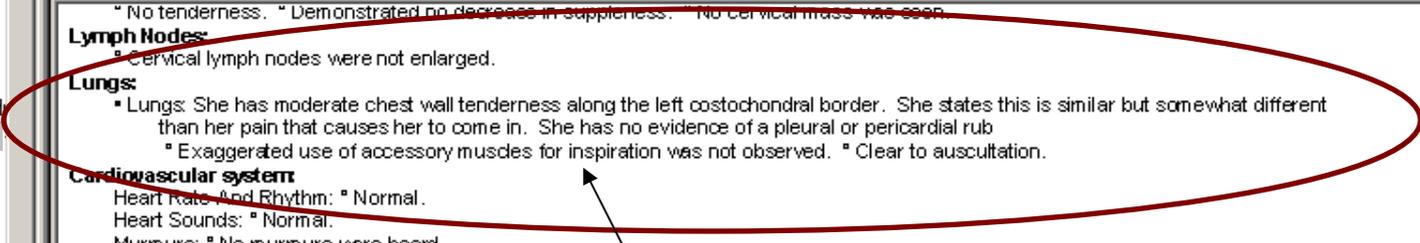
Abdomen:
Auscultation: Bowel sounds were normal. A bruit was not heard in the abdomen.
Palpation: Abdomen was soft. No abdominal tenderness. No mass was palpated in the abdomen.
Hepatic Findings: Liver was not enlarged.
Splenic Findings: Spleen was not enlarged.
Hernia: No hernia was discovered.

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.

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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Blood Pressure Screen

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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

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Breast Exam Screen

Here is another, more involved example of Dragon &/or typing in the "Comments" section of the A/P-module.

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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)

Balance: Normal.
Gait And Stance: Normal.
Reflexes: Normal.

A/P Written by MARSHALL, ROBERT C @ 07 Jul 2006 1904 PDT

1. ATYPICAL CHEST PAIN: She clearly has some costochondritis along the left border. It is not clear whether or not this is the exact source of her pain as I cannot completely reproduce the pain on palpation. Because of her family history of early death from cardiac causes, she is still quite anxious to have this pursued from a cardiac perspective. She has already had an evaluation by our cardiologist who included an exercise treadmill test and I believe an echocardiogram, but she does desire a second opinion. I will treat her costochondritis with Mobic and refer her for a second opinion to rule out cardiac etiology. Her EKG here in the clinic was completely normal.

Procedure(s):	-ECG 12-Lead x 1 (NO MODIFIER - DO NOT DISPLAY "00"-00)
Medication(s):	-MELOXICAM (MOBIC)--PO 7.5MG TAB - T 1 TAB PO QD #30 RF3 Qt: 30 Rf: 3
Consult(s):	-Referred To: Unspecified civilian provider selected for an unspecified clinic/specialty. (Routine) Clinic: Primary Diagnosis: ATYPICAL CHEST PAIN

2. (Lower) Leg Localized Swelling Bilateral: Is still unclear regarding the etiology of this. I have never been able to demonstrate this during one of her visits. This only occurs with activity and away from the hospital. Based on her history, I believe that she is having real edema and pain, I just cannot determine what the cause is. An evaluation for connective tissue disorder has been negative.

Medication(s):	-VIT AMIN B6--PO 50MG TAB - TAKE ONE TAB PO QHS Qt: 30 Rf: 3
Comment:	NKDA DS30 PAGER 12

3. NONTOXIC NODULAR GOITER: She has a past history of a nontoxic nodular goiter. It was last ultrasounded at least two to three years ago. Because of her complaints of some mild difficulty swallowing, she would like to have another ultrasound to insure that these nodules are not enlarging. Her exam is essentially normal.

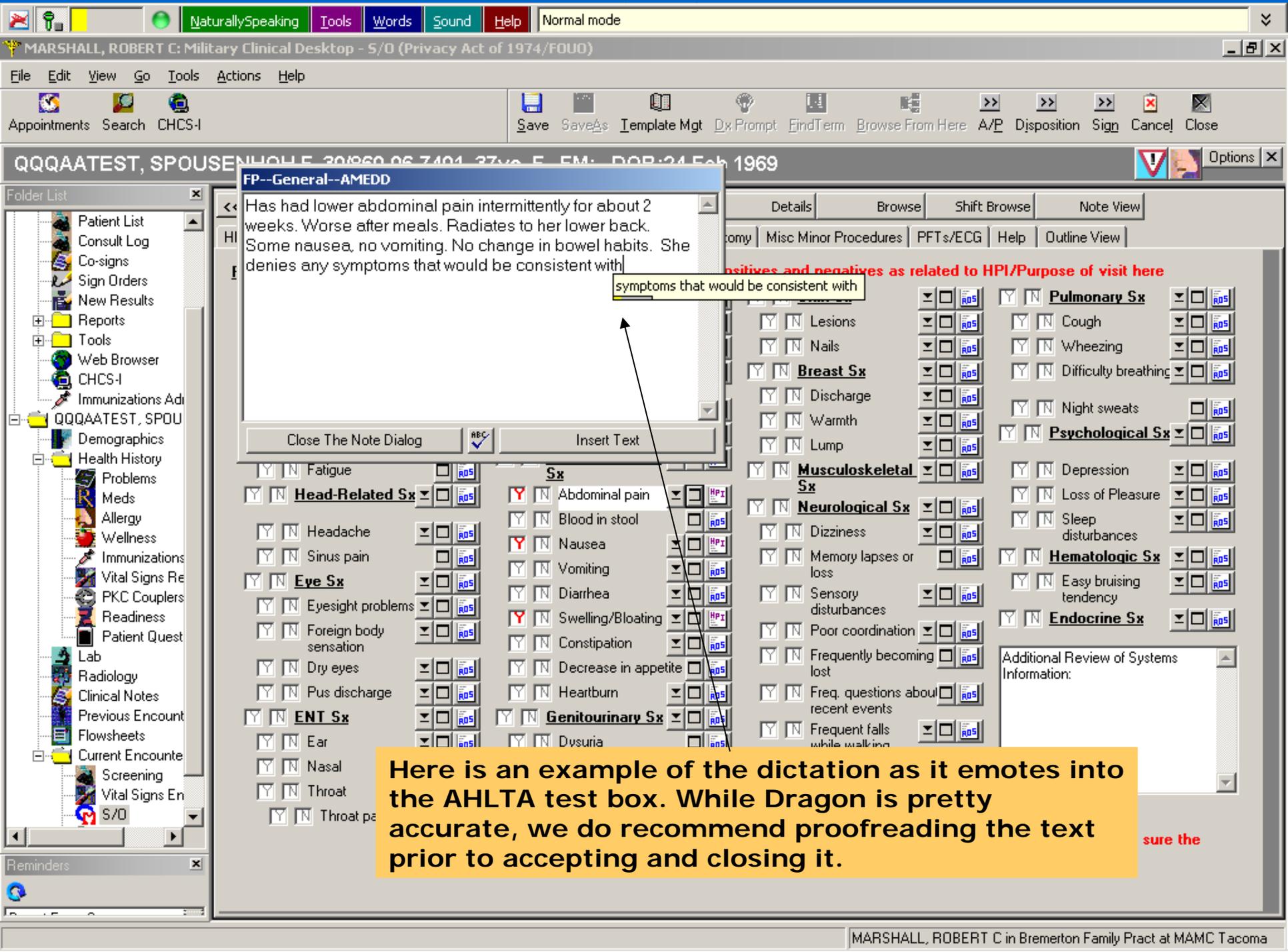
Radiology(ies):	-US, THYROID (Routine) Impression: Pt is a 41 y/o AF with Past Hx of benign thyroid nodules. Last ultrasound was at
-----------------	---

Disposition Written by MARSHALL, ROBERT C @ 07 Jul 2006 1905 PDT
Released w/o Limitations

Follow up: as needed in 1 to 2 month(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.

Note Written by MARSHALL, ROBERT C @ 07 Jul 2006 1458 PDT

Additional A/P Information:
Discontinued SUCRALFATE--PO 1GM TAB - T1 TAB PO QID



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

Close The Note Dialog Insert Text

Details Browse Shift Browse Note View

Company Misc Minor Procedures PFTs/ECG Help Outline/View

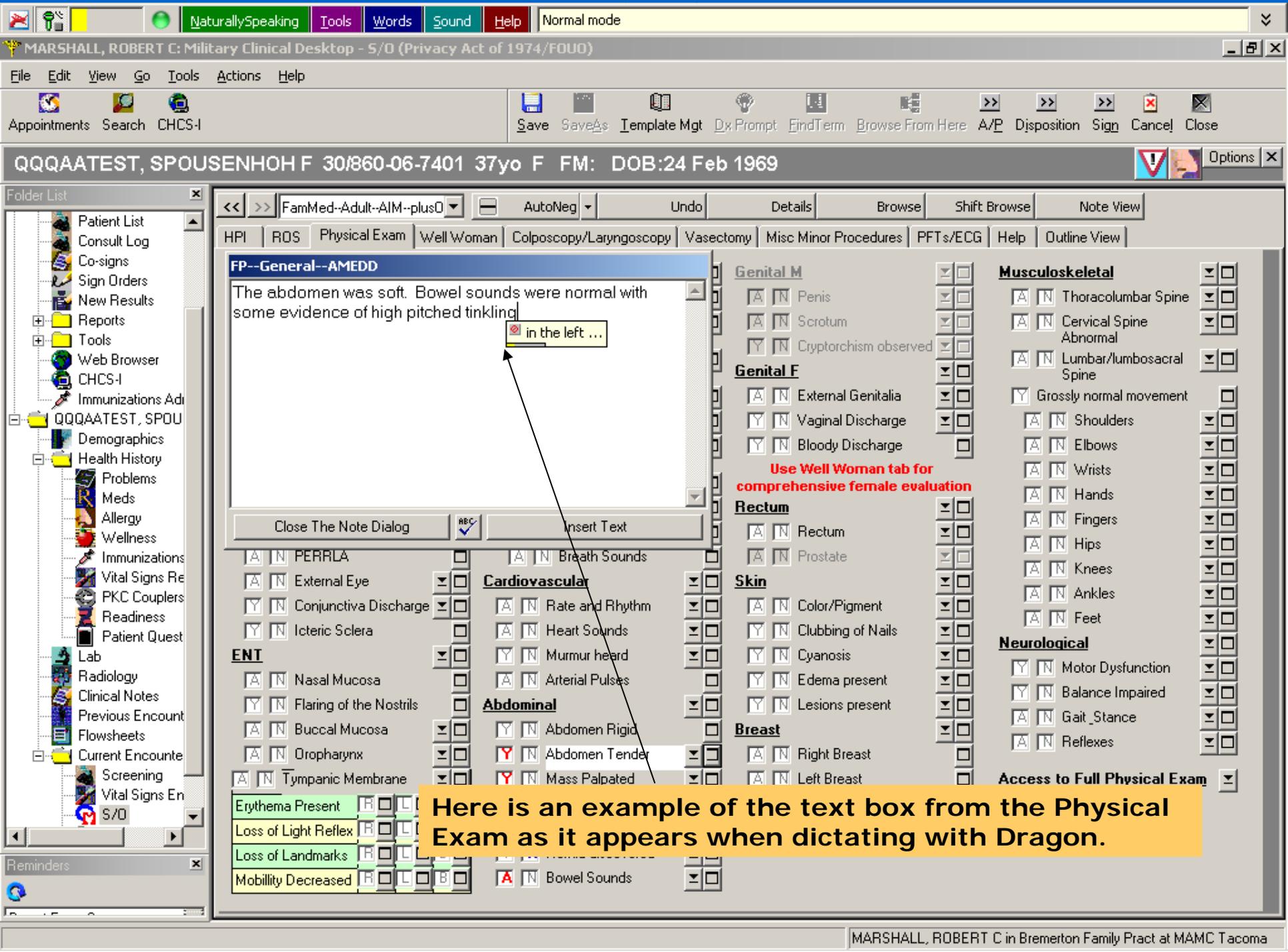
positives and negatives as related to HPI/Purpose of visit here

<input type="checkbox"/> <input type="checkbox"/> Lesions	<input type="checkbox"/> <input type="checkbox"/> Pulmonary Sx
<input type="checkbox"/> <input type="checkbox"/> Nails	<input type="checkbox"/> <input type="checkbox"/> Cough
<input checked="" type="checkbox"/> <input type="checkbox"/> Breast Sx	<input type="checkbox"/> <input type="checkbox"/> Wheezing
<input type="checkbox"/> <input type="checkbox"/> Discharge	<input type="checkbox"/> <input type="checkbox"/> Difficulty breathing
<input type="checkbox"/> <input type="checkbox"/> Warmth	<input type="checkbox"/> <input type="checkbox"/> Night sweats
<input type="checkbox"/> <input type="checkbox"/> Lump	<input checked="" type="checkbox"/> <input type="checkbox"/> Psychological Sx
<input type="checkbox"/> <input type="checkbox"/> Musculoskeletal Sx	<input type="checkbox"/> <input type="checkbox"/> Depression
<input type="checkbox"/> <input type="checkbox"/> Neurological Sx	<input type="checkbox"/> <input type="checkbox"/> Loss of Pleasure
<input type="checkbox"/> <input type="checkbox"/> Dizziness	<input type="checkbox"/> <input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> <input type="checkbox"/> Memory lapses or loss	<input checked="" type="checkbox"/> <input type="checkbox"/> Hematologic Sx
<input type="checkbox"/> <input type="checkbox"/> Sensory disturbances	<input type="checkbox"/> <input type="checkbox"/> Easy bruising tendency
<input type="checkbox"/> <input type="checkbox"/> Poor coordination	<input checked="" type="checkbox"/> <input type="checkbox"/> Endocrine Sx
<input type="checkbox"/> <input type="checkbox"/> Frequently becoming lost	
<input type="checkbox"/> <input type="checkbox"/> Freq. questions about recent events	
<input type="checkbox"/> <input type="checkbox"/> Frequent falls while walking	

Additional Review of Systems Information:

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

sure the



Folder List

- Patient List
- Consult Log
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- Demographics
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- Immunizations
- Vital Signs Re
- PKC Couplers
- Readiness
- Patient Quest
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- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
- Screening
- Vital Signs En
- S/O

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

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

FP--General--AMEDD

The abdomen was soft. Bowel sounds were normal with some evidence of high pitched tinkling in the left ...

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"/> Thoracolumbar Spine
<input type="checkbox"/> <input type="checkbox"/> External Eye	<input type="checkbox"/> <input type="checkbox"/> Cardiovascular	<input type="checkbox"/> <input type="checkbox"/> Cervical Spine Abnormal
<input type="checkbox"/> <input type="checkbox"/> Conjunctiva Discharge	<input type="checkbox"/> <input type="checkbox"/> Rate and Rhythm	<input type="checkbox"/> <input type="checkbox"/> Lumbar/lumbosacral Spine
<input type="checkbox"/> <input type="checkbox"/> Icteric Sclera	<input type="checkbox"/> <input type="checkbox"/> Heart Sounds	<input type="checkbox"/> <input type="checkbox"/> Grossly normal movement
<input type="checkbox"/> <input type="checkbox"/> ENT	<input type="checkbox"/> <input type="checkbox"/> Murmur heard	<input type="checkbox"/> <input type="checkbox"/> Shoulders
<input type="checkbox"/> <input type="checkbox"/> Nasal Mucosa	<input type="checkbox"/> <input type="checkbox"/> Arterial Pulses	<input type="checkbox"/> <input type="checkbox"/> Elbows
<input type="checkbox"/> <input type="checkbox"/> Flaring of the Nostrils	<input type="checkbox"/> <input type="checkbox"/> Abdominal	<input type="checkbox"/> <input type="checkbox"/> Wrists
<input type="checkbox"/> <input type="checkbox"/> Buccal Mucosa	<input type="checkbox"/> <input type="checkbox"/> Abdomen Rigid	<input type="checkbox"/> <input type="checkbox"/> Hands
<input type="checkbox"/> <input type="checkbox"/> Oropharynx	<input type="checkbox"/> <input type="checkbox"/> Abdomen Tender	<input type="checkbox"/> <input type="checkbox"/> Fingers
<input type="checkbox"/> <input type="checkbox"/> Tympanic Membrane	<input type="checkbox"/> <input type="checkbox"/> Mass Palpated	<input type="checkbox"/> <input type="checkbox"/> Hips
<input type="checkbox"/> <input type="checkbox"/> Erythema Present	<input type="checkbox"/> <input type="checkbox"/> Bowel Sounds	<input type="checkbox"/> <input type="checkbox"/> Knees
<input type="checkbox"/> <input type="checkbox"/> Loss of Light Reflex		<input type="checkbox"/> <input type="checkbox"/> Ankles
<input type="checkbox"/> <input type="checkbox"/> Loss of Landmarks		<input type="checkbox"/> <input type="checkbox"/> Feet
<input type="checkbox"/> <input type="checkbox"/> Mobility Decreased		<input type="checkbox"/> <input type="checkbox"/> Neurological
		<input type="checkbox"/> <input type="checkbox"/> Motor Dysfunction
		<input type="checkbox"/> <input type="checkbox"/> Balance Impaired
		<input type="checkbox"/> <input type="checkbox"/> Gait Stance
		<input type="checkbox"/> <input type="checkbox"/> Reflexes

Genital M

- Penis
- Scrotum
- Cryptorchism observed

Genital F

- External Genitalia
- Vaginal Discharge
- Bloody Discharge

Rectum

- Rectum
- Prostate

Skin

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

Breast

- Right Breast
- Left 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

Access to Full Physical Exam

Use Well Woman tab for comprehensive female evaluation

Here is an example of the text box from the Physical Exam as it appears when dictating with Dragon.

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- Current Encounte
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- 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

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- Rectum
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Skin

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- 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.

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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

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

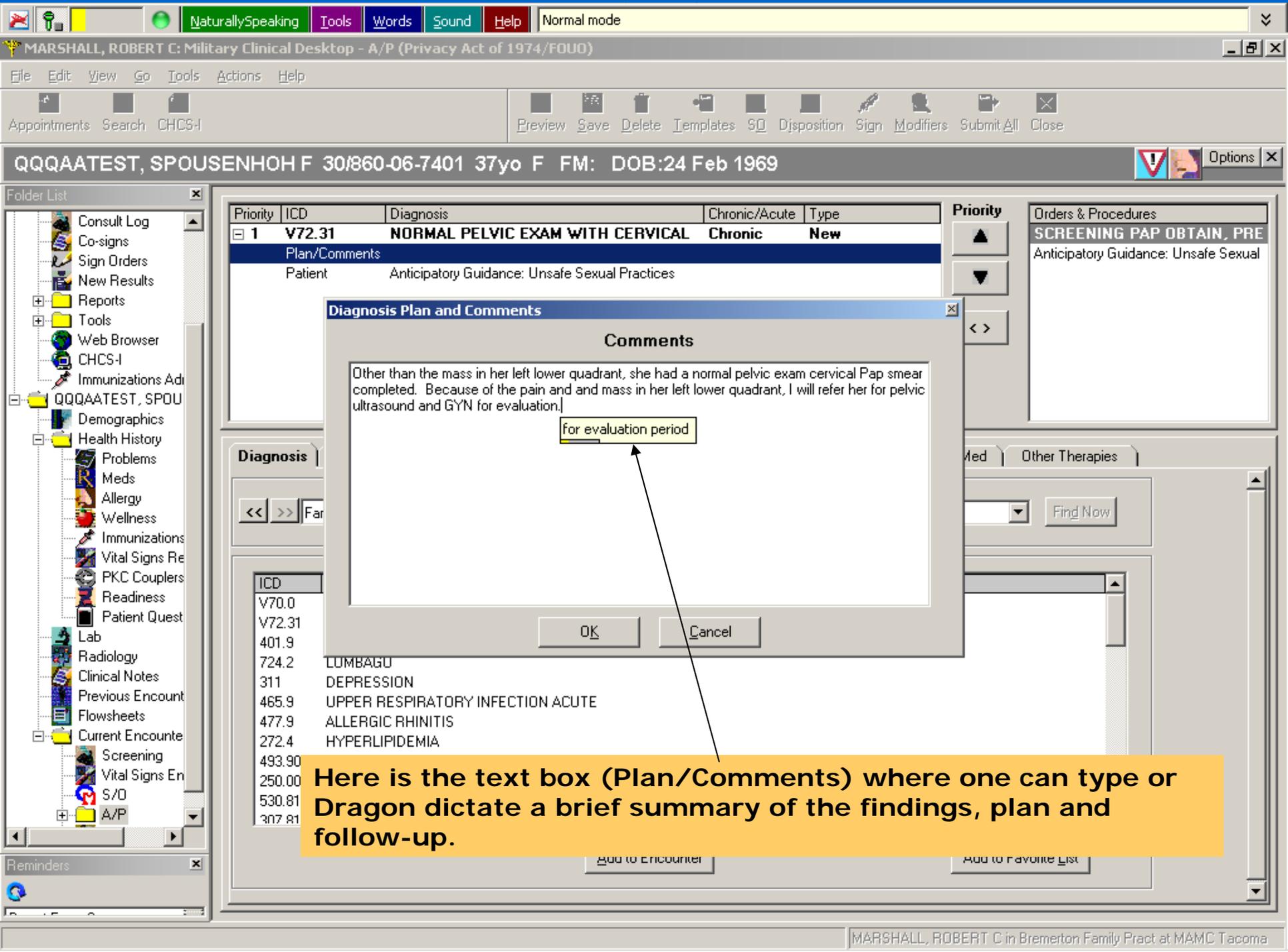
--> Unassociated orders and procedures <--

SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB x 1

Disposition

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
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 - Immunizations Ad
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 - Current Encounte
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 - Vital Signs En
 - S/O
 - A/P
- Reminders

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

Plan/Comments
Patient Anticipatory Guidance: Unsafe Sexual Practices

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

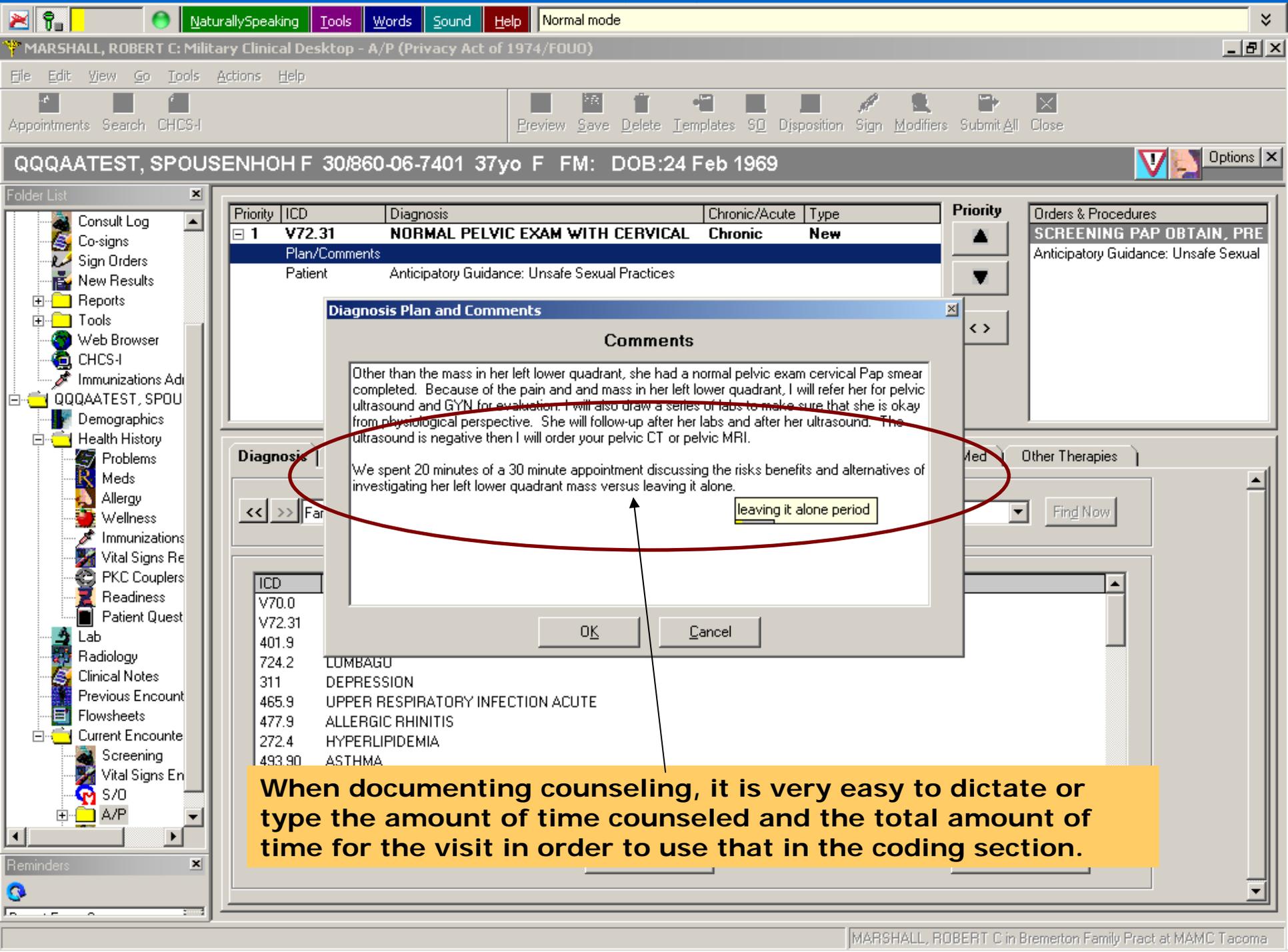
<< >> Far

- 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

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 - 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

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

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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

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Vital signs:
 • Pain level (0-10): Reviewed
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General appearance:
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 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

Questions

