GLOBAL INFORMATION
for QUALITY CARE

PRESENTATION ON AHLTA:

Usability Strategies Regarding AHLTA

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Goals for the Presentation

To show you how to….

1. Document quickly, easily, effectively and legibly
2. Receive appropriate credit for what you do
3. Understand what others have done to streamline workflow
4. Go home on time

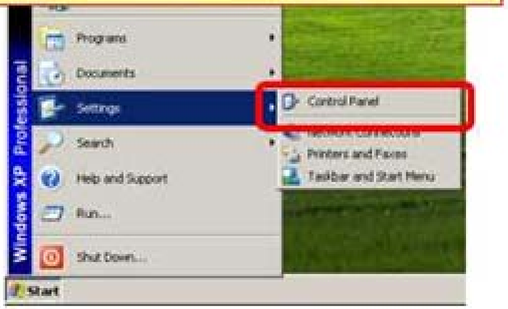
Outline

- Things to setup and know before using AHLTA
- The skinny on Coding
- Optimizing your Support Staff
- Documenting quickly with the Usability AIM Form
- How others have made it work using the Team
- Adding the Usability AIM Form to you’re my Favorites List

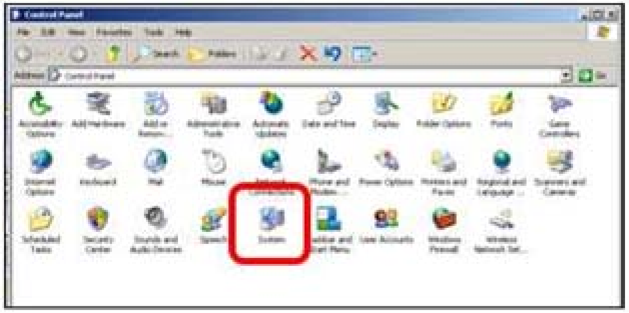
Speed up Windows

Speed up Windows XP by turning off Visual Effects

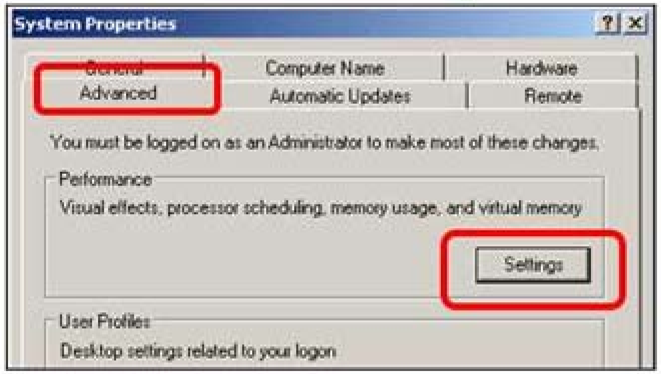
1. Start -> Settings -> Control Panel


Windows XP Professional
Programs
Documents
Settings
Search
Help and Support
Run...
Shut Down...
Start
Control Panel
Network Connections
Printers and Faxes
Taskbar and Start Menu

2. Double Click 'System'


Control Panel
System

3. Click on 'Advanced' tab -> then Click on 'Settings' to adjust Performance.


System Properties
General
Computer Name
Hardware
Advanced
Automatic Updates
Remote
Settings

You must be logged on as an Administrator to make most of these changes.

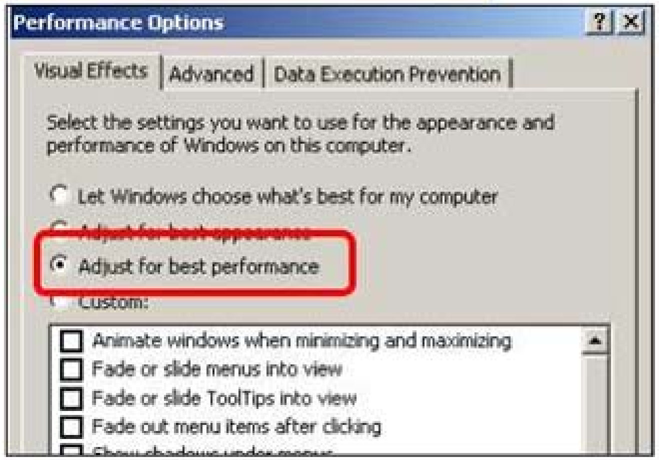
Performance

Visual effects, processor scheduling, memory usage, and virtual memory

User Profiles

Desktop settings related to your logon

4. Click the radio button 'Adjust for best performance', then click 'OK' to close.


Performance Options
Visual Effects
Advanced
Data Execution Prevention

Select the settings you want to use for the appearance and performance of Windows on this computer.

○ Let Windows choose what's best for my computer

○ Adjust for best appearance

● Adjust for best performance

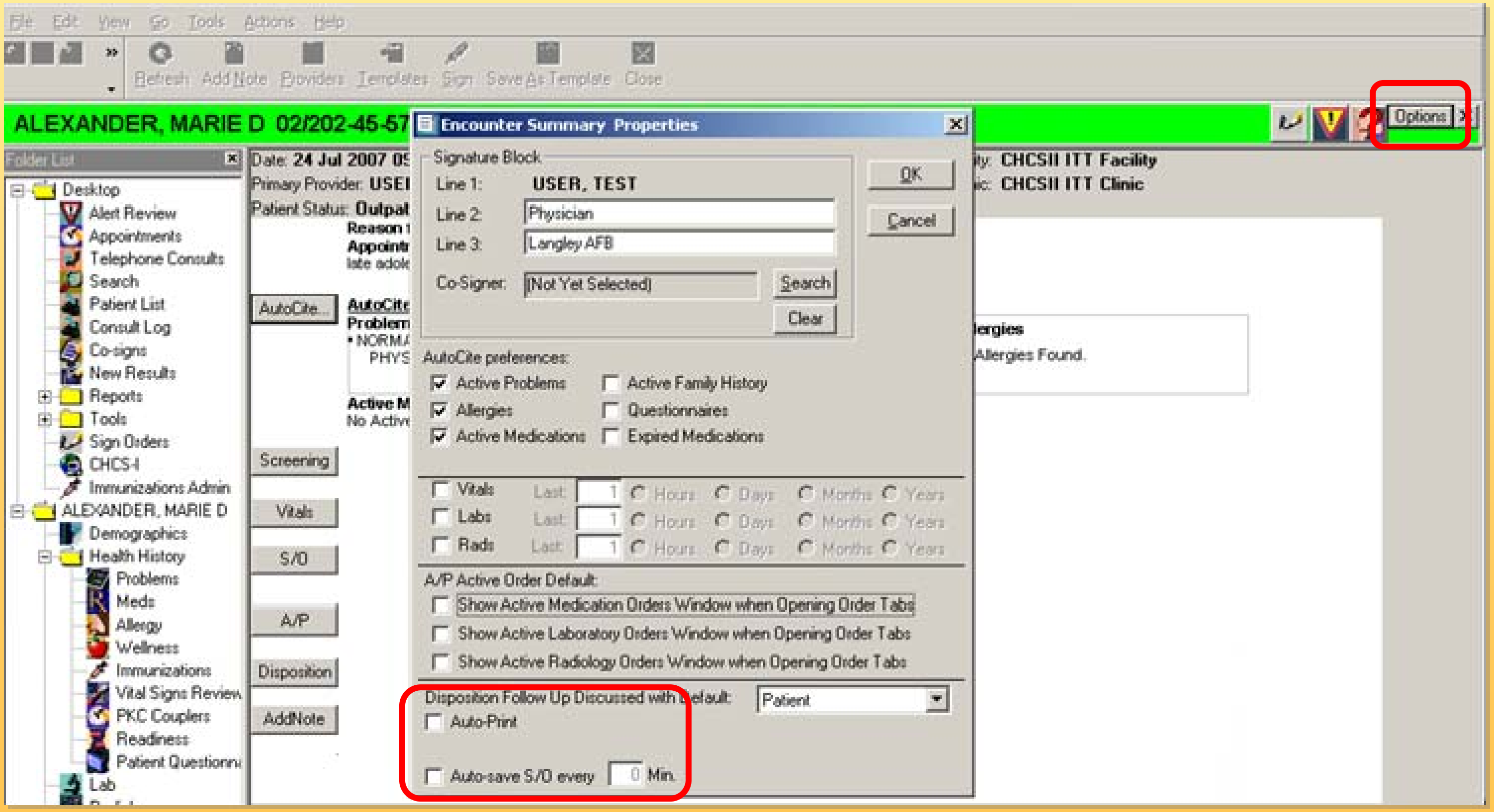
○ Custom:

☐ Animate windows when minimizing and maximizing
☐ Fade or slide menus into view
☐ Fade or slide ToolTips into view
☐ Fade out menu items after clicking
☐ Show shadows under menus

Turn off Autosave and AutoPrint

User Preferences

- You can get to this options box by clicking “options” while in the SO module



ALEXANDER, MARIE D 02/202-45-57

Encounter Summary Properties

Signature Block

Line 1: USER, TEST

Line 2: Physician

Line 3: Langley AFB

Co-Signer: (Not Yet Selected)

AutoCite preferences:

- ☑ Active Problems
- ☑ Allergies
- ☑ Active Medications
- ☐ Active Family History
- ☐ Questionnaires
- ☐ Expired Medications

☐ Vitals Last 1 ○ Hours ○ Days ○ Months ○ Years

☐ Labs Last 1 ○ Hours ○ Days ○ Months ○ Years

☐ Rads Last 1 ○ Hours ○ Days ○ Months ○ Years

A/P Active Order Default:

- ☐ Show Active Medication Orders Window when Opening Order Tabs
- ☐ Show Active Laboratory Orders Window when Opening Order Tabs
- ☐ Show Active Radiology Orders Window when Opening Order Tabs

Disposition Follow Up Discussed with Default: Patient

☐ Auto-Print

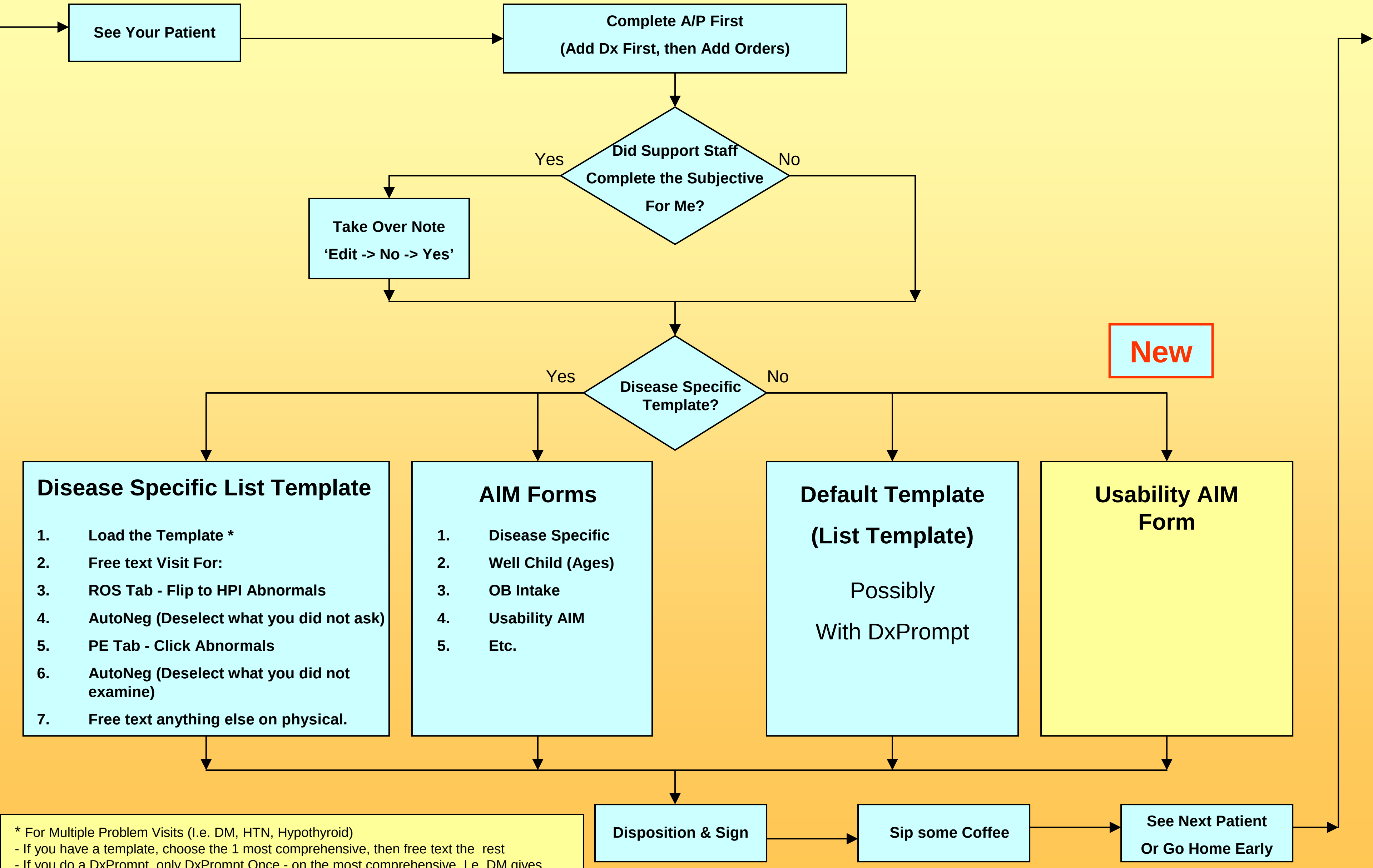
☐ Auto-save S/O every 0 Min.

File Edit View Go Tools Actions Help
Refresh
Add Note
Providers
Templates
Sign
Save As Template
Close
Options
OK
Cancel
Search
Clear
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
ALEXANDER, MARIE D
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Lab
Date: 24 Jul 2007 0
Primary Provider: USE
Patient Status: Outpa
AutoCite...
Screening
Vitals
S/O
A/P
Disposition
AddNote
CHCSII ITT Facility
CHCSII ITT Clinic
Allergies Found.

Default Encounter Template

- A template that loads for every patient, every encounter automatically to pre-stage
  - Diagnoses (only your most common and hard to find)
  - Procedures (possibly **all** the CPT codes you use)
  - Labs (possibly **all** the most commonly used by you)
  - Meds (only the most common, if at all)
  - Radiology (only the most common)
  - Other therapies (patient education documentation)
  - Most commonly used MEDCIN items (not on your AIM form)
  - Procedure notes (canned text blurbs)
- Use for documenting **all** other visits that don’t have a template

General Workflow Documenting Note in AHLTA



See Your Patient

Complete A/P First
(Add Dx First, then Add Orders)

Did Support Staff Complete the Subjective For Me?

Yes

Take Over Note
‘Edit -> No -> Yes’

No

Disease Specific Template?

Yes

No

New

Disease Specific List Template

1. **Load the Template ***
2. **Free text Visit For:**
3. **ROS Tab - Flip to HPI Abnormals**
4. **AutoNeg (Deselect what you did not ask)**
5. **PE Tab - Click Abnormals**
6. **AutoNeg (Deselect what you did not examine)**
7. **Free text anything else on physical.**

AIM Forms

1. **Disease Specific**
2. **Well Child (Ages)**
3. **OB Intake**
4. **Usability AIM**
5. **Etc.**

Default Template
(List Template)

Possibly

With DxPrompt

Usability AIM Form

Disposition & Sign

Sip some Coffee

See Next Patient
Or Go Home Early

* For Multiple Problem Visits (I.e. DM, HTN, Hypothyroid)
- If you have a template, choose the 1 most comprehensive, then free text the rest
- If you do a DxPrompt, only DxPrompt Once - on the most comprehensive, I.e. DM gives terms that can be used to document HTN and Hypothyroid, etc.

Copy / Paste

Copy / Paste

- “CTRL C” and “CTRL” V are your friends
- Right clicking (copy / paste) not always an option
- **Useful for X-Ray comments, Consult reasons, A/P comments to be reused in “S/O Visit For” to document what you just typed then edited down**

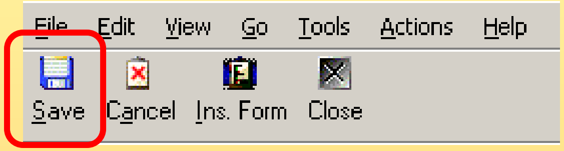
CTRL C = Copy

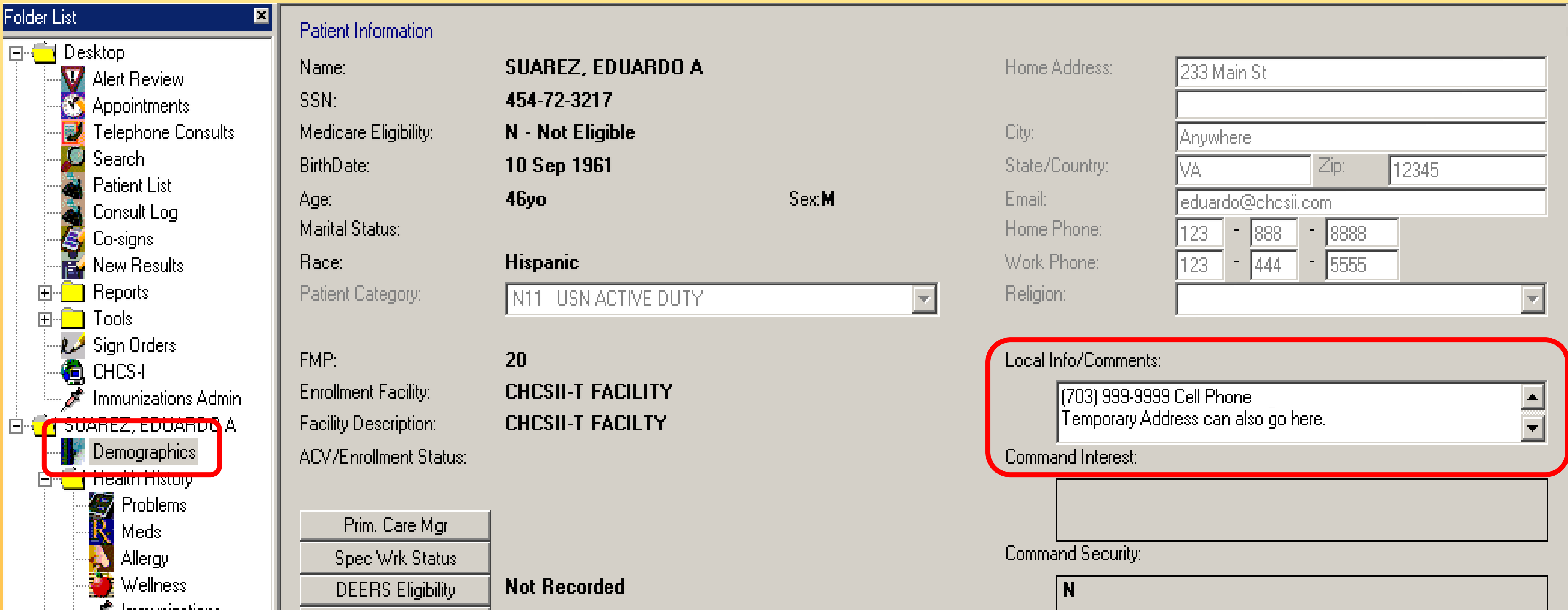
CTRL V = Paste

Adding Cell Phone

Demographics Comments

- Cell phone number here
- Temporary Address here
- Does not get over-written with DEERS Sync
- Can navigate from the A/P module by clicking Demographics on Folder List
- After entering number, press ‘Save’ on top of screen then close.


File
Edit
View
Go
Tools
Actions
Help
Save
Cancel
Ins. Form
Close


Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
New Results
Reports
Tools
Sign Orders
CHCS-I
Immunizations Admin
SUAREZ, EDUARDO A
Demographics
Health History
Problems
Meds
Allergy
Wellness
Prim. Care Mgr
Spec Wrk Status
DEERS Eligibility

Patient Information

Name: SUAREZ, EDUARDO A
SSN: 454-72-3217
Medicare Eligibility: N - Not Eligible
BirthDate: 10 Sep 1961
Age: 46yo Sex: M
Marital Status:
Race: Hispanic
Patient Category: N11 USN ACTIVE DUTY

FMP: 20
Enrollment Facility: CHCSII-T FACILITY
Facility Description: CHCSII-T FACILTY
ACV/Enrollment Status:

DEERS Eligibility: Not Recorded

Home Address: 233 Main St
City: Anywhere
State/Country: VA Zip: 12345
Email: eduardo@chcsii.com
Home Phone: 123 - 888 - 8888
Work Phone: 123 - 444 - 5555
Religion:

Local Info/Comments:
(703) 999-9999 Cell Phone
Temporary Address can also go here.

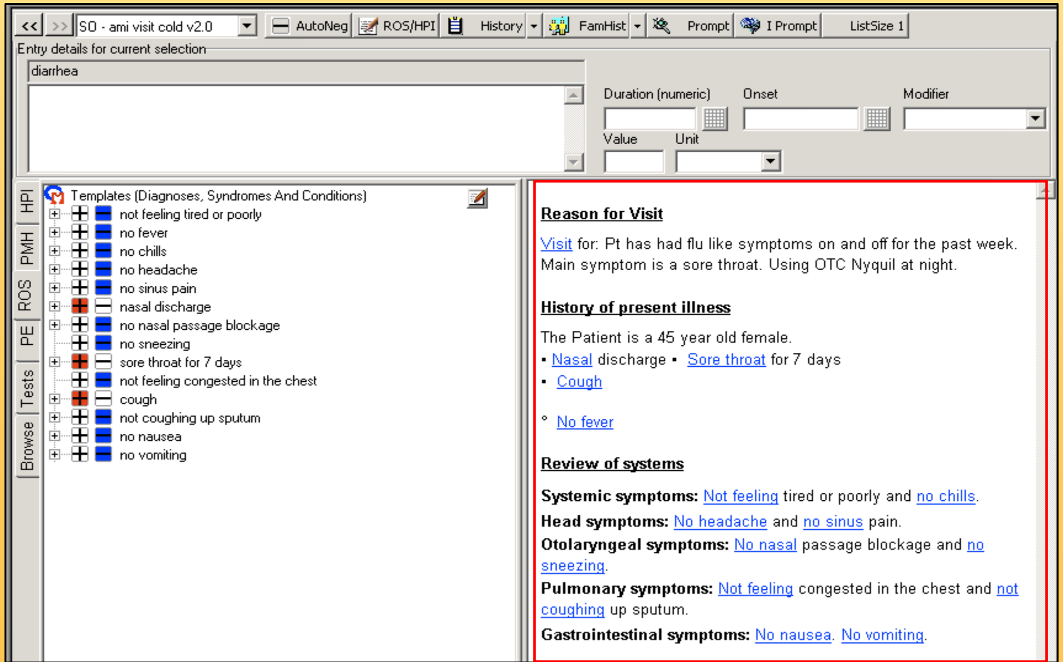
Command Interest:

Command Security: N

Making it Legible

Free text in Subjective (i.e. Visit For) and Plan (i.e. Comments)

- Free text at the top of the note. “Visit for” or “Encounter Background’
  - Positive Symptoms in HPI (and pertinent negatives)
  - Only negatives in ROS
  - Filled in bullets means abnormal findings; and in PE – abnormal findings list first
- Free text Comments in A/P



<<
>>
SO - ami visit cold v2.0
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse

diarrhea

Templates (Diagnoses, Syndromes And Conditions)
- not feeling tired or poorly
- no fever
- no chills
- no headache
- no sinus pain
- nasal discharge
- no nasal passage blockage
- no sneezing
- sore throat for 7 days
- not feeling congested in the chest
- cough
- not coughing up sputum
- no nausea
- no vomiting

Reason for Visit

Visit for: Pt has had flu like symptoms on and off for the past week. Main symptom is a sore throat. Using OTC Nyquil at night.

History of present illness

The Patient is a 45 year old female.

▪ Nasal discharge ▪ Sore throat for 7 days

▪ Cough

° No fever

Review of systems

Systemic symptoms: Not feeling tired or poorly and no chills.

Head symptoms: No headache and no sinus pain.

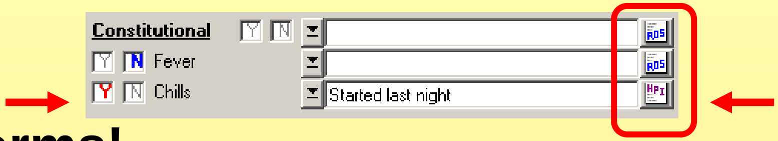
Otolaryngeal symptoms: No nasal passage blockage and no sneezing.

Pulmonary symptoms: Not feeling congested in the chest and not coughing up sputum.

Gastrointestinal symptoms: No nausea. No vomiting.

ROS / HPI Flip

AIM Form

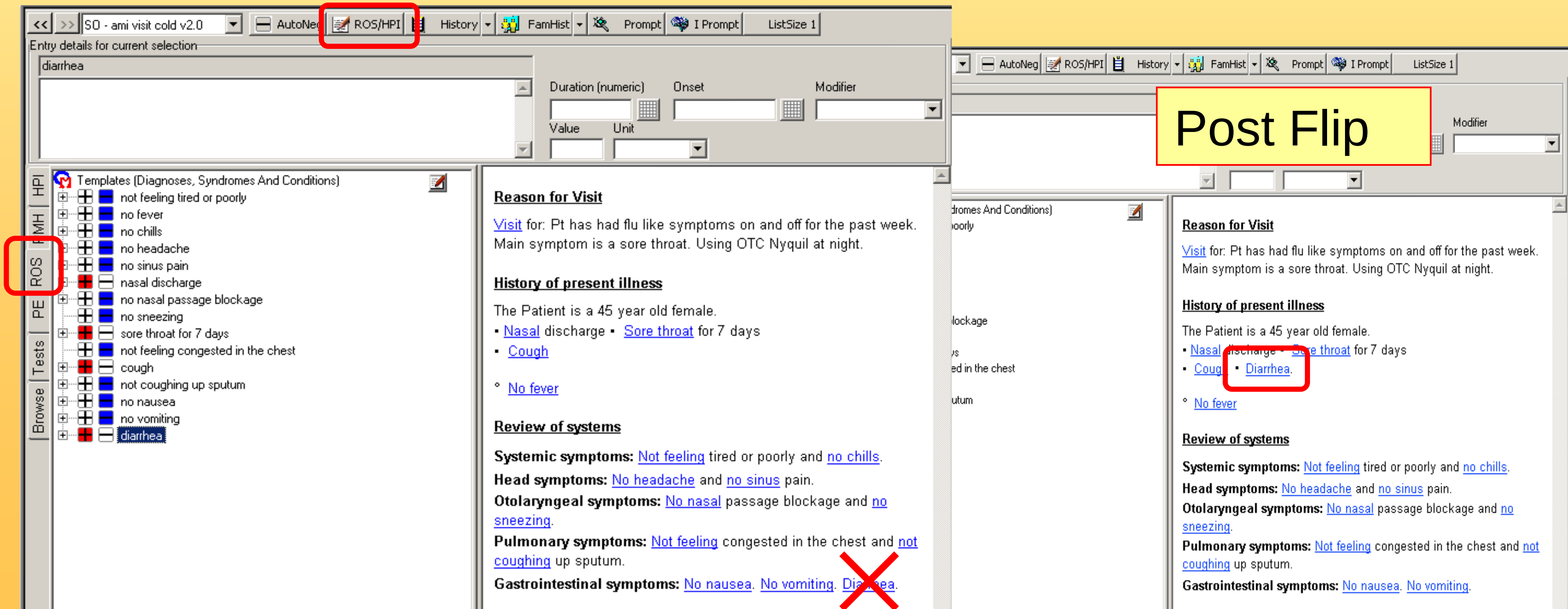


Constitutional
Y
N
Fever
Chills
ROS
ROS
HPI

Started last night

ROS / HPI Flip Button – Also on AIM Forms!

- Important **not** to leave abnormal findings in ROS - toggle to HPI
  - If not, difficult to find later
  - When re-reading note, it's easier to find what significant symptoms were
  - OK to put pertinent normal symptoms in HPI
  - AHLTA 3.3 will do this automatically



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>>
SO - ami visit cold v2.0
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Duration (numeric)
Onset
Modifier
Value
Unit
HPI
PMH
ROS
PE
Tests
Browse
Templates (Diagnoses, Syndromes And Conditions)

diarrhea

- not feeling tired or poorly
- no fever
- no chills
- no headache
- no sinus pain
- nasal discharge
- no nasal passage blockage
- no sneezing
- sore throat for 7 days
- not feeling congested in the chest
- cough
- not coughing up sputum
- no nausea
- no vomiting
- diarrhea

Reason for Visit

Visit for: Pt has had flu like symptoms on and off for the past week. Main symptom is a sore throat. Using OTC Nyquil at night.

History of present illness

The Patient is a 45 year old female.

- Nasal discharge • Sore throat for 7 days
- Cough

° No fever

Review of systems

Systemic symptoms: Not feeling tired or poorly and no chills.
Head symptoms: No headache and no sinus pain.
Otolaryngeal symptoms: No nasal passage blockage and no sneezing.
Pulmonary symptoms: Not feeling congested in the chest and not coughing up sputum.
Gastrointestinal symptoms: No nausea. No vomiting. ~~Diarrhea~~.

Post Flip

Reason for Visit

Visit for: Pt has had flu like symptoms on and off for the past week. Main symptom is a sore throat. Using OTC Nyquil at night.

History of present illness

The Patient is a 45 year old female.

- Nasal discharge • Sore throat for 7 days
- Cough • Diarrhea.

° No fever

Review of systems

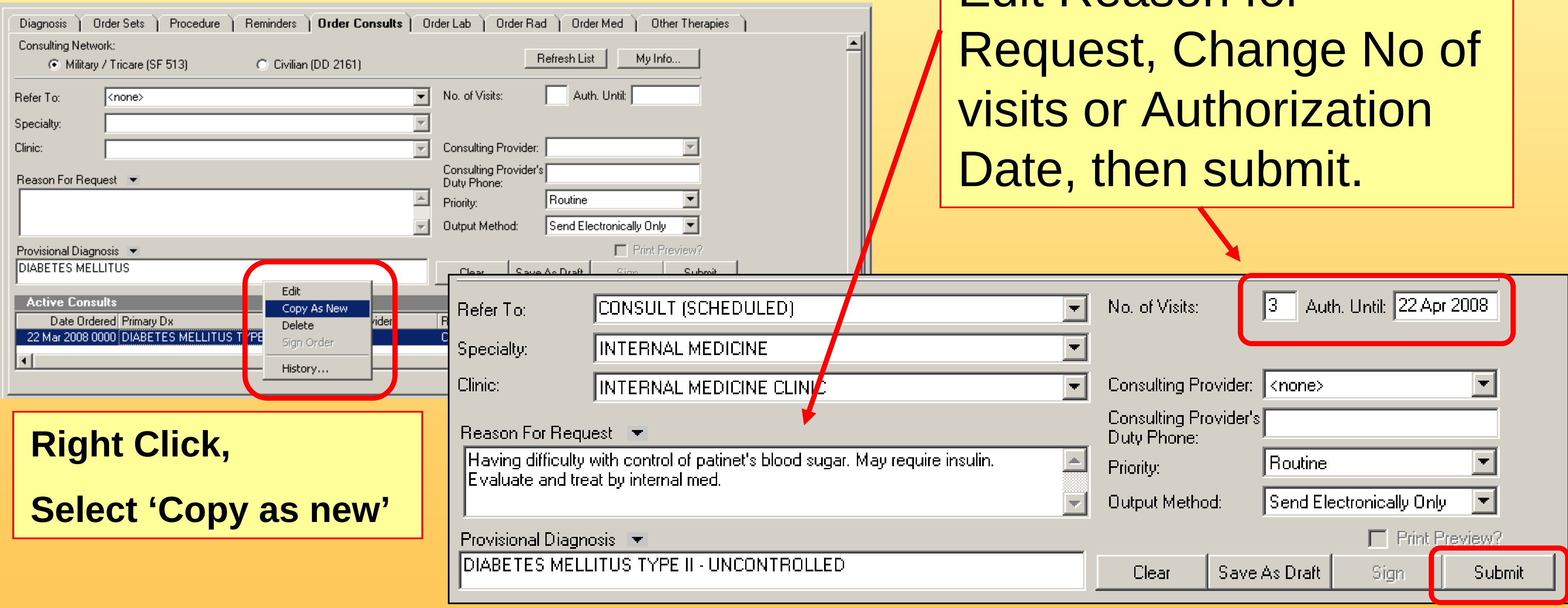
Systemic symptoms: Not feeling tired or poorly and no chills.
Head symptoms: No headache and no sinus pain.
Otolaryngeal symptoms: No nasal passage blockage and no sneezing.
Pulmonary symptoms: Not feeling congested in the chest and not coughing up sputum.
Gastrointestinal symptoms: No nausea. No vomiting.

Consults

Copy as New

- Patient shows up needing new consult because previous one expired
- If you see it below as an Active Consult
- Right click, select Copy as New, modify No of Visits, then Submit

Edit Reason for Request, Change No of visits or Authorization Date, then submit.



Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies
Refresh List
My Info...
Edit
Copy As New
Delete
Sign Order
History...
Clear
Save As Draft
Sign
Submit

Consulting Network:
● Military / Tricare (SF 513) ○ Civilian (DD 2161)

Refer To: <none>
Specialty:
Clinic:
No. of Visits:
Auth. Until:
Consulting Provider:
Consulting Provider's Duty Phone:
Priority: Routine
Output Method: Send Electronically Only
Reason For Request
Provisional Diagnosis: DIABETES MELLITUS
☐ Print Preview?

Active Consults

Date Ordered	Primary Dx
22 Mar 2008 0000	DIABETES MELLITUS TYPE

Refer To: CONSULT (SCHEDULED)
Specialty: INTERNAL MEDICINE
Clinic: INTERNAL MEDICINE CLINIC
No. of Visits: 3
Auth. Until: 22 Apr 2008
Consulting Provider: <none>
Consulting Provider's Duty Phone:
Priority: Routine
Output Method: Send Electronically Only
Reason For Request: Having difficulty with control of patinet's blood sugar. May require insulin. Evaluate and treat by internal med.
Provisional Diagnosis: DIABETES MELLITUS TYPE II - UNCONTROLLED
☐ Print Preview?

Right Click,

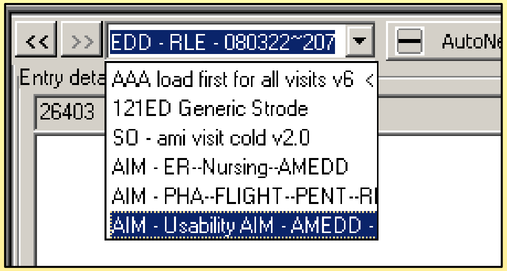
Select ‘Copy as new’

Template Strategy

Keep Favorites List of Templates to a MINIMUM

Delete or remove everything else

→


<<
>>
EDD - RLE - 080322~207
AutoNe
Entry deta
26403
AAA load first for all visits v6 <
121ED Generic Strode
SO - ami visit cold v2.0
AIM - ER--Nursing--AMEDD
AIM - PHA--FLIGHT--PENT--RI
AIM - Usability AIM - AMEDD -

Core Templates You Need, nothing more, nothing less…

1. **Default Template** (list template*) → Items not on an AIM Form **+ A/P Items**

2. Well Visit Templates**
3. Procedure Templates
4. Your 80-90% Template

→ Ex. "**Usability AIM**" Form

5. Most commonly seen Diagnoses (several times per day) Templates (optional) → Ex. Cold (URI) Template

* List template for S/O Medcin terms. When 3.3 is released, there is an argument for not including an AIM Form as your default template.

** Ex. Well Woman (Pap), School, Flight, PHA and General Physicals, Pediatric Well Visits, etc…

How your Workload is Measured

If you're productivity is measured by RVU's, then you should know the rules of the game.

A provider's RVUs are determined primarily by 2 components:

- The E&M (Evaluation and Management) Code
- And Procedures (CPT and HCPCS codes)

Sample E&M RVU Numbers

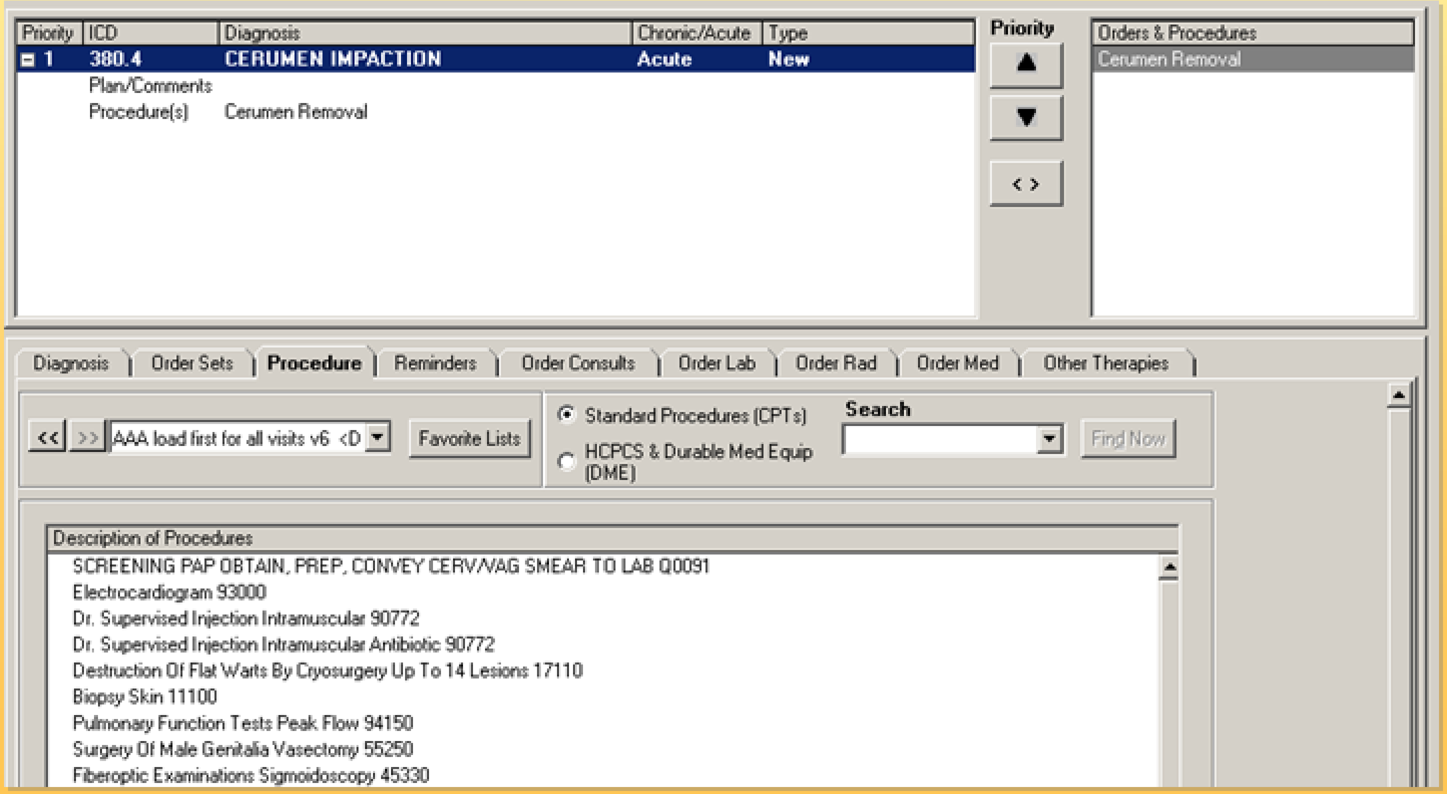
- New vs. Established (more points for new patients)
- Primary Care and Family Practice are DIFFERENT clinics.

E&M Codes	New/EST
99212 (Prob Focused)	0.45/0.45 RVU
99213 (Expanded Prob Focused)	0.88/0.67 RVU
99214 (Moderate Complexity)	1.34/1.10 RVU
99215 (High Complexity)	2.67/1.77 RVU
99381/91 (Prev Med 0-1 yo)	1.19/1.02 RVU
99382/92 (Prev Med 1-11 yo)	1.36/1.19 RVU
99385/95 (Prev Med 18-39 yo)	1.53/1.36 RVU
99386/96 (Prev Med 40-64)	1.88/1.53 RVU

What About Procedures?

- Correct documentation of procedures are ESSENTIAL!
- Procedure RVU's are **added** to the E&M code
- Ex: Visit for impaired hearing

  (E&M 99213 RVU = 0.67) + ear wax removal (RVU = 0.61). TOTAL = 1.28 RVU
- IMPORTANT: Providers can receive credit for procedures done by ancillary staff.


Priority
Orders & Procedures
Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies
<<
>>
Favorite Lists
Search
Find Now

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	380.4	CERUMEN IMPACTION	Acute	New
	Plan/Comments			
	Procedure(s)	Cerumen Removal		

Orders & Procedures
Cerumen Removal

AAA load first for all visits v6 <D

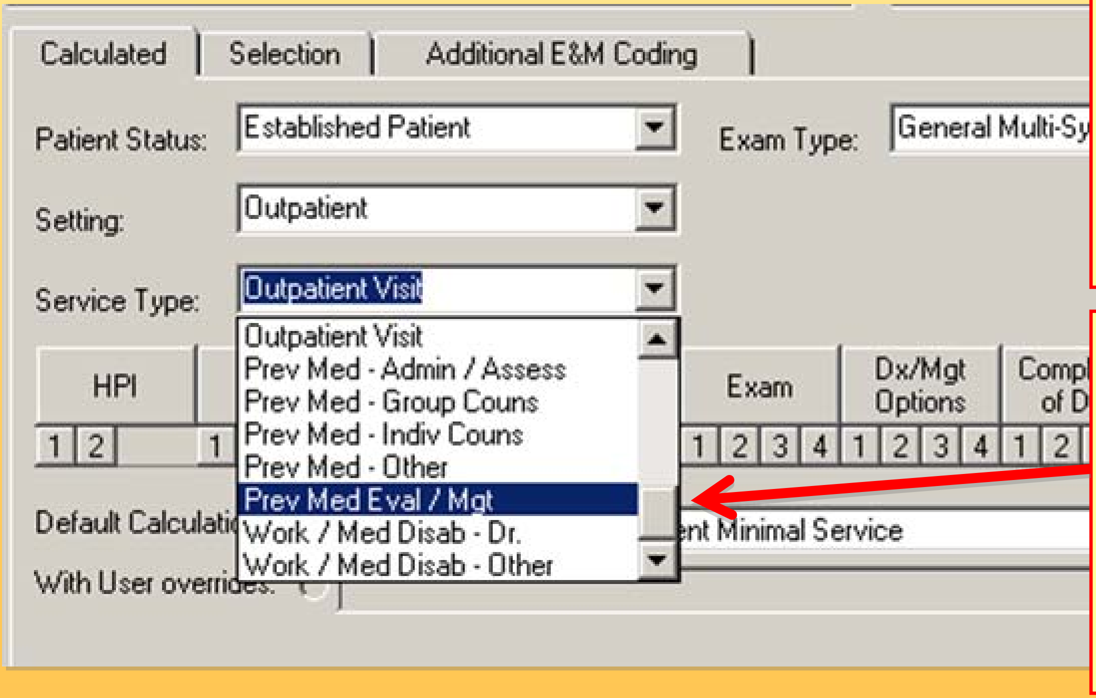
● Standard Procedures (CPTs)
○ HCPCS & Durable Med Equip (DME)

Description of Procedures
SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB Q0091
Electrocardiogram 93000
Dr. Supervised Injection Intramuscular 90772
Dr. Supervised Injection Intramuscular Antibiotic 90772
Destruction Of Flat Warts By Cryosurgery Up To 14 Lesions 17110
Biopsy Skin 11100
Pulmonary Function Tests Peak Flow 94150
Surgery Of Male Genitalia Vasectomy 55250
Fiberoptic Examinations Sigmoidoscopy 45330

What About Procedures?

A Properly Coded Well Woman Exam can yield big RVU’s:

- E&M Prev Med visit (99395) = **1.36** RVU
- Procedure: Screening Pap Smear (HCPCS Q0091) = **0.37** RUV
- **Total = 1.73 RVU** for a 30 minute appt.



Patient Status: Established Patient

Exam Type: General Multi-Sy

Setting: Outpatient

Service Type: Outpatient Visit

Calculated
Selection
Additional E&M Coding
Outpatient Visit
Prev Med - Admin / Assess
Prev Med - Group Couns
Prev Med - Indiv Couns
Prev Med - Other
Prev Med Eval / Mgt
Work / Med Disab - Dr.
Work / Med Disab - Other
HPI
Exam
Dx/Mgt Options
Compl of D
1 2
1
1 2 3 4 1 2 3 4 1 2
Default Calculati
nt Minimal Service
With User overrides:

Note on Prev Med Visits:
A 99214 (Outpt visit, existing patient) = 1.1 RVU
A 99395 (Prev Med visit, existing patient) = 1.36 RVU
A 26% RVU increase!!!

Annual Preventive (Well) Visits:
Prev Med Eval/Mgt must be selected manually in 838. In AHLTA 3.3, will be automatic.

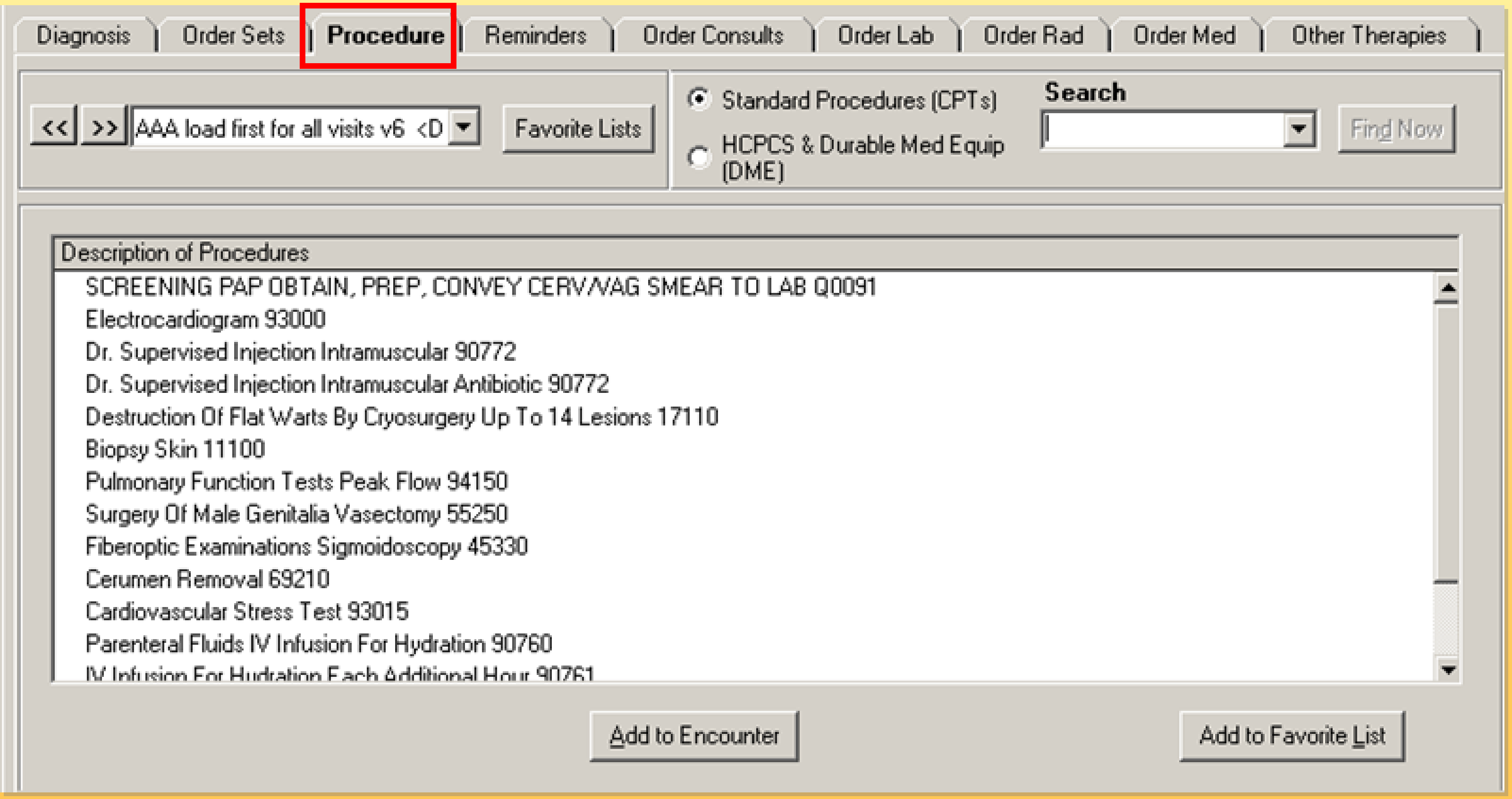
Ex. PHA’s, Well Woman and Pediatric Well visits.

Sample Procedure RVUs

Circumcision	1.81 RVU
Ear Wax Removal	0.61 RVU
Excision of Skin Tags	0.77 RVU
I&D Abscess	1.17 RVU
Punch Biopsy	0.81 RVU
IV Fluid, 1 hour	0.17 RVU
Nebulizer Treatment	0.32 RVU
EKG Reading	0.17 RVU
Cryotherapy of skin	0.76 RVU
Screening Pap by Physician	0.37 RVU
IM/SC Injection	0.17 RVU
Oxygen Sat Reading	0.04 RVU

How to put Procedures in the note quickly

1. Have them Listed in your Default Template, as shown.
2. Have them in your Favorites List
3. And… (next slide)


Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies
<<
>>
Favorite Lists
Search
Find Now
Add to Encounter
Add to Favorite List

AAA load first for all visits v6 <D

● Standard Procedures (CPTs)

○ HCPCS & Durable Med Equip (DME)

Description of Procedures

- SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB Q0091
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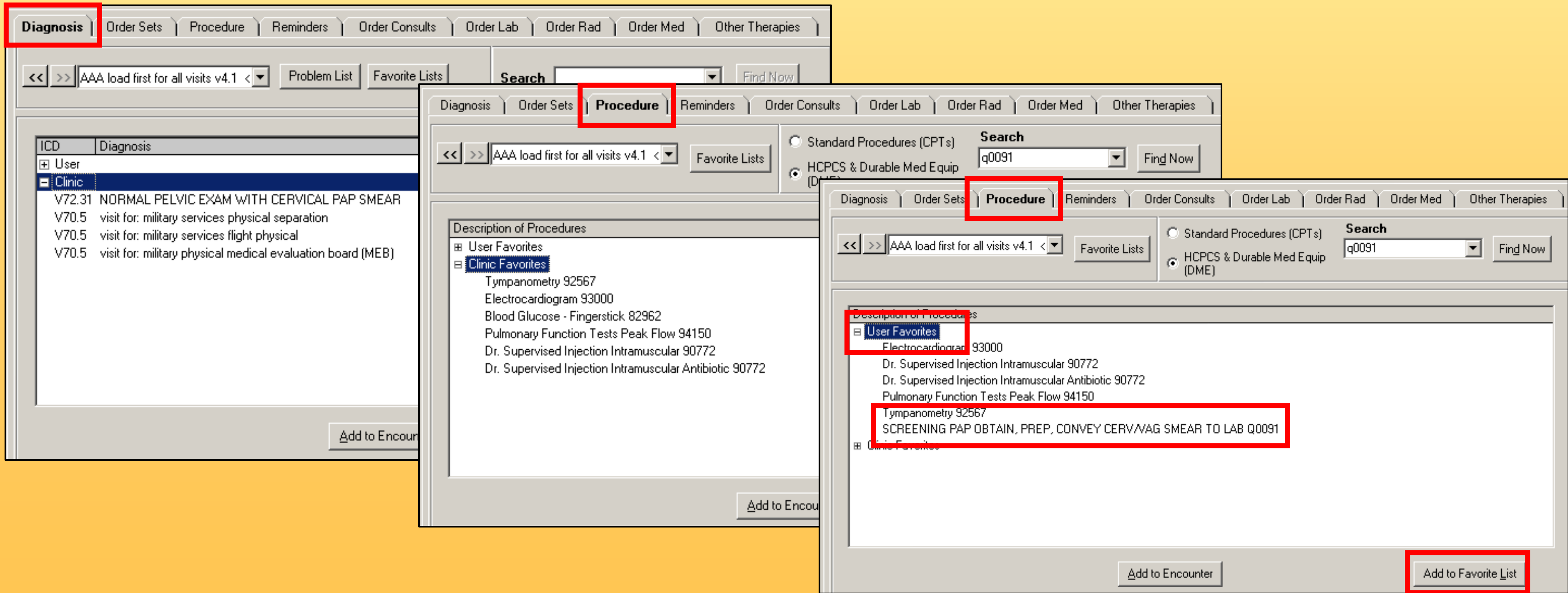
- Dr. Supervised Injection Intramuscular Antibiotic 90772
- Destruction Of Flat Warts By Cryosurgery Up To 14 Lesions 17110
- Biopsy Skin 11100
- Pulmonary Function Tests Peak Flow 94150
- Surgery Of Male Genitalia Vasectomy 55250
- Fiberoptic Examinations Sigmoidoscopy 45330
- Cerumen Removal 69210
- Cardiovascular Stress Test 93015
- Parenteral Fluids IV Infusion For Hydration 90760
- IV Infusion For Hydration Each Additional Hour 90761

How to put Procedures in the note quickly

Use of Clinic Favorites for Support Staff

- Most common list of Diagnoses (ex. Normal Pelvic Exam…)
  - Use them to add **Agreed Upon Routine Visits** as a verbal order
- Most common list of Procedures (Think RVU's)
  - Use them to add **Agreed Upon Procedures** as a verbal order


Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies
<<
>>
Problem List
Favorite Lists
Search
Find Now
Add to Encounter
Add to Favorite List

AAA load first for all visits v4.1

ICD	Diagnosis
⊞ User	
⊟ Clinic	
V72.31	NORMAL PELVIC EXAM WITH CERVICAL PAP SMEAR
V70.5	visit for: military services physical separation
V70.5	visit for: military services flight physical
V70.5	visit for: military physical medical evaluation board (MEB)

AAA load first for all visits v4.1

○ Standard Procedures (CPTs)

● HCPCS & Durable Med Equip (DME)

Search: q0091

Description of Procedures
- ⊞ User Favorites
- ⊟ Clinic Favorites
  - Tympanometry 92567
  - Electrocardiogram 93000
  - Blood Glucose - Fingerstick 82962
  - Pulmonary Function Tests Peak Flow 94150
  - Dr. Supervised Injection Intramuscular 90772
  - Dr. Supervised Injection Intramuscular Antibiotic 90772

AAA load first for all visits v4.1

○ Standard Procedures (CPTs)

● HCPCS & Durable Med Equip (DME)

Search: q0091

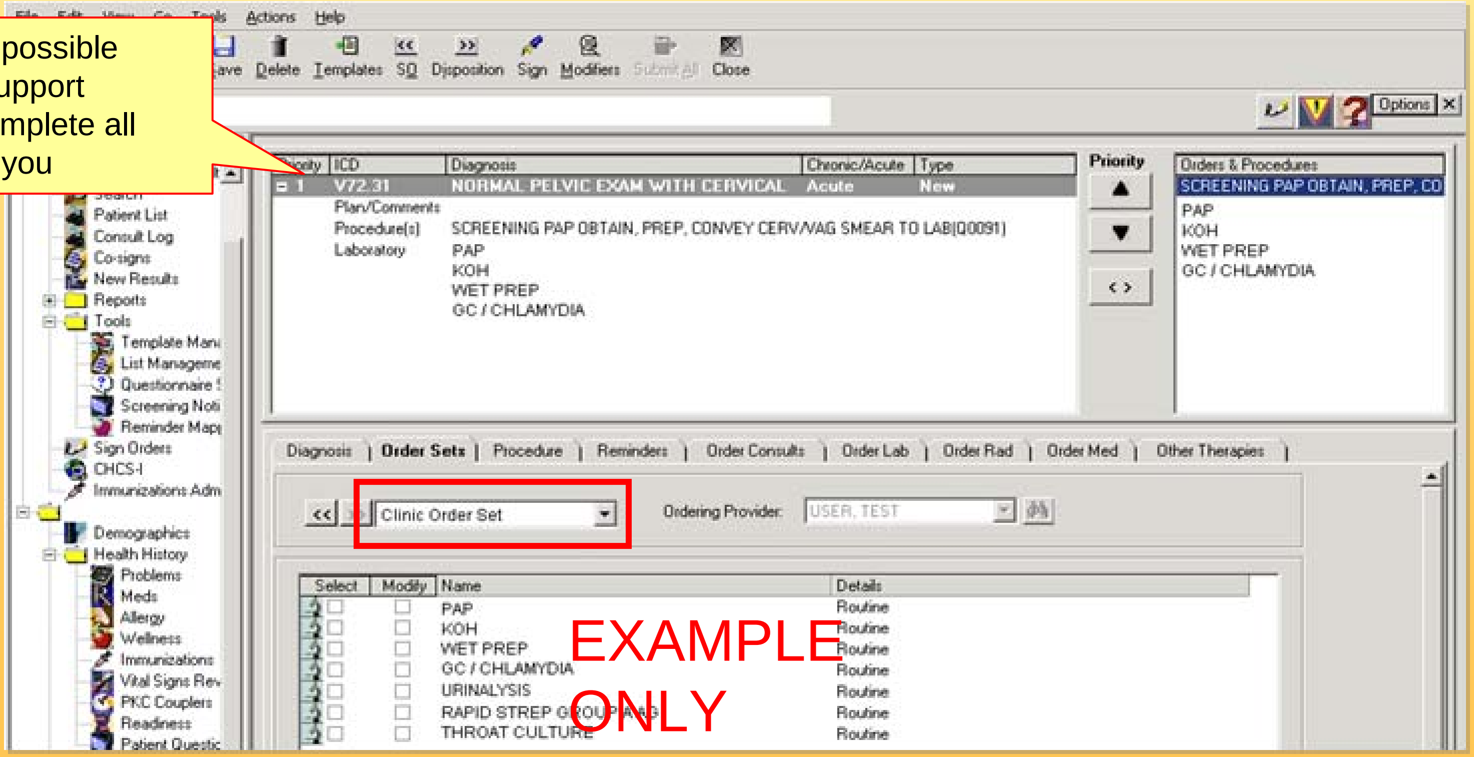
Description of Procedures
- ⊟ User Favorites
  - Electrocardiogram 93000
  - Dr. Supervised Injection Intramuscular 90772
  - Dr. Supervised Injection Intramuscular Antibiotic 90772
  - Pulmonary Function Tests Peak Flow 94150
  - Tympanometry 92567
  - SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB Q0091
- ⊞ Clinic Favorites

What else can your support staff do for you?
This is what mine can do for me.

Create a Single Order set for Support Staff

- PAP, KOH, Wet Prep, GC/Chlamydia, Rapid Strep, Throat Cx, UA, etc.
- They may be able to order these in AHLTA as standing orders

It may be possible for your support staff to complete all of this for you


Actions
Help
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Co-signs
New Results
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Tools
Template Mana
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Questionnaire
Screening Noti
Reminder Mapp
Sign Orders
CHCS-I
Immunizations Adm
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Rev
PKC Couplers
Readiness
Patient Questic
Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V72.31	NORMAL PELVIC EXAM WITH CERVICAL	Acute	New
	Plan/Comments			
	Procedure(s)	SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB(Q0091)		
	Laboratory	PAP KOH WET PREP GC / CHLAMYDIA		

Orders & Procedures
SCREENING PAP OBTAIN, PREP, CO
PAP
KOH
WET PREP
GC / CHLAMYDIA

Clinic Order Set

Ordering Provider: USER, TEST

Select	Modify	Name	Details
☐	☐	PAP	Routine
☐	☐	KOH	Routine
☐	☐	WET PREP	Routine
☐	☐	GC / CHLAMYDIA	Routine
☐	☐	URINALYSIS	Routine
☐	☐	RAPID STREP GROUP A AG	Routine
☐	☐	THROAT CULTURE	Routine

EXAMPLE ONLY

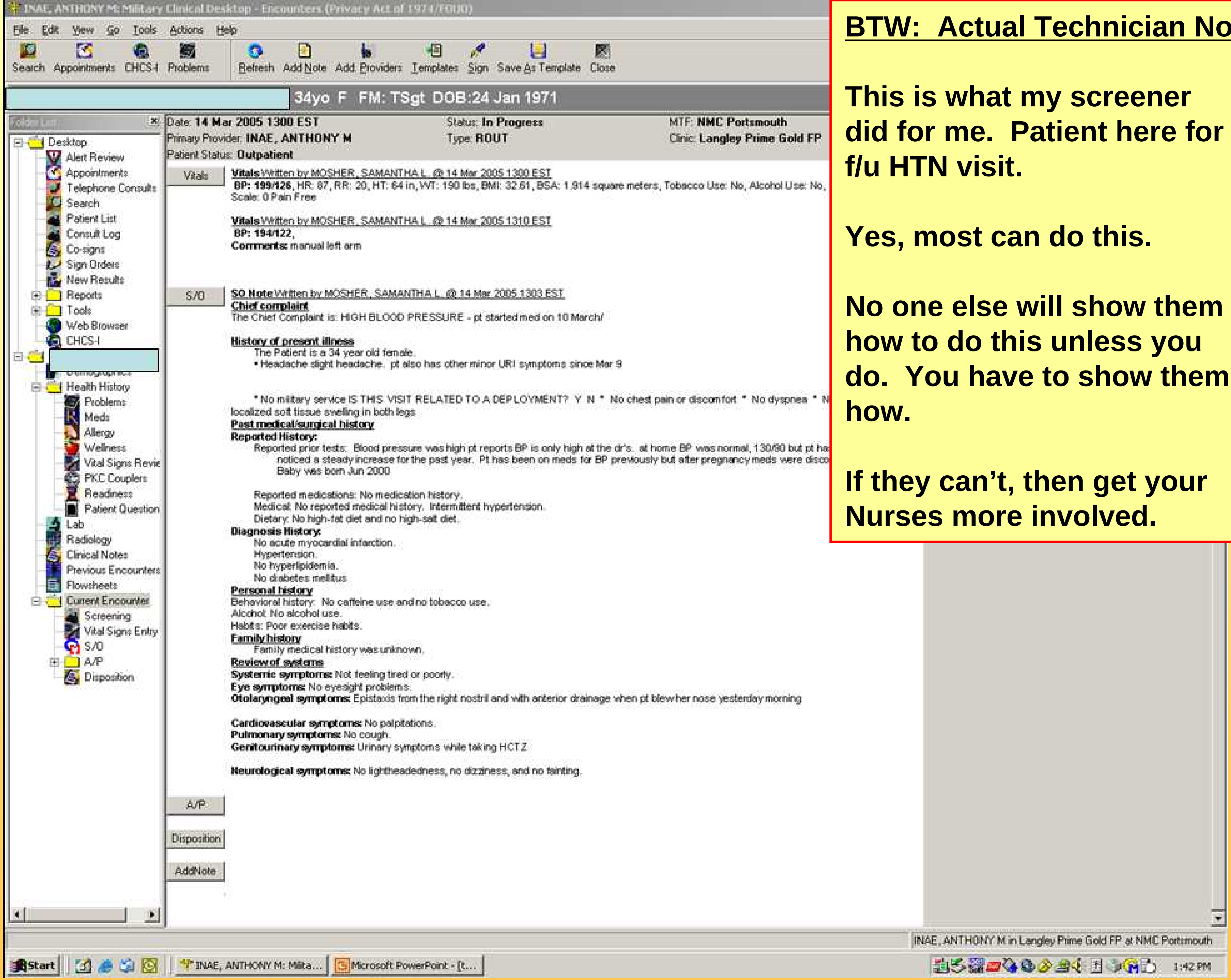
BTW: Actual Technician Note

This is what my screener did for me. Patient here for f/u HTN visit.

Yes, most can do this.

No one else will show them how to do this unless you do. You have to show them how.

If they can't, then get your Nurses more involved.


INAE, ANTHONY M: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)
File Edit View Go Tools Actions Help
Search Appointments CHCS-I Problems
Refresh Add Note Add. Providers Templates Sign Save As Template Close
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Demographics
Health History
Problems
Meds
Allergy
Wellness
Vital Signs Revie
PKC Couplers
Readiness
Patient Question
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Vitals
S/O
A/P
Disposition
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INAE, ANTHONY M: Milita...
Microsoft PowerPoint - [t...
1:42 PM

[redacted] 34yo F FM: TSgt DOB:24 Jan 1971

[redacted]

Date: **14 Mar 2005 1300 EST** Status: **In Progress** MTF: **NMC Portsmouth**
Primary Provider: **INAE, ANTHONY M** Type: **ROUT** Clinic: **Langley Prime Gold FP**
Patient Status: **Outpatient**

Vitals Written by MOSHER, SAMANTHA L @ 14 Mar 2005 1300 EST
BP: 199/126, HR: 87, RR: 20, HT: 64 in, WT: 190 lbs, BMI: 32.61, BSA: 1.914 square meters, Tobacco Use: No, Alcohol Use: No,
Scale: 0 Pain Free

Vitals Written by MOSHER, SAMANTHA L @ 14 Mar 2005 1310 EST
BP: 194/122,
Comments: manual left arm

SO Note Written by MOSHER, SAMANTHA L @ 14 Mar 2005 1303 EST
Chief complaint
The Chief Complaint is: HIGH BLOOD PRESSURE - pt started med on 10 March/

History of present illness
The Patient is a 34 year old female.
• Headache slight headache. pt also has other minor URI symptoms since Mar 9

* No military service IS THIS VISIT RELATED TO A DEPLOYMENT? Y N * No chest pain or discomfort * No dyspnea * N
localized soft tissue swelling in both legs
Past medical/surgical history
Reported History:
Reported prior tests: Blood pressure was high pt reports BP is only high at the dr's. at home BP was normal, 130/90 but pt ha
noticed a steady increase for the past year. Pt has been on meds for BP previously but after pregnancy meds were disco
Baby was born Jun 2000

Reported medications: No medication history.
Medical: No reported medical history. Intermittent hypertension.
Dietary: No high-fat diet and no high-salt diet.
Diagnosis History:
No acute myocardial infarction.
Hypertension.
No hyperlipidemia.
No diabetes mellitus
Personal history
Behavioral history: No caffeine use and no tobacco use.
Alcohol: No alcohol use.
Habits: Poor exercise habits.
Family history
Family medical history was unknown.
Review of systems
Systemic symptoms: Not feeling tired or poorly.
Eye symptoms: No eyesight problems.
Otolaryngeal symptoms: Epistaxis from the right nostril and with anterior drainage when pt blew her nose yesterday morning

Cardiovascular symptoms: No palpitations.
Pulmonary symptoms: No cough.
Genitourinary symptoms: Urinary symptoms while taking HCTZ.

Neurological symptoms: No lightheadedness, no dizziness, and no fainting.

INAE, ANTHONY M in Langley Prime Gold FP at NMC Portsmouth

How an E&M Code Is Determined

Basics of an Outpatient Visit

The visit is made up of 3 components:

		Est. Patient		**New Patient**	
	E&Ms:	**99213**	**99214**	**99202**	**99203**
	RVUs:	**0.67**	**1.10**	**0.88**	**1.34**
[1] *Patient History (S = HPI, PMH, ROS)*					
• History of Present Illness (HPI) - - - - - -		**1**-3	**4**	4	4
• Past, Family, Social History (PFSH) - - - - -		0	**1**	1	**3**
• Review of Systems (ROS)- - - - - - - -		**1**	**2**	2	**10**
		and/or	**and/or**	**and**	**and**
[2] *Physical Examination (O = PE)* - - - - -		6	**2 from 6** **12** from 2+	2 from 6 12 from 2+	**2 from 9**

[3] *Medical Decision Making (A/P = A/P)*

- Diagnosis/Management Risk
- Complexity of Data
- Problem Risk
- Test Risk
- Management Risk

For Established Pts
2 of 3 components are required to meet the level for that visit.

For New Pts
All **3** are required

Demonstration of the “Usability AIM”

You may

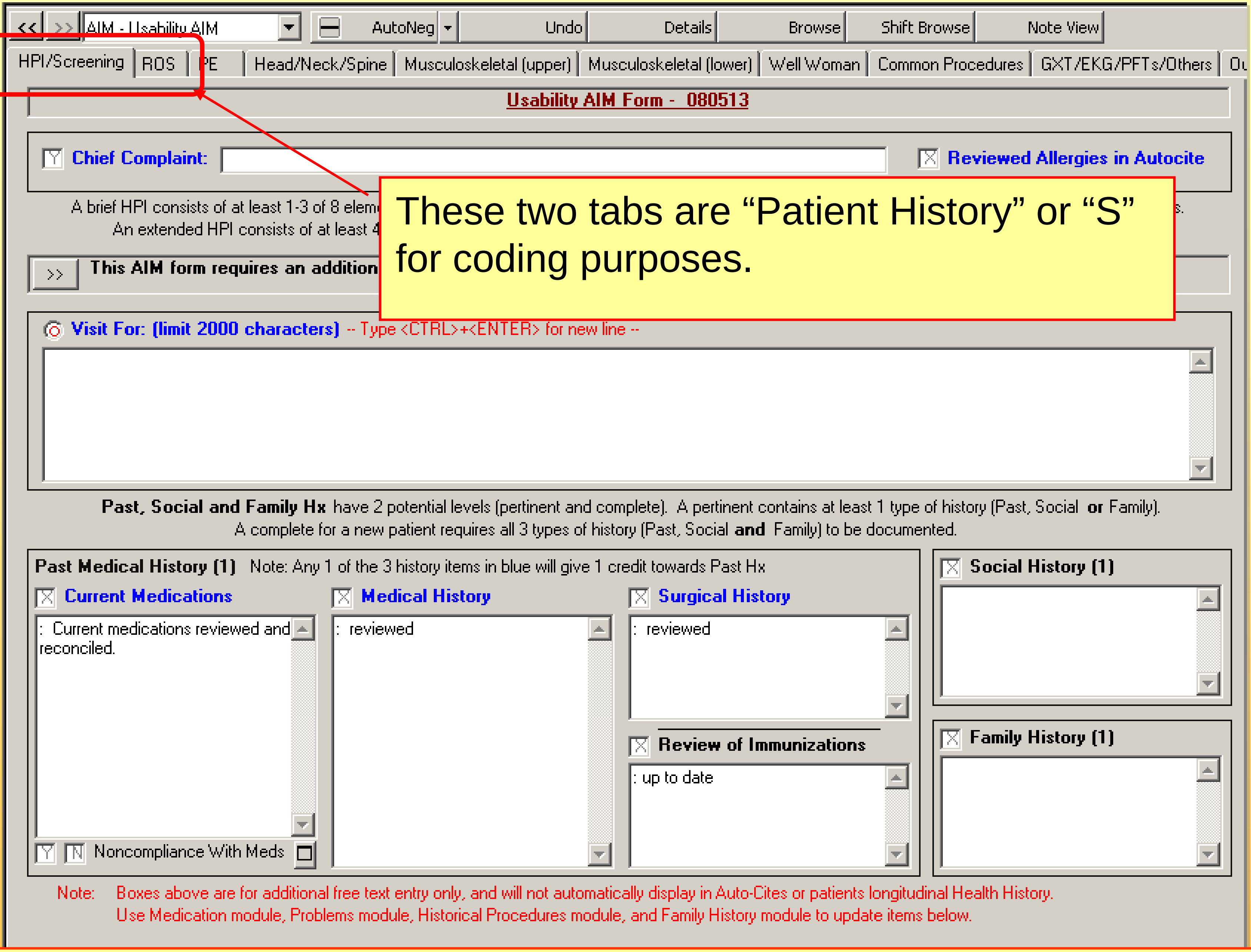
Beware! …Don’t try this at home ☺

Available to all now in 838 and will work in 3.3

No extra software, gadgets, or gimmicks required.

Instructions to find it at back of this presentation.

Disclaimer:
Defaulting this template not recommended …takes longer to load
Add it to your favorites, do not try to re-save it… it won’t work.
Please check periodically for updated versions by searching “Usability”, and adding in the most recently dated Usability AIM Form



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Details
Browse
Shift Browse
Note View
HPI/Screening
ROS
PE
Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others
Ou

Usability AIM Form - 080513

Y **Chief Complaint:**

☒ **Reviewed Allergies in Autocite**

A brief HPI consists of at least 1-3 of 8 elem

An extended HPI consists of at least 4

>> **This AIM form requires an addition**

○ **Visit For: (limit 2000 characters)** -- Type <CTRL>+<ENTER> for new line --

Past, Social and Family Hx have 2 potential levels (pertinent and complete). A pertinent contains at least 1 type of history (Past, Social **or** Family).
A complete for a new patient requires all 3 types of history (Past, Social **and** Family) to be documented.

Past Medical History (1) Note: Any 1 of the 3 history items in blue will give 1 credit towards Past Hx

☒ **Current Medications**

: Current medications reviewed and reconciled.

Y N Noncompliance With Meds ☐

☒ **Medical History**

: reviewed

☒ **Surgical History**

: reviewed

☒ **Review of Immunizations**

: up to date

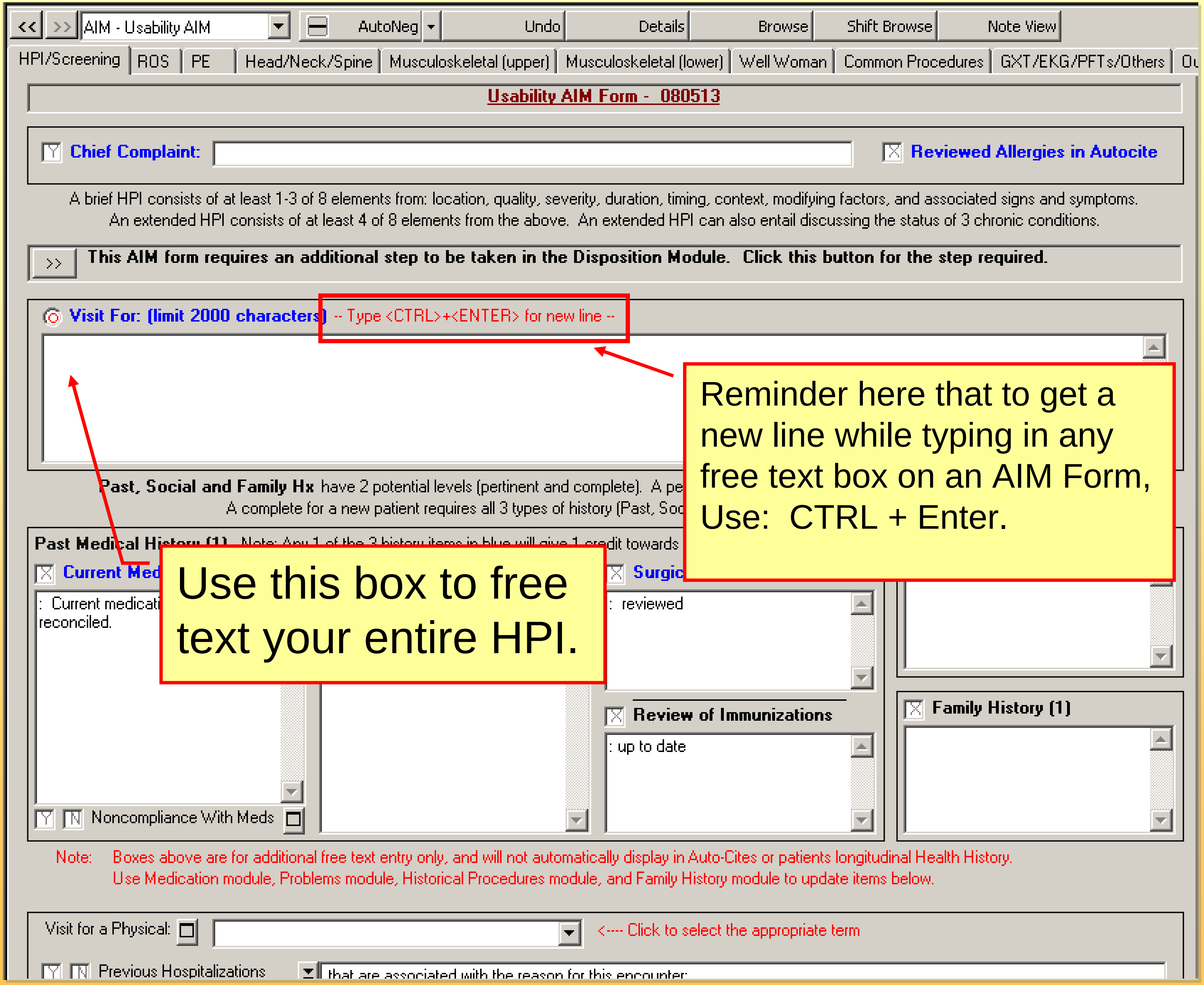
☒ **Social History (1)**

☒ **Family History (1)**

Note: Boxes above are for additional free text entry only, and will not automatically display in Auto-Cites or patients longitudinal Health History.
Use Medication module, Problems module, Historical Procedures module, and Family History module to update items below.

These two tabs are “Patient History” or “S” for coding purposes.

This form was built for speed and documentation ease



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Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others

Usability AIM Form - 080513

☐ **Chief Complaint:**

☒ **Reviewed Allergies in Autocite**

A brief HPI consists of at least 1-3 of 8 elements from: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms. An extended HPI consists of at least 4 of 8 elements from the above. An extended HPI can also entail discussing the status of 3 chronic conditions.

>> **This AIM form requires an additional step to be taken in the Disposition Module. Click this button for the step required.**

Visit For: (limit 2000 characters) -- Type <CTRL>+<ENTER> for new line --

Past, Social and Family Hx have 2 potential levels (pertinent and complete). A pe

A complete for a new patient requires all 3 types of history (Past, Soc

Past Medical History (1) Note: Any 1 of the 3 history items in blue will give 1 credit towards

☒ **Current Med**

: Current medicati
reconciled.

☐Y ☐N Noncompliance With Meds ☐

☒ **Surgic**

: reviewed

☒ **Review of Immunizations**

: up to date

☒ **Family History (1)**

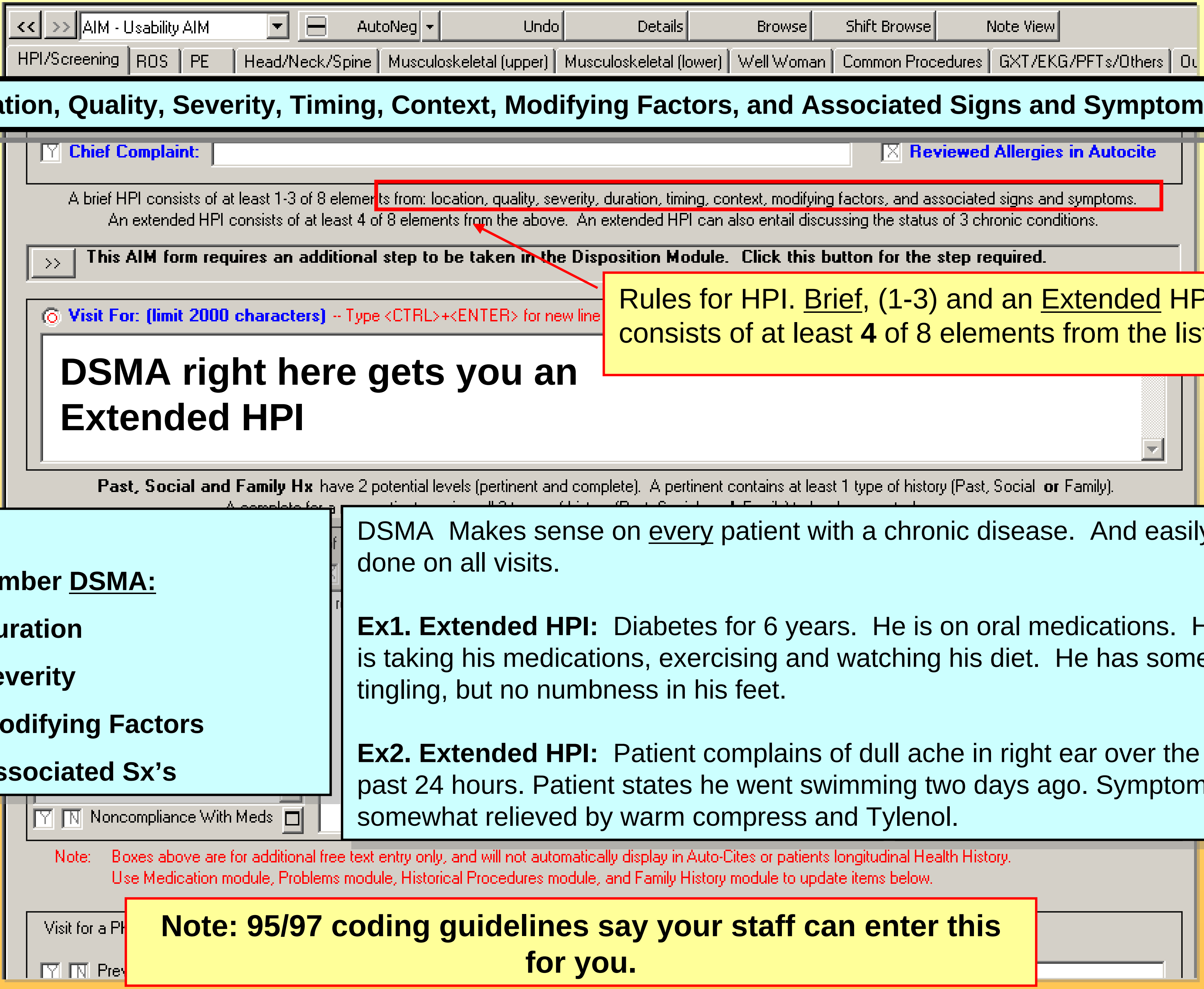
Note: Boxes above are for additional free text entry only, and will not automatically display in Auto-Cites or patients longitudinal Health History.
Use Medication module, Problems module, Historical Procedures module, and Family History module to update items below.

Visit for a Physical: ☐ <---- Click to select the appropriate term

☐Y ☐N Previous Hospitalizations that are associated with the reason for this encounter:

Reminder here that to get a new line while typing in any free text box on an AIM Form, Use: CTRL + Enter.

Use this box to free text your entire HPI.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Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others

"Location, Quality, Severity, Timing, Context, Modifying Factors, and Associated Signs and Symptoms"

☐ **Chief Complaint:**

☒ **Reviewed Allergies in Autocite**

A brief HPI consists of at least 1-3 of 8 elements from: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.
An extended HPI consists of at least 4 of 8 elements from the above. An extended HPI can also entail discussing the status of 3 chronic conditions.

>> **This AIM form requires an additional step to be taken in the Disposition Module. Click this button for the step required.**

Rules for HPI. Brief, (1-3) and an Extended HPI consists of at least **4** of 8 elements from the list.

Visit For: (limit 2000 characters) -- Type <CTRL>+<ENTER> for new line

DSMA right here gets you an Extended HPI

Past, Social and Family Hx have 2 potential levels (pertinent and complete). A pertinent contains at least 1 type of history (Past, Social **or** Family).

Tip:

Remember DSMA:

D = Duration

S = Severity

M = Modifying Factors

A = Associated Sx's

DSMA Makes sense on every patient with a chronic disease. And easily done on all visits.

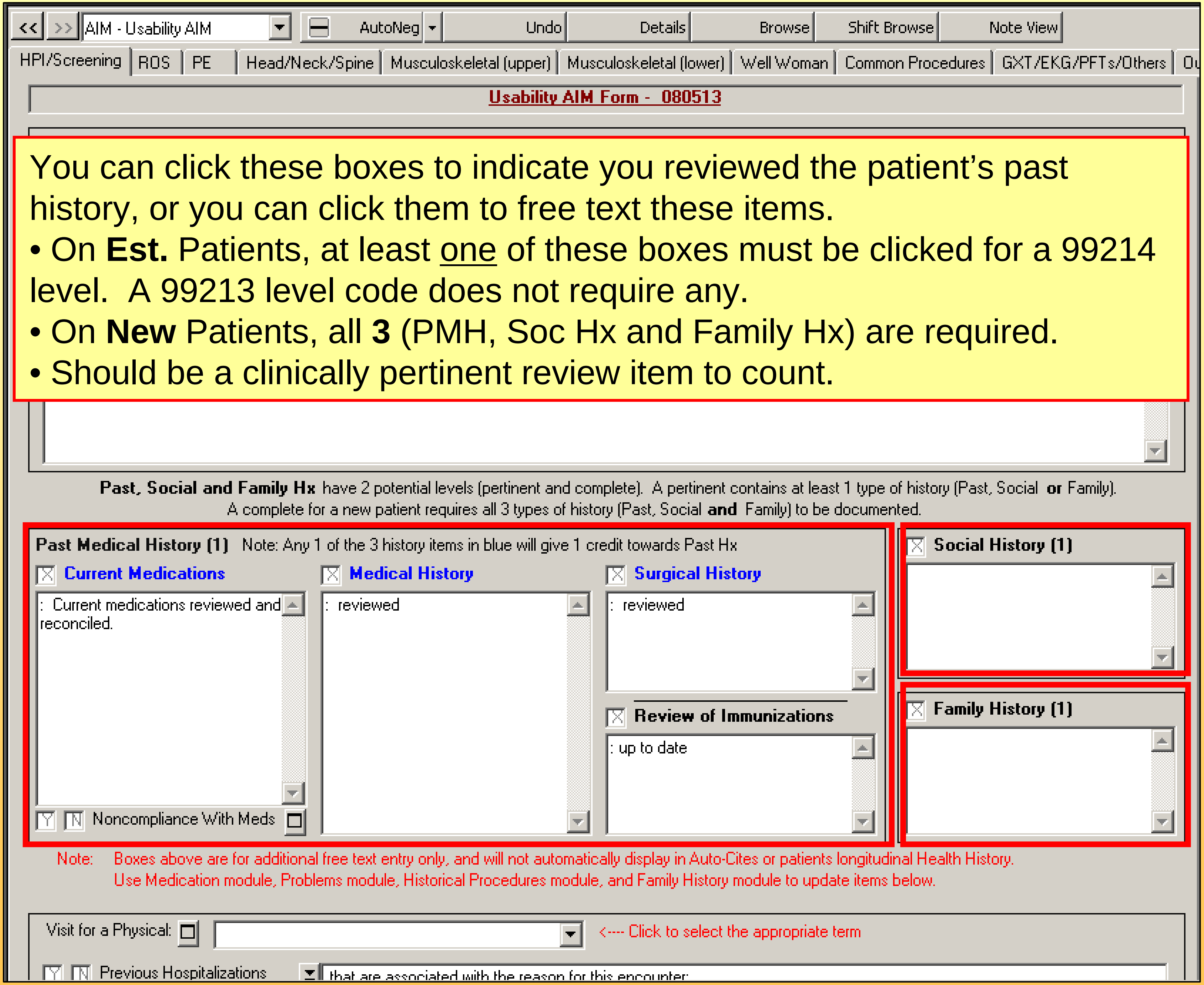
Ex1. Extended HPI: Diabetes for 6 years. He is on oral medications. He is taking his medications, exercising and watching his diet. He has some tingling, but no numbness in his feet.

Ex2. Extended HPI: Patient complains of dull ache in right ear over the past 24 hours. Patient states he went swimming two days ago. Symptoms somewhat relieved by warm compress and Tylenol.

☐ Y ☐ N Noncompliance With Meds

Note: Boxes above are for additional free text entry only, and will not automatically display in Auto-Cites or patients longitudinal Health History.
Use Medication module, Problems module, Historical Procedures module, and Family History module to update items below.

Note: 95/97 coding guidelines say your staff can enter this for you.



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Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others

Usability AIM Form - 080513

You can click these boxes to indicate you reviewed the patient’s past history, or you can click them to free text these items.

- On **Est.** Patients, at least one of these boxes must be clicked for a 99214 level. A 99213 level code does not require any.
- On **New** Patients, all **3** (PMH, Soc Hx and Family Hx) are required.
- Should be a clinically pertinent review item to count.

Past, Social and Family Hx have 2 potential levels (pertinent and complete). A pertinent contains at least 1 type of history (Past, Social **or** Family). A complete for a new patient requires all 3 types of history (Past, Social **and** Family) to be documented.

Past Medical History (1) Note: Any 1 of the 3 history items in blue will give 1 credit towards Past Hx

☒ **Current Medications**
: Current medications reviewed and reconciled.
☐Y ☐N Noncompliance With Meds ☐

☒ **Medical History**
: reviewed

☒ **Surgical History**
: reviewed

☒ **Review of Immunizations**
: up to date

☒ **Social History (1)**

☒ **Family History (1)**

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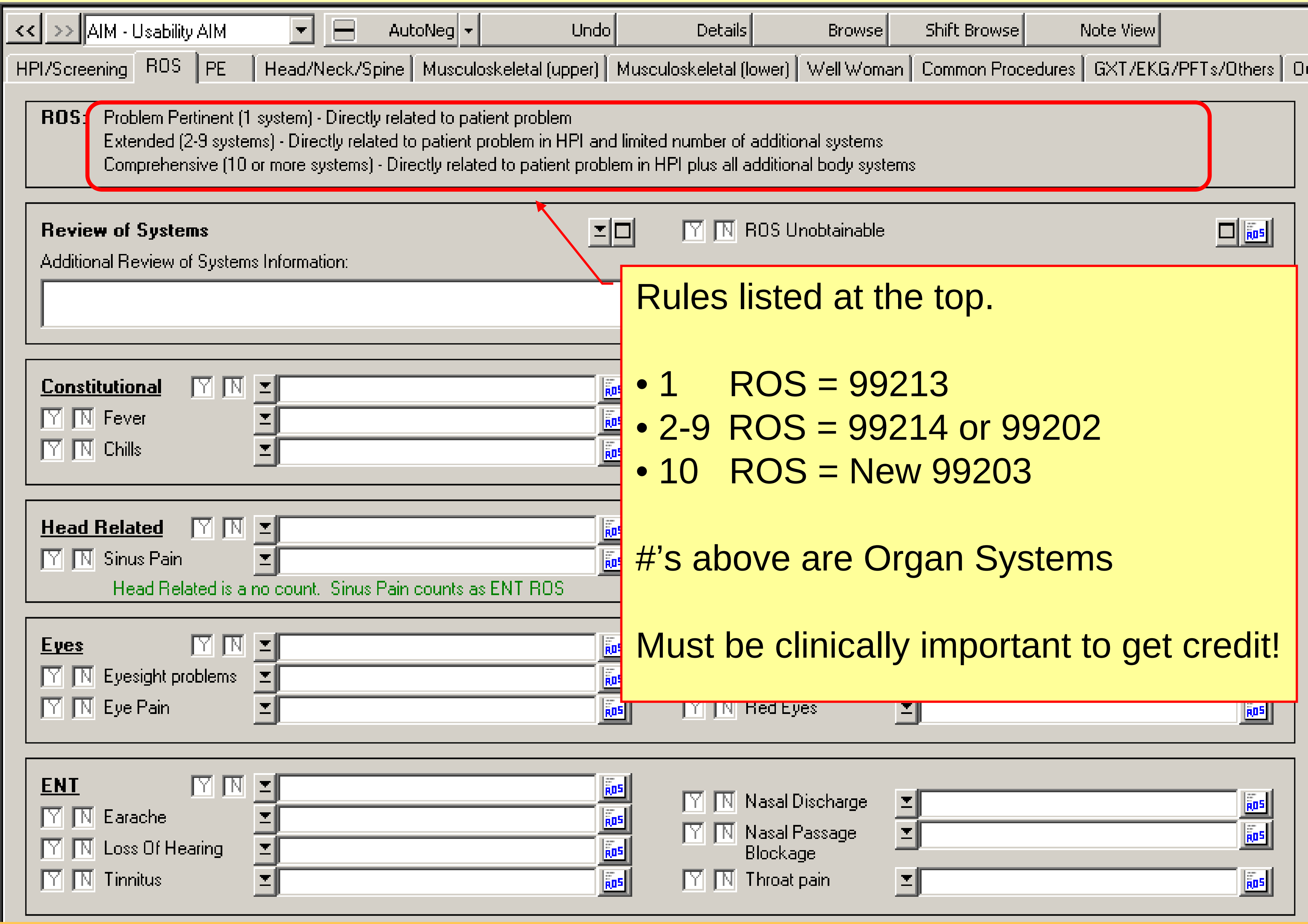
Visit for a Physical: ☐ <---- Click to select the appropriate term

☐Y ☐N Previous Hospitalizations that are associated with the reason for this encounter:



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PE
Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others
Review of Systems
Additional Review of Systems Information:
Y N ROS Unobtainable
Constitutional Y N
Y N Fever
Y N Chills
Head Related Y N
Y N Sinus Pain
Eyes Y N
Y N Eyesight problems
Y N Eye Pain
Y N Red Eyes
ENT Y N
Y N Earache
Y N Loss Of Hearing
Y N Tinnitus
Y N Nasal Discharge
Y N Nasal Passage Blockage
Y N Throat pain

ROS: Problem Pertinent (1 system) - Directly related to patient problem
Extended (2-9 systems) - Directly related to patient problem in HPI and limited number of additional systems
Comprehensive (10 or more systems) - Directly related to patient problem in HPI plus all additional body systems

Head Related is a no count. Sinus Pain counts as ENT ROS

Rules listed at the top.

- 1 ROS = 99213
- 2-9 ROS = 99214 or 99202
- 10 ROS = New 99203

#'s above are Organ Systems

Must be clinically important to get credit!

Demonstrate documenting a simple visit easily
(URI, UTI, etc.)

The visit is made up of 3 components:

	Est. Patient		New Patient	
E&Ms:	99213	99214	99202	99203
RVUs:	0.67	1.10	0.88	1.34
[1] *Patient History (S = HPI, PMH, ROS)*				
• **History of Present Illness (HPI)**	**1**-3	4	4	4
• Past Family Social History (PFSH)	0	1	1	3
• **Review of Systems (ROS)-**	**1**	2	2	10
	and/or	and/or	and	and
[2] *Physical Examination (O = PE)*	6	2 from 6 12 from 2+	2 from 6 12 from 2+	2 from 9

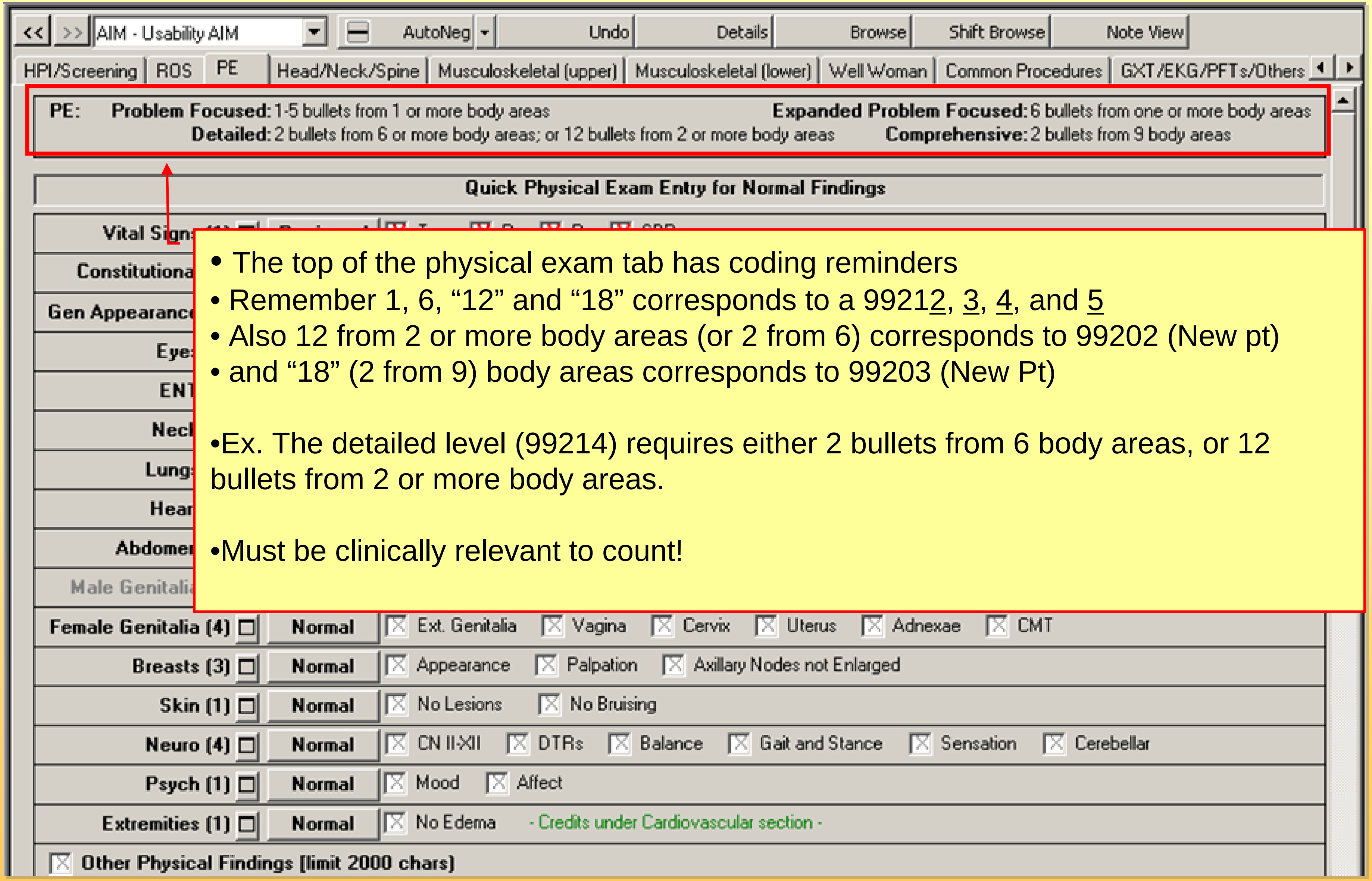
[3] *Medical Decision Making (A/P = A/P)*

- **Diagnosis/Management Risk**
- Complexity of Data
- Problem Risk
- Test Risk
- Management Risk

For Established Pts
2 of 3 components are required to meet the level for that visit.

For New Pts
All **3** are required

Note to self: 99213 visit with Earwax removal Procedure = 1.28 RVUs



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Male Genitali

PE: **Problem Focused:** 1-5 bullets from 1 or more body areas **Expanded Problem Focused:** 6 bullets from one or more body areas **Detailed:** 2 bullets from 6 or more body areas; or 12 bullets from 2 or more body areas **Comprehensive:** 2 bullets from 9 body areas

Quick Physical Exam Entry for Normal Findings

Female Genitalia (4) ☐ **Normal** ☒ Ext. Genitalia ☒ Vagina ☒ Cervix ☒ Uterus ☒ Adnexae ☒ CMT

Breasts (3) ☐ **Normal** ☒ Appearance ☒ Palpation ☒ Axillary Nodes not Enlarged

Skin (1) ☐ **Normal** ☒ No Lesions ☒ No Bruising

Neuro (4) ☐ **Normal** ☒ CN II-XII ☒ DTRs ☒ Balance ☒ Gait and Stance ☒ Sensation ☒ Cerebellar

Psych (1) ☐ **Normal** ☒ Mood ☒ Affect

Extremities (1) ☐ **Normal** ☒ No Edema - Credits under Cardiovascular section -

☒ **Other Physical Findings [limit 2000 chars]**

- The top of the physical exam tab has coding reminders
- Remember 1, 6, “12” and “18” corresponds to a 99212, 3, 4, and 5
- Also 12 from 2 or more body areas (or 2 from 6) corresponds to 99202 (New pt)
- and “18” (2 from 9) body areas corresponds to 99203 (New Pt)

•Ex. The detailed level (99214) requires either 2 bullets from 6 body areas, or 12 bullets from 2 or more body areas.

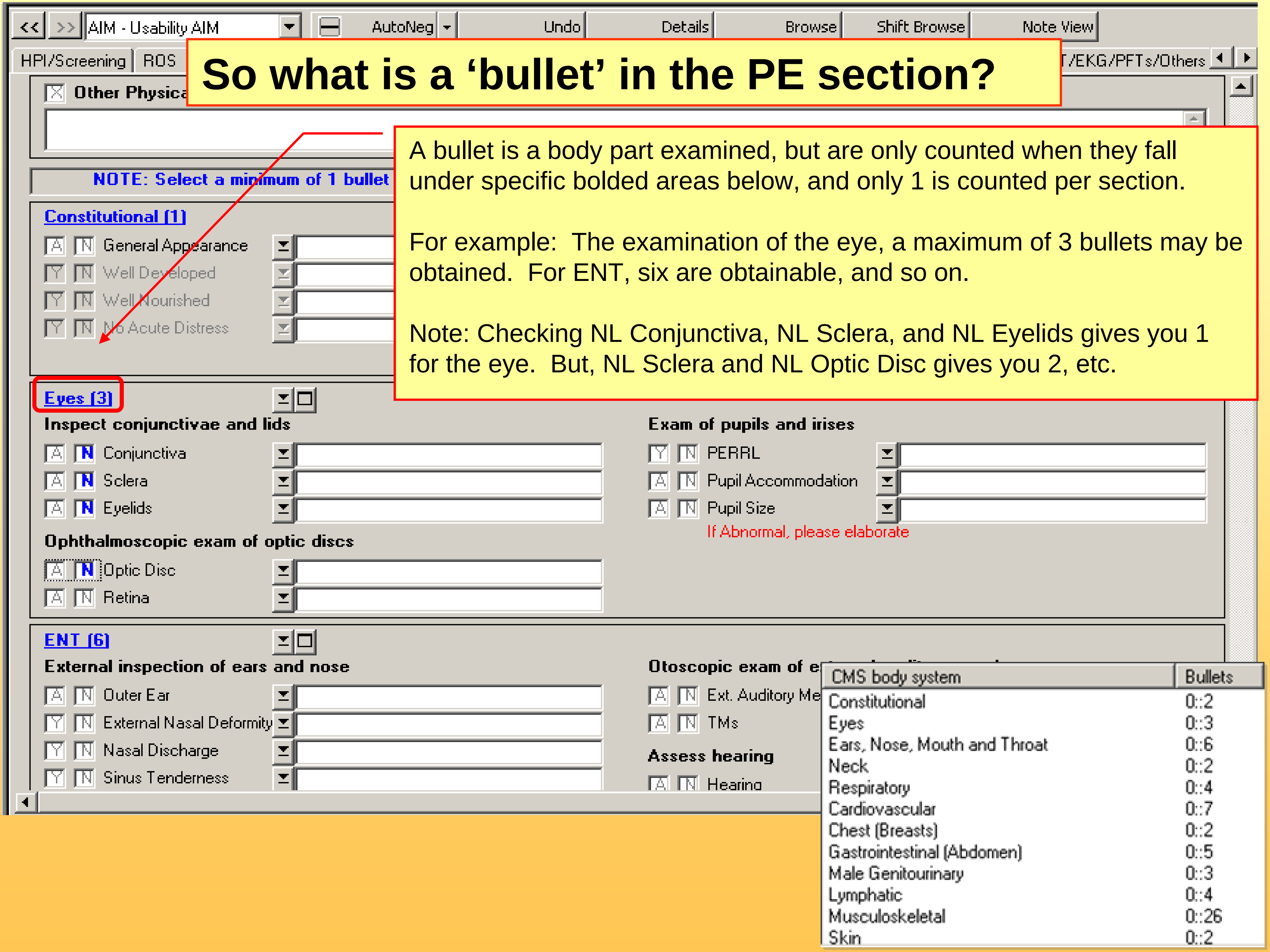
•Must be clinically relevant to count!

So what is a ‘bullet’ in the PE section?

A bullet is a body part examined, but are only counted when they fall under specific bolded areas below, and only 1 is counted per section.

For example: The examination of the eye, a maximum of 3 bullets may be obtained. For ENT, six are obtainable, and so on.

Note: Checking NL Conjunctiva, NL Sclera, and NL Eyelids gives you 1 for the eye. But, NL Sclera and NL Optic Disc gives you 2, etc.



☒ Other Physica

NOTE: Select a minimum of 1 bullet

Constitutional (1)

A N General Appearance
Y N Well Developed
Y N Well Nourished
Y N No Acute Distress

Eyes (3)

Inspect conjunctivae and lids

A **N** Conjunctiva
A **N** Sclera
A **N** Eyelids

Ophthalmoscopic exam of optic discs

A **N** Optic Disc
A N Retina

Exam of pupils and irises

Y N PERRL
A N Pupil Accommodation
A N Pupil Size

If Abnormal, please elaborate

ENT (6)

External inspection of ears and nose

A N Outer Ear
Y N External Nasal Deformity
Y N Nasal Discharge
Y N Sinus Tenderness

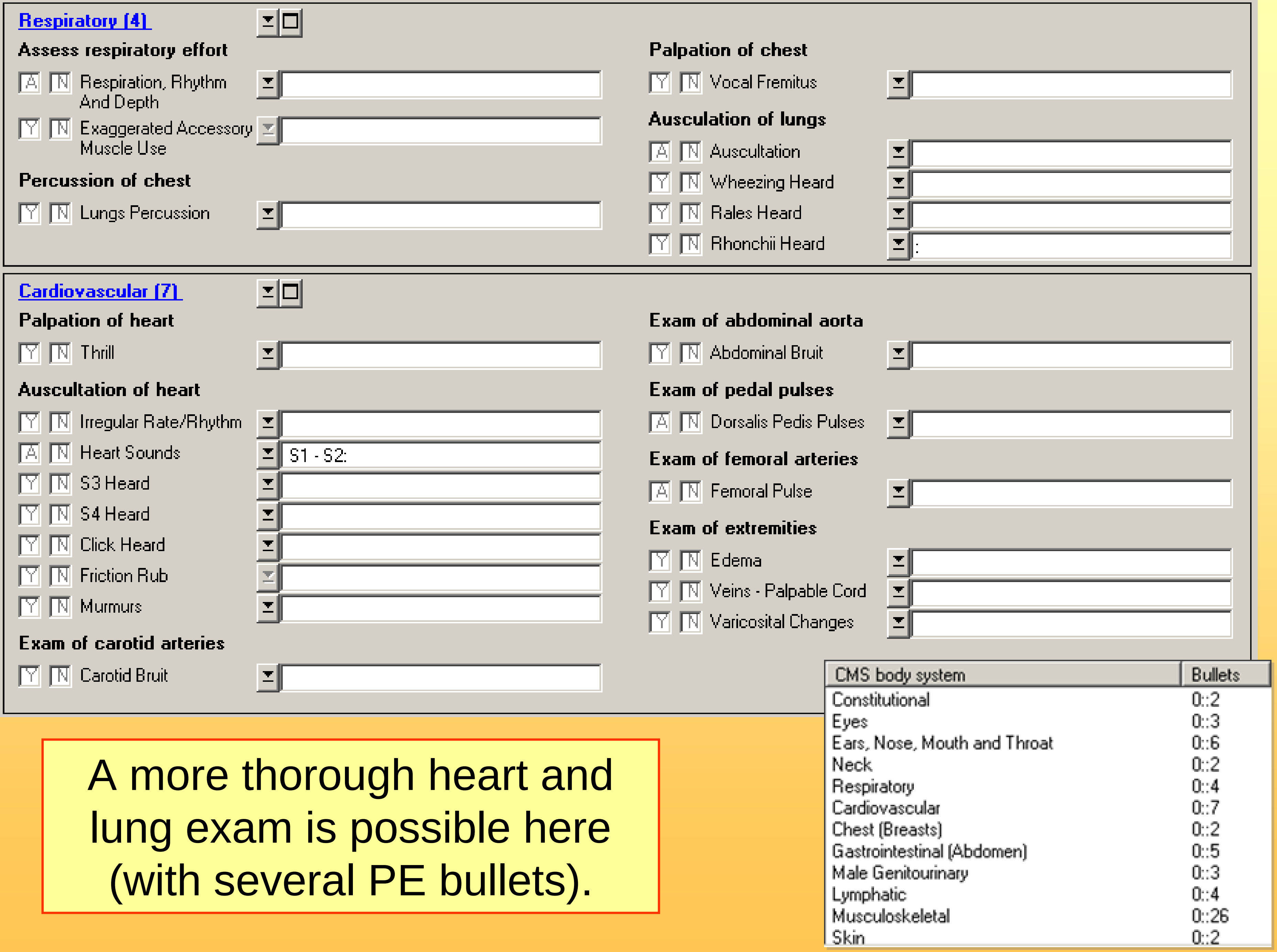
Otoscopic exam of e

A N Ext. Auditory Me
A N TMs

Assess hearing

A N Hearing

CMS body system	Bullets
Constitutional	0::2
Eyes	0::3
Ears, Nose, Mouth and Throat	0::6
Neck	0::2
Respiratory	0::4
Cardiovascular	0::7
Chest (Breasts)	0::2
Gastrointestinal (Abdomen)	0::5
Male Genitourinary	0::3
Lymphatic	0::4
Musculoskeletal	0::26
Skin	0::2



Respiratory (4)

Assess respiratory effort

A N Respiration, Rhythm And Depth

Y N Exaggerated Accessory Muscle Use

Percussion of chest

Y N Lungs Percussion

Palpation of chest

Y N Vocal Fremitus

Ausculation of lungs

A N Auscultation

Y N Wheezing Heard

Y N Rales Heard

Y N Rhonchii Heard :

Cardiovascular (7)

Palpation of heart

Y N Thrill

Auscultation of heart

Y N Irregular Rate/Rhythm

A N Heart Sounds S1 - S2:

Y N S3 Heard

Y N S4 Heard

Y N Click Heard

Y N Friction Rub

Y N Murmurs

Exam of carotid arteries

Y N Carotid Bruit

Exam of abdominal aorta

Y N Abdominal Bruit

Exam of pedal pulses

A N Dorsalis Pedis Pulses

Exam of femoral arteries

A N Femoral Pulse

Exam of extremities

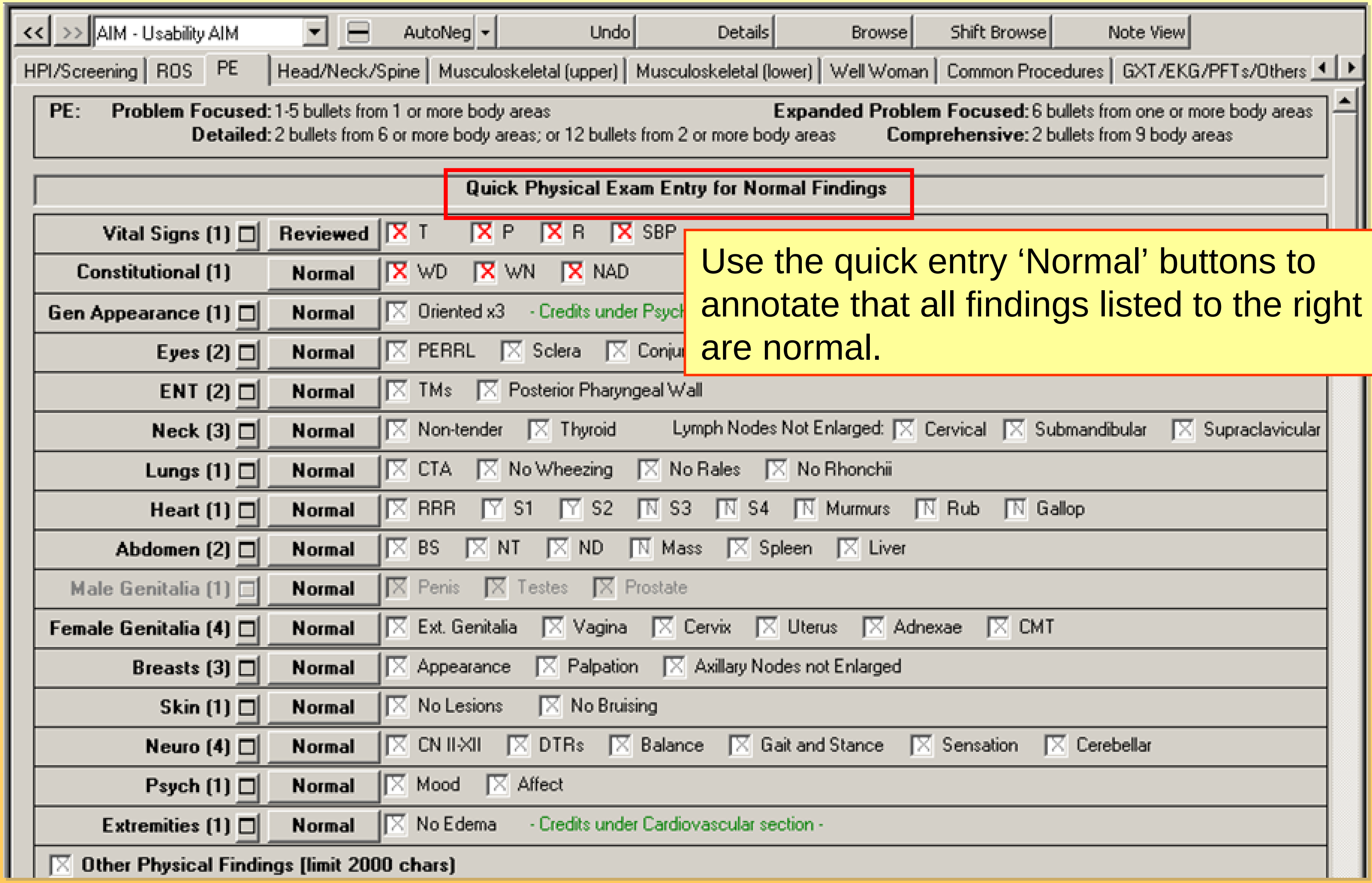
Y N Edema

Y N Veins - Palpable Cord

Y N Varicosital Changes

CMS body system	Bullets
Constitutional	0::2
Eyes	0::3
Ears, Nose, Mouth and Throat	0::6
Neck	0::2
Respiratory	0::4
Cardiovascular	0::7
Chest (Breasts)	0::2
Gastrointestinal (Abdomen)	0::5
Male Genitourinary	0::3
Lymphatic	0::4
Musculoskeletal	0::26
Skin	0::2

A more thorough heart and lung exam is possible here (with several PE bullets).



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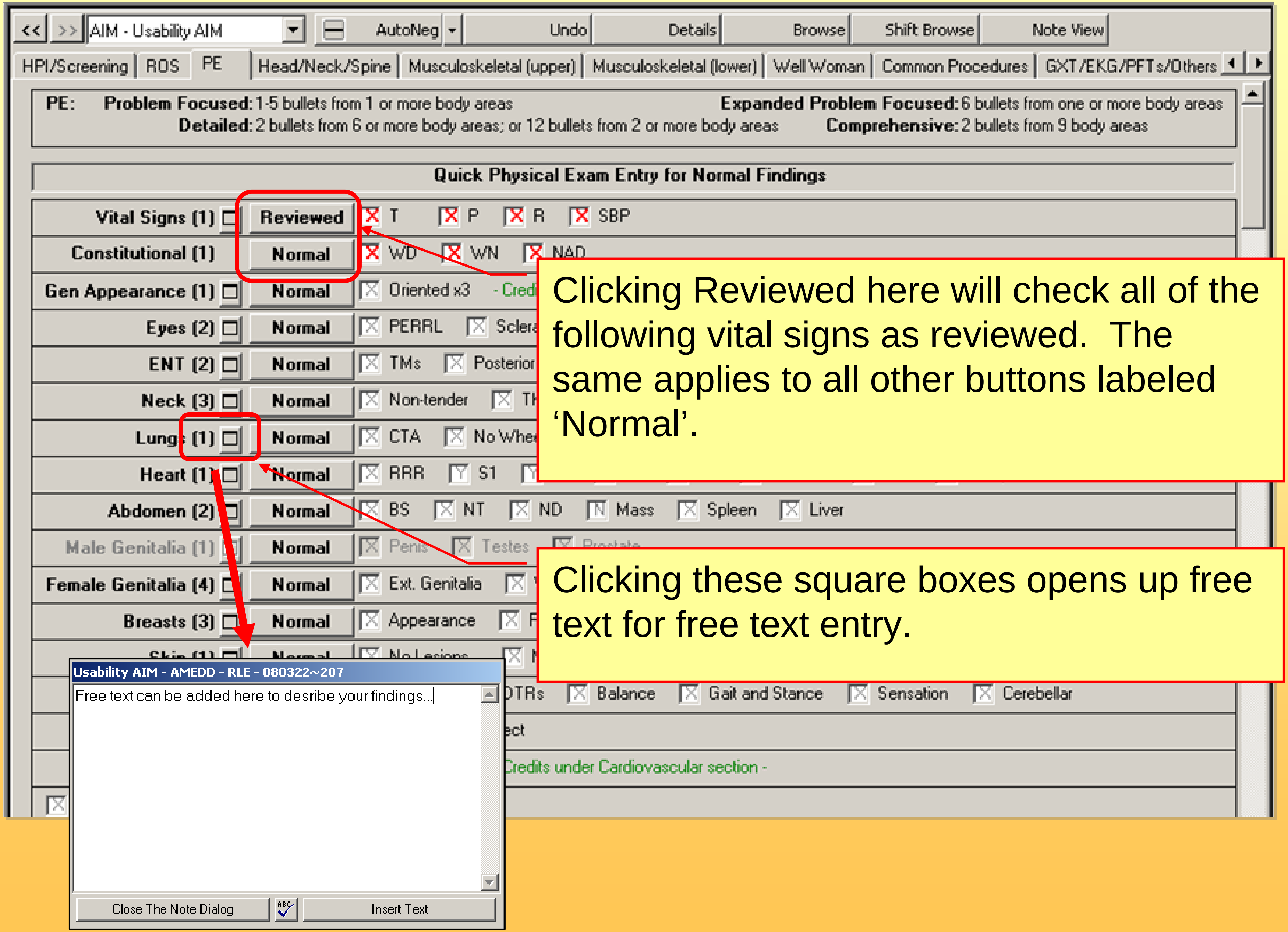
Detailed: 2 bullets from 6 or more body areas; or 12 bullets from 2 or more body areas **Comprehensive:** 2 bullets from 9 body areas

Quick Physical Exam Entry for Normal Findings

Vital Signs (1)	☐	**Reviewed**	☒ T ☒ P ☒ R ☒ SBP
Constitutional (1)		**Normal**	☒ WD ☒ WN ☒ NAD
Gen Appearance (1)	☐	**Normal**	☒ Oriented x3 - Credits under Psych
Eyes (2)	☐	**Normal**	☒ PERRL ☒ Sclera ☒ Conju
ENT (2)	☐	**Normal**	☒ TMs ☒ Posterior Pharyngeal Wall
Neck (3)	☐	**Normal**	☒ Non-tender ☒ Thyroid Lymph Nodes Not Enlarged: ☒ Cervical ☒ Submandibular ☒ Supraclavicular
Lungs (1)	☐	**Normal**	☒ CTA ☒ No Wheezing ☒ No Rales ☒ No Rhonchii
Heart (1)	☐	**Normal**	☒ RRR [Y] S1 [Y] S2 [N] S3 [N] S4 [N] Murmurs [N] Rub [N] Gallop
Abdomen (2)	☐	**Normal**	☒ BS ☒ NT ☒ ND [N] Mass ☒ Spleen ☒ Liver
Male Genitalia (1)	☐	**Normal**	☒ Penis ☒ Testes ☒ Prostate
Female Genitalia (4)	☐	**Normal**	☒ Ext. Genitalia ☒ Vagina ☒ Cervix ☒ Uterus ☒ Adnexae ☒ CMT
Breasts (3)	☐	**Normal**	☒ Appearance ☒ Palpation ☒ Axillary Nodes not Enlarged
Skin (1)	☐	**Normal**	☒ No Lesions ☒ No Bruising
Neuro (4)	☐	**Normal**	☒ CN II-XII ☒ DTRs ☒ Balance ☒ Gait and Stance ☒ Sensation ☒ Cerebellar
Psych (1)	☐	**Normal**	☒ Mood ☒ Affect
Extremities (1)	☐	**Normal**	☒ No Edema - Credits under Cardiovascular section -

☒ **Other Physical Findings [limit 2000 chars]**

Use the quick entry ‘Normal’ buttons to annotate that all findings listed to the right are normal.


AIM - Usability AIM
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI/Screening
ROS
PE
Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others
Quick Physical Exam Entry for Normal Findings
Vital Signs (1) ☐ Reviewed ☒ T ☒ P ☒ R ☒ SBP
Constitutional (1) Normal ☒ WD ☒ WN ☒ NAD
Gen Appearance (1) ☐ Normal ☒ Oriented x3 - Cred
Eyes (2) ☐ Normal ☒ PERRL ☒ Scler
ENT (2) ☐ Normal ☒ TMs ☒ Posterior
Neck (3) ☐ Normal ☒ Non-tender ☒ Th
Lungs (1) ☐ Normal ☒ CTA ☒ No Whe
Heart (1) ☐ Normal ☒ RRR ☒ S1
Abdomen (2) ☐ Normal ☒ BS ☒ NT ☒ ND ☒ Mass ☒ Spleen ☒ Liver
Male Genitalia (1) ☐ Normal ☒ Penis ☒ Testes ☒ Prostate
Female Genitalia (4) ☐ Normal ☒ Ext. Genitalia
Breasts (3) ☐ Normal ☒ Appearance
Skin (1) ☐ Normal ☒ No Lesions
DTRs ☒ Balance ☒ Gait and Stance ☒ Sensation ☒ Cerebellar
ect
Credits under Cardiovascular section -
Usability AIM - AMEDD - RLE - 080322~207
Close The Note Dialog
Insert Text

PE: **Problem Focused:** 1-5 bullets from 1 or more body areas **Expanded Problem Focused:** 6 bullets from one or more body areas
Detailed: 2 bullets from 6 or more body areas; or 12 bullets from 2 or more body areas **Comprehensive:** 2 bullets from 9 body areas

Free text can be added here to desribe your findings...

Clicking Reviewed here will check all of the following vital signs as reviewed. The same applies to all other buttons labeled ‘Normal’.

Clicking these square boxes opens up free text for free text entry.

Demonstrate Level 4 Visit

(DM, HTN, Hyperlipidemia)

The visit is made up of 3 components:

	Est. Patient		New Patient	
E&Ms:	99213	99214	99202	99203
RVUs:	0.67	1.10	0.88	1.34
[1] ***Patient History (S = HPI, PMH, ROS)***				
• **History of Present Illness (HPI)**	1-3	**4**	4	4
• **Past, Family, Social History (PFSH)**	0	**1**	1	3
• **Review of Systems (ROS)**	1	**2**	2	10
	and/or	**and/or**	and	and
[2] ***Physical Examination (O = PE)***	6	**2 from 6** **12 from 2+**	2 from 6 12 from 2+	2 from 9

[3] ***Medical Decision Making (A/P = A/P)***

- **Diagnosis/Management Risk**
- Complexity of Data
- Problem Risk
- Test Risk
- Management Risk

For Established Pts
2 of 3 components are required to meet the level for that visit.

For New Pts
All **3** are required

Demonstrate Level 3 New Visit

(COPD, HTN, DM)

The visit is made up of 3 components:

	Est. Patient		New Patient	
E&Ms:	99213	99214	99202	99203
RVUs:	0.67	1.10	0.88	1.34
[1] ***Patient History (S = HPI, PMH, ROS)***				
• **History of Present Illness (HPI)** - - - - - -	1-3	4	4	4
• **Past Family Social History (PFSH)** - - - - -	0	1	1	3
• **Review of Systems (ROS)-** - - - - - - -	1	2	2	10
	and/or	and/or	and	and
[2] ***Physical Examination (O = PE)*** - - - - -	6	2 from 6 12 from 2	2 from 6 12 from 2	2 from 9
[3] ***Medical Decision Making (A/P = A/P)***				

- **Diagnosis/Management Risk**
- Complexity of Data
- Problem Risk
- Test Risk
- Management Risk

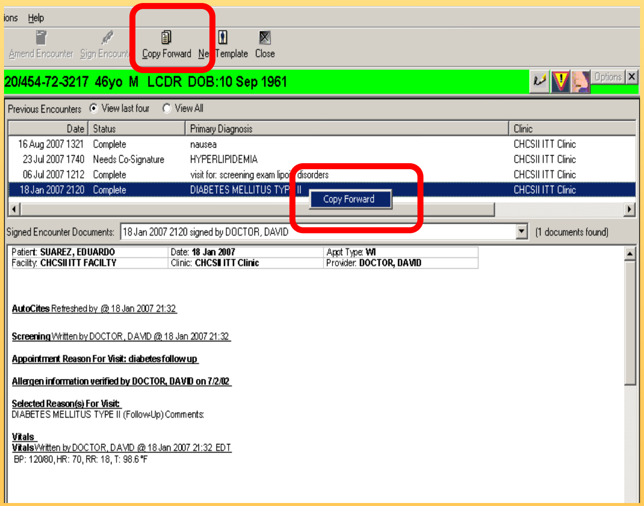
For Established Pts
2 of 3 components are required to meet the level for that visit.

For New Pts
All **3** are required

Copy Forward

Copy Forward

- Use for your follow ups when applicable
- AutoNeg becomes AutoEnter
  - **Be sure to edit any changes** to free text narratives or de-select findings not performed this visit – **you are still liable** for what you leave in the note


ions
Help
Amend Encounter
Sign Encount
Copy Forward
Ne
Template
Close
Options
Copy Forward

20/454-72-3217 46yo M LCDR DOB:10 Sep 1961

Previous Encounters ● View last four ○ View All

Date	Status	Primary Diagnosis	Clinic
16 Aug 2007 1321	Complete	nausea	CHCSII ITT Clinic
23 Jul 2007 1740	Needs Co-Signature	HYPERLIPIDEMIA	CHCSII ITT Clinic
06 Jul 2007 1212	Complete	visit for: screening exam lipoi disorders	CHCSII ITT Clinic
18 Jan 2007 2120	Complete	DIABETES MELLITUS TYP II	CHCSII ITT Clinic

Signed Encounter Documents: 18 Jan 2007 2120 signed by DOCTOR, DAVID (1 documents found)

Patient: **SUAREZ, EDUARDO**	Date: **18 Jan 2007**	Appt Type: **WI**
Facility: **CHCSII ITT FACILTY**	Clinic: **CHCSII ITT Clinic**	Provider: **DOCTOR, DAVID**

AutoCites Refreshed by @ 18 Jan 2007 21:32

Screening Written by DOCTOR, DAVID @ 18 Jan 2007 21:32

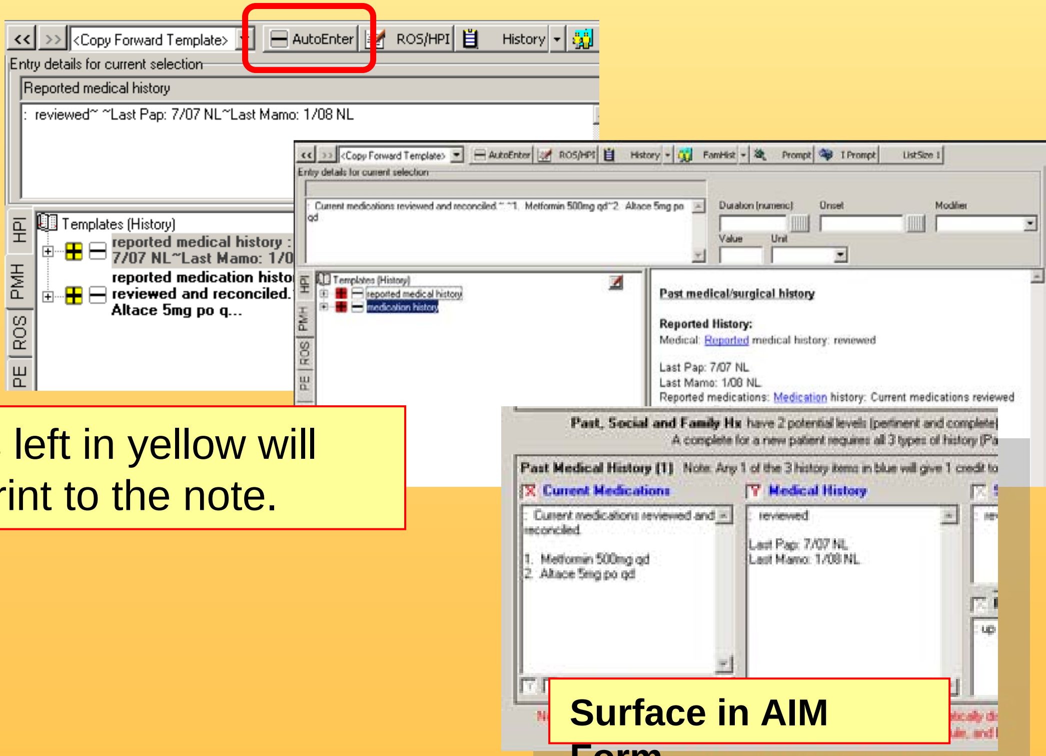
Appointment Reason For Visit: diabetes follow up

Allergen information verified by DOCTOR, DAVID on 7/2/02

Selected Reason(s) For Visit:
DIABETES MELLITUS TYPE II (Follow-Up) Comments:

Vitals
Vitals Written by DOCTOR, DAVID @ 18 Jan 2007 21:32 EDT
BP: 120/80, HR: 70, RR: 18, T: 98.6 °F

Previous Encounters


<<
>>
<Copy Forward Template>
AutoEnter
ROS/HPI
History
FamHist
Prompt
1 Prompt
ListSize
HPI
PMH
ROS
PE
Templates (History)
reported medical history
medication history
Duration (numeric)
Onset
Modifier
Value
Unit

Entry details for current selection

Reported medical history

: reviewed~ ~Last Pap: 7/07 NL~Last Mamo: 1/08 NL

reported medical history : 7/07 NL~Last Mamo: 1/0

reported medication histo reviewed and reconciled. Altace 5mg po q...

: Current medications reviewed and reconciled.~ ~1. Metformin 500mg qd~2. Altace 5mg po qd

Past medical/surgical history

Reported History:
Medical: Reported medical history: reviewed

Last Pap: 7/07 NL
Last Mamo: 1/08 NL
Reported medications: Medication history: Current medications reviewed

Past, Social and Family Hx have 2 potential levels (pertinent and complete)
A complete for a new patient requires all 3 types of history (Pa

Past Medical History (1) Note: Any 1 of the 3 history items in blue will give 1 credit to

Current Medications
: Current medications reviewed and reconciled

1. Metformin 500mg qd
2. Altace 5mg po qd

Medical History
: reviewed

Last Pap: 7/07 NL
Last Mamo: 1/08 NL

Items left in yellow will not print to the note.

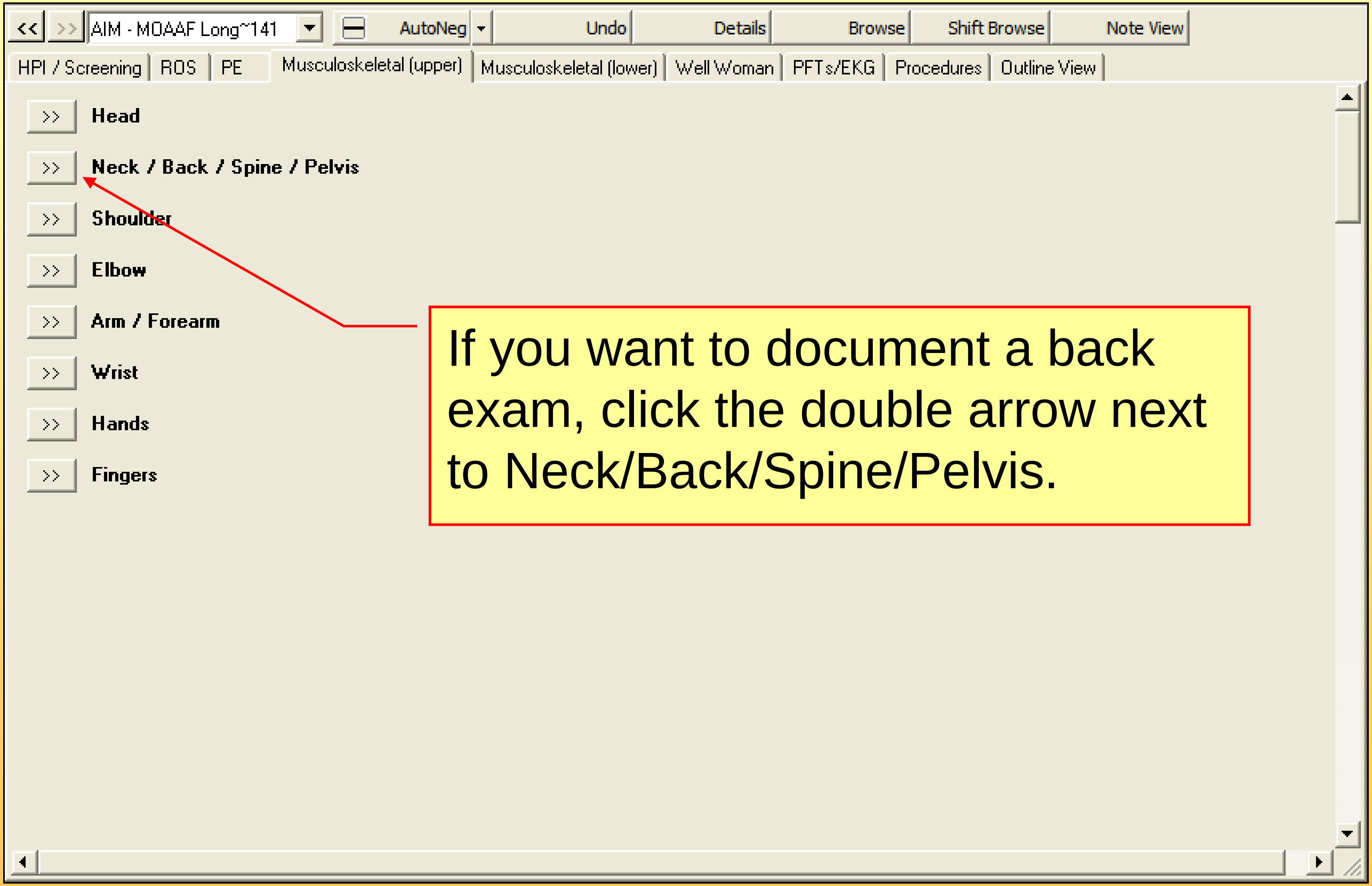
Surface in AIM Form

Demonstrate Copy Forward follow up using this Form

Steps:

1. Use this Form to Document
2. Open New f/u Note
3. Go to Previous Encounters and find Note to copy forward
4. Press ‘Copy Forward’ button
5. Go to S/O, **Click on the yellow items** to add to current visit.
6. Then **Load Usability AIM Form**, and edit.
7. Complete any new information into note.

Here’s the rest of the Form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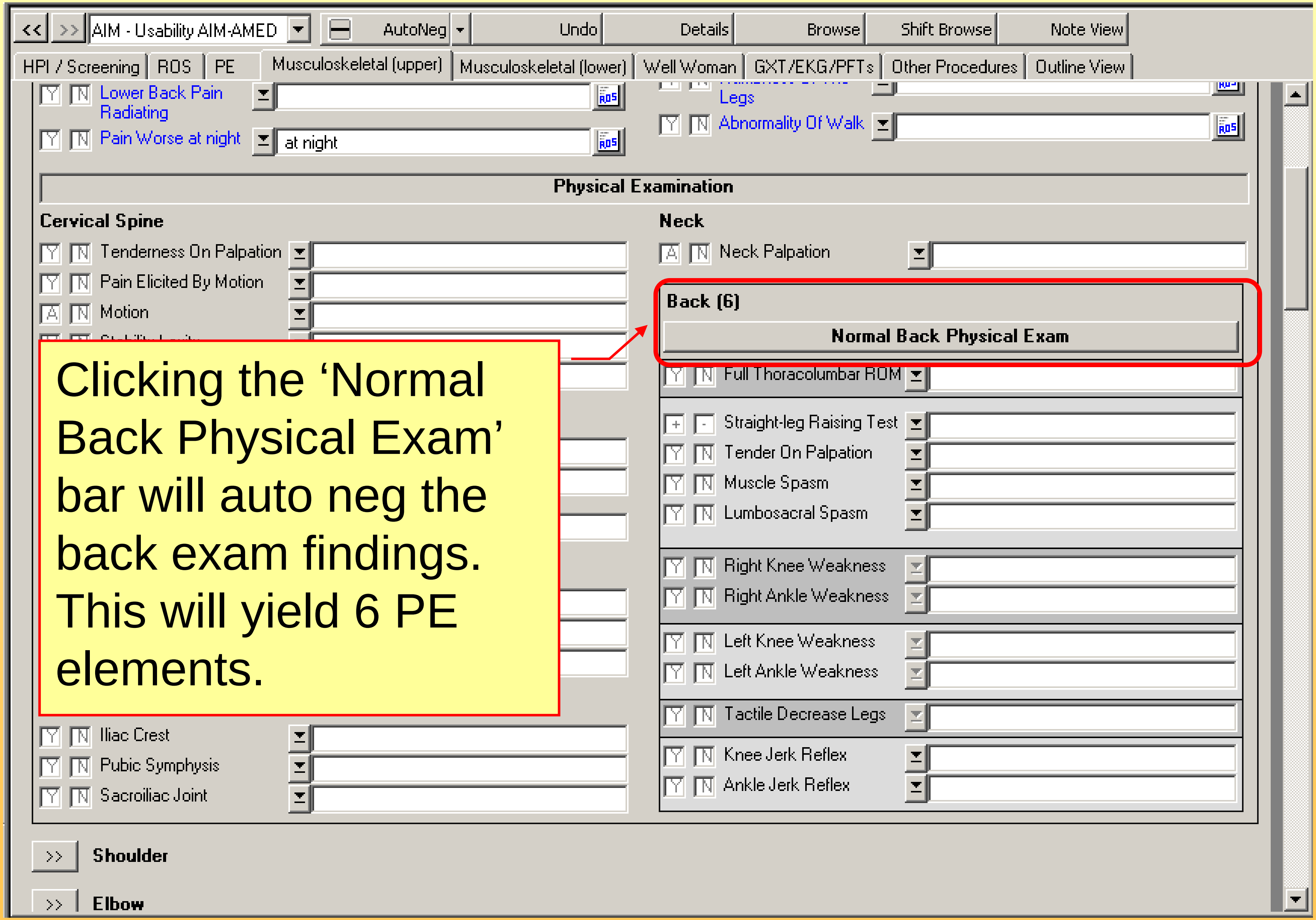
AIM - MOAAF Long~141
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
PFTs/EKG
Procedures
Outline View
>> Head
>> Neck / Back / Spine / Pelvis
>> Shoulder
>> Elbow
>> Arm / Forearm
>> Wrist
>> Hands
>> Fingers

If you want to document a back exam, click the double arrow next to Neck/Back/Spine/Pelvis.

Ex. Back Exam



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AIM - Usability AIM-AMED
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
GXT/EKG/PFTs
Other Procedures
Outline View
ROS

Y N Lower Back Pain Radiating

Y N Pain Worse at night: at night

Legs

Y N Abnormality Of Walk

Physical Examination

Cervical Spine

Y N Tenderness On Palpation

Y N Pain Elicited By Motion

A N Motion

Y N Iliac Crest

Y N Pubic Symphysis

Y N Sacroiliac Joint

Neck

A N Neck Palpation

Back (6)

Normal Back Physical Exam

Y N Full Thoracolumbar ROM

+ - Straight-leg Raising Test

Y N Tender On Palpation

Y N Muscle Spasm

Y N Lumbosacral Spasm

Y N Right Knee Weakness

Y N Right Ankle Weakness

Y N Left Knee Weakness

Y N Left Ankle Weakness

Y N Tactile Decrease Legs

Y N Knee Jerk Reflex

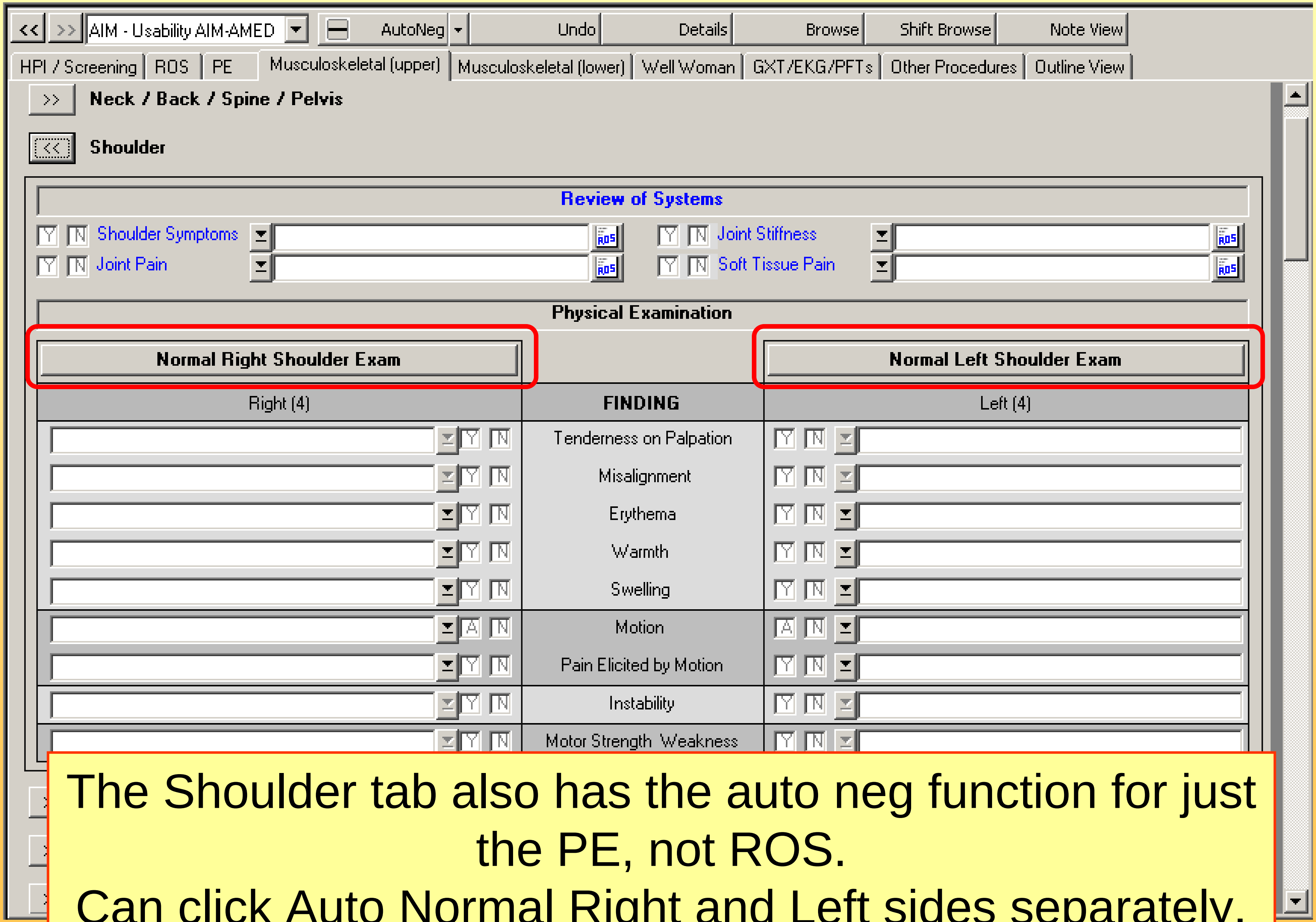
Y N Ankle Jerk Reflex

>> **Shoulder**

>> **Elbow**

Clicking the ‘Normal Back Physical Exam’ bar will auto neg the back exam findings. This will yield 6 PE elements.

Ex. Extremity Exam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AIM - Usability AIM-AMED
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
GXT/EKG/PFTs
Other Procedures
Outline View
Neck / Back / Spine / Pelvis
Shoulder
Review of Systems
Physical Examination
Normal Right Shoulder Exam
Normal Left Shoulder Exam

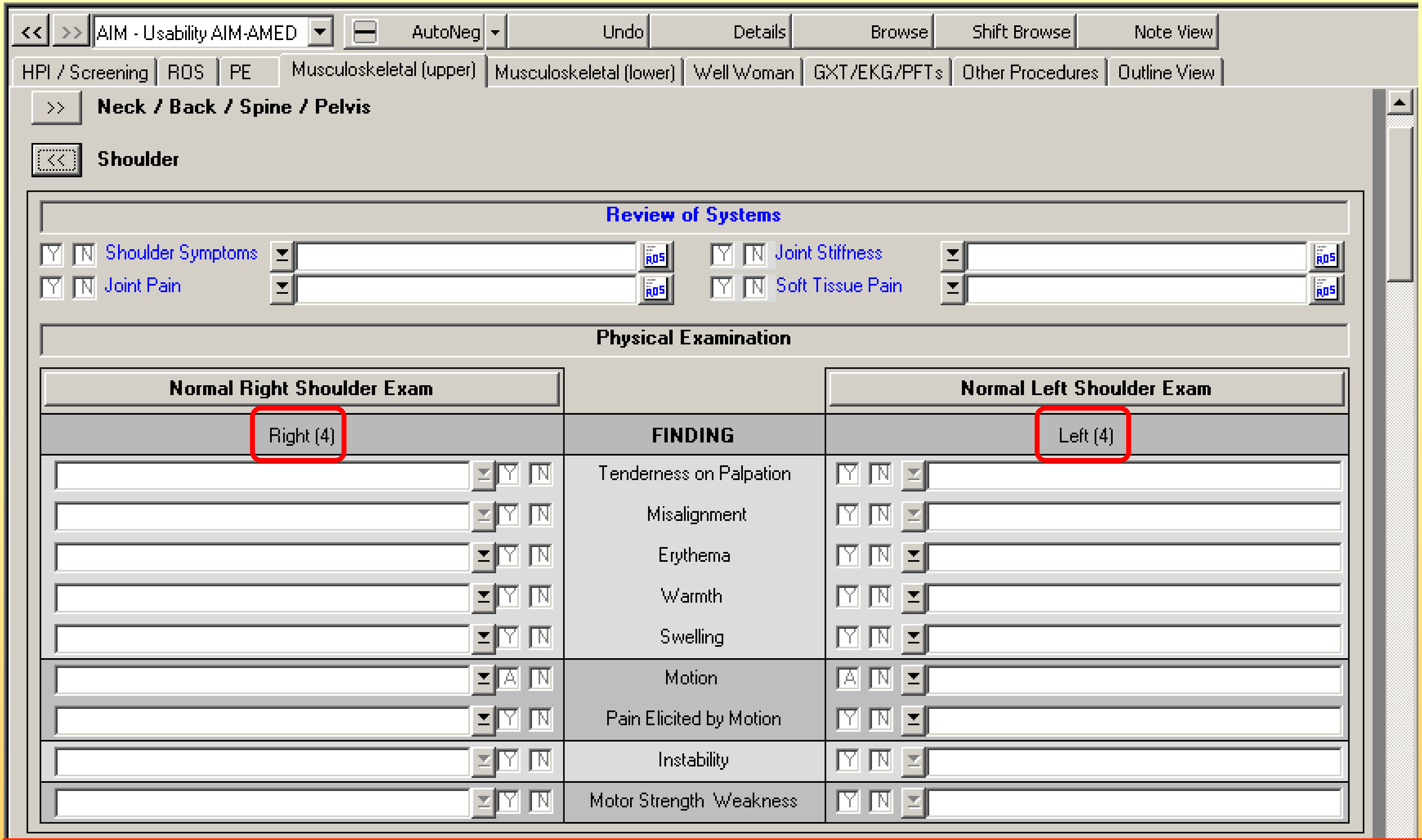
Review of Systems

Y N	Shoulder Symptoms	Y N	Joint Stiffness
Y N	Joint Pain	Y N	Soft Tissue Pain

Physical Examination

Right (4)	FINDING	Left (4)
Y N	Tenderness on Palpation	Y N
Y N	Misalignment	Y N
Y N	Erythema	Y N
Y N	Warmth	Y N
Y N	Swelling	Y N
A N	Motion	A N
Y N	Pain Elicited by Motion	Y N
Y N	Instability	Y N
Y N	Motor Strength Weakness	Y N

The Shoulder tab also has the auto neg function for just the PE, not ROS.
Can click Auto Normal Right and Left sides separately.


AIM - Usability AIM-AMED
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
GXT/EKG/PFTs
Other Procedures
Outline View
Neck / Back / Spine / Pelvis
Shoulder

Review of Systems

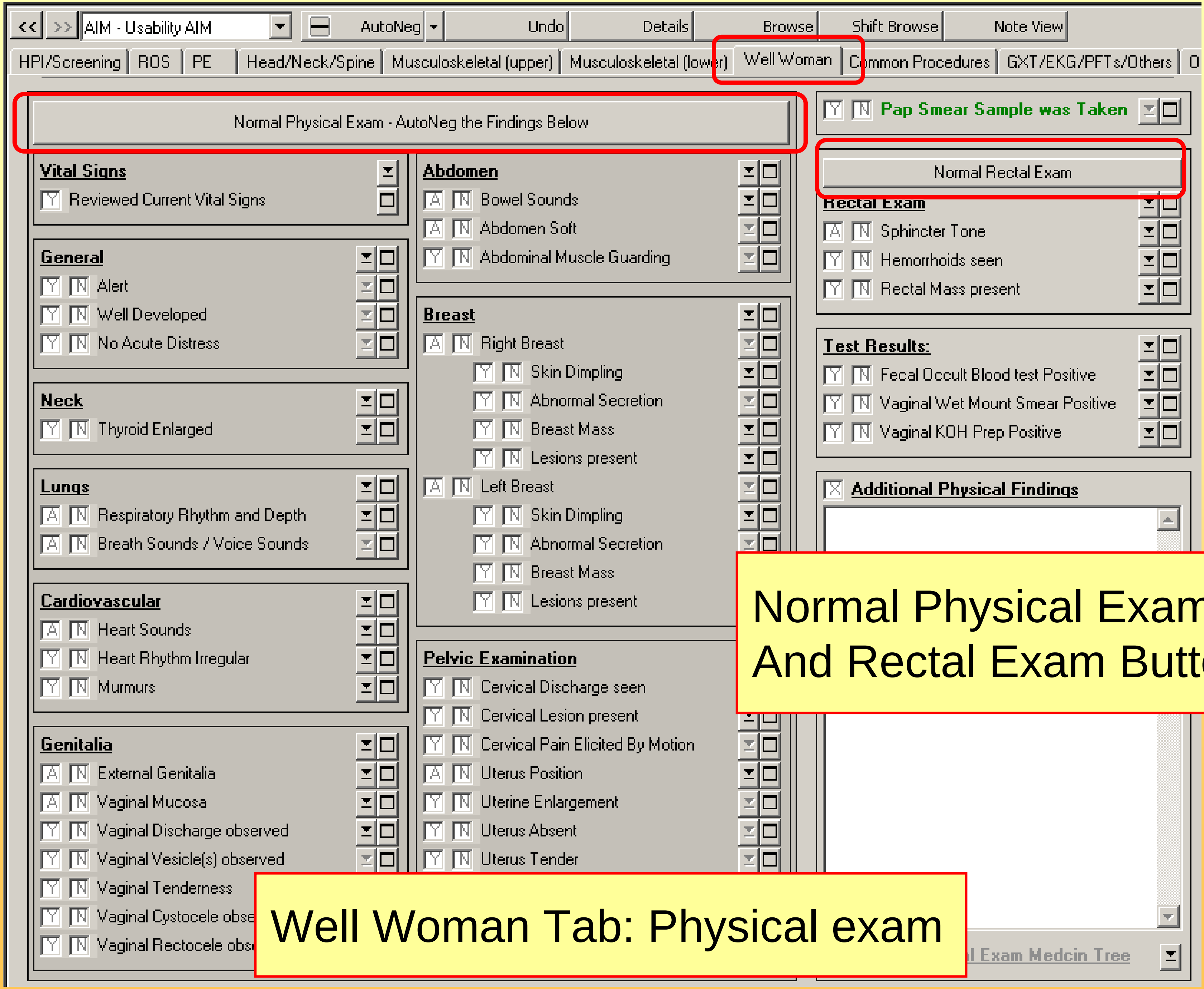
Y N Shoulder Symptoms	Y N Joint Stiffness
Y N Joint Pain	Y N Soft Tissue Pain

Physical Examination

Normal Right Shoulder Exam		Normal Left Shoulder Exam
Right (4)	FINDING	Left (4)
Y N	Tenderness on Palpation	Y N
Y N	Misalignment	Y N
Y N	Erythema	Y N
Y N	Warmth	Y N
Y N	Swelling	Y N
A N	Motion	A N
Y N	Pain Elicited by Motion	Y N
Y N	Instability	Y N
Y N	Motor Strength Weakness	Y N

A maximum of 4 bullets for PE coding from the right and left shoulder, separately. One or more findings from each colored section gives one bullet.

Note: If you examine the bad side, ok to examine the good side for comparison, yielding 8 bullets.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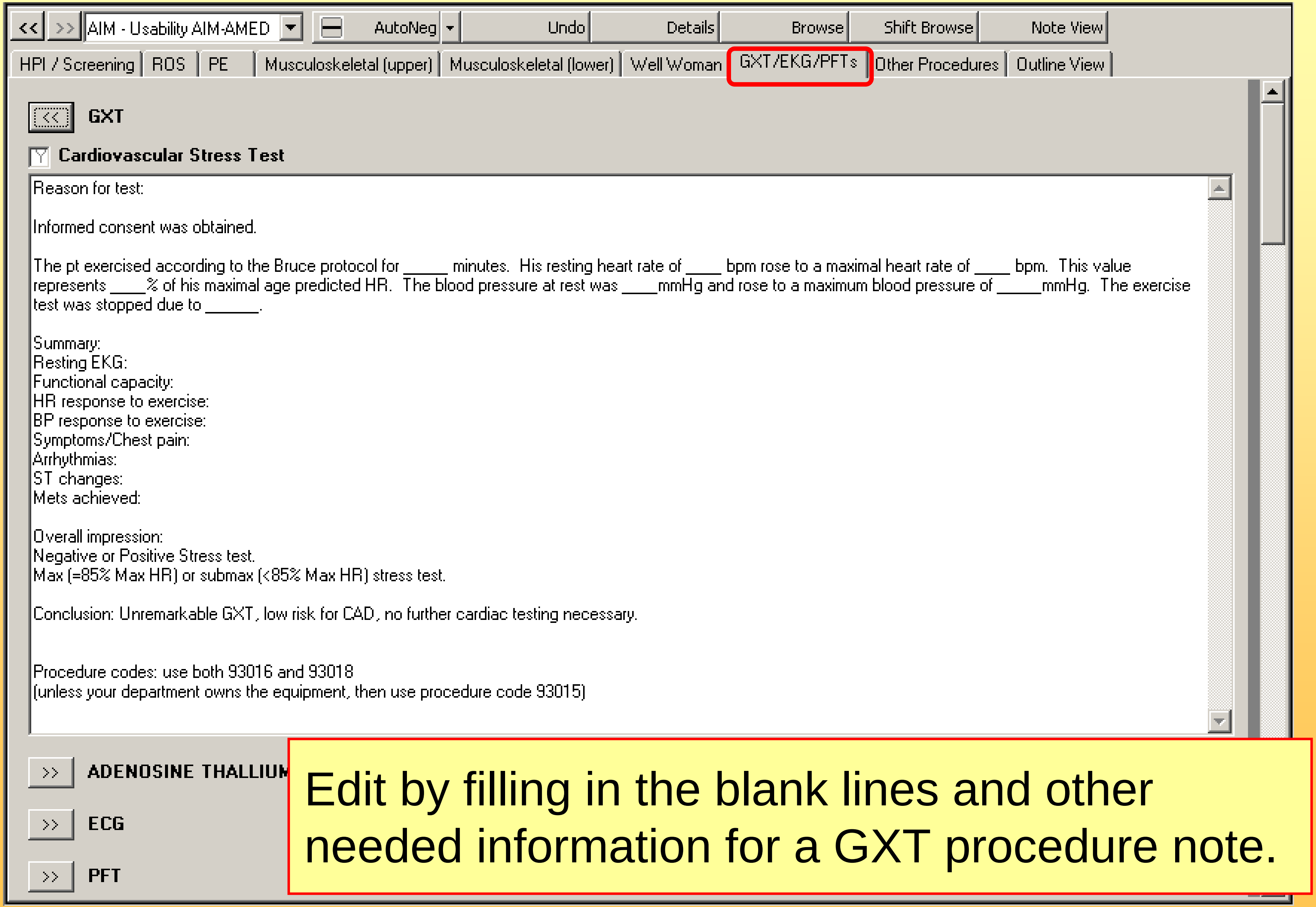
AIM - Usability AIM
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI/Screening
ROS
PE
Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Common Procedures
GXT/EKG/PFTs/Others
Normal Physical Exam - AutoNeg the Findings Below
Vital Signs
Y Reviewed Current Vital Signs
General
Y N Alert
Y N Well Developed
Y N No Acute Distress
Neck
Y N Thyroid Enlarged
Lungs
A N Respiratory Rhythm and Depth
A N Breath Sounds / Voice Sounds
Cardiovascular
A N Heart Sounds
Y N Heart Rhythm Irregular
Y N Murmurs
Genitalia
A N External Genitalia
A N Vaginal Mucosa
Y N Vaginal Discharge observed
Y N Vaginal Vesicle(s) observed
Y N Vaginal Tenderness
Y N Vaginal Cystocele obse
Y N Vaginal Rectocele obs
Abdomen
A N Bowel Sounds
A N Abdomen Soft
Y N Abdominal Muscle Guarding
Breast
A N Right Breast
Y N Skin Dimpling
Y N Abnormal Secretion
Y N Breast Mass
Y N Lesions present
A N Left Breast
Y N Skin Dimpling
Y N Abnormal Secretion
Y N Breast Mass
Y N Lesions present
Pelvic Examination
Y N Cervical Discharge seen
Y N Cervical Lesion present
Y N Cervical Pain Elicited By Motion
A N Uterus Position
Y N Uterine Enlargement
Y N Uterus Absent
Y N Uterus Tender
Y N Pap Smear Sample was Taken
Normal Rectal Exam
Rectal Exam
A N Sphincter Tone
Y N Hemorrhoids seen
Y N Rectal Mass present
Test Results:
Y N Fecal Occult Blood test Positive
Y N Vaginal Wet Mount Smear Positive
Y N Vaginal KOH Prep Positive
X Additional Physical Findings
l Exam Medcin Tree

Normal Physical Exam
And Rectal Exam Buttons

Well Woman Tab: Physical exam

Ex. Documenting Procedures



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AIM - Usability AIM-AMED
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
GXT/EKG/PFTs
Other Procedures
Outline View
GXT
Cardiovascular Stress Test
ADENOSINE THALLIUM
ECG
PFT

Reason for test:

Informed consent was obtained.

The pt exercised according to the Bruce protocol for _____ minutes. His resting heart rate of ____ bpm rose to a maximal heart rate of ____ bpm. This value represents ____% of his maximal age predicted HR. The blood pressure at rest was ____mmHg and rose to a maximum blood pressure of _____mmHg. The exercise test was stopped due to ______.

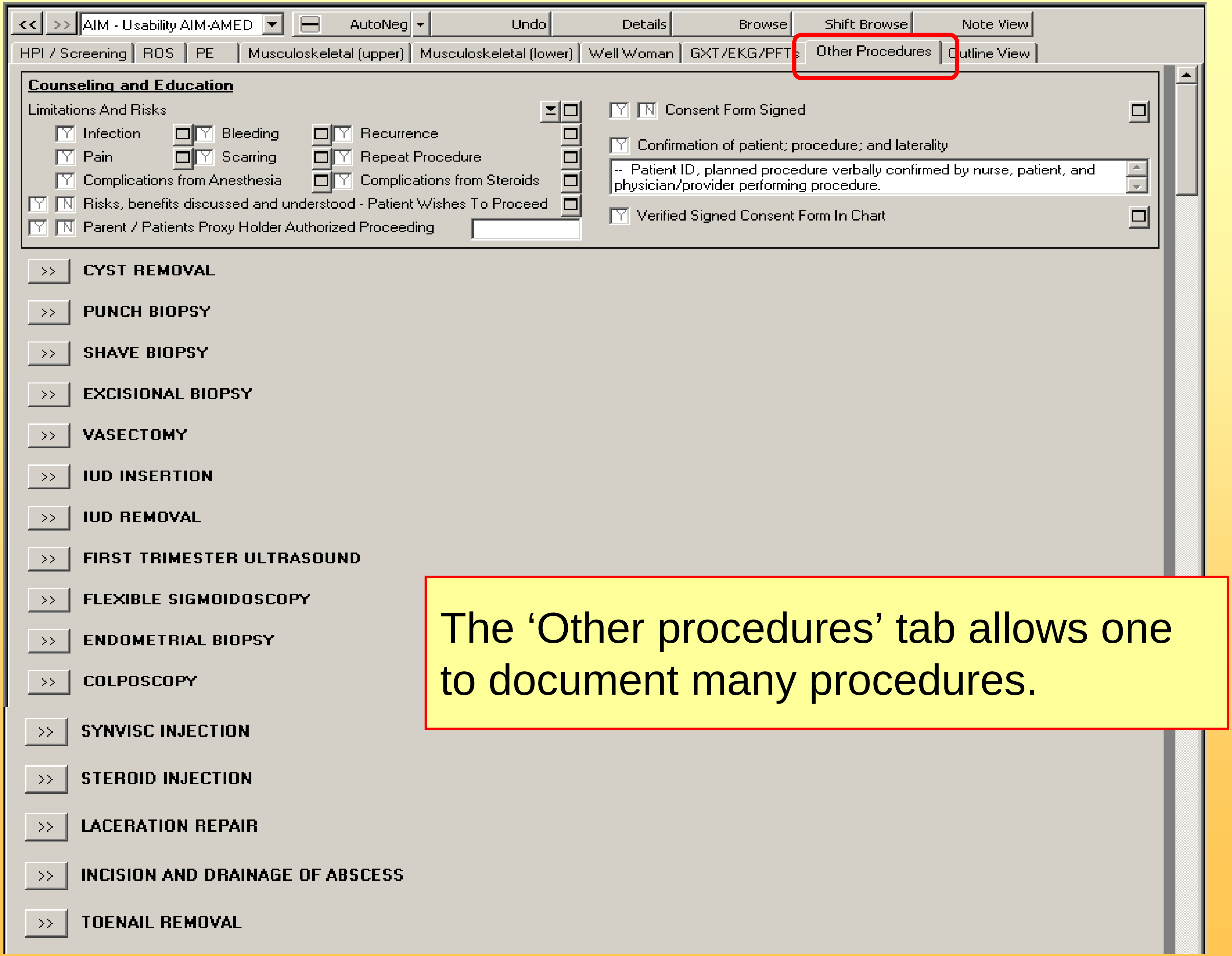
Summary:
Resting EKG:
Functional capacity:
HR response to exercise:
BP response to exercise:
Symptoms/Chest pain:
Arrhythmias:
ST changes:
Mets achieved:

Overall impression:
Negative or Positive Stress test.
Max (=85% Max HR) or submax (<85% Max HR) stress test.

Conclusion: Unremarkable GXT, low risk for CAD, no further cardiac testing necessary.

Procedure codes: use both 93016 and 93018
(unless your department owns the equipment, then use procedure code 93015)

Edit by filling in the blank lines and other needed information for a GXT procedure note.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AIM - Usability AIM-AMED
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI / Screening
ROS
PE
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
GXT/EKG/PFTs
Other Procedures
Outline View

Counseling and Education

Limitations And Risks

Y Infection ☐ Y Bleeding ☐ Y Recurrence ☐

Y Pain ☐ Y Scarring ☐ Y Repeat Procedure ☐

Y Complications from Anesthesia ☐ Y Complications from Steroids ☐

Y N Risks, benefits discussed and understood - Patient Wishes To Proceed ☐

Y N Parent / Patients Proxy Holder Authorized Proceeding

Y N Consent Form Signed ☐

Y Confirmation of patient; procedure; and laterality

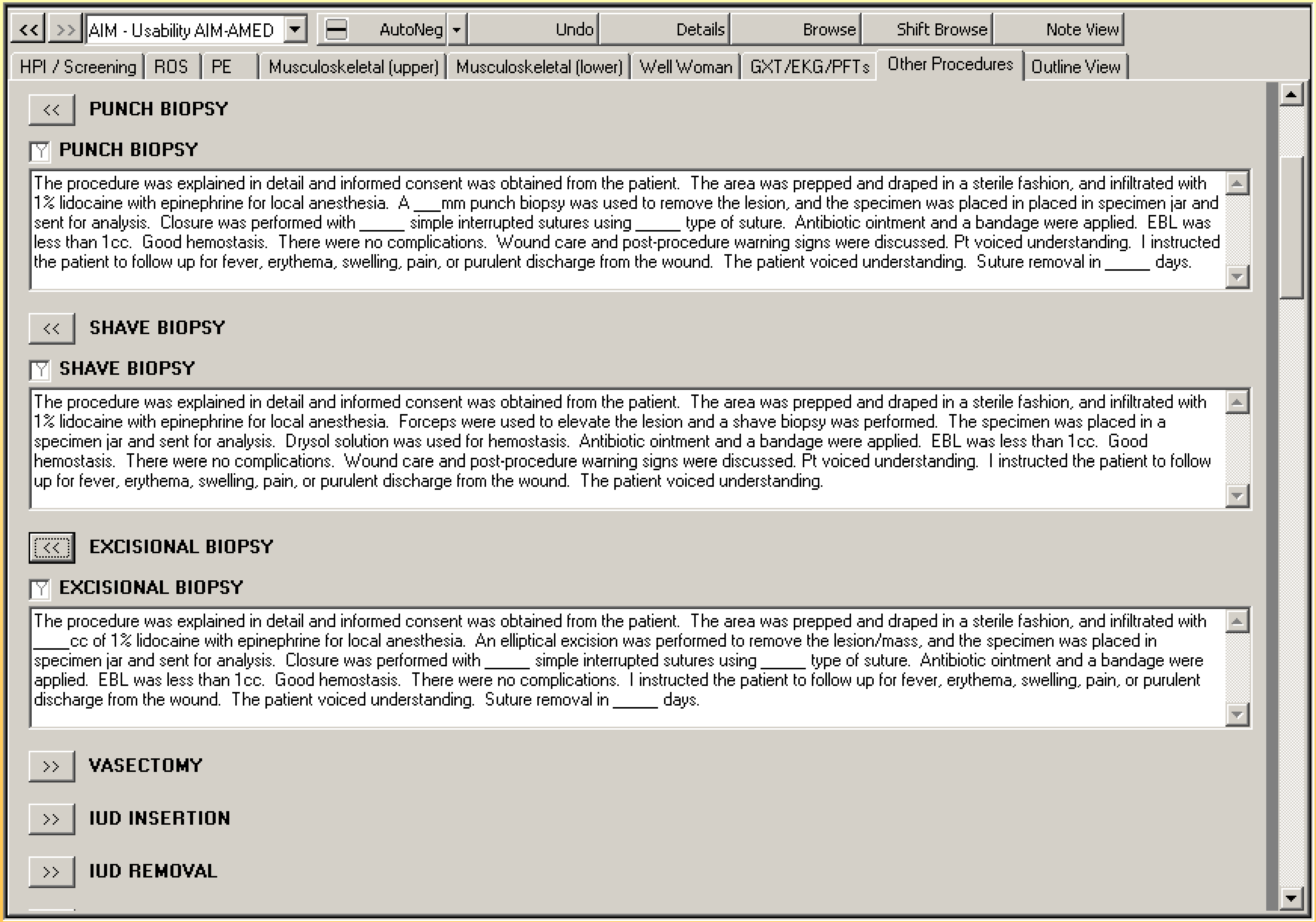
-- Patient ID, planned procedure verbally confirmed by nurse, patient, and physician/provider performing procedure.

Y Verified Signed Consent Form In Chart ☐

- >> CYST REMOVAL
- >> PUNCH BIOPSY
- >> SHAVE BIOPSY
- >> EXCISIONAL BIOPSY
- >> VASECTOMY
- >> IUD INSERTION
- >> IUD REMOVAL
- >> FIRST TRIMESTER ULTRASOUND
- >> FLEXIBLE SIGMOIDOSCOPY
- >> ENDOMETRIAL BIOPSY
- >> COLPOSCOPY
- >> SYNVISC INJECTION
- >> STEROID INJECTION
- >> LACERATION REPAIR
- >> INCISION AND DRAINAGE OF ABSCESS
- >> TOENAIL REMOVAL

The ‘Other procedures’ tab allows one to document many procedures.

Ex. More Procedures



<< PUNCH BIOPSY

PUNCH BIOPSY

The procedure was explained in detail and informed consent was obtained from the patient. The area was prepped and draped in a sterile fashion, and infiltrated with 1% lidocaine with epinephrine for local anesthesia. A ___mm punch biopsy was used to remove the lesion, and the specimen was placed in placed in specimen jar and sent for analysis. Closure was performed with _____ simple interrupted sutures using _____ type of suture. Antibiotic ointment and a bandage were applied. EBL was less than 1cc. Good hemostasis. There were no complications. Wound care and post-procedure warning signs were discussed. Pt voiced understanding. I instructed the patient to follow up for fever, erythema, swelling, pain, or purulent discharge from the wound. The patient voiced understanding. Suture removal in _____ days.

<< SHAVE BIOPSY

SHAVE BIOPSY

The procedure was explained in detail and informed consent was obtained from the patient. The area was prepped and draped in a sterile fashion, and infiltrated with 1% lidocaine with epinephrine for local anesthesia. Forceps were used to elevate the lesion and a shave biopsy was performed. The specimen was placed in a specimen jar and sent for analysis. Drysol solution was used for hemostasis. Antibiotic ointment and a bandage were applied. EBL was less than 1cc. Good hemostasis. There were no complications. Wound care and post-procedure warning signs were discussed. Pt voiced understanding. I instructed the patient to follow up for fever, erythema, swelling, pain, or purulent discharge from the wound. The patient voiced understanding.

<< EXCISIONAL BIOPSY

EXCISIONAL BIOPSY

The procedure was explained in detail and informed consent was obtained from the patient. The area was prepped and draped in a sterile fashion, and infiltrated with ____cc of 1% lidocaine with epinephrine for local anesthesia. An elliptical excision was performed to remove the lesion/mass, and the specimen was placed in specimen jar and sent for analysis. Closure was performed with _____ simple interrupted sutures using _____ type of suture. Antibiotic ointment and a bandage were applied. EBL was less than 1cc. Good hemostasis. There were no complications. I instructed the patient to follow up for fever, erythema, swelling, pain, or purulent discharge from the wound. The patient voiced understanding. Suture removal in _____ days.

>> VASECTOMY

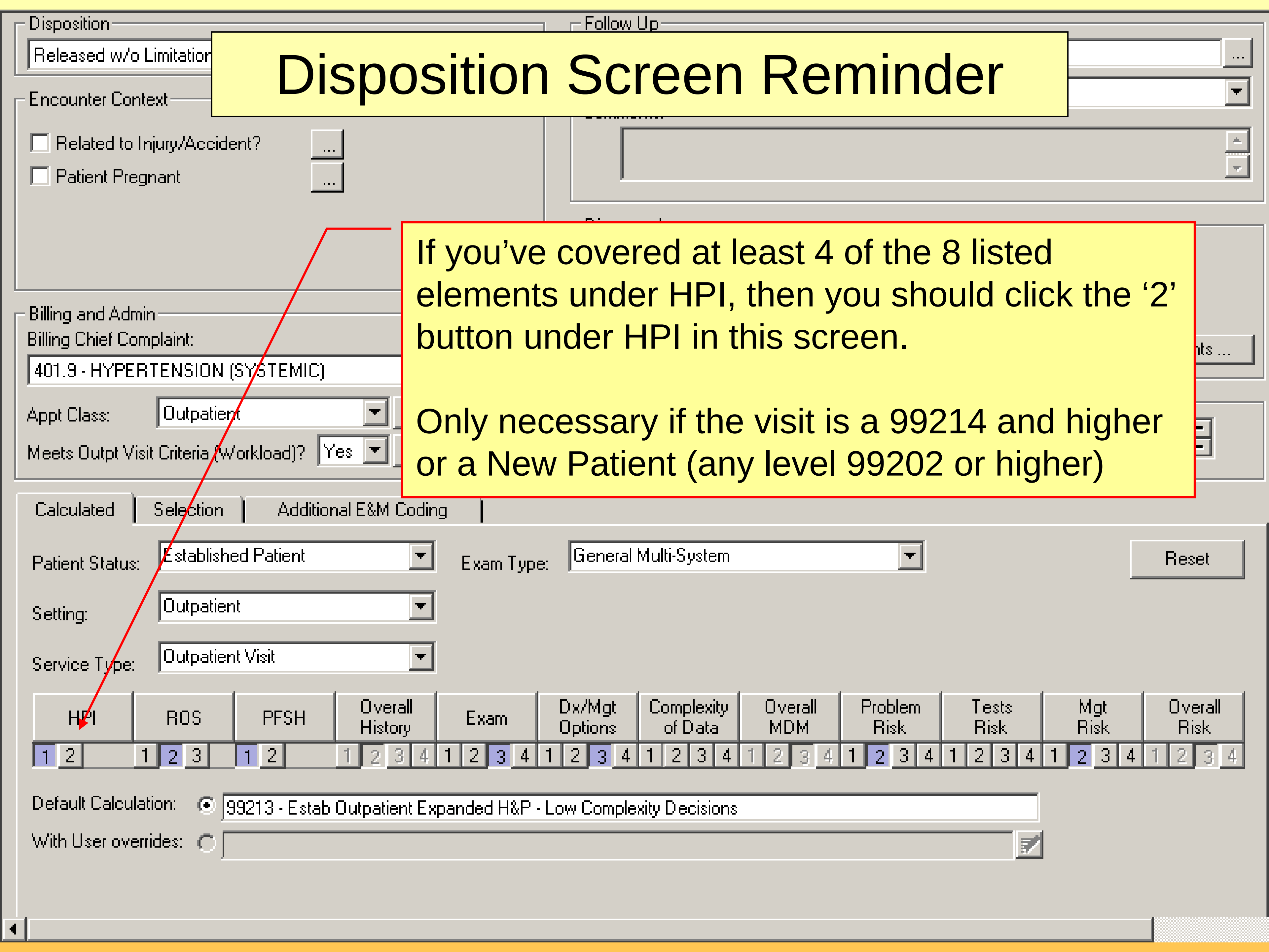
>> IUD INSERTION

>> IUD REMOVAL

Disposition Screen Reminder

If you've covered at least 4 of the 8 listed elements under HPI, then you should click the '2' button under HPI in this screen.

Only necessary if the visit is a 99214 and higher or a New Patient (any level 99202 or higher)



Disposition: Released w/o Limitation

Encounter Context

☐ Related to Injury/Accident?

☐ Patient Pregnant

Billing and Admin

Billing Chief Complaint: 401.9 - HYPERTENSION (SYSTEMIC)

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)? Yes

Patient Status: Established Patient

Exam Type: General Multi-System

Setting: Outpatient

Service Type: Outpatient Visit

Default Calculation: ● 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

With User overrides: ○

Follow Up
Calculated
Selection
Additional E&M Coding
Reset
HPI
ROS
PFSH
Overall History
Exam
Dx/Mgt Options
Complexity of Data
Overall MDM
Problem Risk
Tests Risk
Mgt Risk
Overall Risk
1 2
1 2 3
1 2
1 2 3 4
1 2 3 4
1 2 3 4
1 2 3 4
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1 2 3 4
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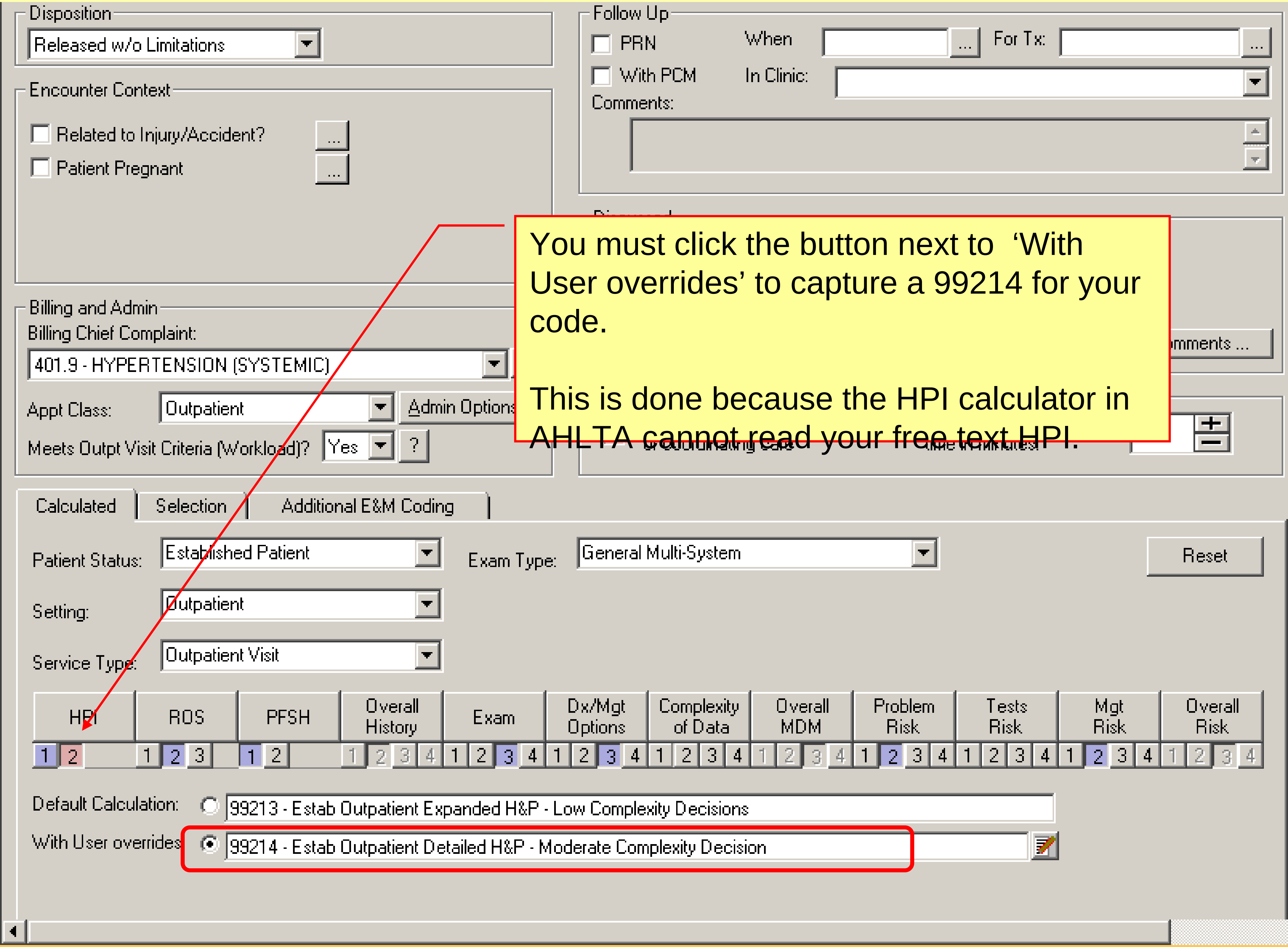


You must click the button next to ‘With User overrides’ to capture a 99214 for your code.

This is done because the HPI calculator in AHLTA cannot read your free text HPI.

Disposition

Released w/o Limitations

Follow Up

☐ PRN

☐ With PCM

When:

For Tx:

In Clinic:

Comments:

Encounter Context

☐ Related to Injury/Accident?

☐ Patient Pregnant

Billing and Admin

Billing Chief Complaint: 401.9 - HYPERTENSION (SYSTEMIC)

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)? Yes

Calculated | Selection | Additional E&M Coding

Patient Status: Established Patient

Exam Type: General Multi-System

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: ○ 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

With User overrides ● 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

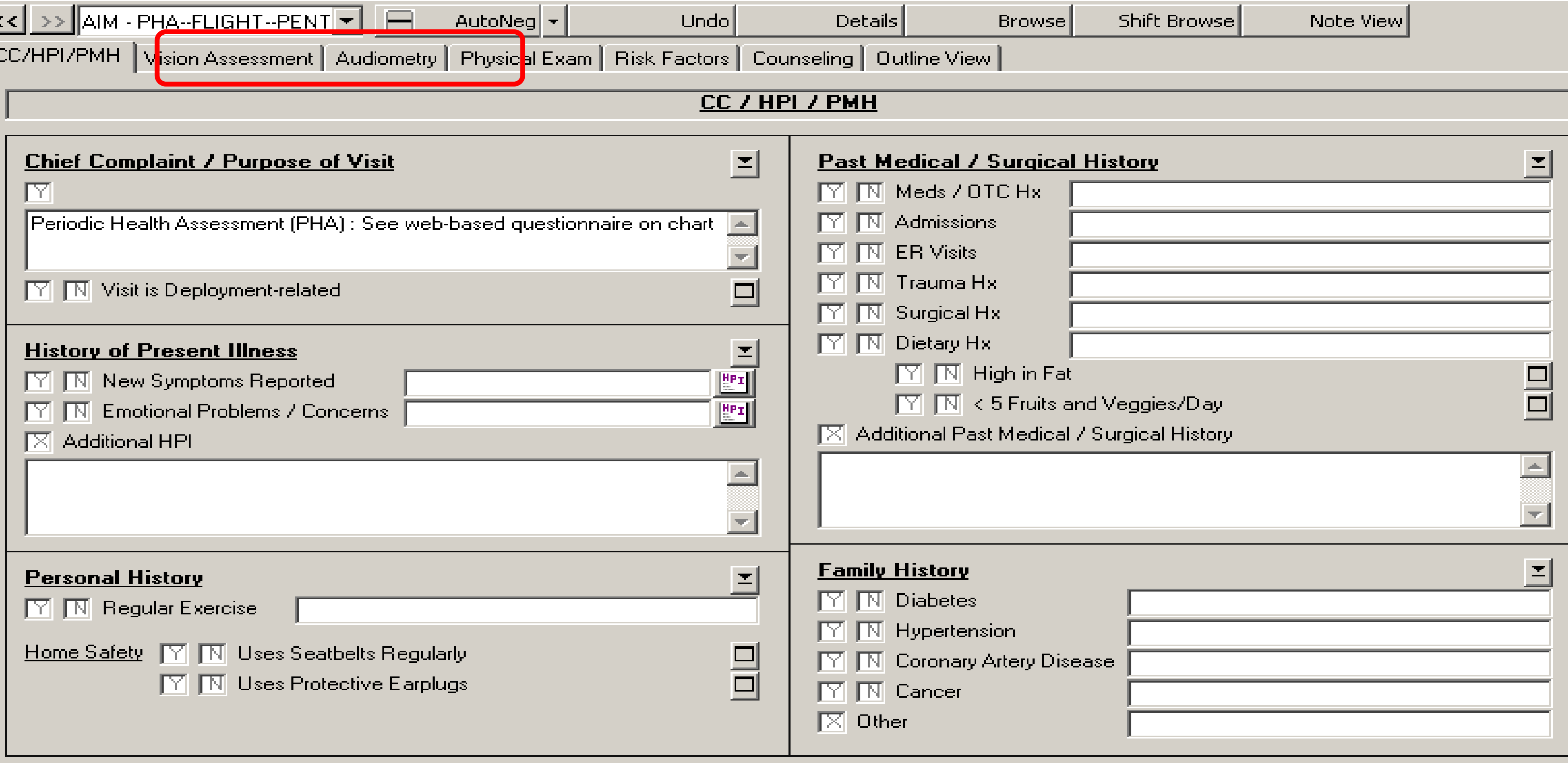
Some Actual Team Documentation Examples

- PHA’s at the Flight Medicine Pentagon Clinic
- Pediatrics at Peterson AFB
- Emergency Department at 121st CSH Korea

Pentagon Flight Medicine Clinic

Periodic Health Physical (PHA)
AIM Form

CC/HPI/PMH Tab



<<
>>
AIM - PHA--FLIGHT--PENT
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
CC/HPI/PMH
Vision Assessment
Audiometry
Physical Exam
Risk Factors
Counseling
Outline View
HPI

CC / HPI / PMH

Chief Complaint / Purpose of Visit

☐ Y

Periodic Health Assessment (PHA) : See web-based questionnaire on chart

☐ Y ☐ N Visit is Deployment-related

History of Present Illness

☐ Y ☐ N New Symptoms Reported

☐ Y ☐ N Emotional Problems / Concerns

☒ Additional HPI

Personal History

☐ Y ☐ N Regular Exercise

Home Safety ☐ Y ☐ N Uses Seatbelts Regularly

☐ Y ☐ N Uses Protective Earplugs

Past Medical / Surgical History

☐ Y ☐ N Meds / OTC Hx

☐ Y ☐ N Admissions

☐ Y ☐ N ER Visits

☐ Y ☐ N Trauma Hx

☐ Y ☐ N Surgical Hx

☐ Y ☐ N Dietary Hx

☐ Y ☐ N High in Fat

☐ Y ☐ N < 5 Fruits and Veggies/Day

☒ Additional Past Medical / Surgical History

Family History

☐ Y ☐ N Diabetes

☐ Y ☐ N Hypertension

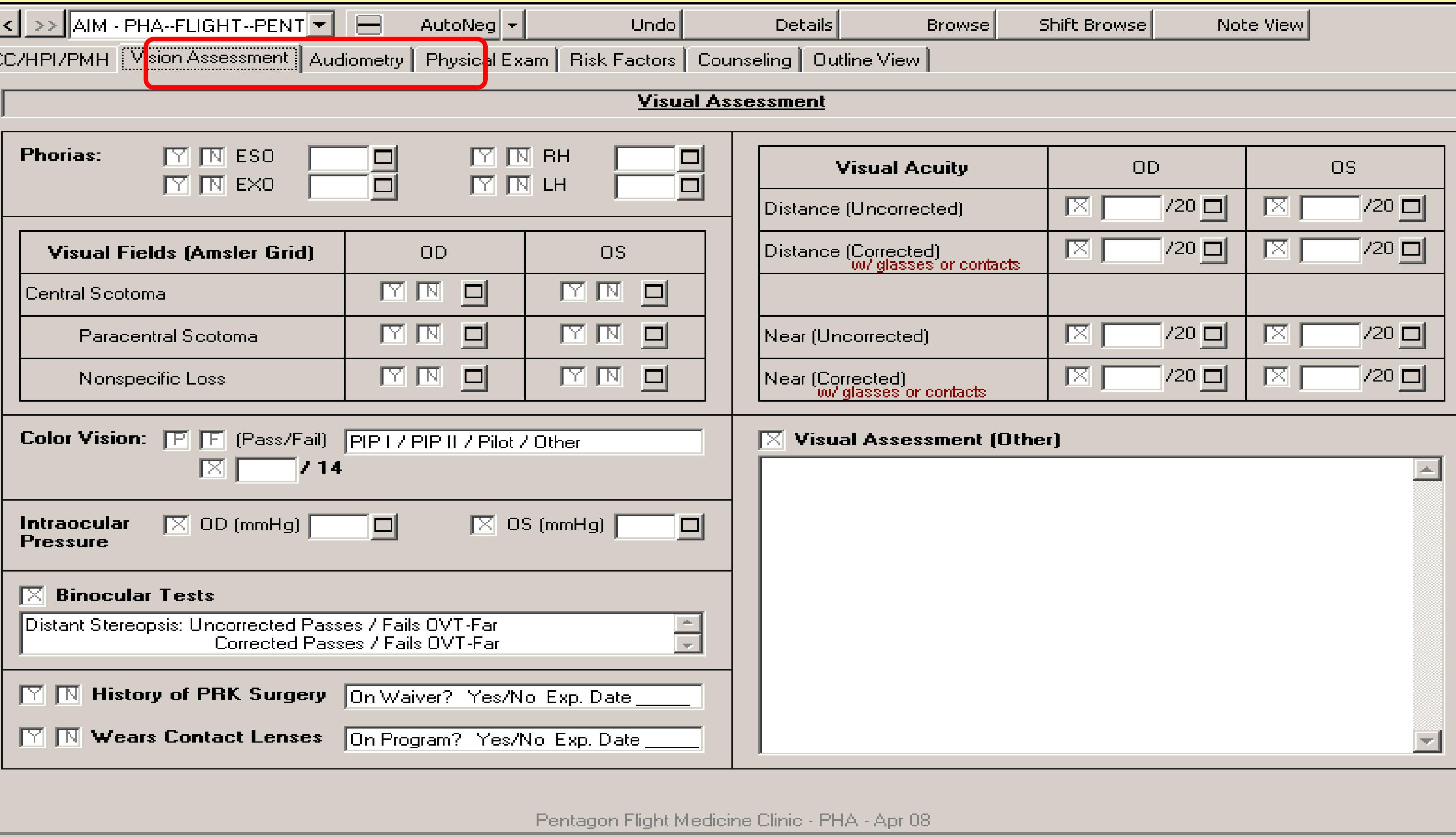
☐ Y ☐ N Coronary Artery Disease

☐ Y ☐ N Cancer

☒ Other

Support staff address the first 3 tabs of this form + 1 thing on Risk Factors Tab

Vision Assessment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Shift Browse
Note View
CC/HPI/PMH
Vision Assessment
Audiometry
Physical Exam
Risk Factors
Counseling
Outline View

Visual Assessment

Phorias:
☐ Y ☐ N ESO ☐ ☐ Y ☐ N RH ☐
☐ Y ☐ N EXO ☐ ☐ Y ☐ N LH ☐

Visual Fields (Amsler Grid)	OD	OS
Central Scotoma	☐ Y ☐ N ☐	☐ Y ☐ N ☐
Paracentral Scotoma	☐ Y ☐ N ☐	☐ Y ☐ N ☐
Nonspecific Loss	☐ Y ☐ N ☐	☐ Y ☐ N ☐

Visual Acuity	OD	OS
Distance (Uncorrected)	☒ ___ /20 ☐	☒ ___ /20 ☐
Distance (Corrected) w/ glasses or contacts	☒ ___ /20 ☐	☒ ___ /20 ☐
Near (Uncorrected)	☒ ___ /20 ☐	☒ ___ /20 ☐
Near (Corrected) w/ glasses or contacts	☒ ___ /20 ☐	☒ ___ /20 ☐

Color Vision: ☐ P ☐ F (Pass/Fail) PIP I / PIP II / Pilot / Other
☒ ___ **/ 14**

Intraocular Pressure ☒ OD (mmHg) ☐ ☒ OS (mmHg) ☐

☒ **Binocular Tests**

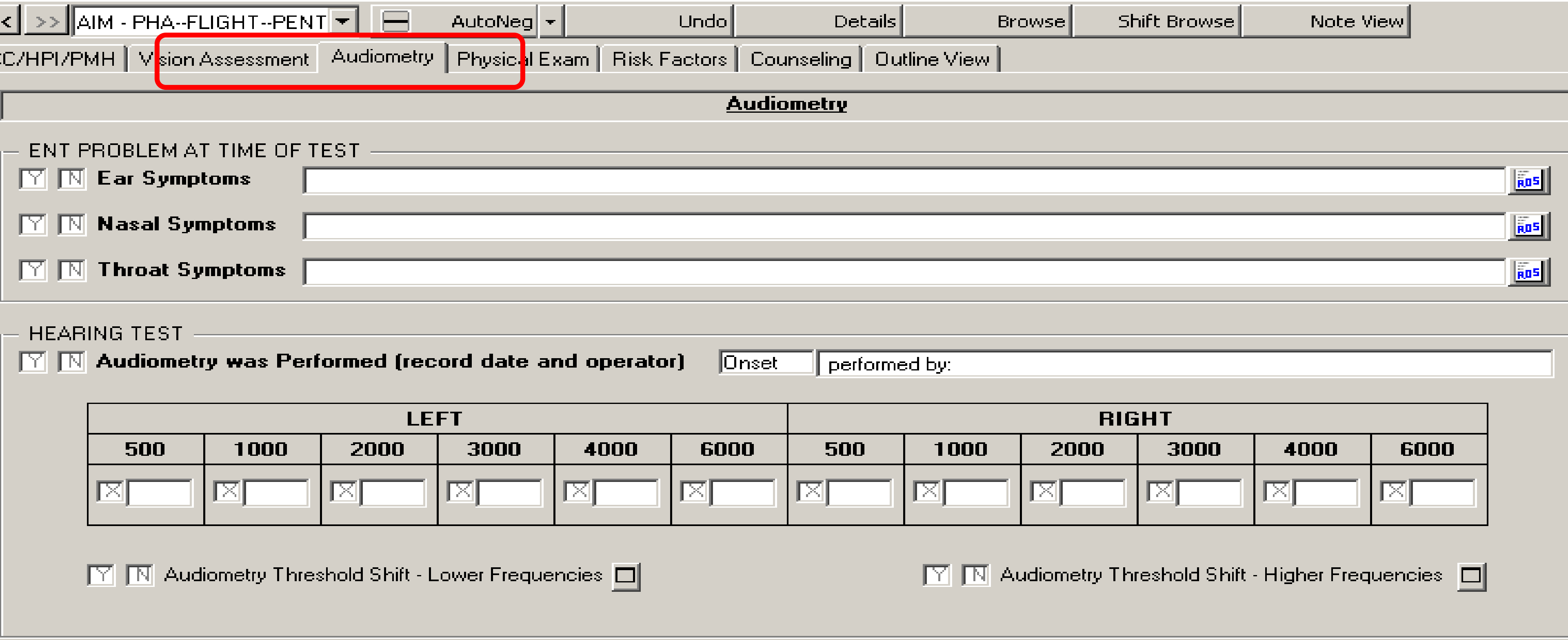
Distant Stereopsis: Uncorrected Passes / Fails OVT-Far
Corrected Passes / Fails OVT-Far

☐ Y ☐ N **History of PRK Surgery** On Waiver? Yes/No Exp. Date ______

☐ Y ☐ N **Wears Contact Lenses** On Program? Yes/No Exp. Date ______

☒ **Visual Assessment (Other)**

Audiometry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Browse
Shift Browse
Note View
C/HPI/PMH
Vision Assessment
Audiometry
Physical Exam
Risk Factors
Counseling
Outline View
ROS

Audiometry

ENT PROBLEM AT TIME OF TEST

☐ Y ☐ N **Ear Symptoms**

☐ Y ☐ N **Nasal Symptoms**

☐ Y ☐ N **Throat Symptoms**

HEARING TEST

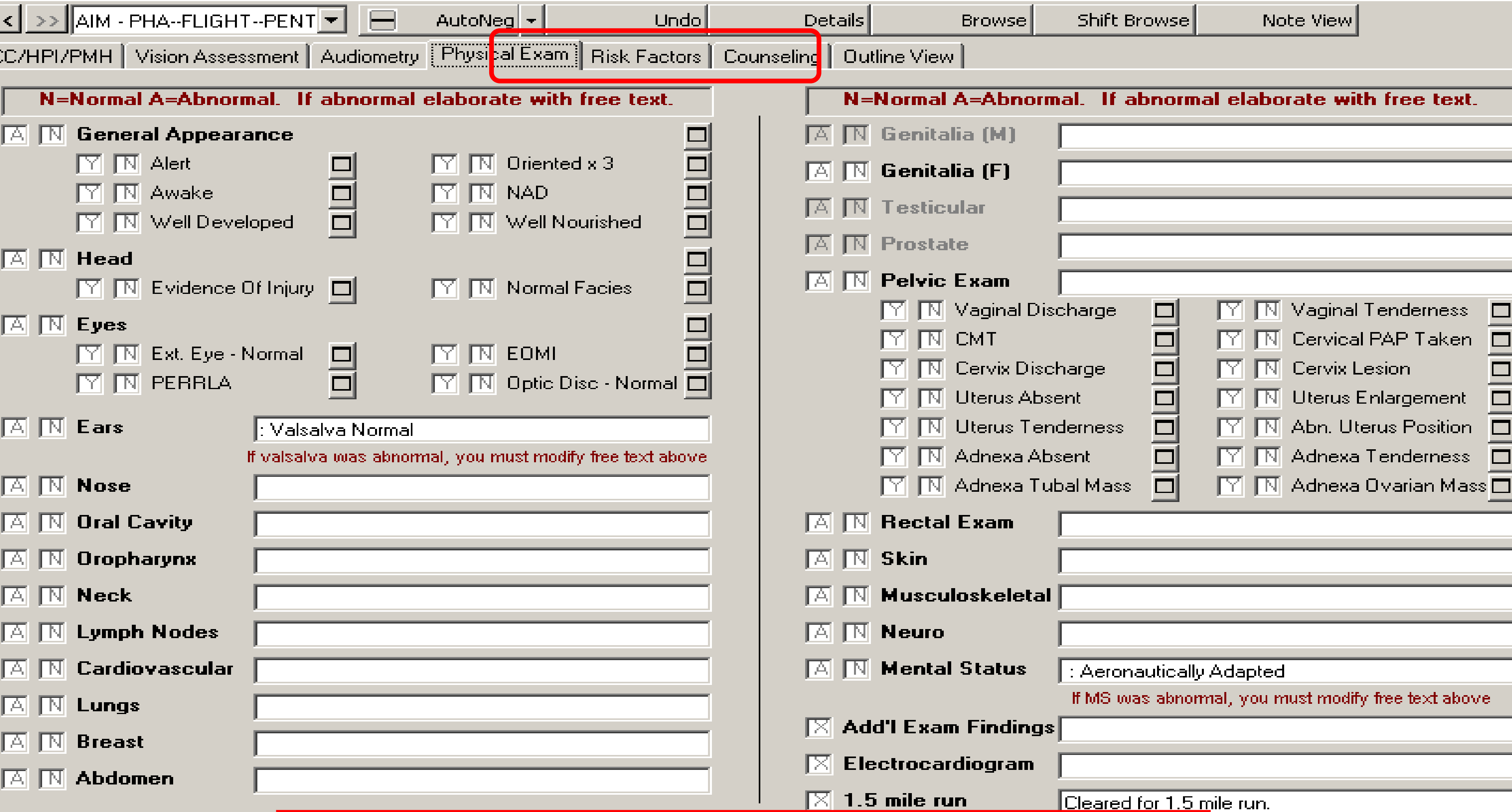
☐ Y ☐ N **Audiometry was Performed (record date and operator)** Onset performed by:

LEFT						RIGHT					
500	**1000**	**2000**	**3000**	**4000**	**6000**	**500**	**1000**	**2000**	**3000**	**4000**	**6000**
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

☐ Y ☐ N Audiometry Threshold Shift - Lower Frequencies ☐

☐ Y ☐ N Audiometry Threshold Shift - Higher Frequencies ☐

Physical Exam



< >> AIM - PHA--FLIGHT--PENT AutoNeg Undo Details Browse Shift Browse Note View
C/HPI/PMH Vision Assessment Audiometry Physical Exam Risk Factors Counseling Outline View

N=Normal A=Abnormal. If abnormal elaborate with free text.

A N **General Appearance** ☐
- Y N Alert ☐ — Y N Oriented x 3 ☐
- Y N Awake ☐ — Y N NAD ☐
- Y N Well Developed ☐ — Y N Well Nourished ☐

A N **Head** ☐
- Y N Evidence Of Injury ☐ — Y N Normal Facies ☐

A N **Eyes** ☐
- Y N Ext. Eye - Normal ☐ — Y N EOMI ☐
- Y N PERRLA ☐ — Y N Optic Disc - Normal ☐

A N **Ears** : Valsalva Normal

If valsalva was abnormal, you must modify free text above

A N **Nose**

A N **Oral Cavity**

A N **Oropharynx**

A N **Neck**

A N **Lymph Nodes**

A N **Cardiovascular**

A N **Lungs**

A N **Breast**

A N **Abdomen**

N=Normal A=Abnormal. If abnormal elaborate with free text.

A N **Genitalia (M)**

A N **Genitalia (F)**

A N **Testicular**

A N **Prostate**

A N **Pelvic Exam**
- Y N Vaginal Discharge ☐ — Y N Vaginal Tenderness ☐
- Y N CMT ☐ — Y N Cervical PAP Taken ☐
- Y N Cervix Discharge ☐ — Y N Cervix Lesion ☐
- Y N Uterus Absent ☐ — Y N Uterus Enlargement ☐
- Y N Uterus Tenderness ☐ — Y N Abn. Uterus Position ☐
- Y N Adnexa Absent ☐ — Y N Adnexa Tenderness ☐
- Y N Adnexa Tubal Mass ☐ — Y N Adnexa Ovarian Mass ☐

A N **Rectal Exam**

A N **Skin**

A N **Musculoskeletal**

A N **Neuro**

A N **Mental Status** : Aeronautically Adapted

If MS was abnormal, you must modify free text above

☒ **Add'l Exam Findings**

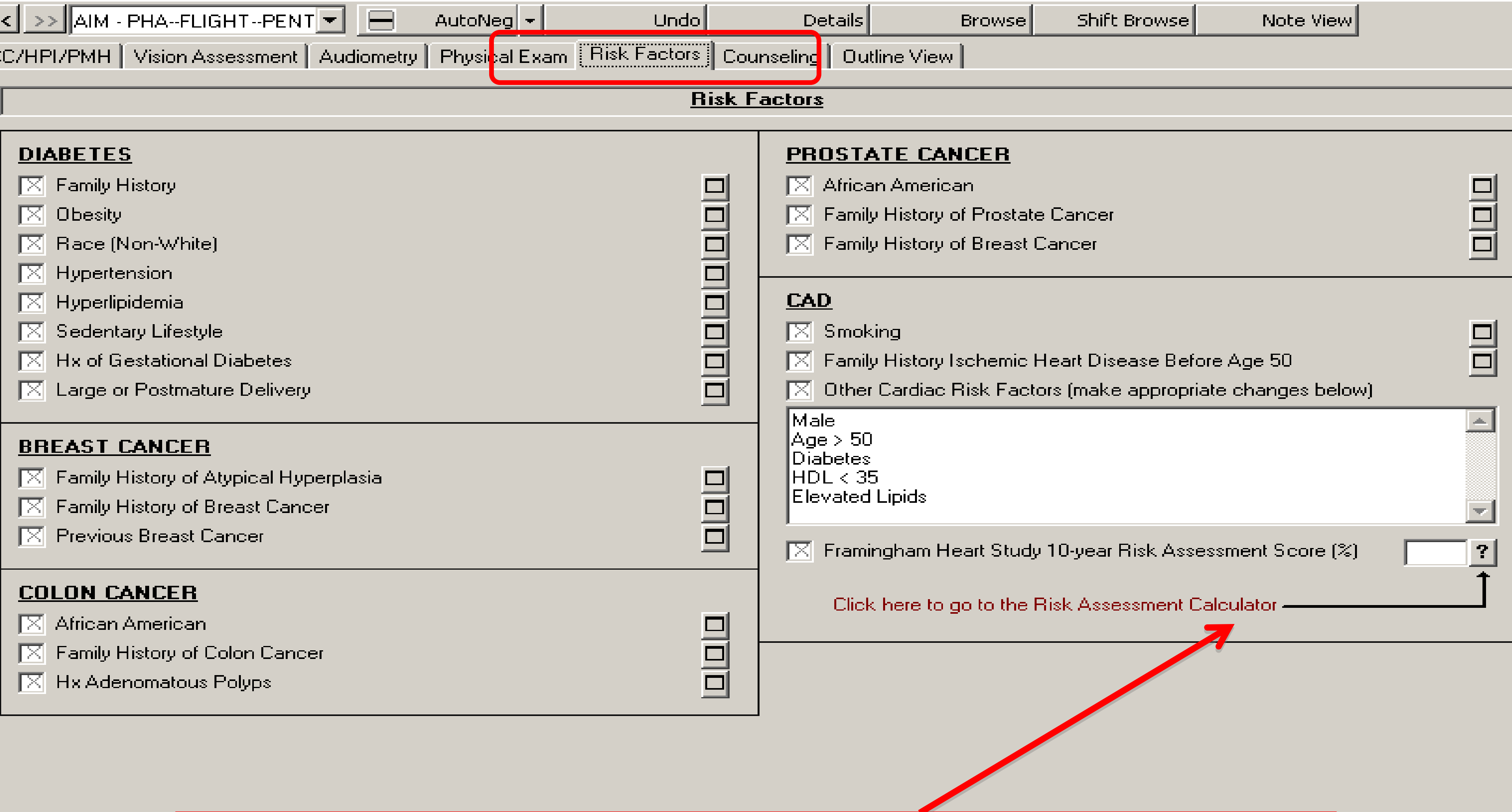
☒ **Electrocardiogram**

☒ **1.5 mile run** Cleared for 1.5 mile run.

you must modify free text above

Physician addresses the last 3 tabs

Risk Factors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Vision Assessment
Audiometry
Physical Exam
Risk Factors
Counseling
Outline View

Risk Factors

DIABETES

☒ Family History ☐
☒ Obesity ☐
☒ Race (Non-White) ☐
☒ Hypertension ☐
☒ Hyperlipidemia ☐
☒ Sedentary Lifestyle ☐
☒ Hx of Gestational Diabetes ☐
☒ Large or Postmature Delivery ☐

BREAST CANCER

☒ Family History of Atypical Hyperplasia ☐
☒ Family History of Breast Cancer ☐
☒ Previous Breast Cancer ☐

COLON CANCER

☒ African American ☐
☒ Family History of Colon Cancer ☐
☒ Hx Adenomatous Polyps ☐

PROSTATE CANCER

☒ African American ☐
☒ Family History of Prostate Cancer ☐
☒ Family History of Breast Cancer ☐

CAD

☒ Smoking ☐
☒ Family History Ischemic Heart Disease Before Age 50 ☐
☒ Other Cardiac Risk Factors (make appropriate changes below)

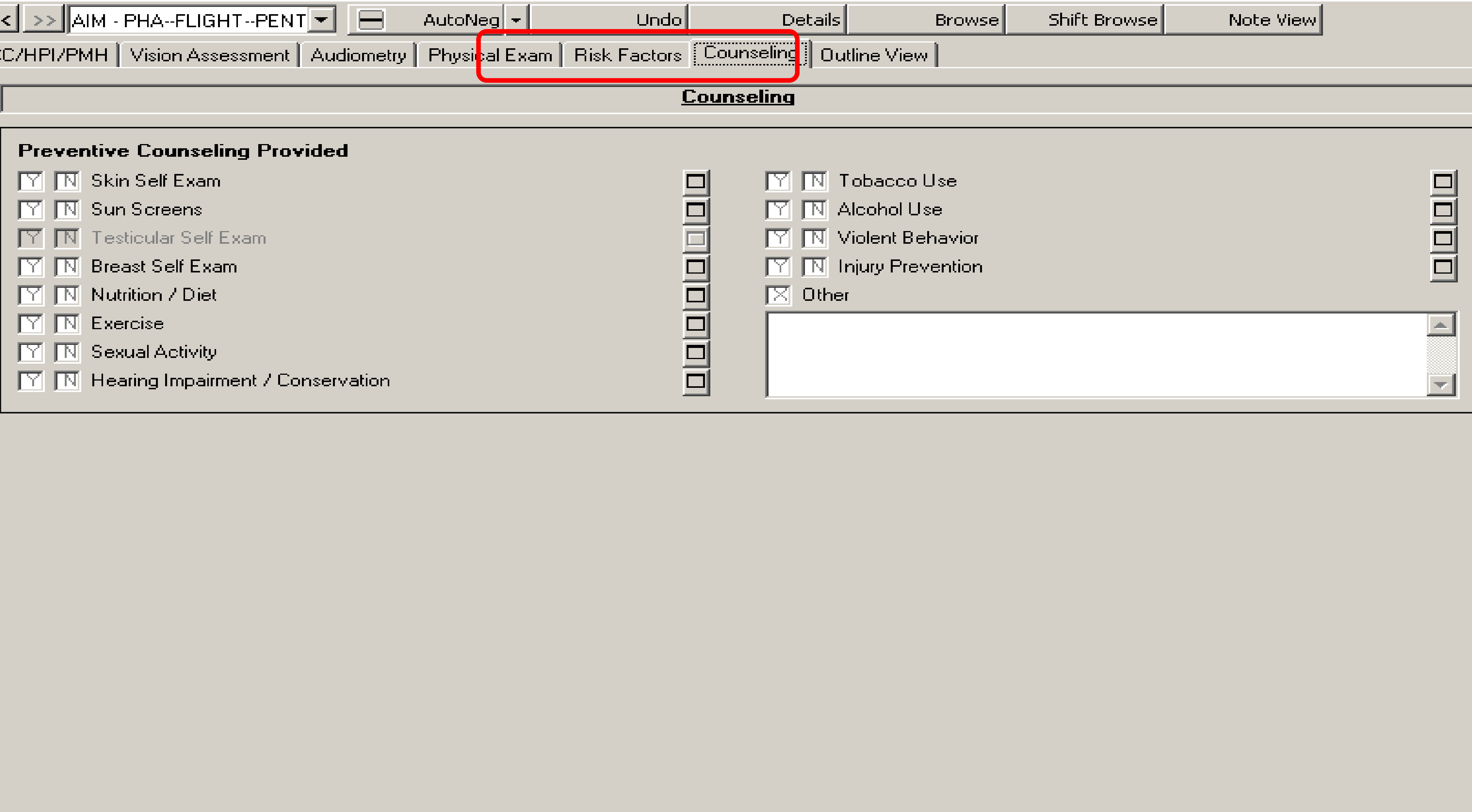
Male
Age > 50
Diabetes
HDL < 35
Elevated Lipids

☒ Framingham Heart Study 10-year Risk Assessment Score (%) ?

Click here to go to the Risk Assessment Calculator

Support staff addresses Framingham Risk Score

Counseling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Vision Assessment
Audiometry
Physical Exam
Risk Factors
Counseling
Outline View

Counseling

Preventive Counseling Provided

☐Y ☐N Skin Self Exam ☐
☐Y ☐N Sun Screens ☐
☐Y ☐N Testicular Self Exam ☐
☐Y ☐N Breast Self Exam ☐
☐Y ☐N Nutrition / Diet ☐
☐Y ☐N Exercise ☐
☐Y ☐N Sexual Activity ☐
☐Y ☐N Hearing Impairment / Conservation ☐

☐Y ☐N Tobacco Use ☐
☐Y ☐N Alcohol Use ☐
☐Y ☐N Violent Behavior ☐
☐Y ☐N Injury Prevention ☐
☒ Other

How to get it

- Go into Encounter Template Management
- Search for Pentagon PHA
- Right click and add it to your favorites list
  - This will allow the AIM form to be updated and you will get the update automatically.

Pediatric Team Workflow

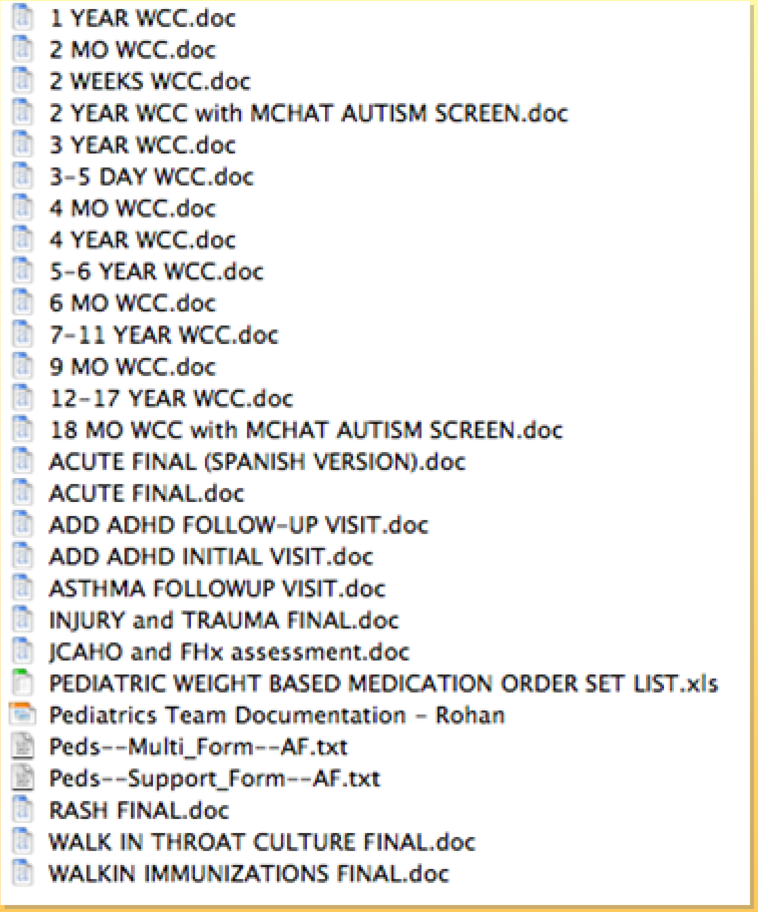
How Peterson AFB Peds does it.

Developed by Dr Craig Rohan and Staff

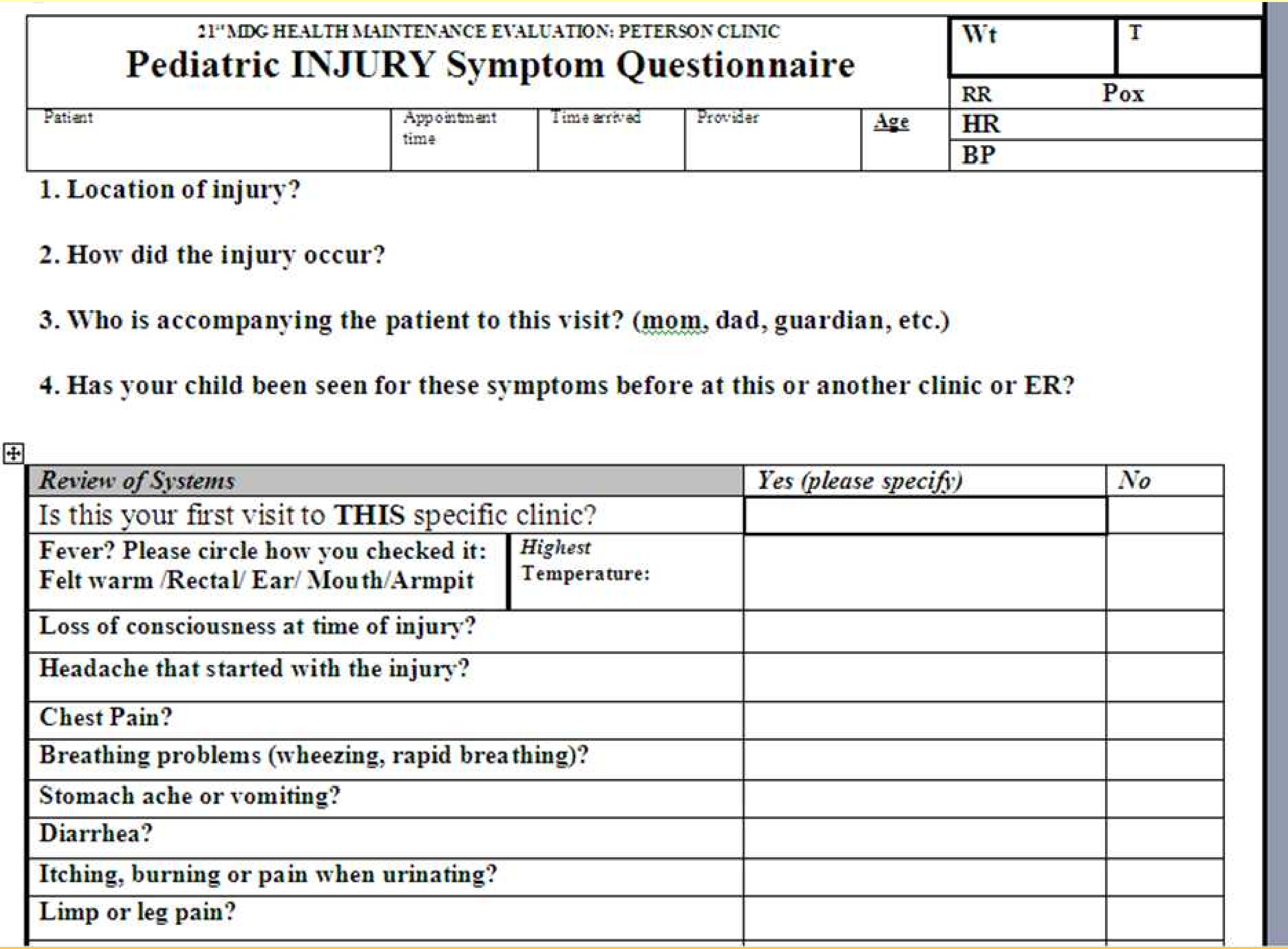
Craig's Contact Info:
Craig Rohan, Maj USAF MC
Peterson AFB, CO
craigalan@pol.net

Peds Preclinical Overprints

- Tailored overprints for visit purpose
  - Acute visits (rash, trauma, acute illness, etc)
  - Annual visits (screening tests)
- Family can access overprints from our clinic’s website
- The overprint includes vital signs, vaccines, etc.
- Allows for a “peak at the chart” prior to entering the exam room
- Examples:



1 YEAR WCC.doc
2 MO WCC.doc
2 WEEKS WCC.doc
2 YEAR WCC with MCHAT AUTISM SCREEN.doc
3 YEAR WCC.doc
3-5 DAY WCC.doc
4 MO WCC.doc
4 YEAR WCC.doc
5-6 YEAR WCC.doc
6 MO WCC.doc
7-11 YEAR WCC.doc
9 MO WCC.doc
12-17 YEAR WCC.doc
18 MO WCC with MCHAT AUTISM SCREEN.doc
ACUTE FINAL (SPANISH VERSION).doc
ACUTE FINAL.doc
ADD ADHD FOLLOW-UP VISIT.doc
ADD ADHD INITIAL VISIT.doc
ASTHMA FOLLOWUP VISIT.doc
INJURY and TRAUMA FINAL.doc
JCAHO and FHx assessment.doc
PEDIATRIC WEIGHT BASED MEDICATION ORDER SET LIST.xls
Pediatrics Team Documentation - Rohan
Peds--Multi_Form--AF.txt
Peds--Support_Form--AF.txt
RASH FINAL.doc
WALK IN THROAT CULTURE FINAL.doc
WALKIN IMMUNIZATIONS FINAL.doc



21st MDG HEALTH MAINTENANCE EVALUATION: PETERSON CLINIC

Pediatric INJURY Symptom Questionnaire

Wt	**T**
RR	Pox
HR	
BP	

Patient	Appointment time	Time arrived	Provider	**Age**

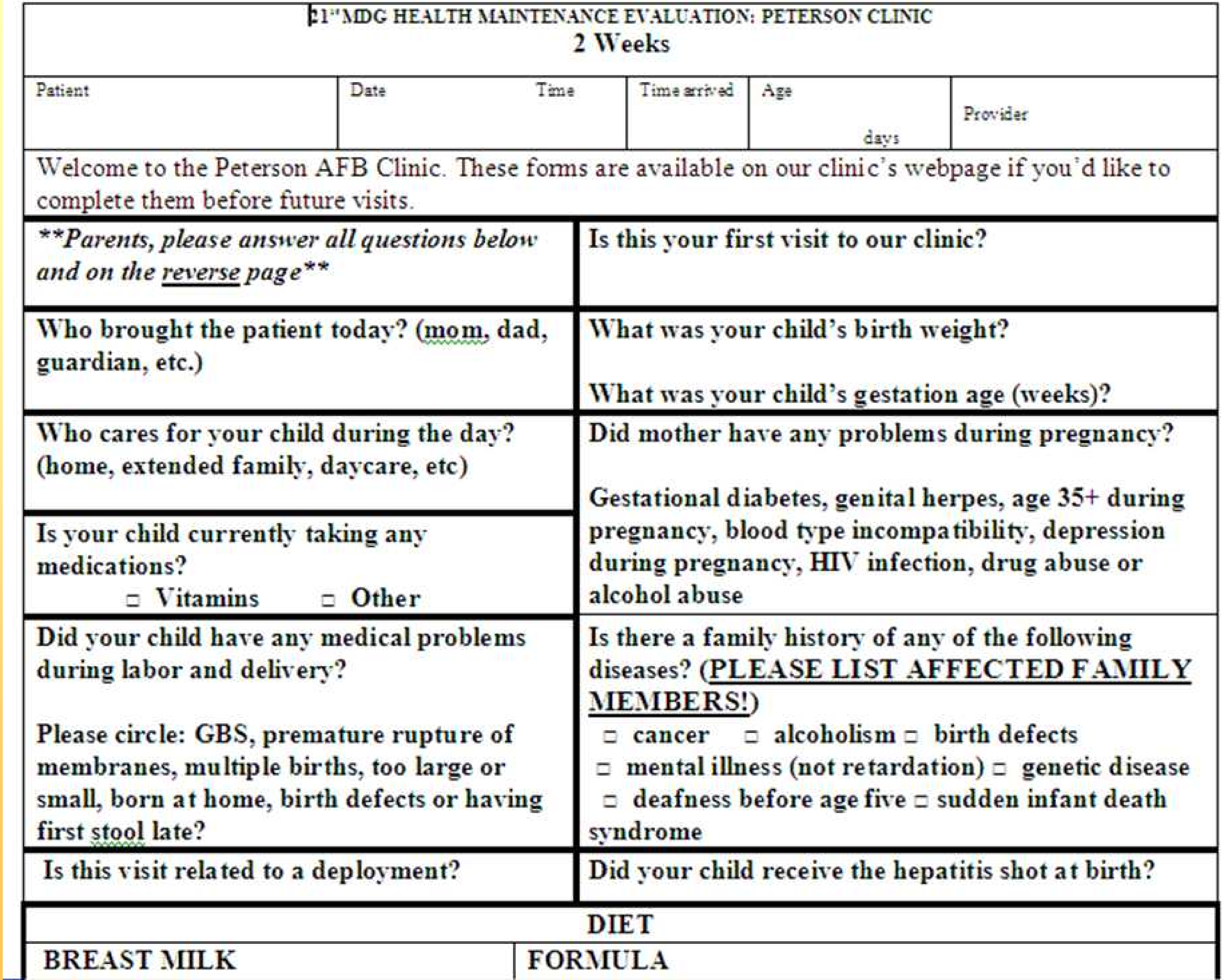
1. Location of injury?

2. How did the injury occur?

3. Who is accompanying the patient to this visit? (mom, dad, guardian, etc.)

4. Has your child been seen for these symptoms before at this or another clinic or ER?

Review of Systems		*Yes (please specify)*	*No*
Is this your first visit to **THIS** specific clinic?			
Fever? Please circle how you checked it: **Felt warm /Rectal/ Ear/ Mouth/Armpit**	***Highest* Temperature:**		
Loss of consciousness at time of injury?			
Headache that started with the injury?			
Chest Pain?			
Breathing problems (wheezing, rapid breathing)?			
Stomach ache or vomiting?			
Diarrhea?			
Itching, burning or pain when urinating?			
Limp or leg pain?			



21st MDG HEALTH MAINTENANCE EVALUATION: PETERSON CLINIC

2 Weeks

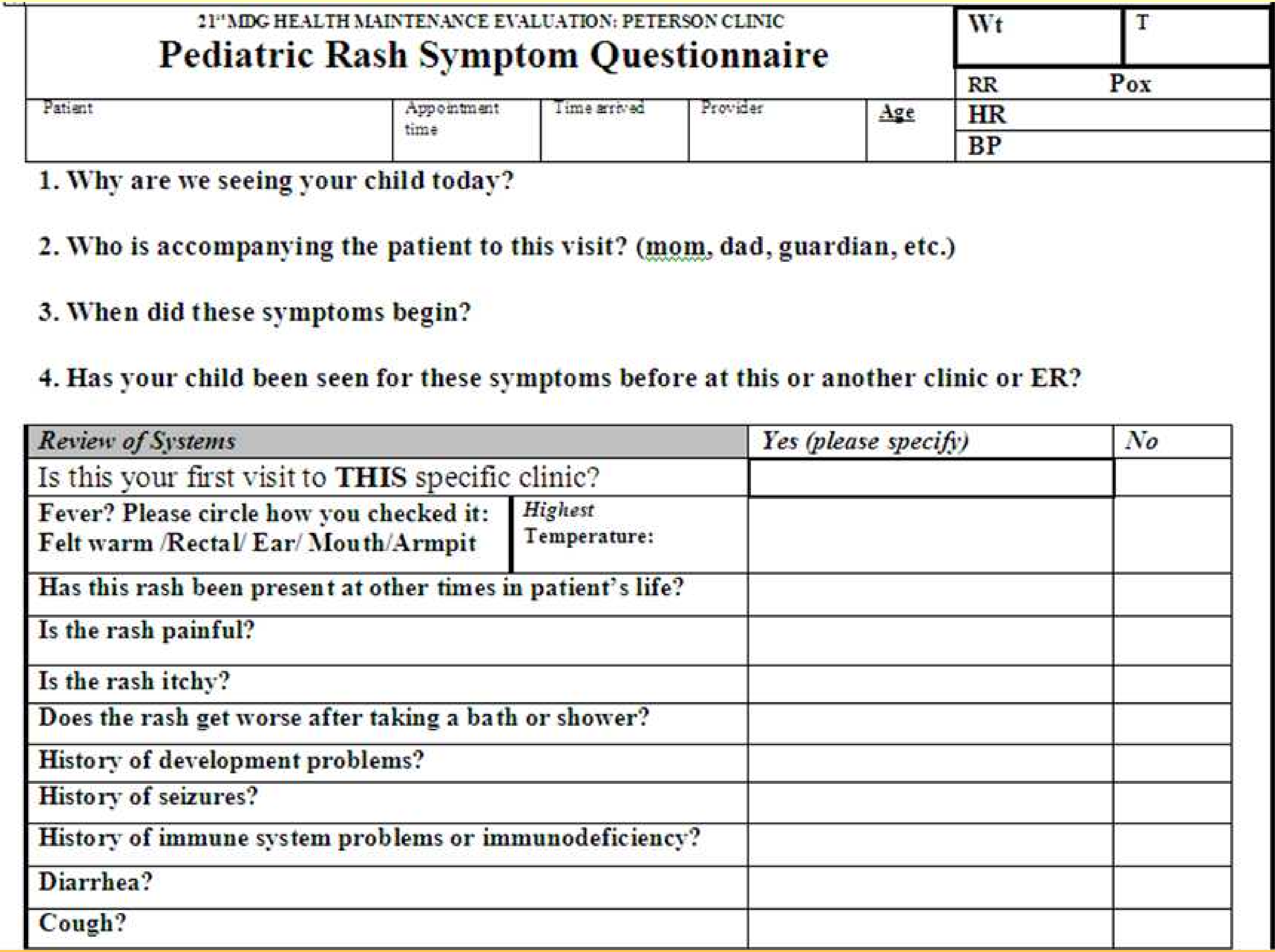
Patient	Date Time	Time arrived	Age days	Provider

Welcome to the Peterson AFB Clinic. These forms are available on our clinic's webpage if you'd like to complete them before future visits.

*****Parents, please answer all questions below and on the reverse page*****	**Is this your first visit to our clinic?**
Who brought the patient today? (mom, dad, guardian, etc.)	**What was your child's birth weight?** **What was your child's gestation age (weeks)?**
Who cares for your child during the day? (home, extended family, daycare, etc)	**Did mother have any problems during pregnancy?** **Gestational diabetes, genital herpes, age 35+ during pregnancy, blood type incompatibility, depression during pregnancy, HIV infection, drug abuse or alcohol abuse**
Is your child currently taking any medications? ☐ **Vitamins** ☐ **Other**	
Did your child have any medical problems during labor and delivery? **Please circle: GBS, premature rupture of membranes, multiple births, too large or small, born at home, birth defects or having first stool late?**	**Is there a family history of any of the following diseases? (PLEASE LIST AFFECTED FAMILY MEMBERS!)** ☐ **cancer** ☐ **alcoholism** ☐ **birth defects** ☐ **mental illness (not retardation)** ☐ **genetic disease** ☐ **deafness before age five** ☐ **sudden infant death syndrome**
Is this visit related to a deployment?	**Did your child receive the hepatitis shot at birth?**

DIET

BREAST MILK	**FORMULA**



21st MDG HEALTH MAINTENANCE EVALUATION: PETERSON CLINIC

Pediatric Rash Symptom Questionnaire

Patient	Appointment time	Time arrived	Provider	Age

Wt

T

RR

Pox

HR

BP

1. Why are we seeing your child today?

2. Who is accompanying the patient to this visit? (mom, dad, guardian, etc.)

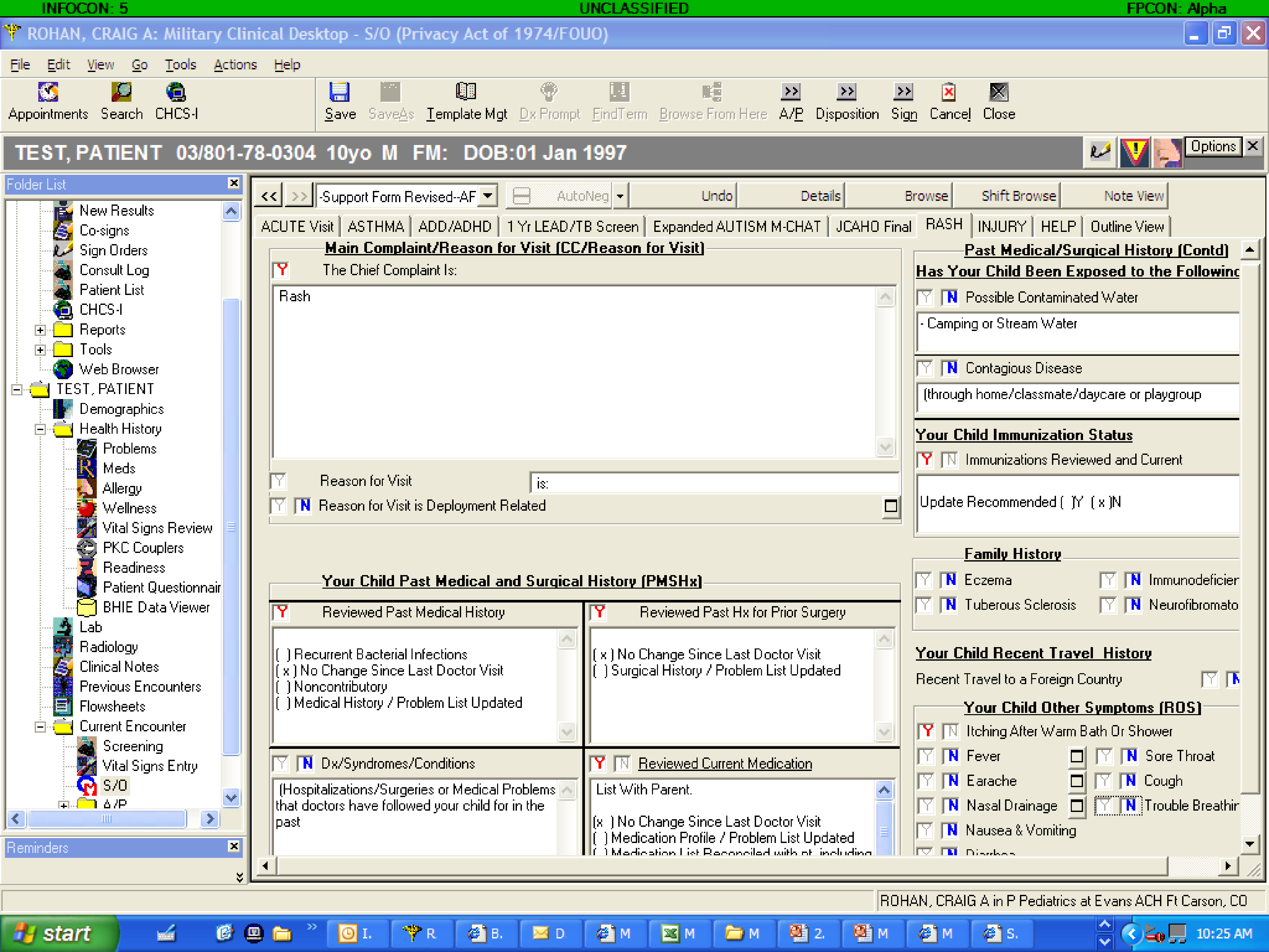
3. When did these symptoms begin?

4. Has your child been seen for these symptoms before at this or another clinic or ER?

Review of Systems	*Yes (please specify)*	*No*
Is this your first visit to **THIS** specific clinic?		
Fever? Please circle how you checked it: **Felt warm /Rectal/ Ear/ Mouth/Armpit** ***Highest*** **Temperature:**		
Has this rash been present at other times in patient's life?		
Is the rash painful?		
Is the rash itchy?		
Does the rash get worse after taking a bath or shower?		
History of development problems?		
History of seizures?		
History of immune system problems or immunodeficiency?		
Diarrhea?		
Cough?		

Default Technician Template

- The technician’s default template coordinates with overprints the patients fill out at arrival to the clinic.
- The technician A/P section includes preventive care, vaccines, smoking counseling, etc.
- Parallel work with provider (immunizations, pulmonary function tests, screening tests may be given if provider is running behind).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FPCON: Alpha
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Appointments Search CHCS-I
Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close
Options
Folder List
New Results
Co-signs
Sign Orders
Consult Log
Patient List
CHCS-I
Reports
Tools
Web Browser
TEST, PATIENT
Demographics
Health History
Problems
Meds
Allergy
Wellness
Vital Signs Review
PKC Couplers
Readiness
Patient Questionnair
BHIE Data Viewer
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Reminders
-Support Form Revised--AF
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
ACUTE Visit
ASTHMA
ADD/ADHD
1 Yr LEAD/TB Screen
Expanded AUTISM M-CHAT
JCAHO Final
RASH
INJURY
HELP
Outline View
start
10:25 AM

TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

Main Complaint/Reason for Visit (CC/Reason for Visit)

Y The Chief Complaint Is:

Rash

Y Reason for Visit is:

Y N Reason for Visit is Deployment Related

Your Child Past Medical and Surgical History (PMSHx)

Y Reviewed Past Medical History

( ) Recurrent Bacterial Infections
(x) No Change Since Last Doctor Visit
( ) Noncontributory
( ) Medical History / Problem List Updated

Y Reviewed Past Hx for Prior Surgery

(x) No Change Since Last Doctor Visit
( ) Surgical History / Problem List Updated

Y N Dx/Syndromes/Conditions

(Hospitalizations/Surgeries or Medical Problems that doctors have followed your child for in the past

Y N Reviewed Current Medication

List With Parent.

(x) No Change Since Last Doctor Visit
( ) Medication Profile / Problem List Updated
( ) Medication List Reconciled with pt, including

Past Medical/Surgical History (Contd)

Has Your Child Been Exposed to the Followinc

Y N Possible Contaminated Water

- Camping or Stream Water

Y N Contagious Disease

(through home/classmate/daycare or playgroup

Your Child Immunization Status

Y N Immunizations Reviewed and Current

Update Recommended ( )Y (x)N

Family History

Y N Eczema
Y N Immunodeficier
Y N Tuberous Sclerosis
Y N Neurofibromato

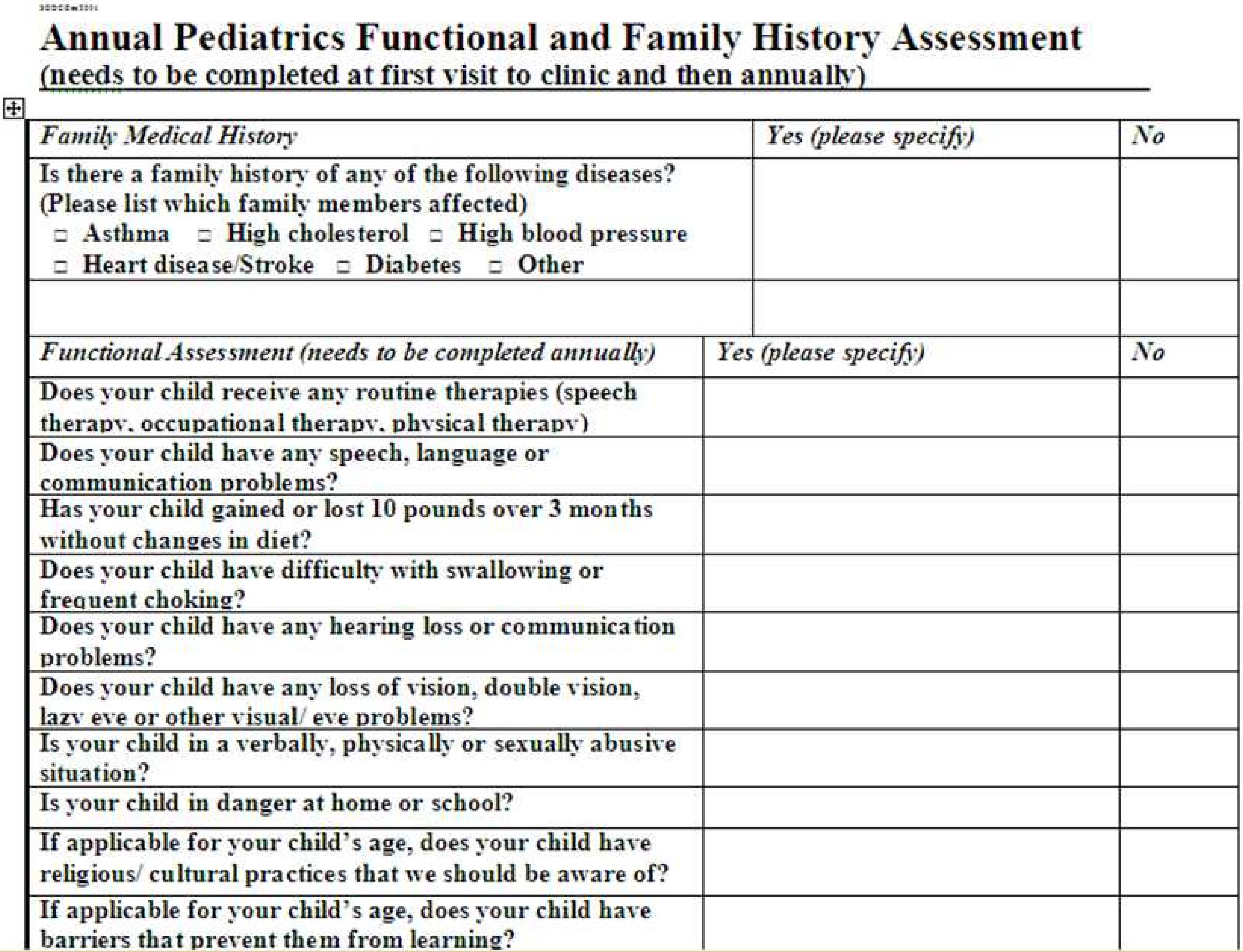
Your Child Recent Travel History

Recent Travel to a Foreign Country Y N

Your Child Other Symptoms (ROS)

Y N Itching After Warm Bath Or Shower
Y N Fever ☐ Y N Sore Throat
Y N Earache ☐ Y N Cough
Y N Nasal Drainage ☐ Y N Trouble Breathir
Y N Nausea & Vomiting
Y N Diarrhea

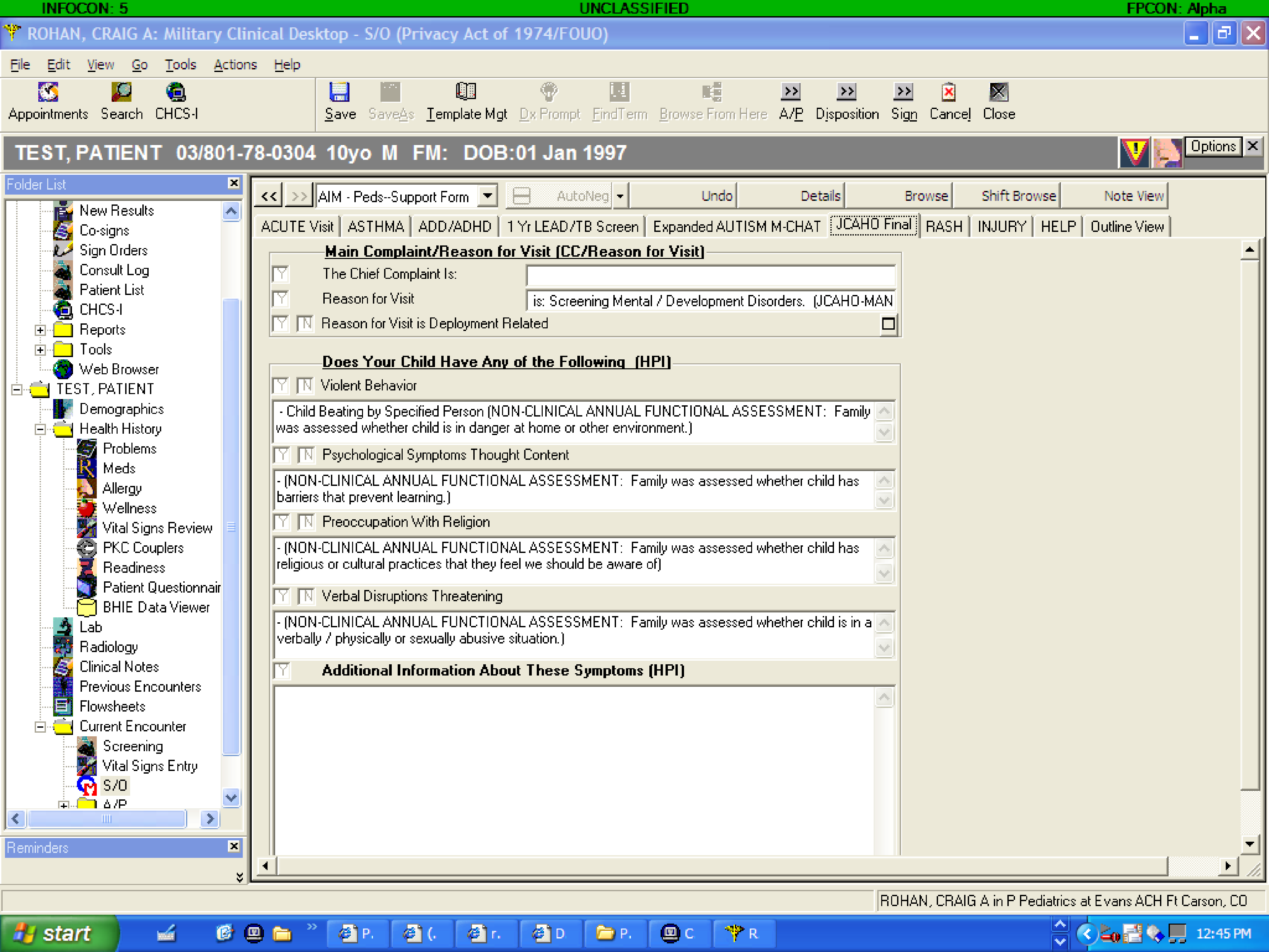
ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO



Annual Pediatrics Functional and Family History Assessment

(needs to be completed at first visit to clinic and then annually)

Family Medical History	*Yes (please specify)*	*No*
Is there a family history of any of the following diseases? (Please list which family members affected) ☐ Asthma ☐ High cholesterol ☐ High blood pressure ☐ Heart disease/Stroke ☐ Diabetes ☐ Other		
Functional Assessment (needs to be completed annually)	*Yes (please specify)*	*No*
Does your child receive any routine therapies (speech therapy, occupational therapy, physical therapy)		
Does your child have any speech, language or communication problems?		
Has your child gained or lost 10 pounds over 3 months without changes in diet?		
Does your child have difficulty with swallowing or frequent choking?		
Does your child have any hearing loss or communication problems?		
Does your child have any loss of vision, double vision, lazy eye or other visual/ eye problems?		
Is your child in a verbally, physically or sexually abusive situation?		
Is your child in danger at home or school?		
If applicable for your child's age, does your child have religious/ cultural practices that we should be aware of?		
If applicable for your child's age, does your child have barriers that prevent them from learning?		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UNCLASSIFIED
FPCON: Alpha
ROHAN, CRAIG A: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)
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FindTerm
Browse From Here
A/P
Disposition
Sign
Cancel
Close
Options
Folder List
New Results
Co-signs
Sign Orders
Consult Log
Patient List
CHCS-I
Reports
Tools
Web Browser
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Demographics
Health History
Problems
Meds
Allergy
Wellness
Vital Signs Review
PKC Couplers
Readiness
Patient Questionnair
BHIE Data Viewer
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Reminders
<<
>>
AIM - Peds--Support Form
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
ACUTE Visit
ASTHMA
ADD/ADHD
1 Yr LEAD/TB Screen
Expanded AUTISM M-CHAT
JCAHO Final
RASH
INJURY
HELP
Outline View
ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO
start
12:45 PM

TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

Main Complaint/Reason for Visit (CC/Reason for Visit)

Y The Chief Complaint Is:

Y Reason for Visit: is: Screening Mental / Development Disorders. (JCAHO-MAN

Y N Reason for Visit is Deployment Related ☐

Does Your Child Have Any of the Following (HPI)

Y N Violent Behavior

- Child Beating by Specified Person (NON-CLINICAL ANNUAL FUNCTIONAL ASSESSMENT: Family was assessed whether child is in danger at home or other environment.)

Y N Psychological Symptoms Thought Content

- (NON-CLINICAL ANNUAL FUNCTIONAL ASSESSMENT: Family was assessed whether child has barriers that prevent learning.)

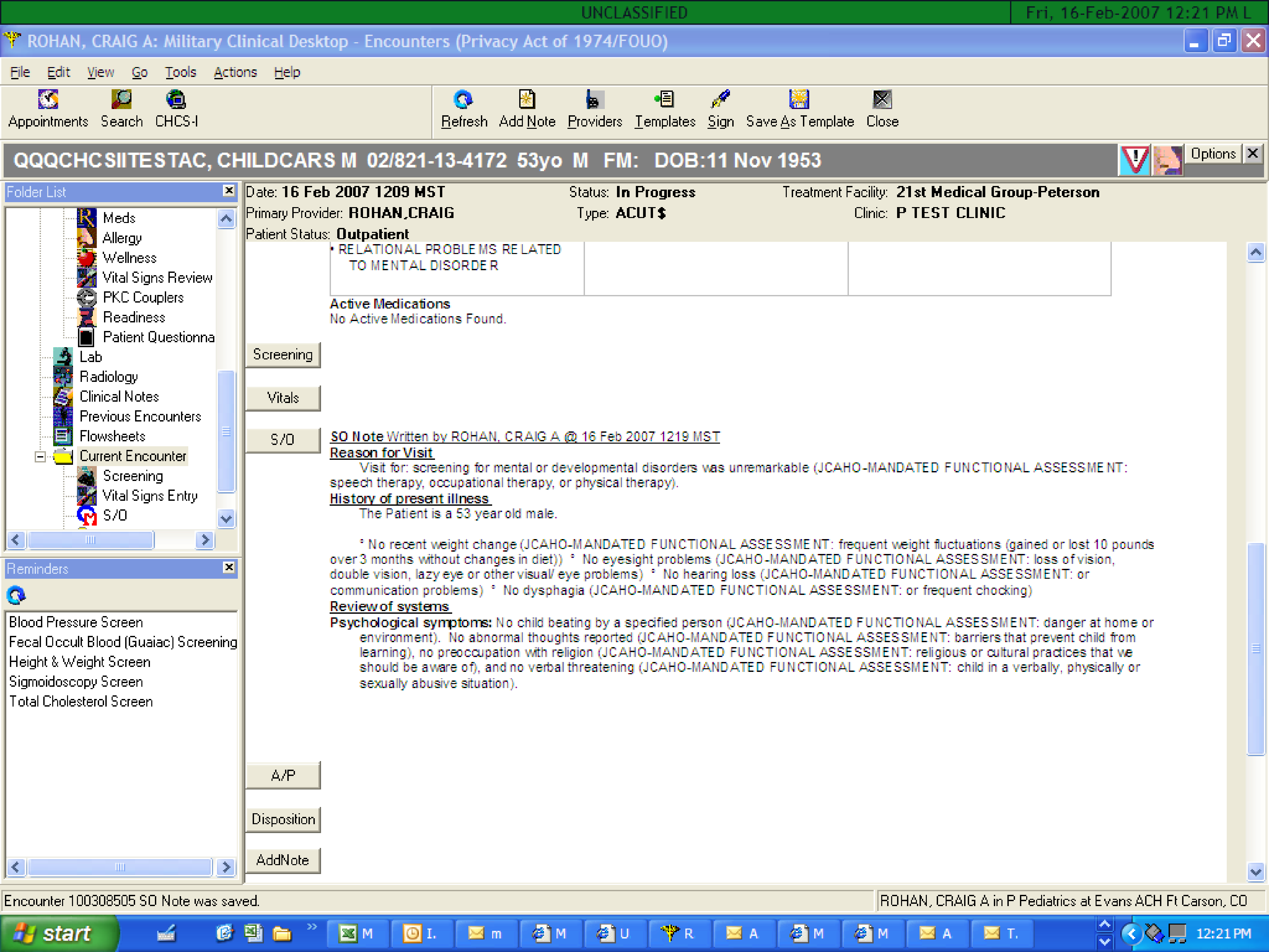
Y N Preoccupation With Religion

- (NON-CLINICAL ANNUAL FUNCTIONAL ASSESSMENT: Family was assessed whether child has religious or cultural practices that they feel we should be aware of)

Y N Verbal Disruptions Threatening

- (NON-CLINICAL ANNUAL FUNCTIONAL ASSESSMENT: Family was assessed whether child is in a verbally / physically or sexually abusive situation.)

Y **Additional Information About These Symptoms (HPI)**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Providers
Templates
Sign
Save As Template
Close
Options
Folder List
Meds
Allergy
Wellness
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
Reminders
Screening
Vitals
S/O
A/P
Disposition
AddNote
start
12:21 PM

QQQCHCSIITESTAC, CHILDCARS M 02/821-13-4172 53yo M FM: DOB:11 Nov 1953

Date: **16 Feb 2007 1209 MST** Status: **In Progress** Treatment Facility: **21st Medical Group-Peterson**
Primary Provider: **ROHAN,CRAIG** Type: **ACUT$** Clinic: **P TEST CLINIC**
Patient Status: **Outpatient**

- RELATIONAL PROBLEMS RELATED TO MENTAL DISORDER

Active Medications
No Active Medications Found.

SO Note Written by ROHAN, CRAIG A @ 16 Feb 2007 1219 MST

Reason for Visit
Visit for: screening for mental or developmental disorders was unremarkable (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: speech therapy, occupational therapy, or physical therapy).

History of present illness
The Patient is a 53 year old male.

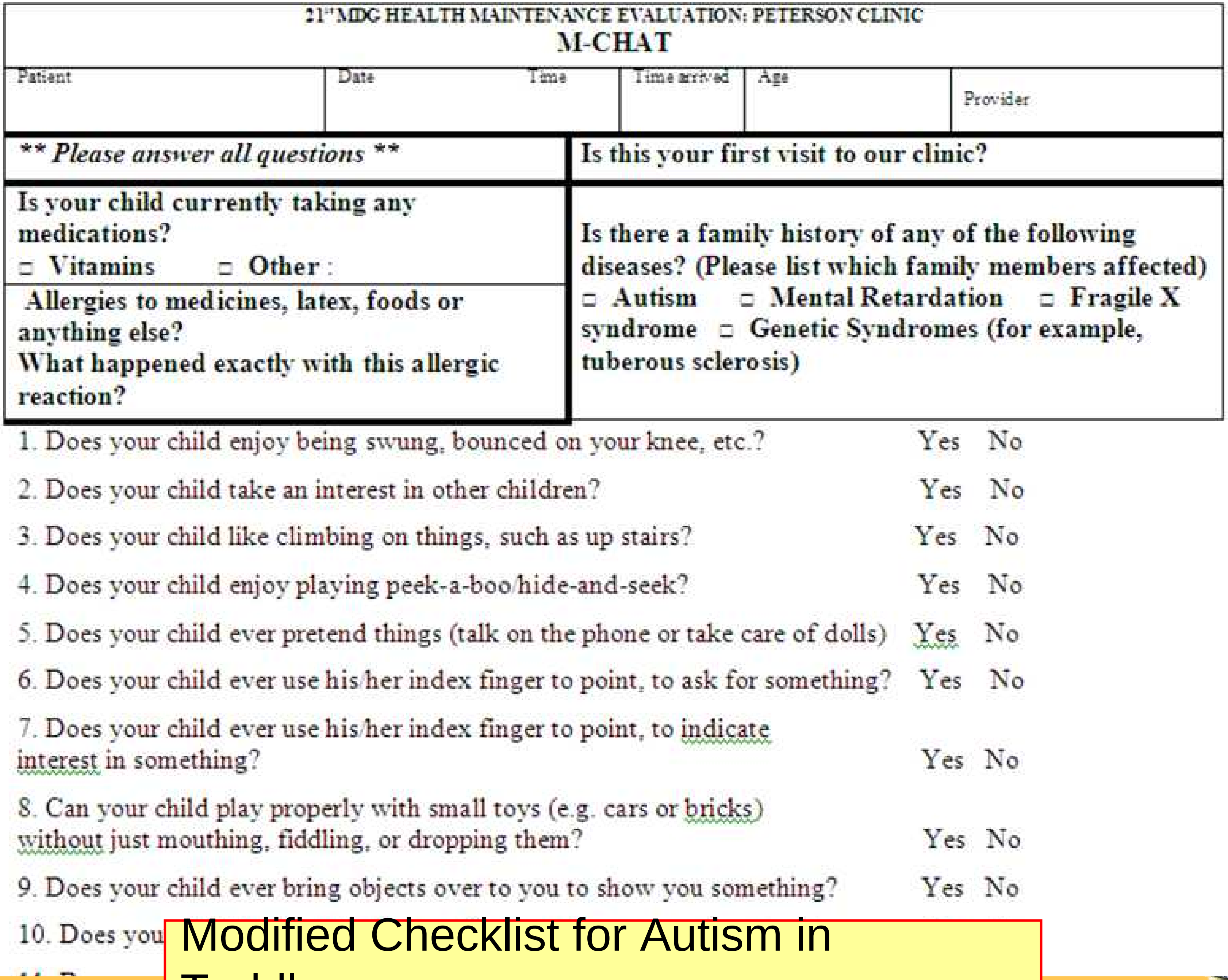
• No recent weight change (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: frequent weight fluctuations (gained or lost 10 pounds over 3 months without changes in diet)) • No eyesight problems (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: loss of vision, double vision, lazy eye or other visual/ eye problems) • No hearing loss (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: or communication problems) • No dysphagia (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: or frequent chocking)

Review of systems
Psychological symptoms: No child beating by a specified person (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: danger at home or environment). No abnormal thoughts reported (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: barriers that prevent child from learning), no preoccupation with religion (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: religious or cultural practices that we should be aware of), and no verbal threatening (JCAHO-MANDATED FUNCTIONAL ASSESSMENT: child in a verbally, physically or sexually abusive situation).

Reminders:
- Blood Pressure Screen
- Fecal Occult Blood (Guaiac) Screening
- Height & Weight Screen
- Sigmoidoscopy Screen
- Total Cholesterol Screen

Encounter 100308505 SO Note was saved.

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO



21stMDG HEALTH MAINTENANCE EVALUATION: PETERSON CLINIC

M-CHAT

Patient	Date	Time	Time arrived	Age	Provider

*** Please answer all questions ***

Is this your first visit to our clinic?

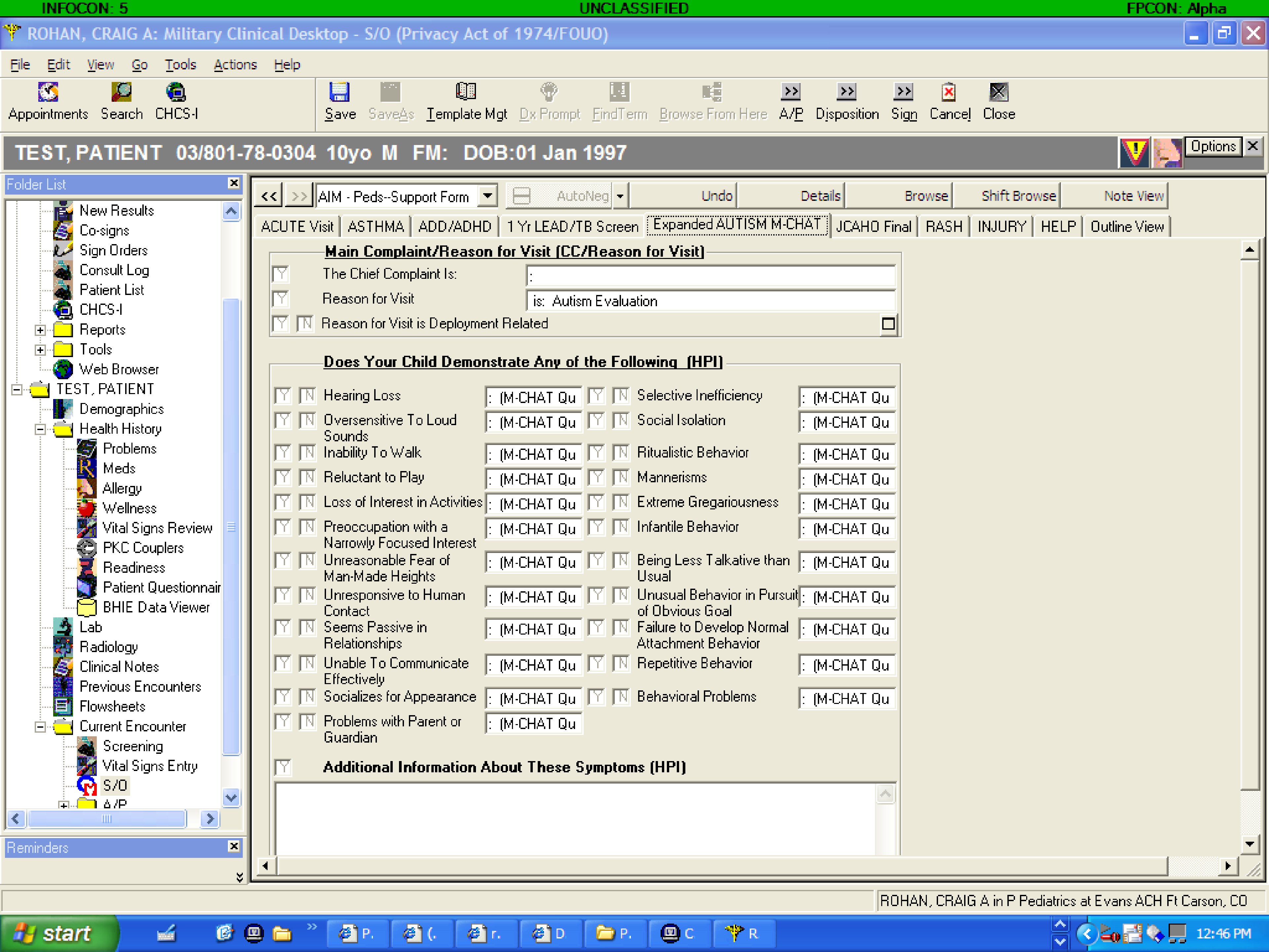
Is your child currently taking any medications?
☐ Vitamins ☐ Other :

Allergies to medicines, latex, foods or anything else?
What happened exactly with this allergic reaction?

Is there a family history of any of the following diseases? (Please list which family members affected)
☐ Autism ☐ Mental Retardation ☐ Fragile X syndrome ☐ Genetic Syndromes (for example, tuberous sclerosis)

1. Does your child enjoy being swung, bounced on your knee, etc.?	Yes	No
2. Does your child take an interest in other children?	Yes	No
3. Does your child like climbing on things, such as up stairs?	Yes	No
4. Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes	No
5. Does your child ever pretend things (talk on the phone or take care of dolls)	Yes	No
6. Does your child ever use his/her index finger to point, to ask for something?	Yes	No
7. Does your child ever use his/her index finger to point, to indicate interest in something?	Yes	No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?	Yes	No
9. Does your child ever bring objects over to you to show you something?	Yes	No
10. Does you		

Modified Checklist for Autism in Toddlers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Expanded AUTISM M-CHAT
JCAHO Final
RASH
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HELP
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TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

Main Complaint/Reason for Visit (CC/Reason for Visit)

Y The Chief Complaint Is: :

Y Reason for Visit is: Autism Evaluation

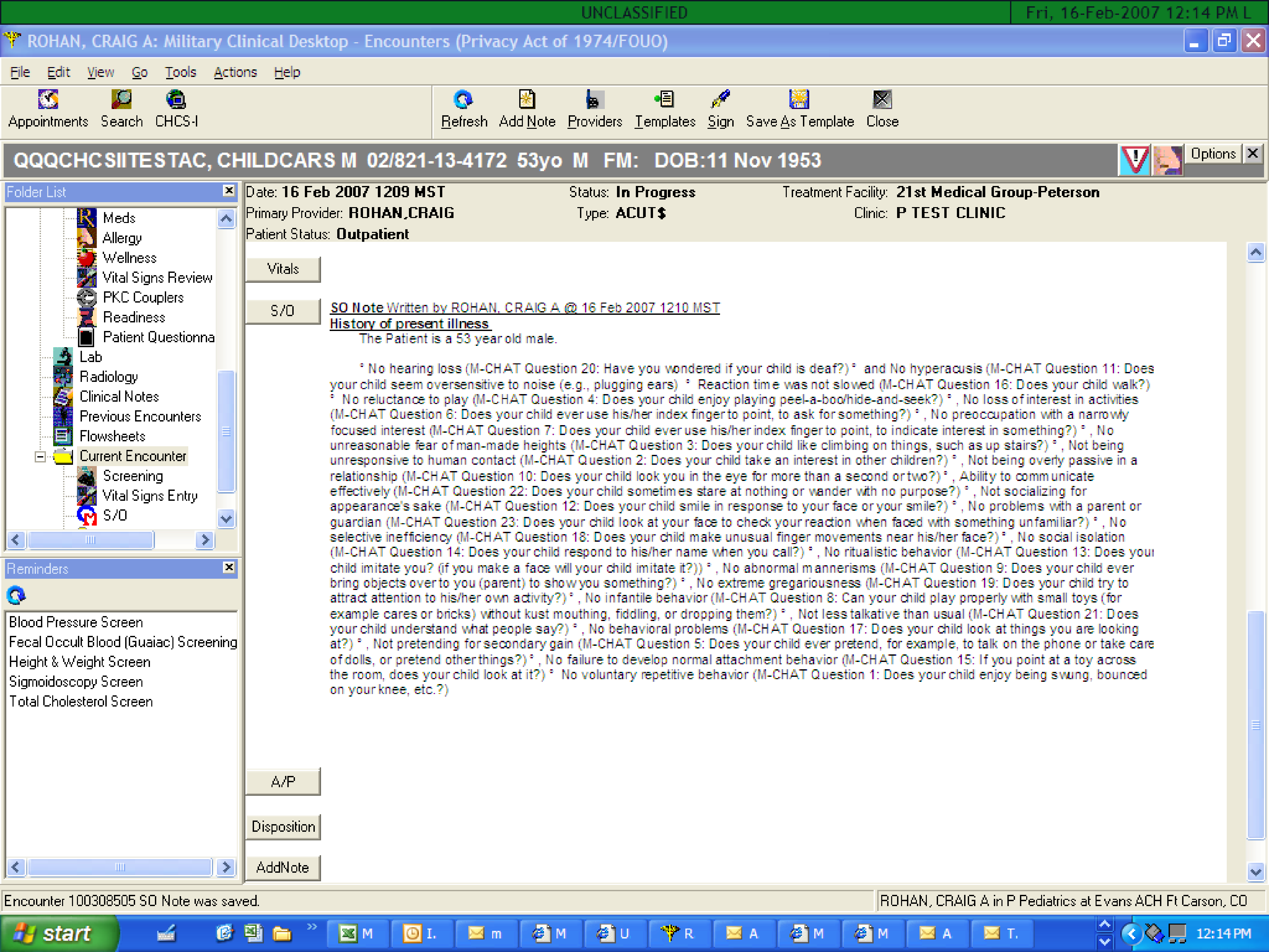
Y N Reason for Visit is Deployment Related ☐

Does Your Child Demonstrate Any of the Following (HPI)

Y N Hearing Loss	: (M-CHAT Qu	Y N Selective Inefficiency	: (M-CHAT Qu
Y N Oversensitive To Loud Sounds	: (M-CHAT Qu	Y N Social Isolation	: (M-CHAT Qu
Y N Inability To Walk	: (M-CHAT Qu	Y N Ritualistic Behavior	: (M-CHAT Qu
Y N Reluctant to Play	: (M-CHAT Qu	Y N Mannerisms	: (M-CHAT Qu
Y N Loss of Interest in Activities	: (M-CHAT Qu	Y N Extreme Gregariousness	: (M-CHAT Qu
Y N Preoccupation with a Narrowly Focused Interest	: (M-CHAT Qu	Y N Infantile Behavior	: (M-CHAT Qu
Y N Unreasonable Fear of Man-Made Heights	: (M-CHAT Qu	Y N Being Less Talkative than Usual	: (M-CHAT Qu
Y N Unresponsive to Human Contact	: (M-CHAT Qu	Y N Unusual Behavior in Pursuit of Obvious Goal	: (M-CHAT Qu
Y N Seems Passive in Relationships	: (M-CHAT Qu	Y N Failure to Develop Normal Attachment Behavior	: (M-CHAT Qu
Y N Unable To Communicate Effectively	: (M-CHAT Qu	Y N Repetitive Behavior	: (M-CHAT Qu
Y N Socializes for Appearance	: (M-CHAT Qu	Y N Behavioral Problems	: (M-CHAT Qu
Y N Problems with Parent or Guardian	: (M-CHAT Qu		

Y **Additional Information About These Symptoms (HPI)**

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO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QQQCHCSIITESTAC, CHILDCARS M 02/821-13-4172 53yo M FM: DOB:11 Nov 1953

Date: **16 Feb 2007 1209 MST**
Status: **In Progress**
Treatment Facility: **21st Medical Group-Peterson**
Primary Provider: **ROHAN,CRAIG**
Type: **ACUT$**
Clinic: **P TEST CLINIC**
Patient Status: **Outpatient**

SO Note Written by ROHAN, CRAIG A @ 16 Feb 2007 1210 MST

History of present illness

The Patient is a 53 year old male.

° No hearing loss (M-CHAT Question 20: Have you wondered if your child is deaf?) ° and No hyperacusis (M-CHAT Question 11: Does your child seem oversensitive to noise (e.g., plugging ears) ° Reaction time was not slowed (M-CHAT Question 16: Does your child walk?) ° No reluctance to play (M-CHAT Question 4: Does your child enjoy playing peel-a-boo/hide-and-seek?) ° , No loss of interest in activities (M-CHAT Question 6: Does your child ever use his/her index finger to point, to ask for something?) ° , No preoccupation with a narrowly focused interest (M-CHAT Question 7: Does your child ever use his/her index finger to point, to indicate interest in something?) ° , No unreasonable fear of man-made heights (M-CHAT Question 3: Does your child like climbing on things, such as up stairs?) ° , Not being unresponsive to human contact (M-CHAT Question 2: Does your child take an interest in other children?) ° , Not being overly passive in a relationship (M-CHAT Question 10: Does your child look you in the eye for more than a second or two?) ° , Ability to communicate effectively (M-CHAT Question 22: Does your child sometimes stare at nothing or wander with no purpose?) ° , Not socializing for appearance's sake (M-CHAT Question 12: Does your child smile in response to your face or your smile?) ° , No problems with a parent or guardian (M-CHAT Question 23: Does your child look at your face to check your reaction when faced with something unfamiliar?) ° , No selective inefficiency (M-CHAT Question 18: Does your child make unusual finger movements near his/her face?) ° , No social isolation (M-CHAT Question 14: Does your child respond to his/her name when you call?) ° , No ritualistic behavior (M-CHAT Question 13: Does your child imitate you? (if you make a face will your child imitate it?)) ° , No abnormal mannerisms (M-CHAT Question 9: Does your child ever bring objects over to you (parent) to show you something?) ° , No extreme gregariousness (M-CHAT Question 19: Does your child try to attract attention to his/her own activity?) ° , No infantile behavior (M-CHAT Question 8: Can your child play properly with small toys (for example cares or bricks) without kust mouthing, fiddling, or dropping them?) ° , Not less talkative than usual (M-CHAT Question 21: Does your child understand what people say?) ° , No behavioral problems (M-CHAT Question 17: Does your child look at things you are looking at?) ° , Not pretending for secondary gain (M-CHAT Question 5: Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?) ° , No failure to develop normal attachment behavior (M-CHAT Question 15: If you point at a toy across the room, does your child look at it?) ° No voluntary repetitive behavior (M-CHAT Question 1: Does your child enjoy being swung, bounced on your knee, etc.?)

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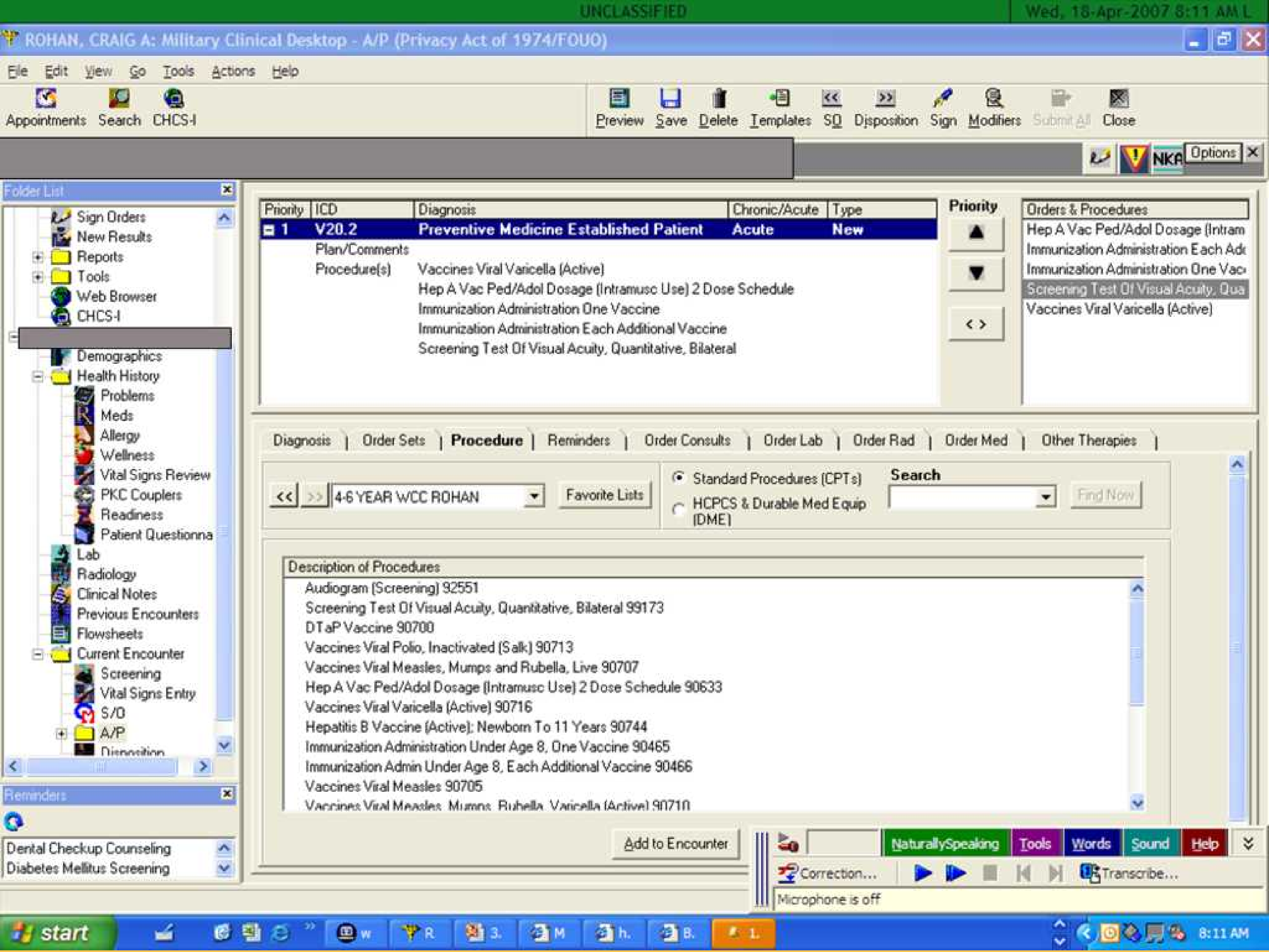
ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO



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Reminders:

- Dental Checkup Counseling
- Diabetes Mellitus Screening

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	V20.2	Preventive Medicine Established Patient	Acute	New

Plan/Comments

Procedure(s)
Vaccines Viral Varicella (Active)
Hep A Vac Ped/Adol Dosage (Intramusc Use) 2 Dose Schedule
Immunization Administration One Vaccine
Immunization Administration Each Additional Vaccine
Screening Test Of Visual Acuity, Quantitative, Bilateral

Orders & Procedures
- Hep A Vac Ped/Adol Dosage (Intram
- Immunization Administration Each Adc
- Immunization Administration One Vacc
- Screening Test Of Visual Acuity, Qua
- Vaccines Viral Varicella (Active)

4-6 YEAR WCC ROHAN

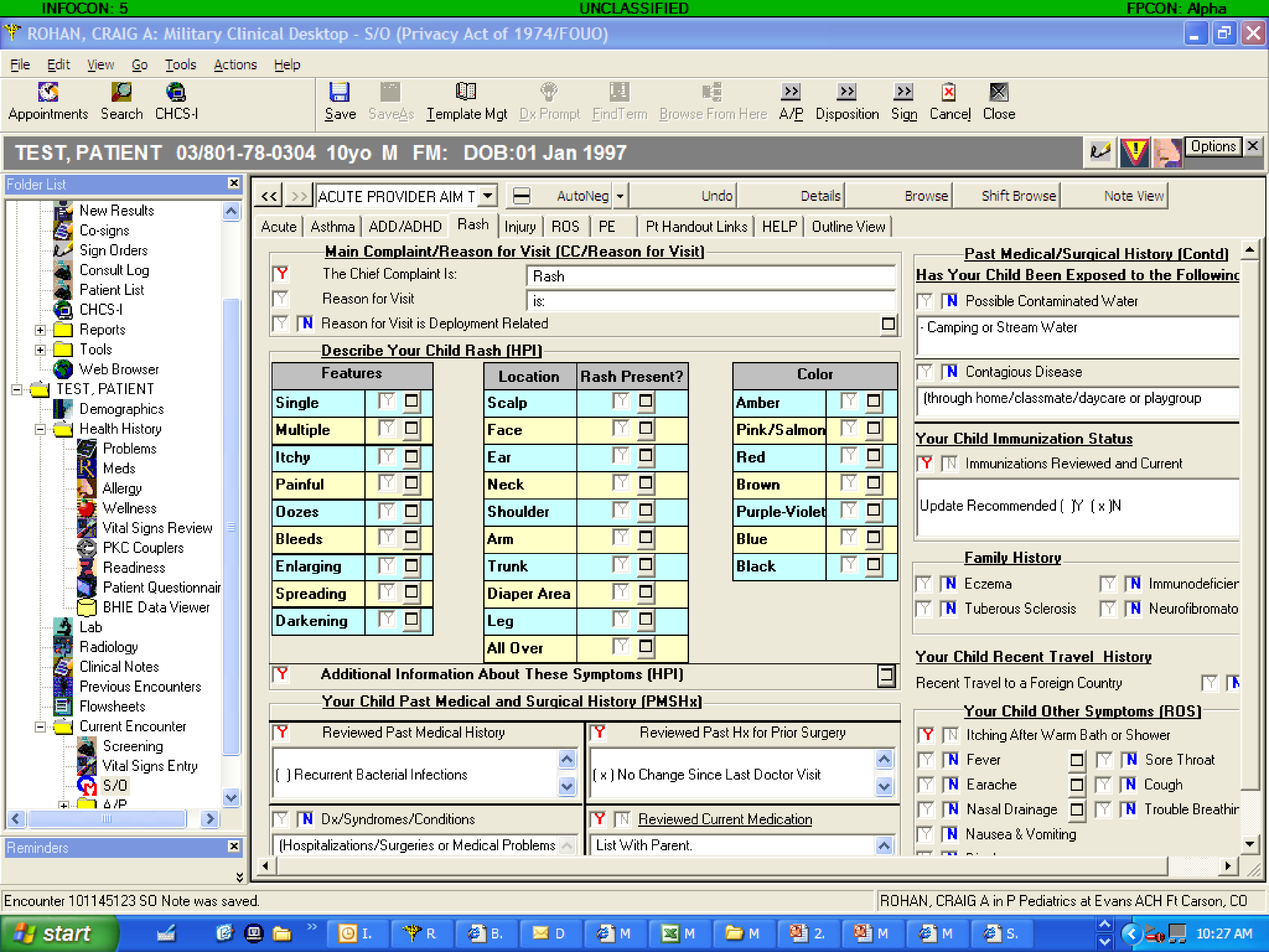
● Standard Procedures (CPTs)
○ HCPCS & Durable Med Equip (DME)

Description of Procedures
- Audiogram (Screening) 92551
- Screening Test Of Visual Acuity, Quantitative, Bilateral 99173
- DTaP Vaccine 90700
- Vaccines Viral Polio, Inactivated (Salk) 90713
- Vaccines Viral Measles, Mumps and Rubella, Live 90707
- Hep A Vac Ped/Adol Dosage (Intramusc Use) 2 Dose Schedule 90633
- Vaccines Viral Varicella (Active) 90716
- Hepatitis B Vaccine (Active): Newborn To 11 Years 90744
- Immunization Administration Under Age 8, One Vaccine 90465
- Immunization Admin Under Age 8, Each Additional Vaccine 90466
- Vaccines Viral Measles 90705
- Vaccines Viral Measles, Mumps, Rubella, Varicella (Active) 90710

Microphone is off

Default Provider Template

- Provider template includes everything entered by the technician (in a format that is easy to review and/or modify).
- Provider template also includes the physical exam, expanded review of systems as well as links for relevant patient handouts.
- Optimized for dragon dictation
- Provider's A/P section includes weight-based order sets that were set up in conjunction with pharmacy staff (pt safety, pharmacy convenience with bottle sizes, etc.)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TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

Main Complaint/Reason for Visit (CC/Reason for Visit)

Y The Chief Complaint Is: Rash

Y Reason for Visit is:

Y N Reason for Visit is Deployment Related ☐

Describe Your Child Rash (HPI)

Features		
Single	Y	☐
Multiple	Y	☐
Itchy	Y	☐
Painful	Y	☐
Oozes	Y	☐
Bleeds	Y	☐
Enlarging	Y	☐
Spreading	Y	☐
Darkening	Y	☐

Location	Rash Present?	
Scalp	Y	☐
Face	Y	☐
Ear	Y	☐
Neck	Y	☐
Shoulder	Y	☐
Arm	Y	☐
Trunk	Y	☐
Diaper Area	Y	☐
Leg	Y	☐
All Over	Y	☐

Color		
Amber	Y	☐
Pink/Salmon	Y	☐
Red	Y	☐
Brown	Y	☐
Purple-Violet	Y	☐
Blue	Y	☐
Black	Y	☐

Y **Additional Information About These Symptoms (HPI)** ☐

Your Child Past Medical and Surgical History (PMSHx)

Y Reviewed Past Medical History

( ) Recurrent Bacterial Infections

Y Reviewed Past Hx for Prior Surgery

(x) No Change Since Last Doctor Visit

Y N Dx/Syndromes/Conditions

(Hospitalizations/Surgeries or Medical Problems

Y N Reviewed Current Medication

List With Parent.

Past Medical/Surgical History (Contd)

Has Your Child Been Exposed to the Followinc

Y N Possible Contaminated Water

- Camping or Stream Water

Y N Contagious Disease

(through home/classmate/daycare or playgroup

Your Child Immunization Status

Y N Immunizations Reviewed and Current

Update Recommended ( )Y (x)N

Family History

Y N Eczema

Y N Immunodeficier

Y N Tuberous Sclerosis

Y N Neurofibromato

Your Child Recent Travel History

Recent Travel to a Foreign Country Y N

Your Child Other Symptoms (ROS)

Y N Itching After Warm Bath or Shower

Y N Fever ☐

Y N Sore Throat

Y N Earache ☐

Y N Cough

Y N Nasal Drainage ☐

Y N Trouble Breathir

Y N Nausea & Vomiting

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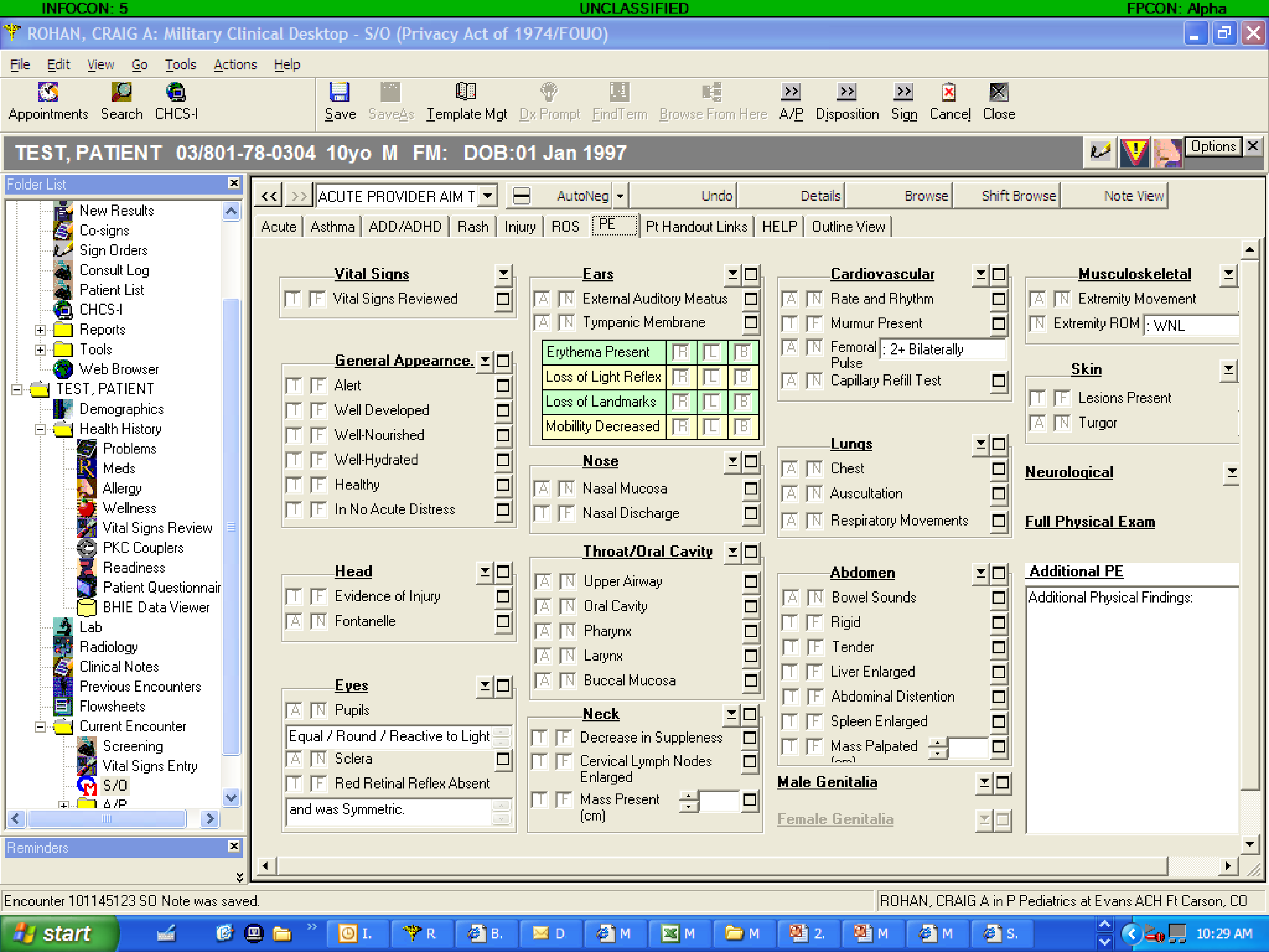
ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO



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TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

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Asthma
ADD/ADHD
Rash
Injury
ROS
PE
Pt Handout Links
HELP
Outline View

Vital Signs
- Vital Signs Reviewed

General Appearnce.
- Alert
- Well Developed
- Well-Nourished
- Well-Hydrated
- Healthy
- In No Acute Distress

Head
- Evidence of Injury
- Fontanelle

Eyes
- Pupils: Equal / Round / Reactive to Light
- Sclera
- Red Retinal Reflex Absent

and was Symmetric.

Ears
- External Auditory Meatus
- Tympanic Membrane

	R	L	B
Erythema Present	R	L	B
Loss of Light Reflex	R	L	B
Loss of Landmarks	R	L	B
Mobility Decreased	R	L	B

Nose
- Nasal Mucosa
- Nasal Discharge

Throat/Oral Cavity
- Upper Airway
- Oral Cavity
- Pharynx
- Larynx
- Buccal Mucosa

Neck
- Decrease in Suppleness
- Cervical Lymph Nodes Enlarged
- Mass Present (cm)

Cardiovascular
- Rate and Rhythm
- Murmur Present
- Femoral Pulse: 2+ Bilaterally
- Capillary Refill Test

Lungs
- Chest
- Auscultation
- Respiratory Movements

Abdomen
- Bowel Sounds
- Rigid
- Tender
- Liver Enlarged
- Abdominal Distention
- Spleen Enlarged
- Mass Palpated (cm)

Male Genitalia

Female Genitalia

Musculoskeletal
- Extremity Movement
- Extremity ROM: WNL

Skin
- Lesions Present
- Turgor

Neurological

Full Physical Exam

Additional PE

Additional Physical Findings:

Encounter 101145123 SO Note was saved.

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO

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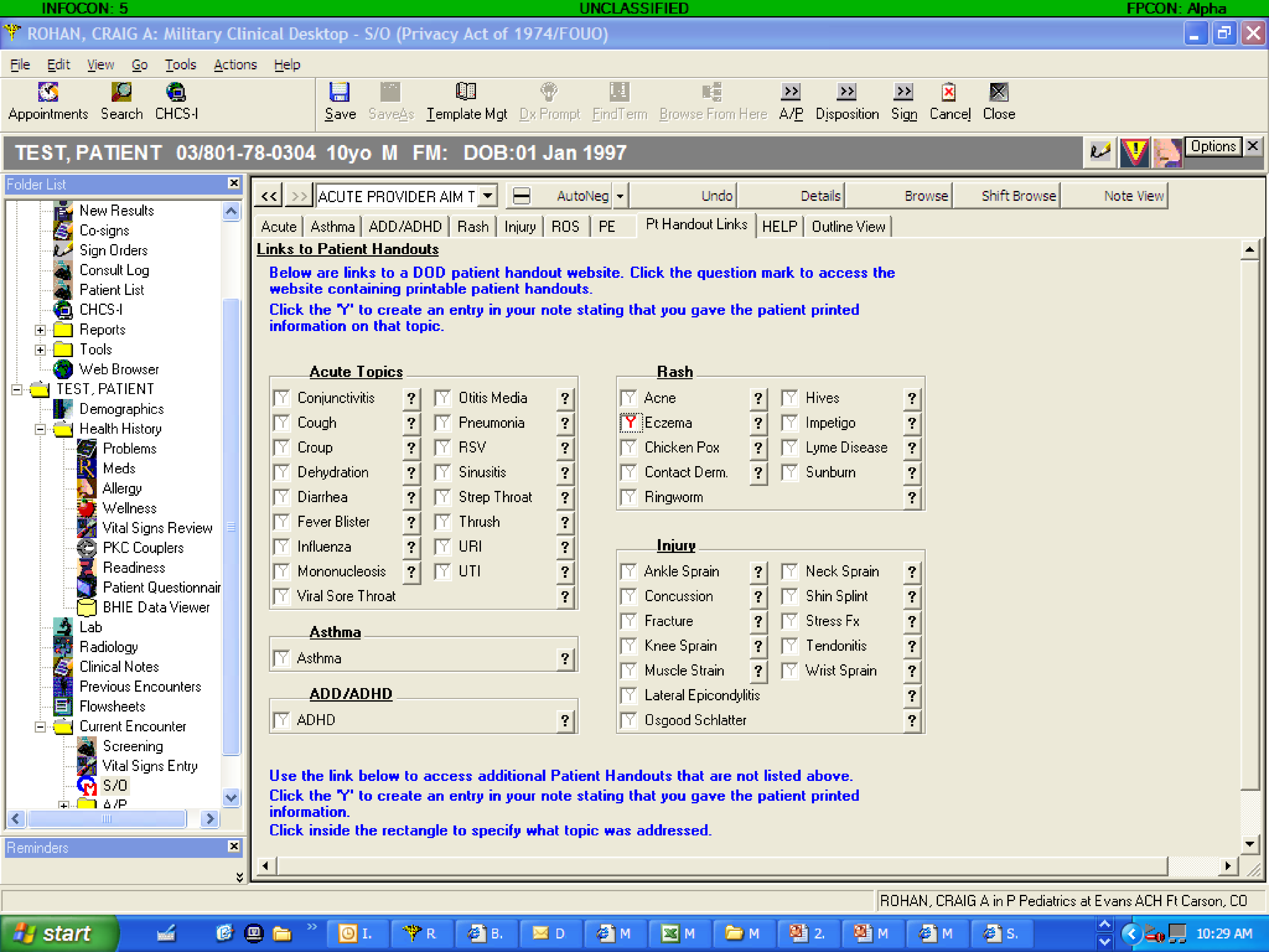
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TEST, PATIENT 03/801-78-0304 10yo M FM: DOB:01 Jan 1997

Links to Patient Handouts

Below are links to a DOD patient handout website. Click the question mark to access the website containing printable patient handouts.

Click the 'Y' to create an entry in your note stating that you gave the patient printed information on that topic.

Acute Topics

- Y Conjunctivitis ?
- Y Cough ?
- Y Croup ?
- Y Dehydration ?
- Y Diarrhea ?
- Y Fever Blister ?
- Y Influenza ?
- Y Mononucleosis ?
- Y Viral Sore Throat ?
- Y Otitis Media ?
- Y Pneumonia ?
- Y RSV ?
- Y Sinusitis ?
- Y Strep Throat ?
- Y Thrush ?
- Y URI ?
- Y UTI ?

Asthma

- Y Asthma ?

ADD/ADHD

- Y ADHD ?

Rash

- Y Acne ?
- Y Eczema ?
- Y Chicken Pox ?
- Y Contact Derm. ?
- Y Ringworm ?
- Y Hives ?
- Y Impetigo ?
- Y Lyme Disease ?
- Y Sunburn ?

Injury

- Y Ankle Sprain ?
- Y Concussion ?
- Y Fracture ?
- Y Knee Sprain ?
- Y Muscle Strain ?
- Y Lateral Epicondylitis ?
- Y Osgood Schlatter ?
- Y Neck Sprain ?
- Y Shin Splint ?
- Y Stress Fx ?
- Y Tendonitis ?
- Y Wrist Sprain ?

Use the link below to access additional Patient Handouts that are not listed above.

Click the 'Y' to create an entry in your note stating that you gave the patient printed information.

Click inside the rectangle to specify what topic was addressed.

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO

Weight Based Order Sets

Amoxicillin tablets

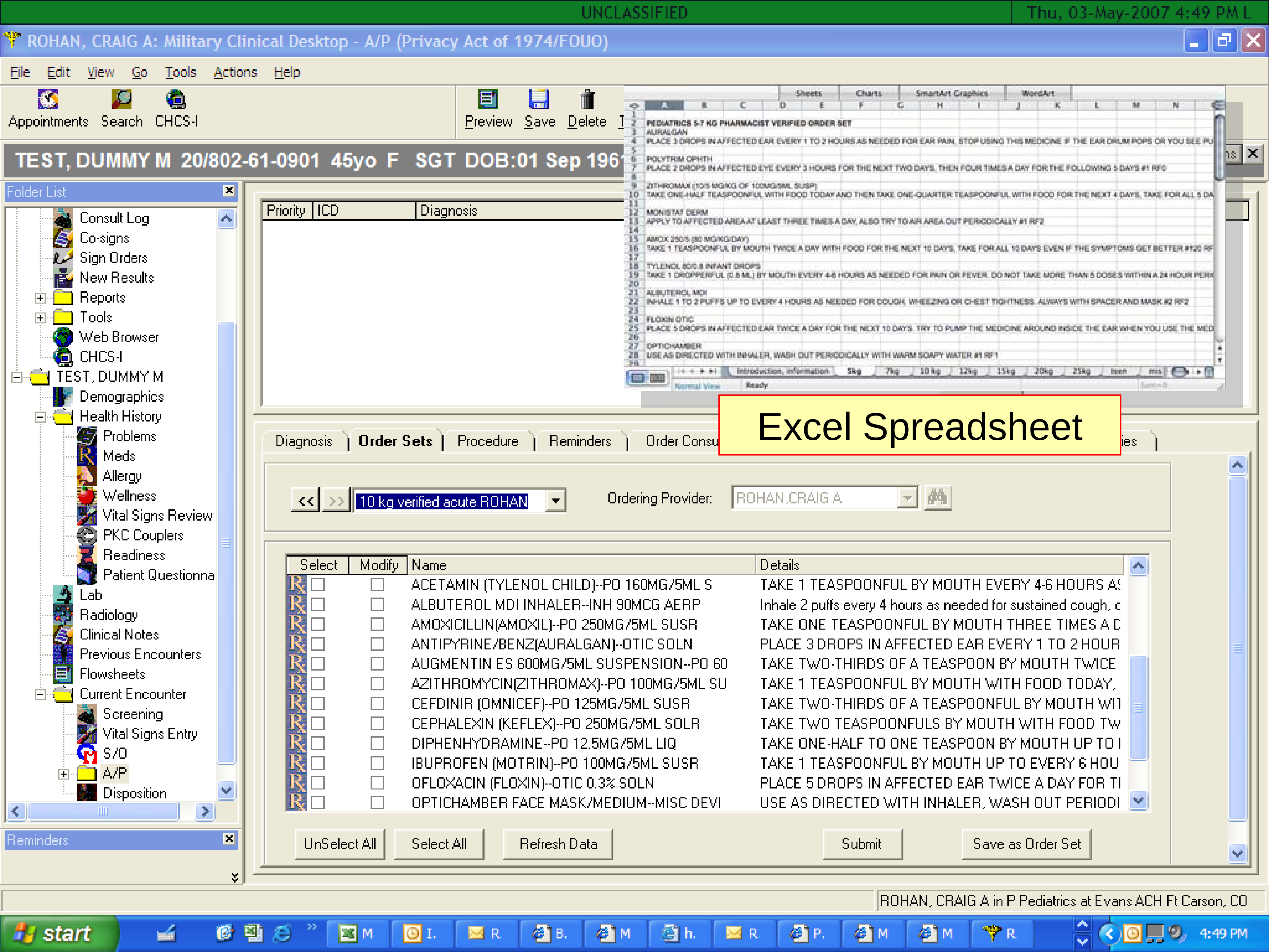
- **Instead of “1 tab orally twice a day for 10 days”**
- **“1 tab by mouth, with food, twice a day for 10 days. Take for all 10 days even if your symptoms get better”**

Auralgan (ear numbing drops)

- **Instead of “Apply to affected area as directed”**
- **“Put 3 drops in the ear that hurts, if the eardrum tears and you see pus come out of ear stop using this medicine”**

Tylenol suspension

- **Instead of “1 tsp orally every 4-6 hours as needed”**
- **“1 teaspoon by mouth every 4-6 hours as needed for fever or discomfort. Maximum of 5 doses within a 24 hour period”**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TEST, DUMMY M 20/802-61-0901 45yo F SGT DOB:01 Sep 196

Excel Spreadsheet

PEDIATRICS 5-7 KG PHARMACIST VERIFIED ORDER SET
AURALGAN
PLACE 3 DROPS IN AFFECTED EAR EVERY 1 TO 2 HOURS AS NEEDED FOR EAR PAIN, STOP USING THIS MEDICINE IF THE EAR DRUM POPS OR YOU SEE PU

POLYTRIM OPHTH
PLACE 2 DROPS IN AFFECTED EYE EVERY 3 HOURS FOR THE NEXT TWO DAYS, THEN FOUR TIMES A DAY FOR THE FOLLOWING 5 DAYS #1 RF0

ZITHROMAX (10/5 MG/KG OF 100MG/5ML SUSP)
TAKE ONE-HALF TEASPOONFUL WITH FOOD TODAY AND THEN TAKE ONE-QUARTER TEASPOONFUL WITH FOOD FOR THE NEXT 4 DAYS, TAKE FOR ALL 5 DA

MONISTAT DERM
APPLY TO AFFECTED AREA AT LEAST THREE TIMES A DAY, ALSO TRY TO AIR AREA OUT PERIODICALLY #1 RF2

AMOX 250/5 (80 MG/KG/DAY)
TAKE 1 TEASPOONFUL BY MOUTH TWICE A DAY WITH FOOD FOR THE NEXT 10 DAYS, TAKE FOR ALL 10 DAYS EVEN IF THE SYMPTOMS GET BETTER #120 RF

TYLENOL 80/0.8 INFANT DROPS
TAKE 1 DROPPERFUL (0.8 ML) BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN OR FEVER. DO NOT TAKE MORE THAN 5 DOSES WITHIN A 24 HOUR PERI

ALBUTEROL MDI
INHALE 1 TO 2 PUFFS UP TO EVERY 4 HOURS AS NEEDED FOR COUGH, WHEEZING OR CHEST TIGHTNESS. ALWAYS WITH SPACER AND MASK #2 RF2

FLOXIN OTIC
PLACE 5 DROPS IN AFFECTED EAR TWICE A DAY FOR THE NEXT 10 DAYS. TRY TO PUMP THE MEDICINE AROUND INSIDE THE EAR WHEN YOU USE THE MED

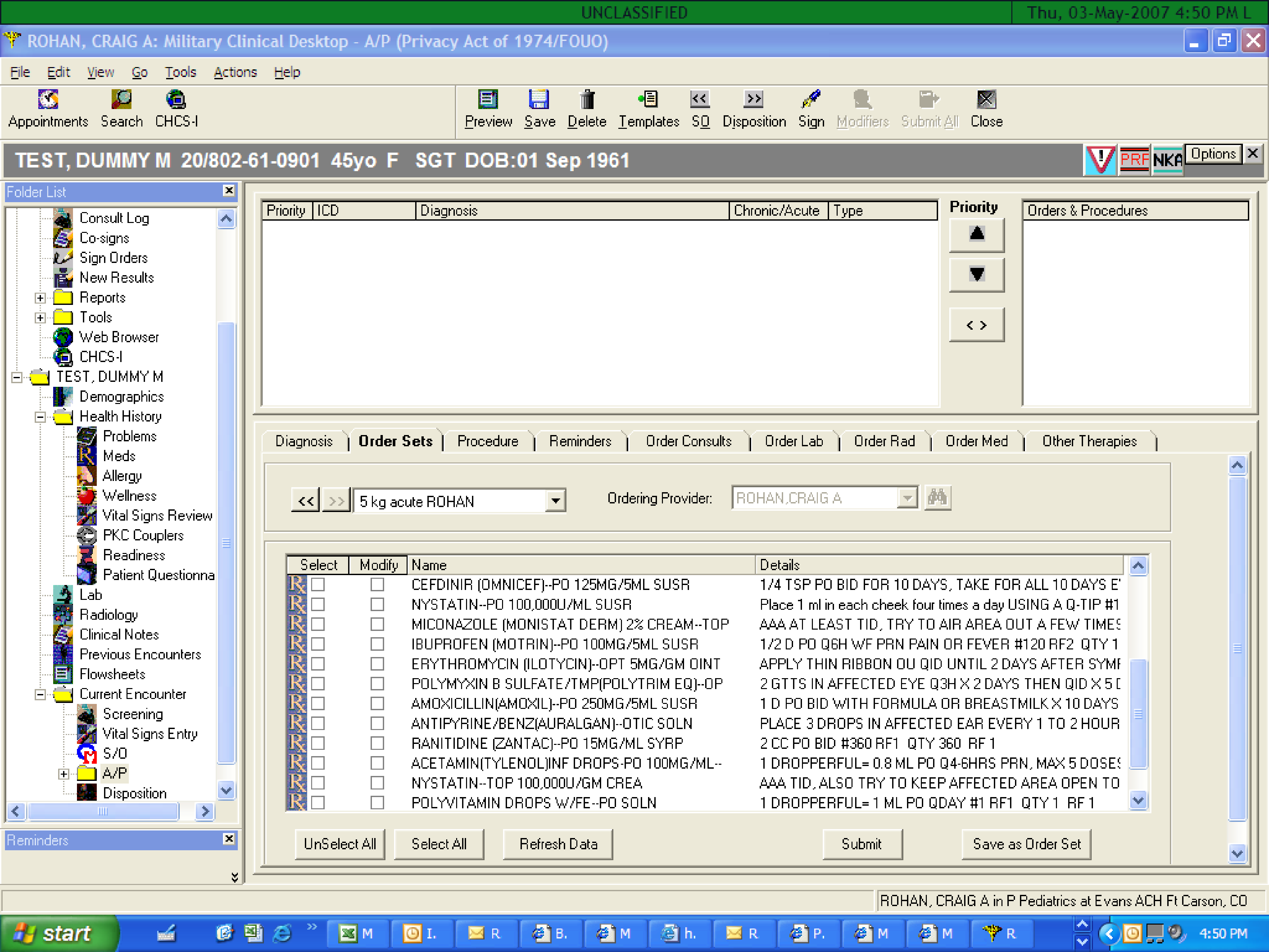
OPTICHAMBER
USE AS DIRECTED WITH INHALER, WASH OUT PERIODICALLY WITH WARM SOAPY WATER #1 RF1

10 kg verified acute ROHAN

Ordering Provider: ROHAN,CRAIG A

Select	Modify	Name	Details
☐	☐	ACETAMIN (TYLENOL CHILD)--PO 160MG/5ML S	TAKE 1 TEASPOONFUL BY MOUTH EVERY 4-6 HOURS AS
☐	☐	ALBUTEROL MDI INHALER--INH 90MCG AERP	Inhale 2 puffs every 4 hours as needed for sustained cough, c
☐	☐	AMOXICILLIN(AMOXIL)--PO 250MG/5ML SUSR	TAKE ONE TEASPOONFUL BY MOUTH THREE TIMES A D
☐	☐	ANTIPYRINE/BENZ(AURALGAN)--OTIC SOLN	PLACE 3 DROPS IN AFFECTED EAR EVERY 1 TO 2 HOUR
☐	☐	AUGMENTIN ES 600MG/5ML SUSPENSION--PO 60	TAKE TWO-THIRDS OF A TEASPOON BY MOUTH TWICE
☐	☐	AZITHROMYCIN(ZITHROMAX)--PO 100MG/5ML SU	TAKE 1 TEASPOONFUL BY MOUTH WITH FOOD TODAY,
☐	☐	CEFDINIR (OMNICEF)--PO 125MG/5ML SUSR	TAKE TWO-THIRDS OF A TEASPOONFUL BY MOUTH WI
☐	☐	CEPHALEXIN (KEFLEX)--PO 250MG/5ML SOLR	TAKE TWO TEASPOONFULS BY MOUTH WITH FOOD TW
☐	☐	DIPHENHYDRAMINE--PO 12.5MG/5ML LIQ	TAKE ONE-HALF TO ONE TEASPOON BY MOUTH UP TO I
☐	☐	IBUPROFEN (MOTRIN)--PO 100MG/5ML SUSR	TAKE 1 TEASPOONFUL BY MOUTH UP TO EVERY 6 HOU
☐	☐	OFLOXACIN (FLOXIN)--OTIC 0.3% SOLN	PLACE 5 DROPS IN AFFECTED EAR TWICE A DAY FOR TI
☐	☐	OPTICHAMBER FACE MASK/MEDIUM--MISC DEVI	USE AS DIRECTED WITH INHALER, WASH OUT PERIODI

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO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ROHAN, CRAIG A: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)
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Modifiers
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Folder List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
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Demographics
Health History
Problems
Meds
Allergy
Wellness
Vital Signs Review
PKC Couplers
Readiness
Patient Questionna
Lab
Radiology
Clinical Notes
Previous Encounters
Flowsheets
Current Encounter
Screening
Vital Signs Entry
S/O
A/P
Disposition
Reminders
Priority
ICD
Diagnosis
Chronic/Acute
Type
Priority
Orders & Procedures
Diagnosis
Order Sets
Procedure
Reminders
Order Consults
Order Lab
Order Rad
Order Med
Other Therapies
UnSelect All
Select All
Refresh Data
Submit
Save as Order Set
start
4:50 PM

TEST, DUMMY M 20/802-61-0901 45yo F SGT DOB:01 Sep 1961

5 kg acute ROHAN

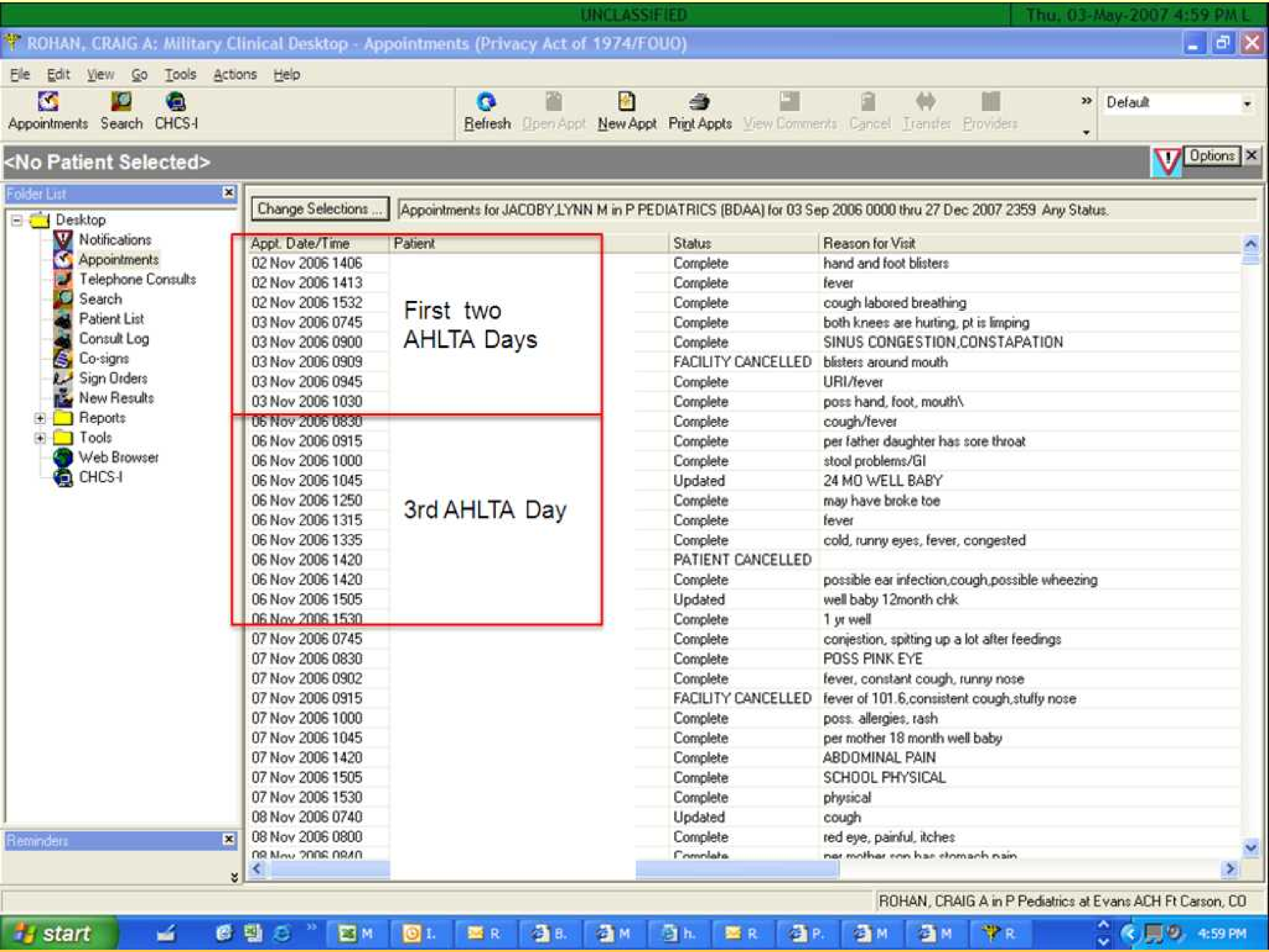
Ordering Provider: ROHAN,CRAIG A

Select	Modify	Name	Details
☐	☐	CEFDINIR (OMNICEF)--PO 125MG/5ML SUSR	1/4 TSP PO BID FOR 10 DAYS, TAKE FOR ALL 10 DAYS E
☐	☐	NYSTATIN--PO 100,000U/ML SUSR	Place 1 ml in each cheek four times a day USING A Q-TIP #1
☐	☐	MICONAZOLE (MONISTAT DERM) 2% CREAM--TOP	AAA AT LEAST TID, TRY TO AIR AREA OUT A FEW TIME
☐	☐	IBUPROFEN (MOTRIN)--PO 100MG/5ML SUSR	1/2 D PO Q6H WF PRN PAIN OR FEVER #120 RF2 QTY 1
☐	☐	ERYTHROMYCIN (ILOTYCIN)--OPT 5MG/GM OINT	APPLY THIN RIBBON OU QID UNTIL 2 DAYS AFTER SYM
☐	☐	POLYMYXIN B SULFATE/TMP(POLYTRIM EQ)--OP	2 GTTS IN AFFECTED EYE Q3H X 2 DAYS THEN QID X 5
☐	☐	AMOXICILLIN(AMOXIL)--PO 250MG/5ML SUSR	1 D PO BID WITH FORMULA OR BREASTMILK X 10 DAYS
☐	☐	ANTIPYRINE/BENZ(AURALGAN)--OTIC SOLN	PLACE 3 DROPS IN AFFECTED EAR EVERY 1 TO 2 HOUR
☐	☐	RANITIDINE (ZANTAC)--PO 15MG/ML SYRP	2 CC PO BID #360 RF1 QTY 360 RF 1
☐	☐	ACETAMIN(TYLENOL)INF DROPS-PO 100MG/ML--	1 DROPPERFUL= 0.8 ML PO Q4-6HRS PRN, MAX 5 DOSE
☐	☐	NYSTATIN--TOP 100,000U/GM CREA	AAA TID, ALSO TRY TO KEEP AFFECTED AREA OPEN TO
☐	☐	POLYVITAMIN DROPS W/FE--PO SOLN	1 DROPPERFUL= 1 ML PO QDAY #1 RF1 QTY 1 RF 1

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO

Benefits for Peterson AFB Clinic

- **The holy grail (the 15 minute appt!)* with an empty clinic at 1635.**
- **ACCESS: >95% (despite significant provider turnover, MEDRETEs, 2 half-time providers, maternity leave, separations)**
- **Procedure documentation by technicians and nurses**
- **RVUs per encounter (0.8 pre-AHLTA, 1.2-1.4 post-AHLTA)**
- **Part time providers utilization (21MDG/SGH, 21MDG/SGN, AFSPC/SGH), provider ramp-up**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Thu, 03-May-2007 4:59 PM L
ROHAN, CRAIG A: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)
File
Edit
View
Go
Tools
Actions
Help
Appointments
Search
CHCS-I
Refresh
Open Appt
New Appt
Print Appts
View Comments
Cancel
Transfer
Providers
Default
<No Patient Selected>
Options
Folder List
Desktop
Notifications
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Reminders
Change Selections ...
start
4:59 PM

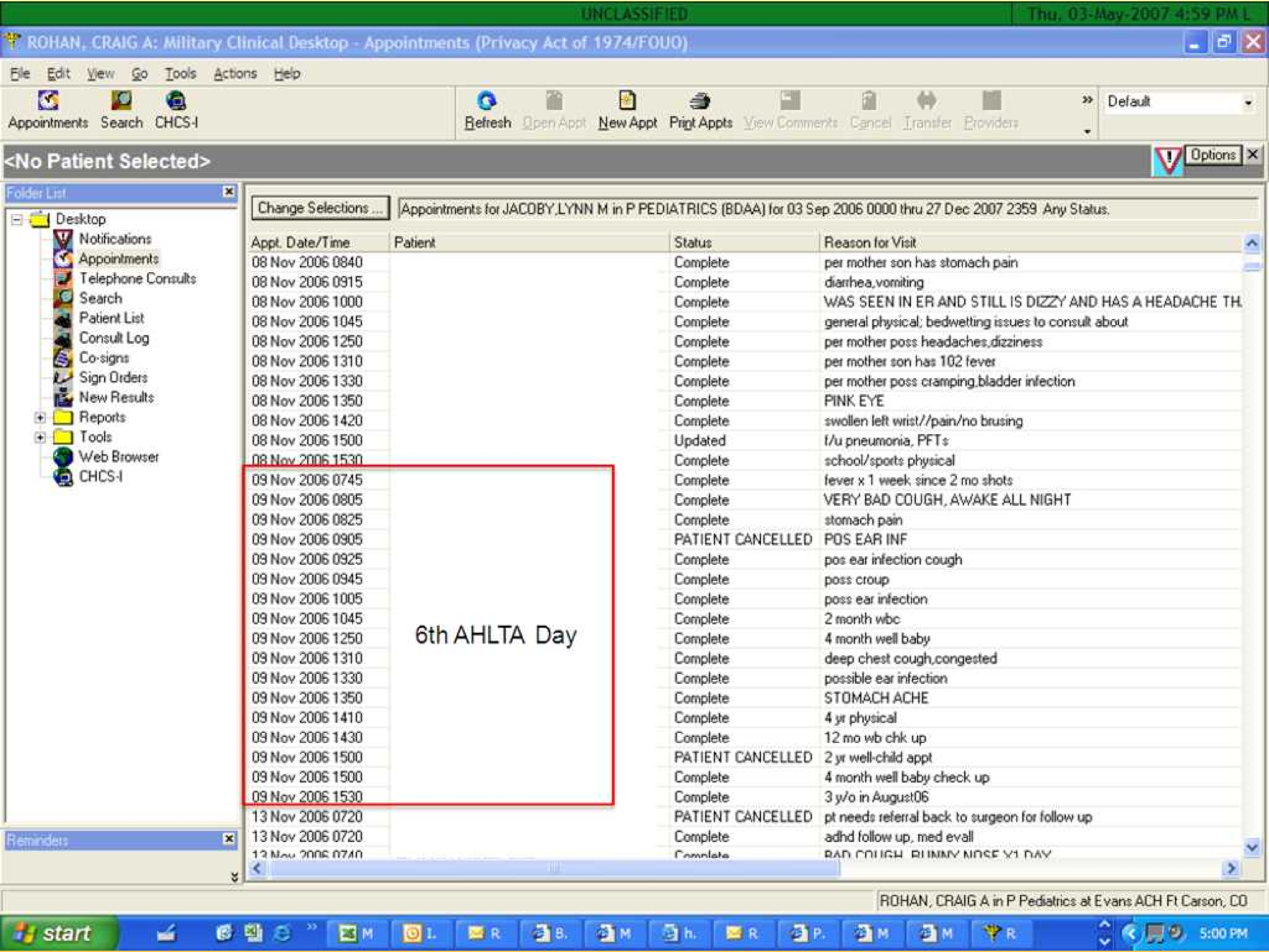
Appointments for JACOBY,LYNN M in P PEDIATRICS (BDAA) for 03 Sep 2006 0000 thru 27 Dec 2007 2359 Any Status.

Appt. Date/Time	Patient	Status	Reason for Visit
02 Nov 2006 1406		Complete	hand and foot blisters
02 Nov 2006 1413		Complete	fever
02 Nov 2006 1532		Complete	cough labored breathing
03 Nov 2006 0745		Complete	both knees are hurting, pt is limping
03 Nov 2006 0900		Complete	SINUS CONGESTION,CONSTAPATION
03 Nov 2006 0909		FACILITY CANCELLED	blisters around mouth
03 Nov 2006 0945		Complete	URI/fever
03 Nov 2006 1030		Complete	poss hand, foot, mouth\
06 Nov 2006 0830		Complete	cough/fever
06 Nov 2006 0915		Complete	per father daughter has sore throat
06 Nov 2006 1000		Complete	stool problems/GI
06 Nov 2006 1045		Updated	24 MO WELL BABY
06 Nov 2006 1250		Complete	may have broke toe
06 Nov 2006 1315		Complete	fever
06 Nov 2006 1335		Complete	cold, runny eyes, fever, congested
06 Nov 2006 1420		PATIENT CANCELLED	
06 Nov 2006 1420		Complete	possible ear infection,cough,possible wheezing
06 Nov 2006 1505		Updated	well baby 12month chk
06 Nov 2006 1530		Complete	1 yr well
07 Nov 2006 0745		Complete	conjestion, spitting up a lot after feedings
07 Nov 2006 0830		Complete	POSS PINK EYE
07 Nov 2006 0902		Complete	fever, constant cough, runny nose
07 Nov 2006 0915		FACILITY CANCELLED	fever of 101.6,consistent cough,stuffy nose
07 Nov 2006 1000		Complete	poss. allergies, rash
07 Nov 2006 1045		Complete	per mother 18 month well baby
07 Nov 2006 1420		Complete	ABDOMINAL PAIN
07 Nov 2006 1505		Complete	SCHOOL PHYSICAL
07 Nov 2006 1530		Complete	physical
08 Nov 2006 0740		Updated	cough
08 Nov 2006 0800		Complete	red eye, painful, itches
08 Nov 2006 0840		Complete	per mother son has stomach pain

First two AHLTA Days

3rd AHLTA Day

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO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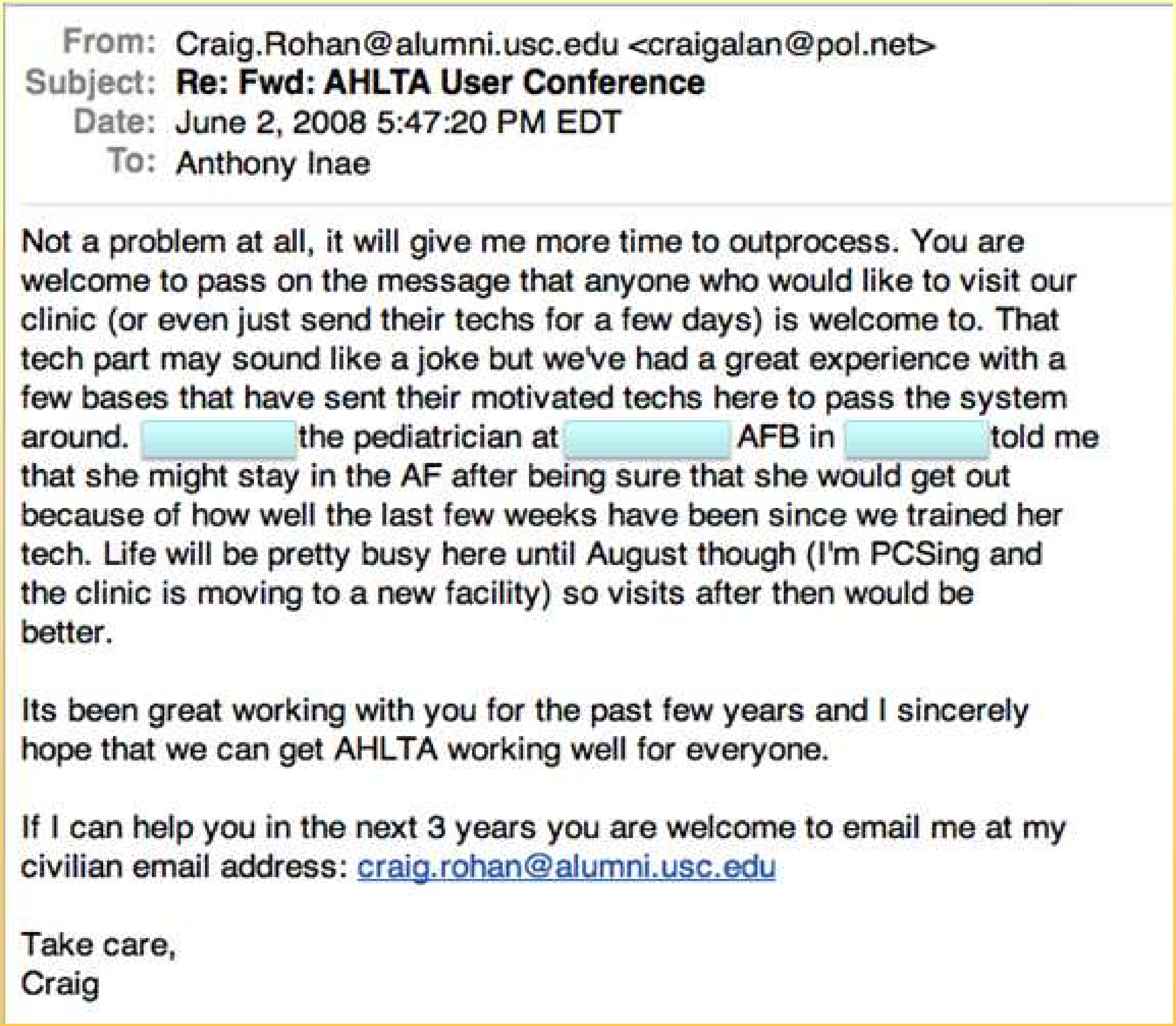
Refresh
Open Appt
New Appt
Print Appts
View Comments
Cancel
Transfer
Providers
Default
<No Patient Selected>
Options
Folder List
Desktop
Notifications
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Reminders
Change Selections ...
start
5:00 PM

Appointments for JACOBY,LYNN M in P PEDIATRICS (BDAA) for 03 Sep 2006 0000 thru 27 Dec 2007 2359 Any Status.

Appt. Date/Time	Patient	Status	Reason for Visit
08 Nov 2006 0840		Complete	per mother son has stomach pain
08 Nov 2006 0915		Complete	diarrhea,vomiting
08 Nov 2006 1000		Complete	WAS SEEN IN ER AND STILL IS DIZZY AND HAS A HEADACHE TH
08 Nov 2006 1045		Complete	general physical; bedwetting issues to consult about
08 Nov 2006 1250		Complete	per mother poss headaches,dizziness
08 Nov 2006 1310		Complete	per mother son has 102 fever
08 Nov 2006 1330		Complete	per mother poss cramping,bladder infection
08 Nov 2006 1350		Complete	PINK EYE
08 Nov 2006 1420		Complete	swollen left wrist//pain/no brusing
08 Nov 2006 1500		Updated	f/u pneumonia, PFTs
08 Nov 2006 1530		Complete	school/sports physical
09 Nov 2006 0745		Complete	fever x 1 week since 2 mo shots
09 Nov 2006 0805		Complete	VERY BAD COUGH, AWAKE ALL NIGHT
09 Nov 2006 0825		Complete	stomach pain
09 Nov 2006 0905		PATIENT CANCELLED	POS EAR INF
09 Nov 2006 0925		Complete	pos ear infection cough
09 Nov 2006 0945		Complete	poss croup
09 Nov 2006 1005		Complete	poss ear infection
09 Nov 2006 1045		Complete	2 month wbc
09 Nov 2006 1250		Complete	4 month well baby
09 Nov 2006 1310		Complete	deep chest cough,congested
09 Nov 2006 1330		Complete	possible ear infection
09 Nov 2006 1350		Complete	STOMACH ACHE
09 Nov 2006 1410		Complete	4 yr physical
09 Nov 2006 1430		Complete	12 mo wb chk up
09 Nov 2006 1500		PATIENT CANCELLED	2 yr well-child appt
09 Nov 2006 1500		Complete	4 month well baby check up
09 Nov 2006 1530		Complete	3 y/o in August06
13 Nov 2006 0720		PATIENT CANCELLED	pt needs referral back to surgeon for follow up
13 Nov 2006 0720		Complete	adhd follow up, med evall
13 Nov 2006 0740		Complete	BAD COUGH, RUNNY NOSE X1 DAY

6th AHLTA Day

ROHAN, CRAIG A in P Pediatrics at Evans ACH Ft Carson, CO



From: Craig.Rohan@alumni.usc.edu <craigalan@pol.net>
Subject: **Re: Fwd: AHLTA User Conference**
Date: June 2, 2008 5:47:20 PM EDT
To: Anthony Inae

Not a problem at all, it will give me more time to outprocess. You are welcome to pass on the message that anyone who would like to visit our clinic (or even just send their techs for a few days) is welcome to. That tech part may sound like a joke but we've had a great experience with a few bases that have sent their motivated techs here to pass the system around. [redacted] the pediatrician at [redacted] AFB in [redacted] told me that she might stay in the AF after being sure that she would get out because of how well the last few weeks have been since we trained her tech. Life will be pretty busy here until August though (I'm PCSing and the clinic is moving to a new facility) so visits after then would be better.

Its been great working with you for the past few years and I sincerely hope that we can get AHLTA working well for everyone.

If I can help you in the next 3 years you are welcome to email me at my civilian email address: craig.rohan@alumni.usc.edu

Take care,
Craig

How to get these AIM Forms, Clinical Overprints and Wt. Based Order Set spreadsheet

- Go into S/O Template Management
- Search for Peds--Multi_Form--AF
  - Right click and add it to your favorites list
- Next, Search for Peds--Support_Form--AF
  - Right click and add it to your favorites list
- Email Me (tony@inae.net) or Dr Rohan (craigalan@pol.net) and we can send you the Clinical Overprints and Pediatric Weight Based Order Sets Excel spreadsheet.

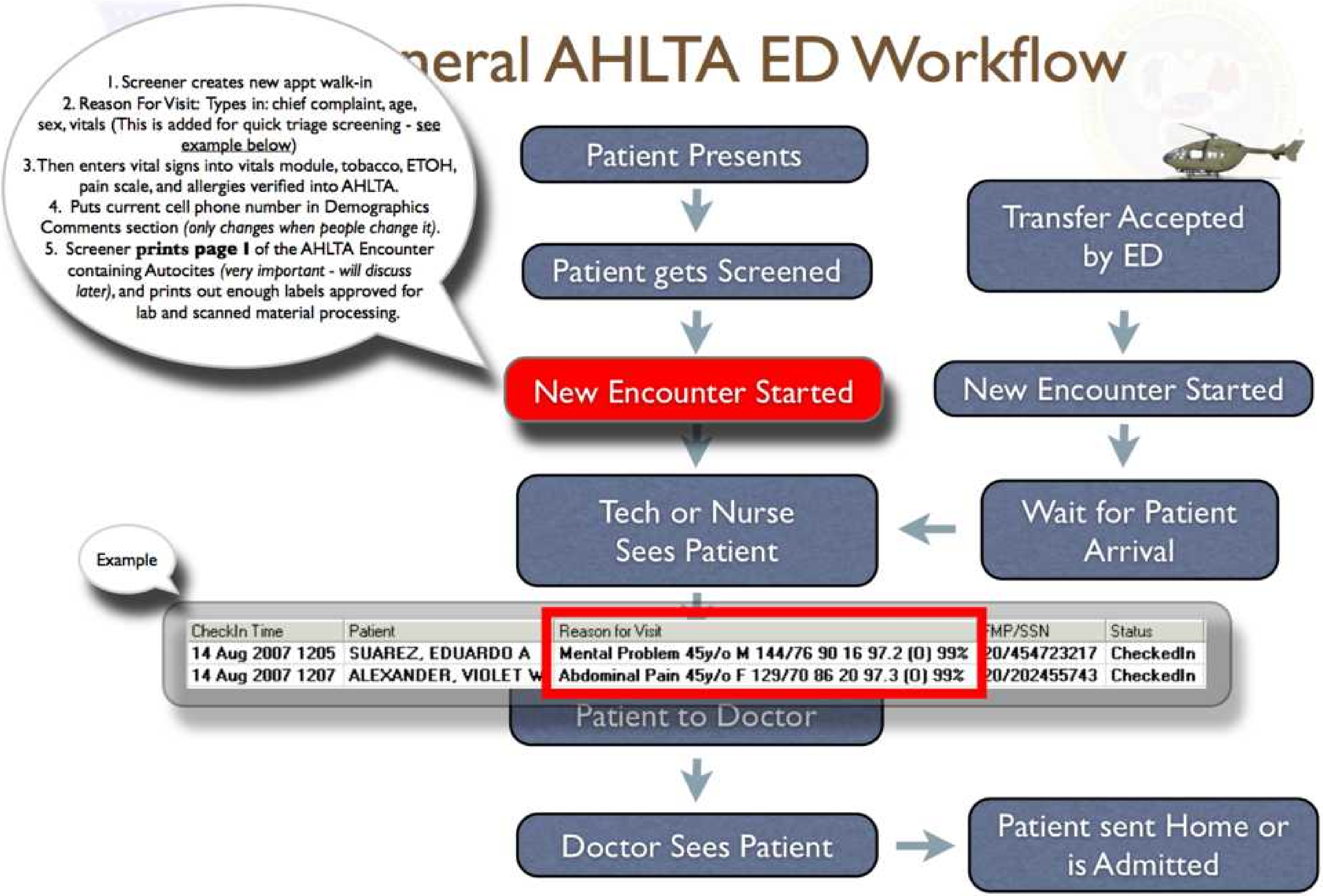
ED Team Workflow

How the 121st CSH ED in Korea does it.

Selected slides taken from Successful
AHLTA ED Use 121st CSH Pathway
Developed by Dr Chris Strode and Staff

Chris' Contact Info:
Chris Strode, MAJ USA MC
Chris.strode@us.army.mil

neral AHLTA ED Workflow



1. Screener creates new appt walk-in
2. Reason For Visit: Types in: chief complaint, age, sex, vitals (This is added for quick triage screening - see example below)
3. Then enters vital signs into vitals module, tobacco, ETOH, pain scale, and allergies verified into AHLTA.
4. Puts current cell phone number in Demographics Comments section *(only changes when people change it)*.
5. Screener **prints page I** of the AHLTA Encounter containing Autocites *(very important - will discuss later)*, and prints out enough labels approved for lab and scanned material processing.

Patient Presents

Patient gets Screened

New Encounter Started

Tech or Nurse Sees Patient

Patient to Doctor

Doctor Sees Patient

Patient sent Home or is Admitted

Transfer Accepted by ED

New Encounter Started

Wait for Patient Arrival

Example

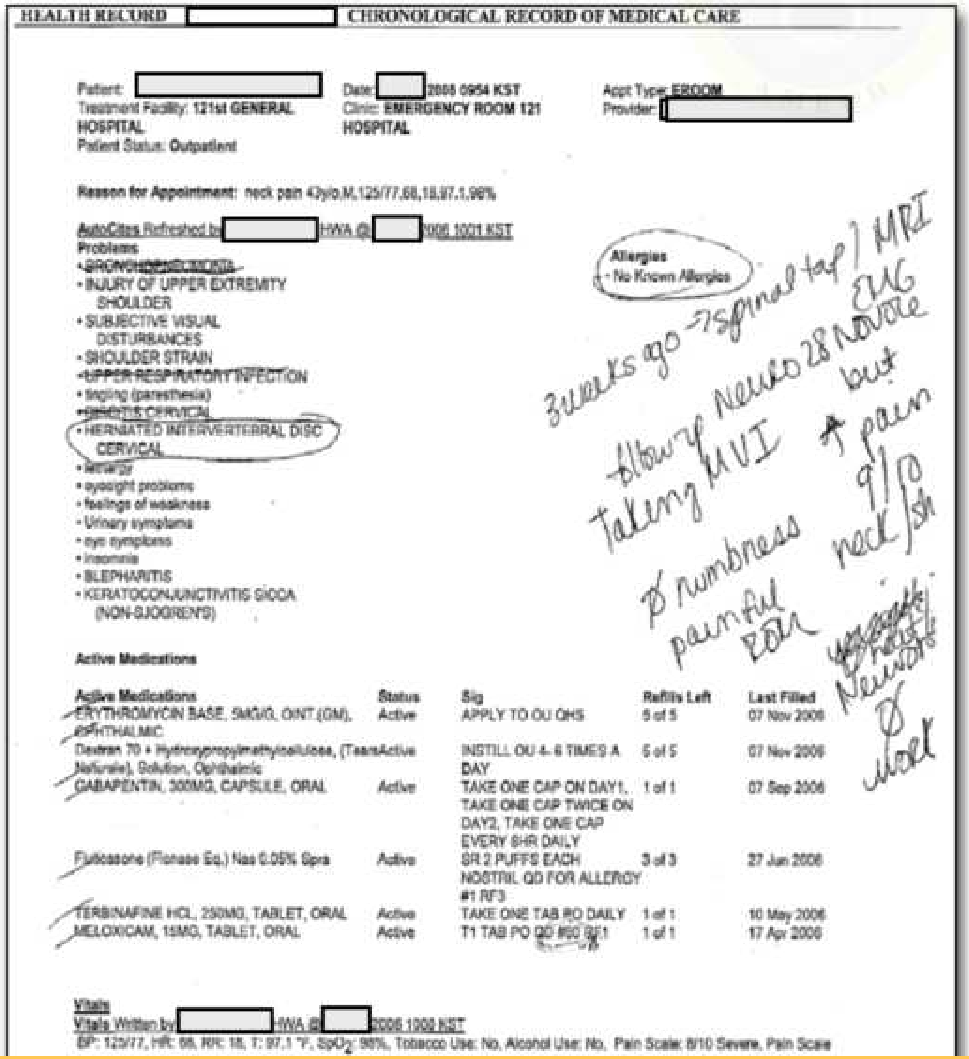
CheckIn Time	Patient	Reason for Visit	MP/SSN	Status
14 Aug 2007 1205	SUAREZ, EDUARDO A	Mental Problem 45y/o M 144/76 90 16 97.2 (0) 99%	20/454723217	CheckedIn
14 Aug 2007 1207	ALEXANDER, VIOLET W	Abdominal Pain 45y/o F 129/70 86 20 97.3 (0) 99%	20/202455743	CheckedIn

Workflow Optimization Tips

Example of **Printed page I** of the AHTLA Encounter. All will 'mark-up' this page by writing directly onto it, then hand to either Clerk / Tech / or Nurse to make appropriate changes to the patient's AHLTA record (as discussed previously).

Orders can also be written here, to be entered by the support staff (not by physician). This improves through-put speed. All needed information ultimately ends up in AHLTA.

This 'marked-up' paper page I is given to the patient at time of discharge from ED.



HEALTH RECORD [redacted] CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: [redacted]
Treatment Facility: 121st GENERAL HOSPITAL
Patient Status: Outpatient

Date: [redacted]2006 0954 KST
Clinic: EMERGENCY ROOM 121 HOSPITAL

Appt Type: EROOM
Provider: [redacted]

Reason for Appointment: neck pain 43y/o,M,125/77,68,18,97.1,98%

AutoCites Refreshed by [redacted] HWA @ [redacted]2006 1001 KST

Problems
- ~~BRONCH[illegible]~~
- INJURY OF UPPER EXTREMITY SHOULDER
- SUBJECTIVE VISUAL DISTURBANCES
- SHOULDER STRAIN
- ~~UPPER RESPIRATORY INFECTION~~
- tingling (paresthesia)
- ~~[illegible] CERVICAL~~
- HERNIATED INTERVERTEBRAL DISC CERVICAL
- ~~lethargy~~
- eyesight problems
- feelings of weakness
- Urinary symptoms
- eye symptoms
- insomnia
- BLEPHARITIS
- KERATOCONJUNCTIVITIS SICCA (NON-SJOGREN'S)

Allergies
- No Known Allergies

3 weeks ago → spinal tap / MRI
EMG
f/low up Neuro 28 Nov 06
but
Taking MVI ↑ pain 9/10
neck/sh
Ø numbness
painful ROM
[illegible] Neuro
Ø work

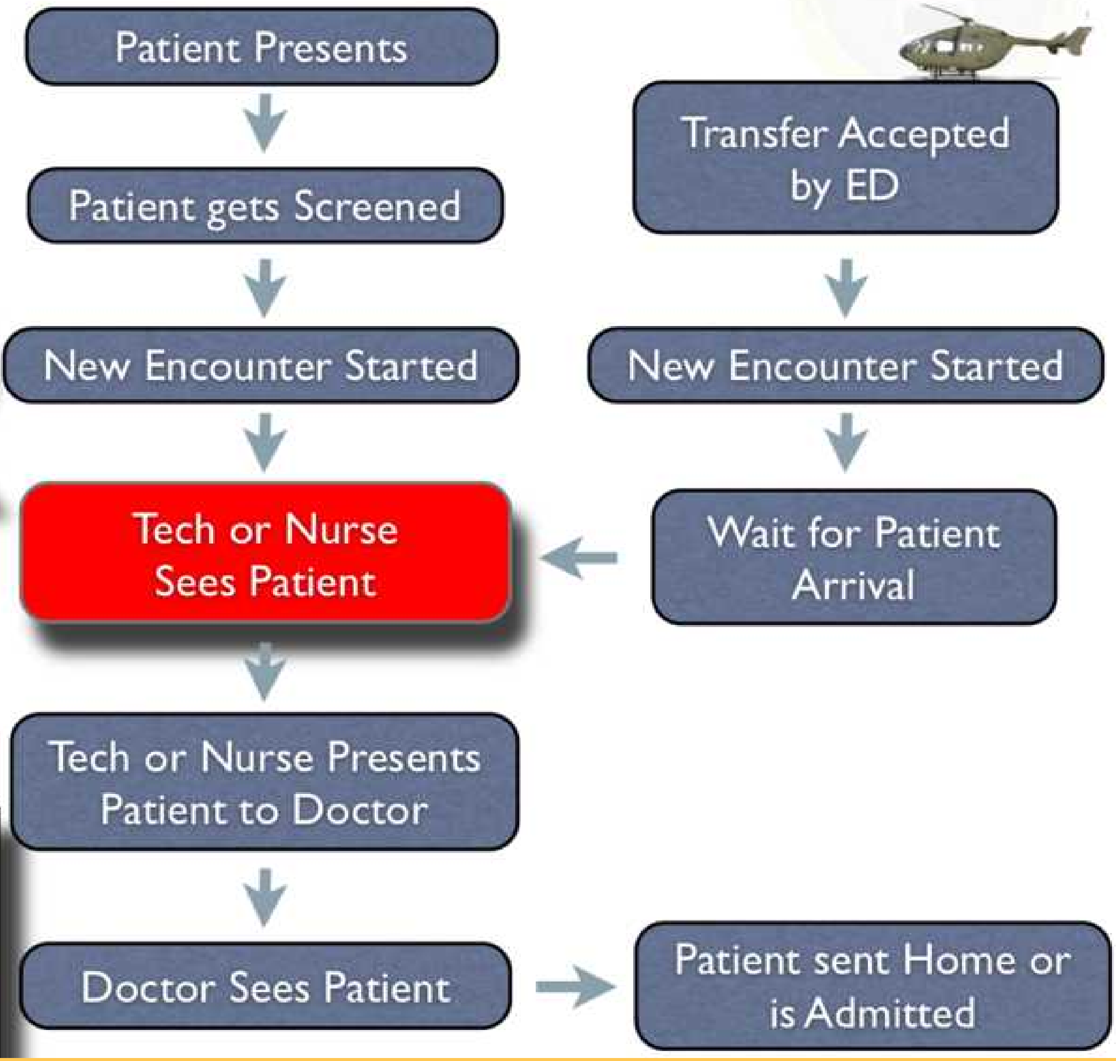
Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
ERYTHROMYCIN BASE, 5MG/G, OINT (GM), OPHTHALMIC	Active	APPLY TO OU QHS	5 of 5	07 Nov 2006
Dextran 70 + Hydroxypropylmethylcellulose, (Tears Naturale), Solution, Ophthalmic	Active	INSTILL OU 4-6 TIMES A DAY	5 of 5	07 Nov 2006
GABAPENTIN, 300MG, CAPSULE, ORAL	Active	TAKE ONE CAP ON DAY1, TAKE ONE CAP TWICE ON DAY2, TAKE ONE CAP EVERY 8HR DAILY	1 of 1	07 Sep 2006
Fluticasone (Flonase Eq.) Nas 0.05% Spra	Active	SR 2 PUFFS EACH NOSTRIL QD FOR ALLERGY #1 RF3	3 of 3	27 Jun 2006
TERBINAFINE HCL, 250MG, TABLET, ORAL	Active	TAKE ONE TAB PO DAILY	1 of 1	10 May 2006
MELOXICAM, 15MG, TABLET, ORAL	Active	T1 TAB PO QD #60 RF1	1 of 1	17 Apr 2006

Vitals
Vitals Written by [redacted] HWA @ [redacted]2006 1009 KST
BP: 125/77, HR: 68, RR: 18, T: 97.1 °F, SpO_2: 98%, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale

General AHLTA ED Workflow

1. Tech (or nurse) sees patient, documents full note.
2. If initial note done by a tech, then nurses take over note using 'Edit-No-Yes' and edits as needed (No nurse uses more than first 3 tabs on ER--Nursing--AMEDD AIM Form). All non-docs use same AIM form and is defaulted for them.



Patient Presents

Patient gets Screened

New Encounter Started

Tech or Nurse Sees Patient

Tech or Nurse Presents Patient to Doctor

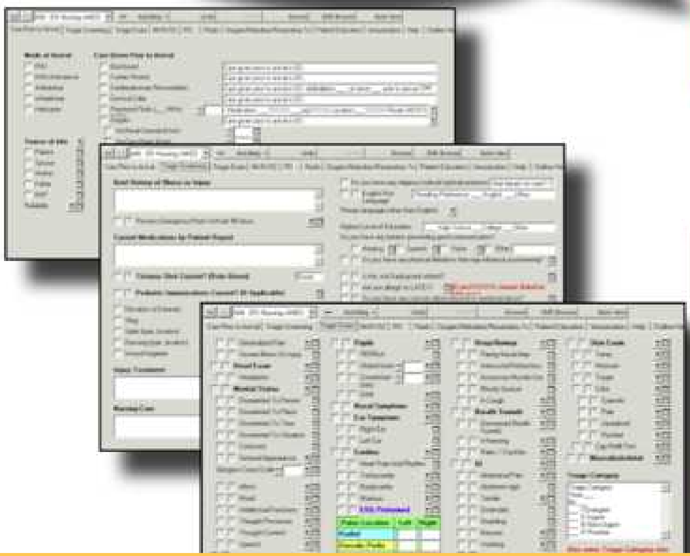
Doctor Sees Patient

Patient sent Home or is Admitted

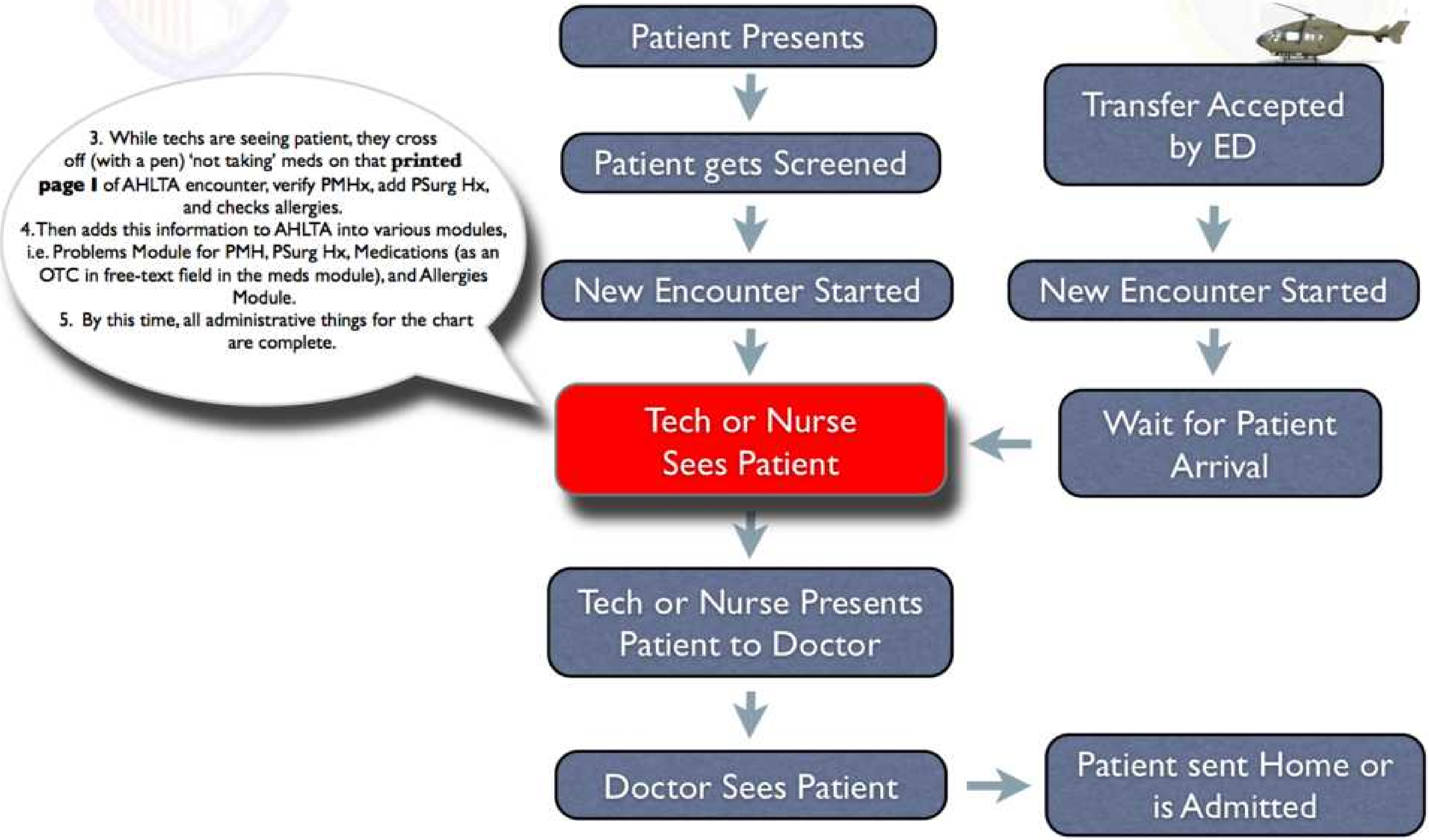
Transfer Accepted by ED

New Encounter Started

Wait for Patient Arrival



General AHLTA ED Workflow



Patient Presents

Patient gets Screened

New Encounter Started

Tech or Nurse Sees Patient

Tech or Nurse Presents Patient to Doctor

Doctor Sees Patient

Patient sent Home or is Admitted

Transfer Accepted by ED

New Encounter Started

Wait for Patient Arrival

3. While techs are seeing patient, they cross off (with a pen) 'not taking' meds on that **printed page 1** of AHLTA encounter, verify PMHx, add PSurg Hx, and checks allergies.
4. Then adds this information to AHLTA into various modules, i.e. Problems Module for PMH, PSurg Hx, Medications (as an OTC in free-text field in the meds module), and Allergies Module.
5. By this time, all administrative things for the chart are complete.

General AHLTA ED Workflow

Patient Presents

Patient gets Screened

New Encounter Starte

Tech or Nurse Sees Patient

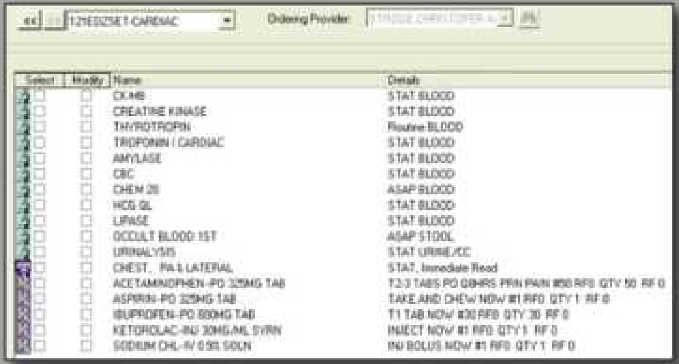
Tech or Nurse Presents Patient to Doctor

Doctor Sees Patient

1. Nurse or Tech presents patient to doc.
2. If doc decides to order labs prior to seeing the patient, doc directs staff to order labs off specific 121EDZSET templates or Common Encounter Templates. *Examples of EDZSETS are "121EDZSET-ABD" (has an acute abd series, cbc, c20, amy, lip, ua, hcg on it), "121EDZSET-FEM" (abo rh, ua, hcg, hcg quant, wet prep, koh, gc), "121EDZSET-TRAUMA" (abd set plus lat c-spine, ap chest, ap pelvis, abg, coags, troponin), "121EDZSET-PSYCH" (has abd set labs plus some psych specific requested labs), "121EDZSET-CARDIAC" (abd set plus card enz).*
3. Doc just says, "OK, get the cardiac set on the pt" and it gets done. Docs don't enter into AHLTA, these are done as a verbal - for speed, the support staff does this.
4. There is a kiosk Terminal that techs / nurses can use to put in orders or document while standing.

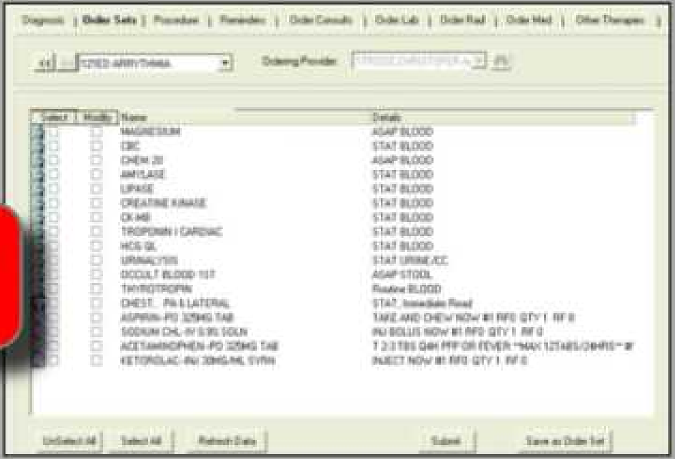
Kiosk Terminal at standing height

121 EDZSET Examples



<<
121EDZSET-CARDIAC
Ordering Provider:

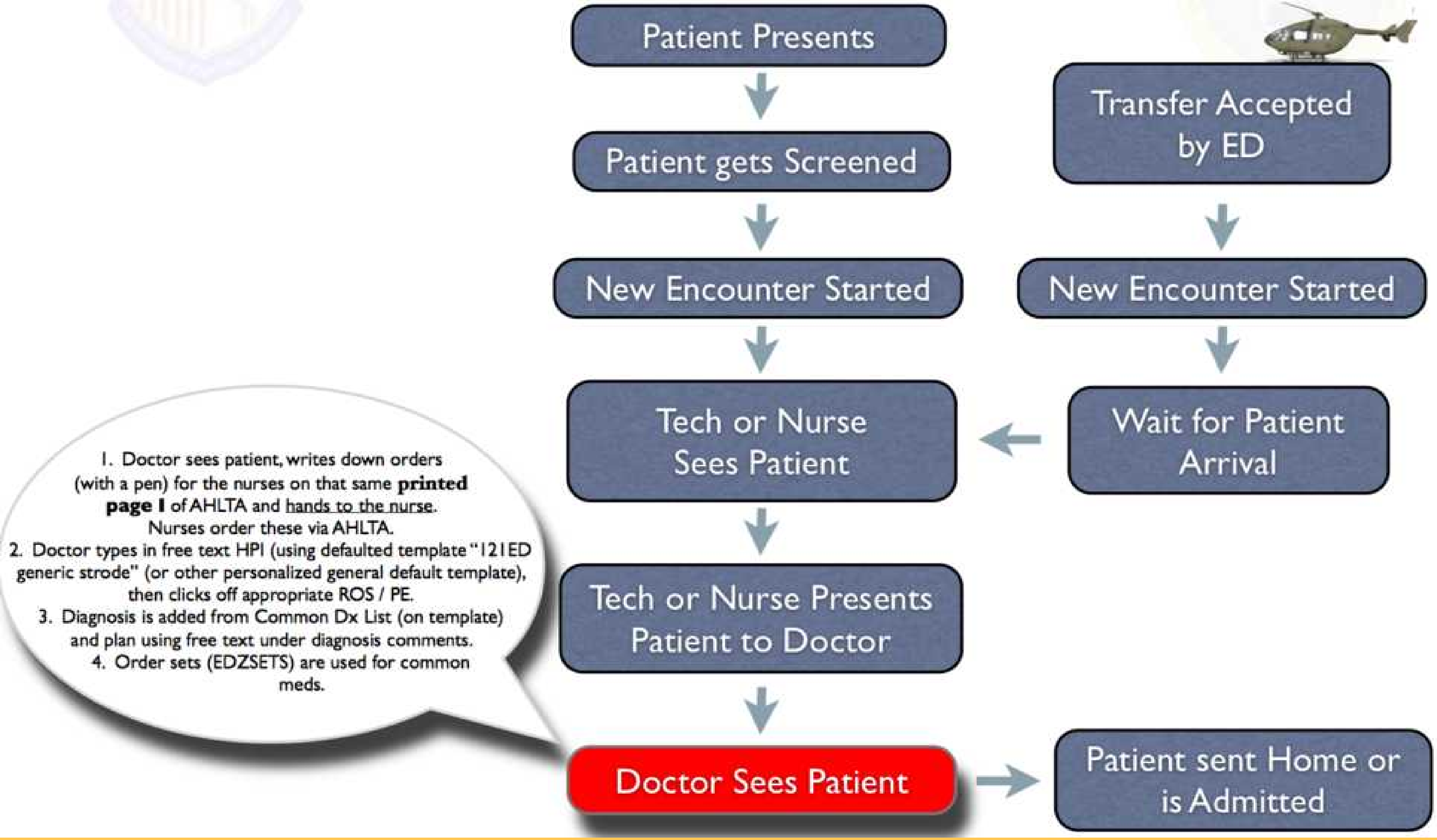
Select	Modify	Name	Details
☐	☐	CK-MB	STAT BLOOD
☐	☐	CREATINE KINASE	STAT BLOOD
☐	☐	THYROTROPIN	Routine BLOOD
☐	☐	TROPONIN I CARDIAC	STAT BLOOD
☐	☐	AMYLASE	STAT BLOOD
☐	☐	CBC	STAT BLOOD
☐	☐	CHEM 20	ASAP BLOOD
☐	☐	HCG QL	STAT BLOOD
☐	☐	LIPASE	STAT BLOOD
☐	☐	OCCULT BLOOD 1ST	ASAP STOOL
☐	☐	URINALYSIS	STAT URINE/CC
☐	☐	CHEST, PA & LATERAL	STAT, Immediate Read
☐	☐	ACETAMINOPHEN-PO 325MG TAB	T 2-3 TABS PO Q6HRS PRN PAIN #50 RF0 QTY 50 RF 0
☐	☐	ASPIRIN-PO 325MG TAB	TAKE AND CHEW NOW #1 RF0 QTY 1 RF 0
☐	☐	IBUPROFEN-PO 800MG TAB	T1 TAB NOW #30 RF0 QTY 30 RF 0
☐	☐	KETOROLAC-INJ 30MG/ML SYRN	INJECT NOW #1 RF0 QTY 1 RF 0
☐	☐	SODIUM CHL-IV 0.9% SOLN	INJ BOLUS NOW #1 RF0 QTY 1 RF 0



Diagnosis | Order Sets | Procedure | Reminders | Order Consults | Order Lab | Order Rad | Order Med | Other Therapies
<<
121ED ARRYTHMIA
Ordering Provider:
UnSelect All
Select All
Refresh Data
Submit
Save as Order Set

Select	Modify	Name	Details
☐	☐	MAGNESIUM	ASAP BLOOD
☐	☐	CBC	STAT BLOOD
☐	☐	CHEM 20	ASAP BLOOD
☐	☐	AMYLASE	STAT BLOOD
☐	☐	LIPASE	STAT BLOOD
☐	☐	CREATINE KINASE	STAT BLOOD
☐	☐	CK-MB	STAT BLOOD
☐	☐	TROPONIN I CARDIAC	STAT BLOOD
☐	☐	HCG QL	STAT BLOOD
☐	☐	URINALYSIS	STAT URINE/CC
☐	☐	OCCULT BLOOD 1ST	ASAP STOOL
☐	☐	THYROTROPIN	Routine BLOOD
☐	☐	CHEST, PA & LATERAL	STAT, Immediate Read
☐	☐	ASPIRIN-PO 325MG TAB	TAKE AND CHEW NOW #1 RF0 QTY 1 RF 0
☐	☐	SODIUM CHL-IV 0.9% SOLN	INJ BOLUS NOW #1 RF0 QTY 1 RF 0
☐	☐	ACETAMINOPHEN-PO 325MG TAB	T 2-3 TBS Q4H PRN OR FEVER **MAX 12TABS/24HRS** #
☐	☐	KETOROLAC-INJ 30MG/ML SYRN	INJECT NOW #1 RF0 QTY 1 RF 0

General AHLTA ED Workflow



Patient Presents

Patient gets Screened

New Encounter Started

Tech or Nurse Sees Patient

Tech or Nurse Presents Patient to Doctor

Doctor Sees Patient

Transfer Accepted by ED

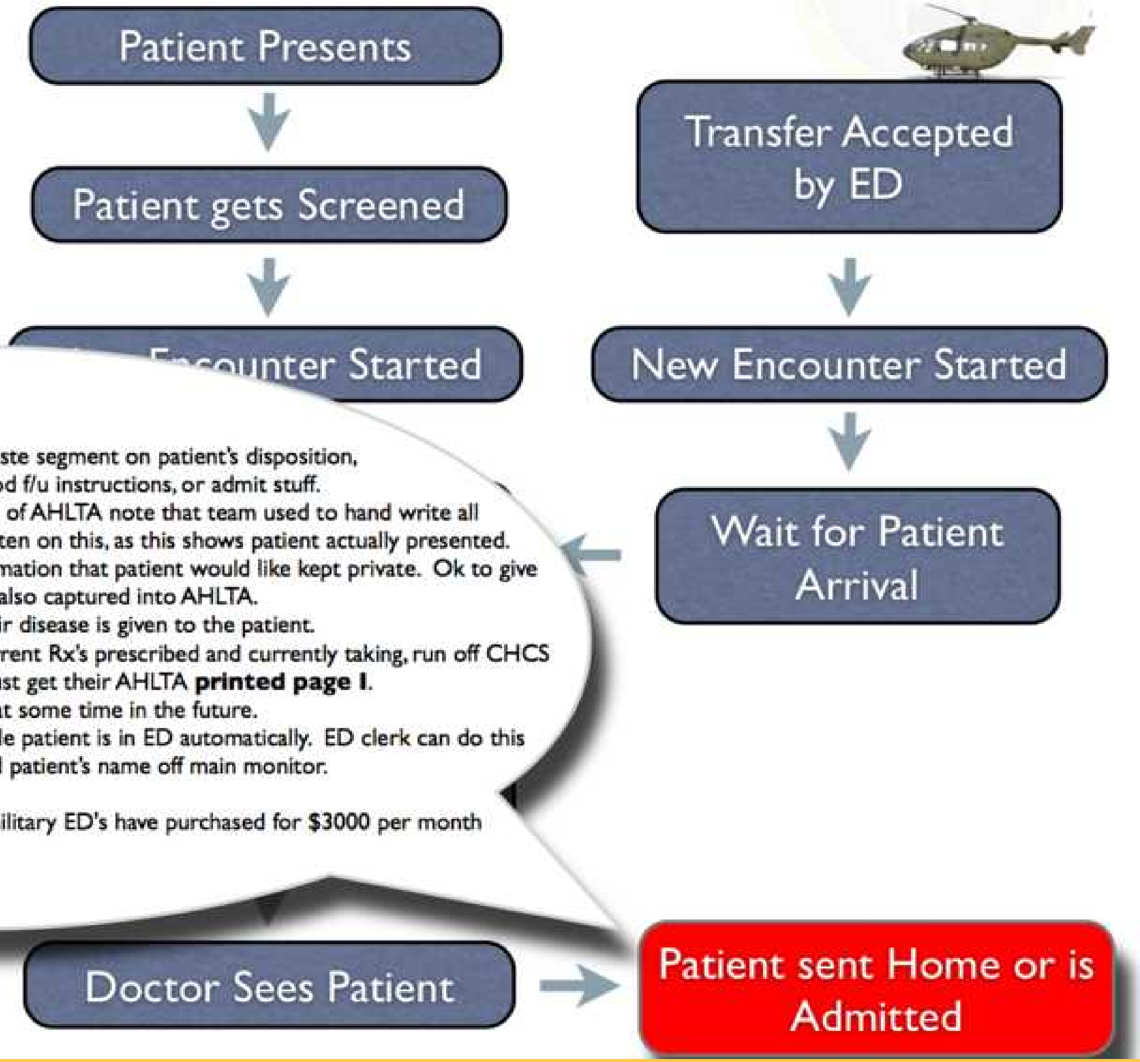
New Encounter Started

Wait for Patient Arrival

Patient sent Home or is Admitted

1. Doctor sees patient, writes down orders (with a pen) for the nurses on that same **printed page 1** of AHLTA and hands to the nurse. Nurses order these via AHLTA.
2. Doctor types in free text HPI (using defaulted template "121ED generic strode" (or other personalized general default template), then clicks off appropriate ROS / PE.
3. Diagnosis is added from Common Dx List (on template) and plan using free text under diagnosis comments.
4. Order sets (EDZSETS) are used for common meds.

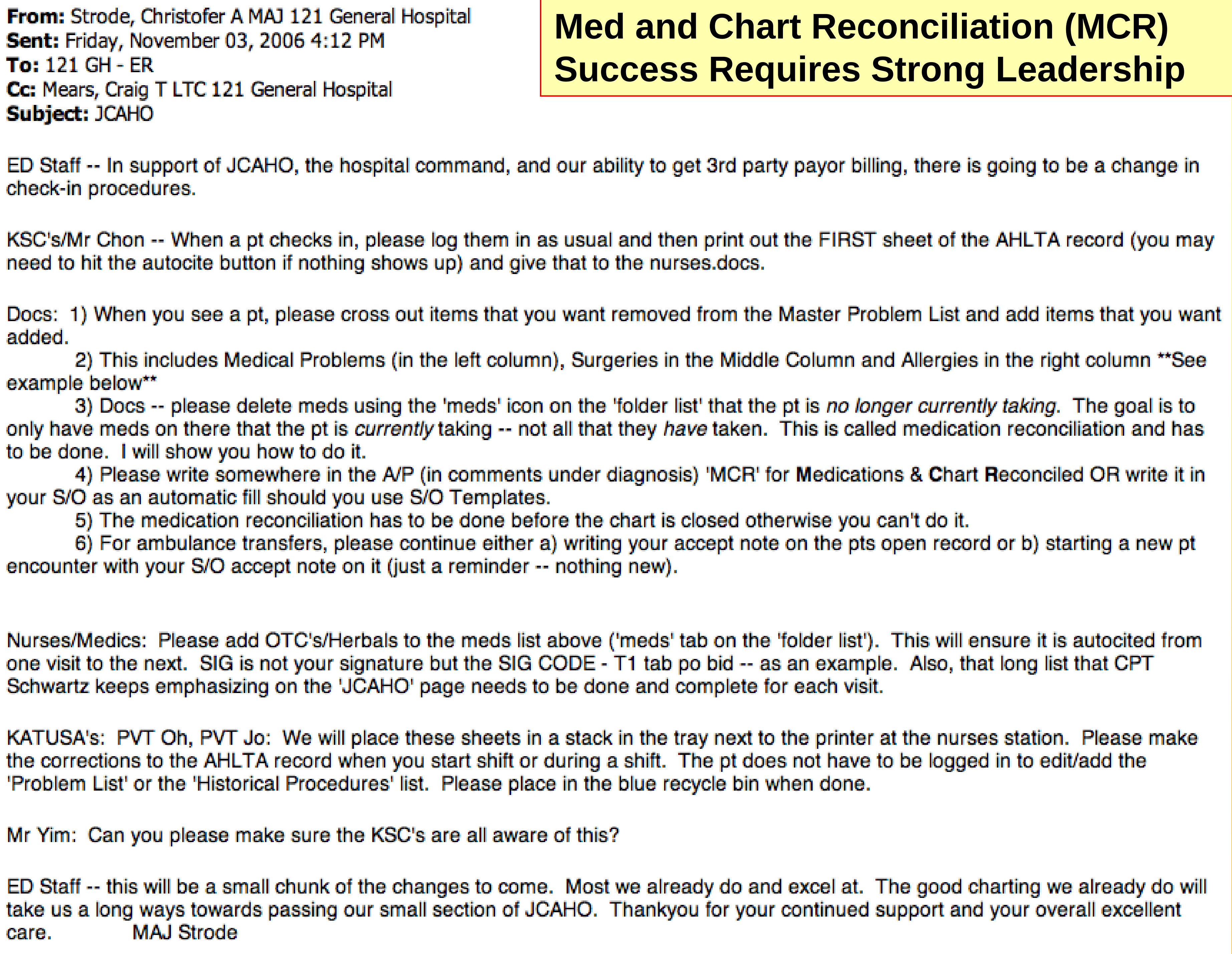
eral AHLTA ED Workflow


Patient Presents
Patient gets Screened
Encounter Started
Transfer Accepted by ED
New Encounter Started
Wait for Patient Arrival
Doctor Sees Patient
Patient sent Home or is Admitted

1. Nurses place a paragraph long copy / paste segment on patient's disposition, ambulation status, pain scale, understood f/u instructions, or admit stuff.
2. Patient goes home with that initial **printed page 1** of AHLTA note that team used to hand write all changes / orders / notes, etc. Quarters are also hand written on this, as this shows patient actually presented. For HIPAA concerns, can copy off diagnoses and other information that patient would like kept private. Ok to give this, because all information was also captured into AHLTA.
3. An ED Exit Writer* handout on their disease is given to the patient.
4. An SF508 is given to patient. (An Ad hoc that shows the current Rx's prescribed and currently taking, run off CHCS database). If the changes are minimal, they just get their AHLTA **printed page 1**.
5. Doc signs AHLTA encounter at some time in the future.
6. Medics enter discharge vitals or vitals at top of hour while patient is in ED automatically. ED clerk can do this (all but temp) by looking at monitor and patient's name off main monitor.

* Exit Writer is an extra program that most military ED's have purchased for $3000 per month

Med and Chart Reconciliation (MCR) Success Requires Strong Leadership



From: Strode, Christofer A MAJ 121 General Hospital
Sent: Friday, November 03, 2006 4:12 PM
To: 121 GH - ER
Cc: Mears, Craig T LTC 121 General Hospital
Subject: JCAHO

ED Staff -- In support of JCAHO, the hospital command, and our ability to get 3rd party payor billing, there is going to be a change in check-in procedures.

KSC's/Mr Chon -- When a pt checks in, please log them in as usual and then print out the FIRST sheet of the AHLTA record (you may need to hit the autocite button if nothing shows up) and give that to the nurses.docs.

Docs: 1) When you see a pt, please cross out items that you want removed from the Master Problem List and add items that you want added.

2) This includes Medical Problems (in the left column), Surgeries in the Middle Column and Allergies in the right column **See example below**

3) Docs -- please delete meds using the 'meds' icon on the 'folder list' that the pt is *no longer currently taking*. The goal is to only have meds on there that the pt is *currently* taking -- not all that they *have* taken. This is called medication reconciliation and has to be done. I will show you how to do it.

4) Please write somewhere in the A/P (in comments under diagnosis) 'MCR' for **M**edications & **C**hart **R**econciled OR write it in your S/O as an automatic fill should you use S/O Templates.

5) The medication reconciliation has to be done before the chart is closed otherwise you can't do it.

6) For ambulance transfers, please continue either a) writing your accept note on the pts open record or b) starting a new pt encounter with your S/O accept note on it (just a reminder -- nothing new).

Nurses/Medics: Please add OTC's/Herbals to the meds list above ('meds' tab on the 'folder list'). This will ensure it is autocited from one visit to the next. SIG is not your signature but the SIG CODE - T1 tab po bid -- as an example. Also, that long list that CPT Schwartz keeps emphasizing on the 'JCAHO' page needs to be done and complete for each visit.

KATUSA's: PVT Oh, PVT Jo: We will place these sheets in a stack in the tray next to the printer at the nurses station. Please make the corrections to the AHLTA record when you start shift or during a shift. The pt does not have to be logged in to edit/add the 'Problem List' or the 'Historical Procedures' list. Please place in the blue recycle bin when done.

Mr Yim: Can you please make sure the KSC's are all aware of this?

ED Staff -- this will be a small chunk of the changes to come. Most we already do and excel at. The good charting we already do will take us a long ways towards passing our small section of JCAHO. Thankyou for your continued support and your overall excellent care. MAJ Strode

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

Patient: .
Treatment Facility: **121st GENERAL HOSPITAL**
Patient Status: **Outpatient**

Date: **02 Nov 2006 1407 KST**
Clinic: **EMERGENCY ROOM 121 HOSPITAL**

Appt Type: **EROOM**
Provider: **BAKER,JAY B**

Reason for Appointment: chest pain 9y/o M 116/49 84 18 97(O)99% 90lbs

AutoCites Refreshed by CHON, KWANG YONG @ 02 Nov 2006 1410 KST

Problems
- ~~PHARYNGITIS~~
- ~~visit for: 7-10 year visit~~
- ~~Vaccines Prophylactic Need~~

Hypertension

Active Medications
No Active Medications Found.

Appendectomy
Surgeries

Allergies
- No Known Allergies

Screening Written by CHON, KWANG YONG @ 02 Nov 2006 1409 KST

Allergen information verified by CHON, KWANG YONG @ 02 Nov 2006 1409 KST

--

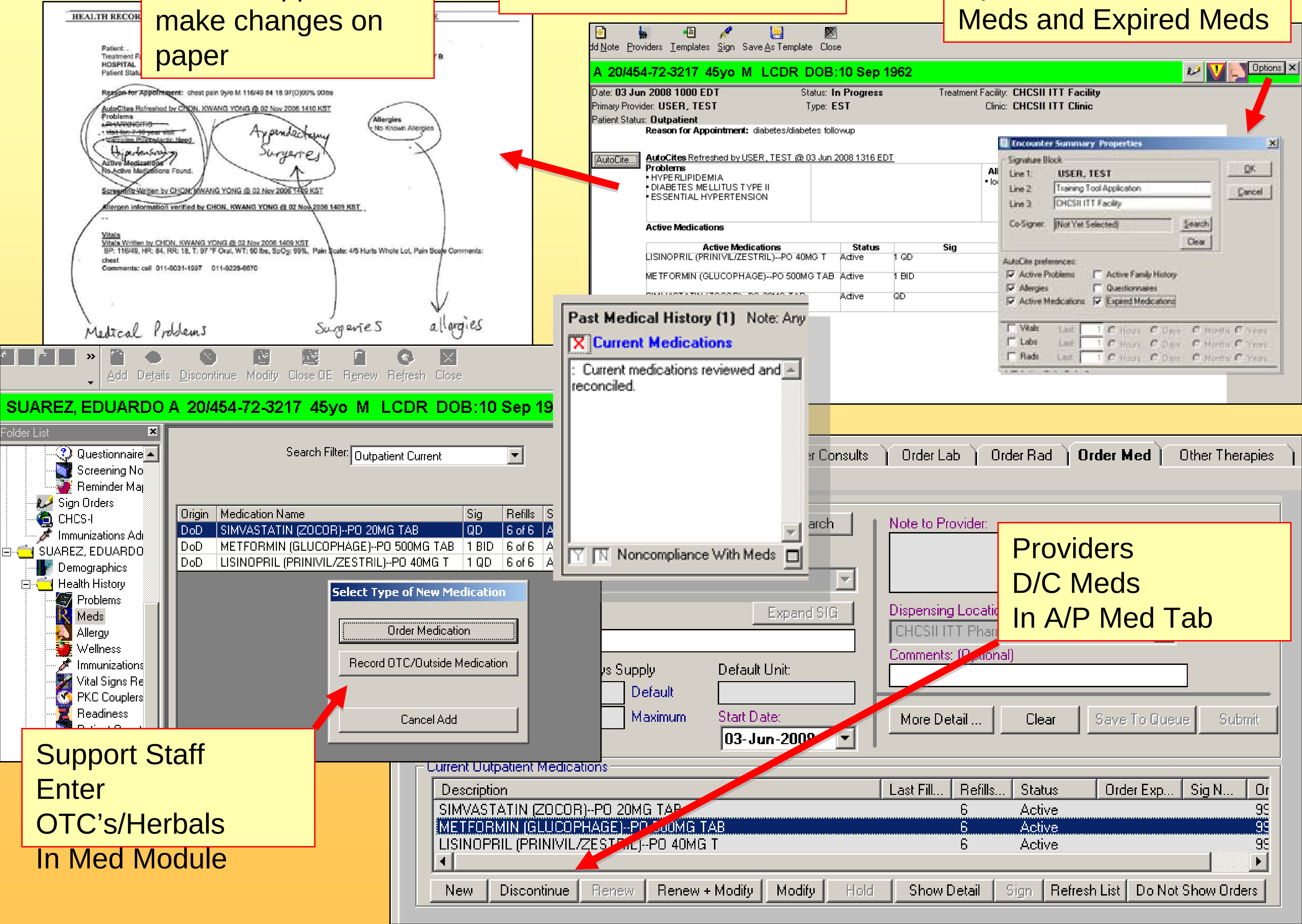
Vitals
Vitals Written by CHON, KWANG YONG @ 02 Nov 2006 1409 KST
BP: 116/49, HR: 84, RR: 18, T: 97 °F Oral, WT: 90 lbs, SpO_2: 99%, Pain Scale: 4/5 Hurts Whole Lot, Pain Scale Comments: chest
Comments: cell 011-9031-1997 011-9228-6670

Medical Problems

Surgeries

allergies

Med Rec



Docs / Support Staff make changes on paper

Options: View Active Meds and Expired Meds

Providers D/C Meds In A/P Med Tab

Support Staff Enter OTC's/Herbals In Med Module

HEALTH RECOR

Patient: .
Treatment F
HOSPITAL
Patient Statu

Reason for Appointment: chest pain 9y/o M 116/49 84 18 97(O)99% 90lbs

AutoCites Refreshed by CHON, KWANG YONG @ 02 Nov 2006 1410 KST
Problems
- ~~PHARYNGITIS~~
- ~~visit for: 7-10 year visit~~
- ~~Vaccines Prophylactic Need~~

Hypertension

Active Medications
No Active Medications Found.

Allergies
- No Known Allergies

Appendectomy
Surgeries

Screening Written by CHON, KWANG YONG @ 02 Nov 2006 1409 KST

Allergen information verified by CHON, KWANG YONG @ 02 Nov 2006 1409 KST

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Comments: cell 011-9031-1997 011-9228-6670

Medical Problems

Surgeries

allergies

A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1962

Date: **03 Jun 2008 1000 EDT** Status: **In Progress** Treatment Facility: **CHCSII ITT Facility**
Primary Provider: **USER, TEST** Type: **EST** Clinic: **CHCSII ITT Clinic**
Patient Status: **Outpatient**
Reason for Appointment: diabetes/diabetes followup

AutoCites Refreshed by USER, TEST @ 03 Jun 2008 1316 EDT
Problems
- HYPERLIPIDEMIA
- DIABETES MELLITUS TYPE II
- ESSENTIAL HYPERTENSION

Active Medications

Active Medications	Status	Sig
LISINOPRIL (PRINIVIL/ZESTRIL)--PO 40MG T	Active	1 QD
METFORMIN (GLUCOPHAGE)--PO 500MG TAB	Active	1 BID
SIMVASTATIN (ZOCOR)--PO 20MG TAB	Active	QD

Encounter Summary Properties

Signature Block
Line 1: USER, TEST
Line 2: Training Tool Application
Line 3: CHCSII ITT Facility
Co-Signer: [Not Yet Selected]

AutoCite preferences:
☑ Active Problems ☐ Active Family History
☑ Allergies ☐ Questionnaires
☑ Active Medications ☑ Expired Medications
☐ Vitals Last 1
☐ Labs Last 1
☐ Rads Last 1

Past Medical History (1) Note: Any
☒ Current Medications
Current medications reviewed and reconciled.
☐ Noncompliance With Meds

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 19

Search Filter: Outpatient Current

Origin	Medication Name	Sig	Refills
DoD	SIMVASTATIN (ZOCOR)-PO 20MG TAB	QD	6 of 6
DoD	METFORMIN (GLUCOPHAGE)-PO 500MG TAB	1 BID	6 of 6
DoD	LISINOPRIL (PRINIVIL/ZESTRIL)-PO 40MG T	1 QD	6 of 6

Select Type of New Medication
Order Medication
Record OTC/Outside Medication
Cancel Add

Dispensing Location: CHCSII ITT Phar
Start Date: 03-Jun-2008

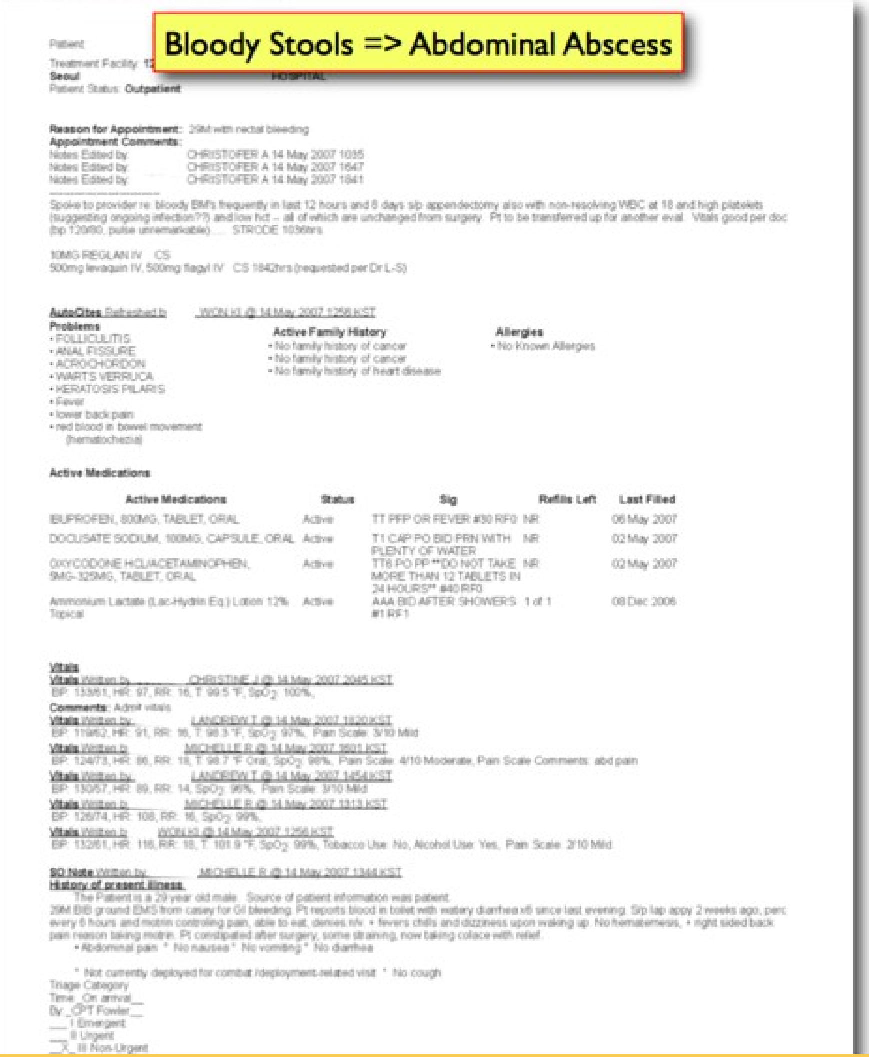
Current Outpatient Medications

Description	Last Fill...	Refills...	Status
SIMVASTATIN (ZOCOR)-PO 20MG TAB		6	Active
METFORMIN (GLUCOPHAGE)-PO 500MG TAB		6	Active
LISINOPRIL (PRINIVIL/ZESTRIL)-PO 40MG T		6	Active

Add Note
Providers
Templates
Sign
Save As Template
Close
Options
AutoCite...
OK
Cancel
Search
Clear
Add
Details
Discontinue
Modify
Close OE
Renew
Refresh
Close
Folder List
Questionnaire
Screening No
Reminder Ma
Sign Orders
CHCS-I
Immunizations Adi
SUAREZ, EDUARDO
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunizations
Vital Signs Re
PKC Couplers
Readiness
Consults
Order Lab
Order Rad
Order Med
Other Therapies
Note to Provider:
Comments: (Optional)
Expand SIG
Default Unit:
Default
Maximum
More Detail ...
Clear
Save To Queue
Submit
Order Exp...
Sig N...
New
Discontinue
Renew
Renew + Modify
Modify
Hold
Show Detail
Sign
Refresh List
Do Not Show Orders

Actual Chart Example 1

Bloody Stools => Abdominal Abscess



Patient:

Treatment Facility: 12

Seoul **HOSPITAL**

Patient Status: **Outpatient**

Reason for Appointment: 29M with rectal bleeding

Appointment Comments:

Notes Edited by: CHRISTOFER A 14 May 2007 1035

Notes Edited by: CHRISTOFER A 14 May 2007 1647

Notes Edited by: CHRISTOFER A 14 May 2007 1841

Spoke to provider re: bloody BM's frequently in last 12 hours and 8 days s/p appendectomy also with non-resolving WBC at 18 and high platelets (suggesting ongoing infection??) and low hct -- all of which are unchanged from surgery. Pt to be transferred up for another eval. Vitals good per doc (bp 120/80, pulse unremarkable)..... STRODE 1036hrs

10MG REGLAN IV CS

500mg levaquin IV, 500mg flagyl IV CS 1842hrs (requested per Dr L-S)

AutoCites Refreshed b WON KI @ 14 May 2007 1256 KST

Problems
- FOLLICULITIS
- ANAL FISSURE
- ACROCHORDON
- WARTS VERRUCA
- KERATOSIS PILARIS
- Fever
- lower back pain
- red blood in bowel movement (hematochezia)

Active Family History
- No family history of cancer
- No family history of cancer
- No family history of heart disease

Allergies
- No Known Allergies

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
IBUPROFEN, 800MG, TABLET, ORAL	Active	TT PFP OR FEVER #80 RF0	NR	06 May 2007
DOCUSATE SODIUM, 100MG, CAPSULE, ORAL	Active	T1 CAP PO BID PRN WITH PLENTY OF WATER	NR	02 May 2007
OXYCODONE HCL/ACETAMINOPHEN, 5MG-325MG, TABLET, ORAL	Active	TT6 PO PP **DO NOT TAKE MORE THAN 12 TABLETS IN 24 HOURS** #40 RF0	NR	02 May 2007
Ammonium Lactate (Lac-Hydrin Eq.) Lotion 12% Topical	Active	AAA BID AFTER SHOWERS #1 RF1	1 of 1	08 Dec 2006

Vitals

Vitals Written b CHRISTINE J @ 14 May 2007 2045 KST

BP: 133/61, HR: 97, RR: 16, T: 99.5 °F, SpO_2: 100%,

Comments: Admit vitals

Vitals Written by LANDREW T @ 14 May 2007 1820 KST

BP: 119/62, HR: 91, RR: 16, T: 98.3 °F, SpO_2: 97%, Pain Scale: 3/10 Mild

Vitals Written b MICHELLE R @ 14 May 2007 1601 KST

BP: 124/73, HR: 86, RR: 18, T: 98.7 °F Oral, SpO_2: 98%, Pain Scale: 4/10 Moderate, Pain Scale Comments: abd pain

Vitals Written by LANDREW T @ 14 May 2007 1454 KST

BP: 130/57, HR: 89, RR: 14, SpO_2: 96%, Pain Scale: 3/10 Mild

Vitals Written b MICHELLE R @ 14 May 2007 1313 KST

BP: 126/74, HR: 108, RR: 16, SpO_2: 99%,

Vitals Written b WON KI @ 14 May 2007 1256 KST

BP: 132/61, HR: 116, RR: 18, T: 101.9 °F, SpO_2: 99%, Tobacco Use: No, Alcohol Use: Yes, Pain Scale: 2/10 Mild

SO Note Written by MICHELLE R @ 14 May 2007 1344 KST

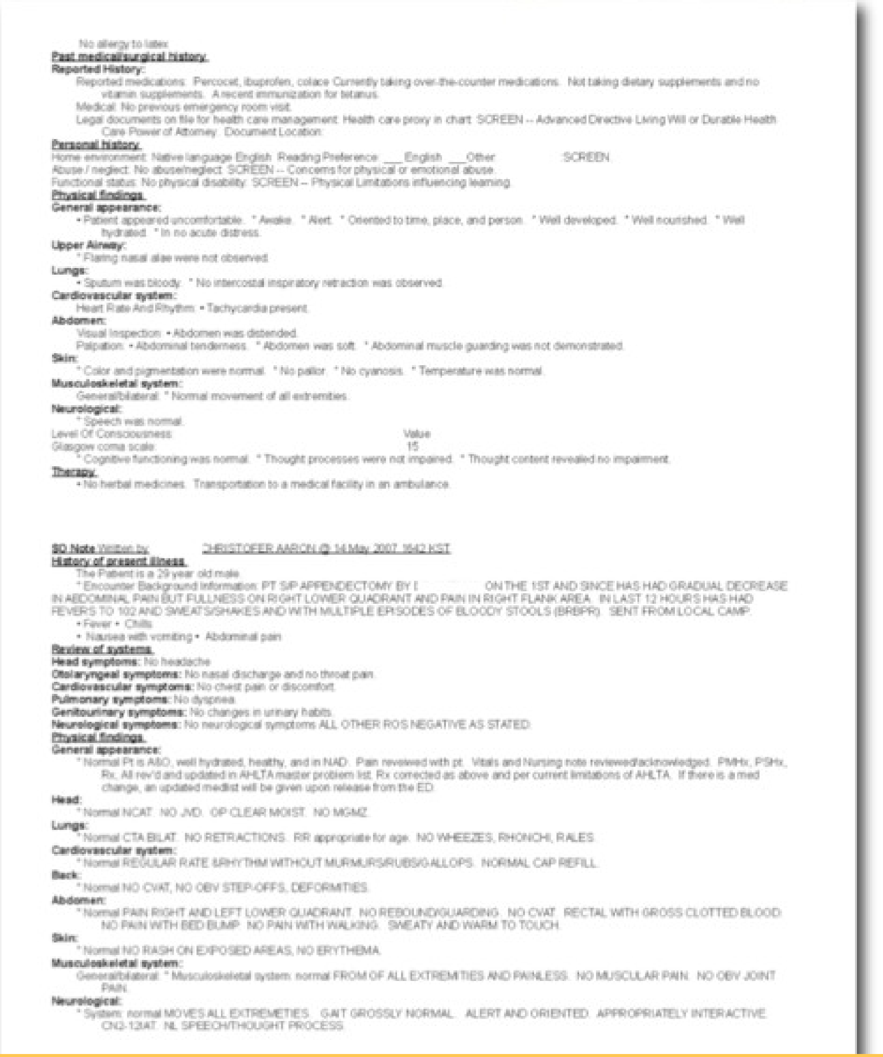
History of present illness.

The Patient is a 29 year old male. Source of patient information was patient.
29M BIB ground EMS from casey for GI bleeding. Pt reports blood in toilet with watery diarrhea x6 since last evening. S/p lap appy 2 weeks ago, perc every 6 hours and motrin controling pain, able to eat, denies n/v. + fevers chills and dizziness upon waking up. No hematemesis, + right sided back pain reason taking motrin. Pt constipated after surgery, some straining, now taking colace with relief.

• Abdominal pain * No nausea * No vomiting * No diarrhea

* Not currently deployed for combat /deployment-related visit * No cough

Triage Category
Time _On arrival__
By _CPT Fowler__
___ I Emergent
___ II Urgent
__X_ III Non-Urgent



No allergy to latex

Past medical/surgical history.

Reported History:

Reported medications: Percocet, ibuprofen, colace Currently taking over-the-counter medications. Not taking dietary supplements and no vitamin supplements. A recent immunization for tetanus.

Medical: No previous emergency room visit.

Legal documents on file for health care management: Health care proxy in chart. SCREEN -- Advanced Directive Living Will or Durable Health Care Power of Attorney. Document Location:

Personal history.

Home environment: Native language English. Reading Preference: ___English ___Other SCREEN

Abuse / neglect: No abuse/neglect. SCREEN -- Concerns for physical or emotional abuse.

Functional status: No physical disability. SCREEN -- Physical Limitations influencing learning.

Physical findings.

General appearance:

• Patient appeared uncomfortable. * Awake. * Alert. * Oriented to time, place, and person. * Well developed. * Well nourished. * Well hydrated. * In no acute distress.

Upper Airway:

* Flaring nasal alae were not observed.

Lungs:

• Sputum was bloody. * No intercostal inspiratory retraction was observed.

Cardiovascular system:

Heart Rate And Rhythm: • Tachycardia present.

Abdomen:

Visual Inspection: • Abdomen was distended.

Palpation: • Abdominal tenderness. * Abdomen was soft. * Abdominal muscle guarding was not demonstrated.

Skin:

* Color and pigmentation were normal. * No pallor. * No cyanosis. * Temperature was normal.

Musculoskeletal system:

General/bilateral: * Normal movement of all extremities.

Neurological:

* Speech was normal.

Level Of Consciousness	Value
Glasgow coma scale	15

* Cognitive functioning was normal. * Thought processes were not impaired. * Thought content revealed no impairment.

Therapy.

• No herbal medicines. Transportation to a medical facility in an ambulance.

SO Note Written by CHRISTOFER AARON @ 14 May 2007 1642 KST

History of present illness.

The Patient is a 29 year old male.

* Encounter Background Information: PT S/P APPENDECTOMY BY I ON THE 1ST AND SINCE HAS HAD GRADUAL DECREASE IN ABDOMINAL PAIN BUT FULLNESS ON RIGHT LOWER QUADRANT AND PAIN IN RIGHT FLANK AREA. IN LAST 12 HOURS HAS HAD FEVERS TO 102 AND SWEATS/SHAKES AND WITH MULTIPLE EPISODES OF BLOODY STOOLS (BRBPR). SENT FROM LOCAL CAMP.

• Fever • Chills

• Nausea with vomiting • Abdominal pain

Review of systems.

Head symptoms: No headache

Otolaryngeal symptoms: No nasal discharge and no throat pain.

Cardiovascular symptoms: No chest pain or discomfort.

Pulmonary symptoms: No dyspnea.

Genitourinary symptoms: No changes in urinary habits.

Neurological symptoms: No neurological symptoms ALL OTHER ROS NEGATIVE AS STATED.

Physical findings.

General appearance:

* Normal Pt is A&O, well hydrated, healthy, and in NAD. Pain reviewed with pt. Vitals and Nursing note reviewed/acknowledged. PMHx, PSHx, Rx, All rev'd and updated in AHLTA master problem list. Rx corrected as above and per current limitations of AHLTA. If there is a med change, an updated medlist will be given upon release from the ED.

Head:

* Normal NCAT. NO JVD. OP CLEAR MOIST. NO MGMZ.

Lungs:

* Normal CTA BILAT. NO RETRACTIONS. RR appropriate for age. NO WHEEZES, RHONCHI, RALES.

Cardiovascular system:

* Normal REGULAR RATE &RHYTHM WITHOUT MURMURS/RUBS/GALLOPS. NORMAL CAP REFILL.

Back:

* Normal NO CVAT, NO OBV STEP-OFFS, DEFORMITIES.

Abdomen:

* Normal PAIN RIGHT AND LEFT LOWER QUADRANT. NO REBOUND/GUARDING. NO CVAT. RECTAL WITH GROSS CLOTTED BLOOD. NO PAIN WITH BED BUMP. NO PAIN WITH WALKING. SWEATY AND WARM TO TOUCH.

Skin:

* Normal NO RASH ON EXPOSED AREAS, NO ERYTHEMA.

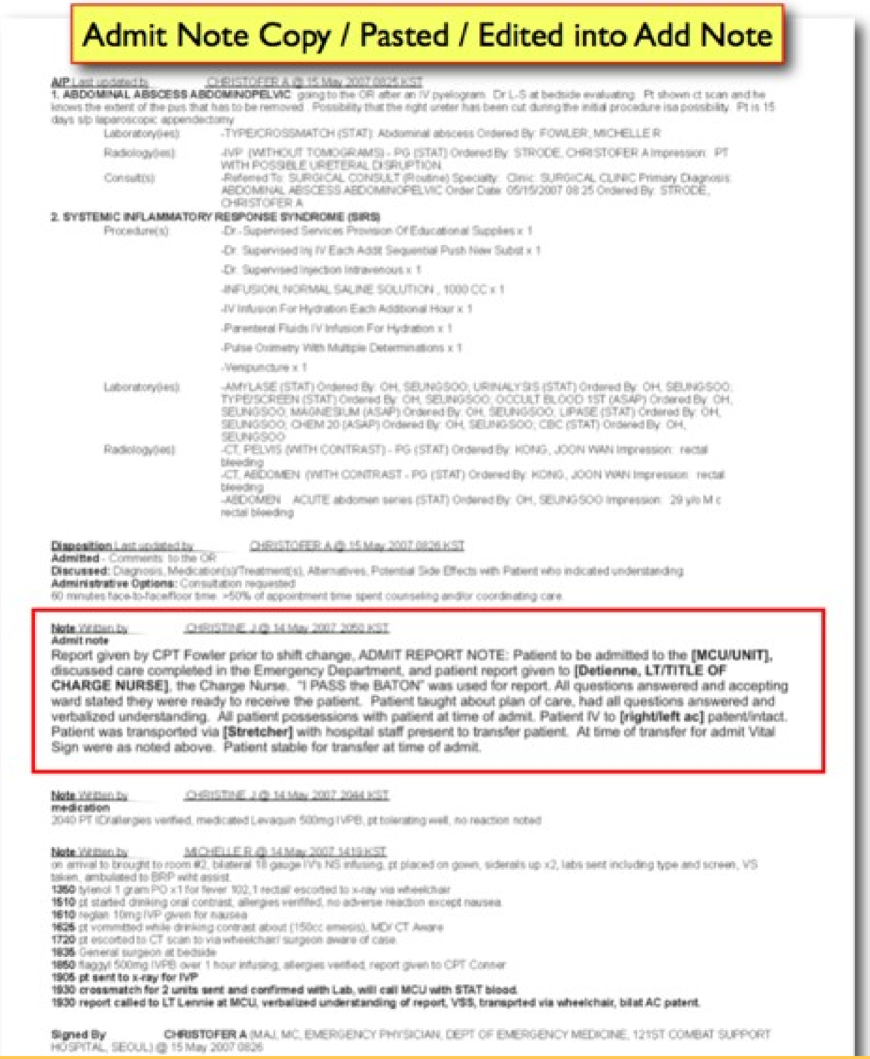
Musculoskeletal system:

General/bilateral: * Musculoskeletal system: normal FROM OF ALL EXTREMITIES AND PAINLESS. NO MUSCULAR PAIN. NO OBV JOINT PAIN.

Neurological:

* System: normal MOVES ALL EXTREMETIES. GAIT GROSSLY NORMAL. ALERT AND ORIENTED. APPROPRIATELY INTERACTIVE. CN2-12AT. NL SPEECH/THOUGHT PROCESS.

Actual Chart Example 1 cont.



Admit Note Copy / Pasted / Edited into Add Note

A/P Last updated by CHRISTOFER A @ 15 May 2007 0825 KST

1. ABDOMINAL ABSCESS ABDOMINOPELVIC going to the OR after an IV pyelogram. Dr L-S at bedside evaluating. Pt shown ct scan and he knows the extent of the pus that has to be removed. Possibility that the right ureter has been cut during the initial procedure is a possibility. Pt is 15 days s/p laparoscopic appendectomy

Laboratory(ies) -TYPE/CROSSMATCH (STAT): Abdominal abscess Ordered By: FOWLER, MICHELLE R

Radiology(ies) -IVP (WITHOUT TOMOGRAMS) - PG (STAT) Ordered By: STRODE, CHRISTOFER A Impression: PT WITH POSSIBLE URETERAL DISRUPTION

Consult(s) -Referred To: SURGICAL CONSULT (Routine) Specialty: Clinic: SURGICAL CLINIC Primary Diagnosis: ABDOMINAL ABSCESS ABDOMINOPELVIC Order Date: 05/15/2007 08:25 Ordered By: STRODE, CHRISTOFER A

2. SYSTEMIC INFLAMMATORY RESPONSE SYNDROME (SIRS)

Procedure(s)
-Dr - Supervised Services Provision Of Educational Supplies x 1
-Dr. Supervised Inj IV Each Addt Sequential Push New Subst x 1
-Dr. Supervised Injection Intravenous x 1
-INFUSION, NORMAL SALINE SOLUTION , 1000 CC x 1
-IV Infusion For Hydration Each Additional Hour x 1
-Parenteral Fluids IV Infusion For Hydration x 1
-Pulse Oximetry With Multiple Determinations x 1
-Venipuncture x 1

Laboratory(ies) -AMYLASE (STAT) Ordered By: OH, SEUNGSOO; URINALYSIS (STAT) Ordered By: OH, SEUNGSOO; TYPE/SCREEN (STAT) Ordered By: OH, SEUNGSOO; OCCULT BLOOD 1ST (ASAP) Ordered By: OH, SEUNGSOO; MAGNESIUM (ASAP) Ordered By: OH, SEUNGSOO; LIPASE (STAT) Ordered By: OH, SEUNGSOO; CHEM 20 (ASAP) Ordered By: OH, SEUNGSOO; CBC (STAT) Ordered By: OH, SEUNGSOO

Radiology(ies)
-CT, PELVIS (WITH CONTRAST) - PG (STAT) Ordered By: KONG, JOON WAN Impression: rectal bleeding
-CT, ABDOMEN (WITH CONTRAST - PG (STAT) Ordered By: KONG, JOON WAN Impression: rectal bleeding
-ABDOMEN ACUTE abdomen series (STAT) Ordered By: OH, SEUNG SOO Impression: 29 y/o M c rectal bleeding

Disposition Last updated by CHRISTOFER A @ 15 May 2007 0826 KST
Admitted - Comments: to the OR
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding
Administrative Options: Consultation requested
60 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

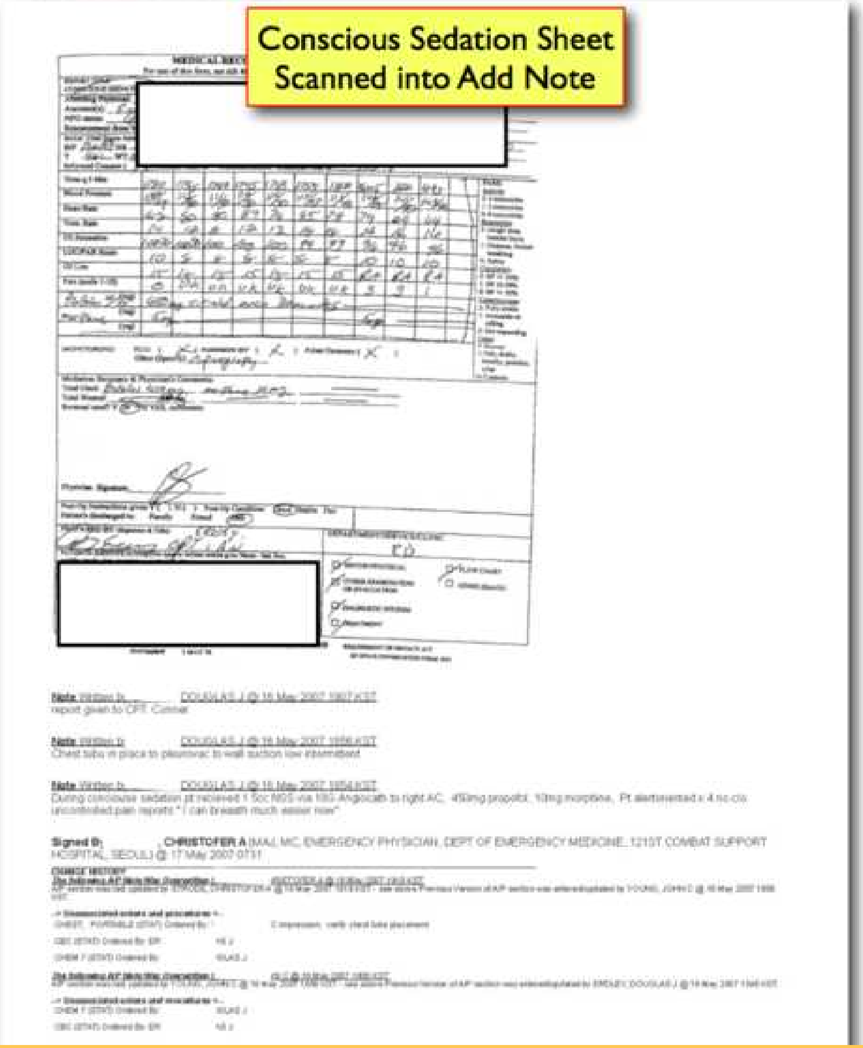
Note Written by CHRISTINE J @ 14 May 2007 2050 KST
Admit note
Report given by CPT Fowler prior to shift change, ADMIT REPORT NOTE: Patient to be admitted to the **[MCU/UNIT]**, discussed care completed in the Emergency Department, and patient report given to **[Detienne, LT/TITLE OF CHARGE NURSE]**, the Charge Nurse. "I PASS the BATON" was used for report. All questions answered and accepting ward stated they were ready to receive the patient. Patient taught about plan of care, had all questions answered and verbalized understanding. All patient possessions with patient at time of admit. Patient IV to **[right/left ac]** patent/intact. Patient was transported via **[Stretcher]** with hospital staff present to transfer patient. At time of transfer for admit Vital Sign were as noted above. Patient stable for transfer at time of admit.

Note Written by CHRISTINE J @ 14 May 2007 2044 KST
medication
2040 PT ID/allergies verified, medicated Levaquin 500mg IVPB, pt tolerating well, no reaction noted

Note Written by MICHELLE R @ 14 May 2007 1419 KST
on arrival to brought to room #2, bilateral 18 gauge IV's NS infusing, pt placed on gown, siderails up x2, labs sent including type and screen, VS taken, ambulated to BRP with assist
1350 tylenol 1 gram PO x1 for fever 102.1 rectal/ escorted to x-ray via wheelchair
1510 pt started drinking oral contrast, allergies verified, no adverse reaction except nausea
1610 reglan 10mg IVP given for nausea
1626 pt vommitted while drinking contrast about (150cc emesis), MD/ CT Aware
1720 pt escorted to CT scan to via wheelchair/ surgeon aware of case
1835 General surgeon at bedside
1850 flaggyl 500mg IVPB over 1 hour infusing, allergies verified, report given to CPT Conner
1905 pt sent to x-ray for IVP
1930 crossmatch for 2 units sent and confirmed with Lab, will call MCU with STAT blood.
1930 report called to LT Lennie at MCU, verbalized understanding of report, VSS, transprted via wheelchair, bilat AC patent.

Signed By **CHRISTOFER A** (MAJ, MC, EMERGENCY PHYSICIAN, DEPT OF EMERGENCY MEDICINE, 121ST COMBAT SUPPORT HOSPITAL, SEOUL) @ 15 May 2007 0826

Actual Chart Examples 3 & 4



Conscious Sedation Sheet Scanned into Add Note

[redacted]

[redacted]

Note Written by DOUGLAS J @ 15 May 2007 1907 KST
report given to CPT Conner

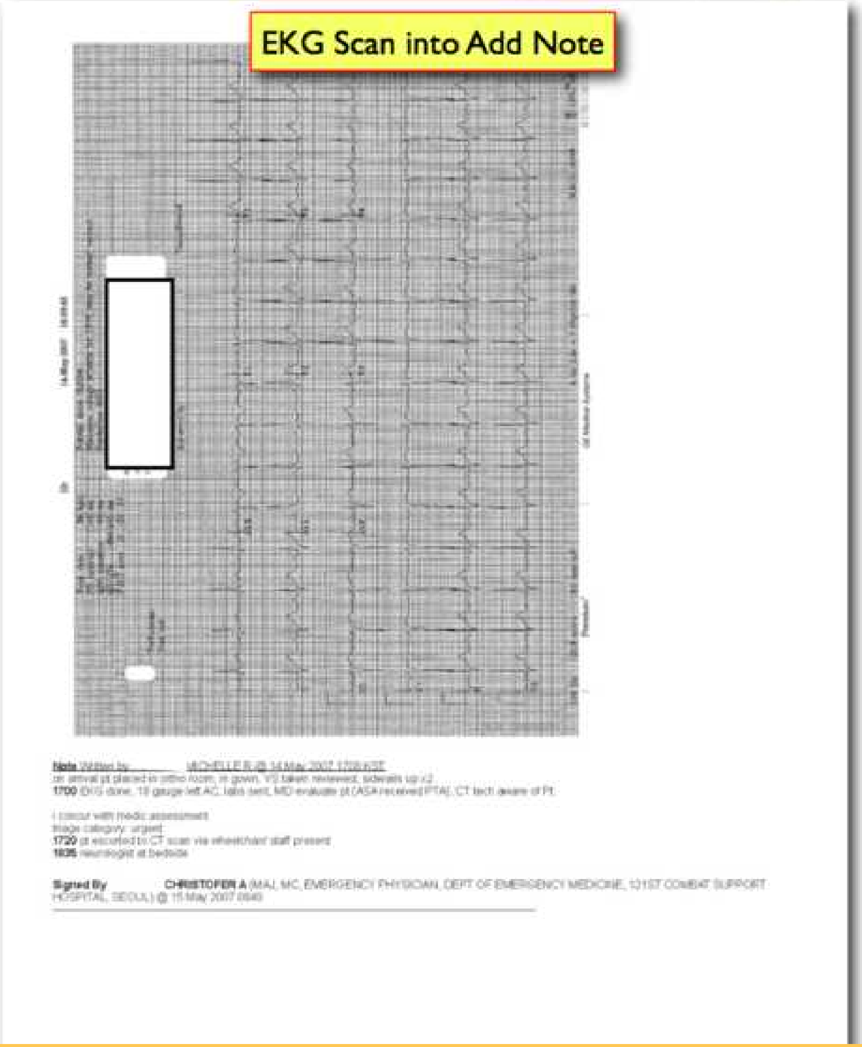
Note Written by DOUGLAS J @ 15 May 2007 1856 KST
Chest tube in place to pleurovac to wall suction low intermittent

Note Written by DOUGLAS J @ 15 May 2007 1854 KST
During conscious sedation pt recieved 1.5cc NSS via 18G Angiocath to right AC, 450mg propofol, 10mg morphine, Pt alert/oriented x 4 no c/o uncontrolled pain reports " I can breath much easier now"

Signed By **CHRISTOFER A** (MAJ, MC, EMERGENCY PHYSICIAN, DEPT OF EMERGENCY MEDICINE, 121ST COMBAT SUPPORT HOSPITAL, SEOUL) @ 17 May 2007 0731

CHANGE HISTORY

-- Unassociated orders and procedures --
CHEST, PORTABLE (STAT) Ordered By: Compression, verify chest tube placement



EKG Scan into Add Note

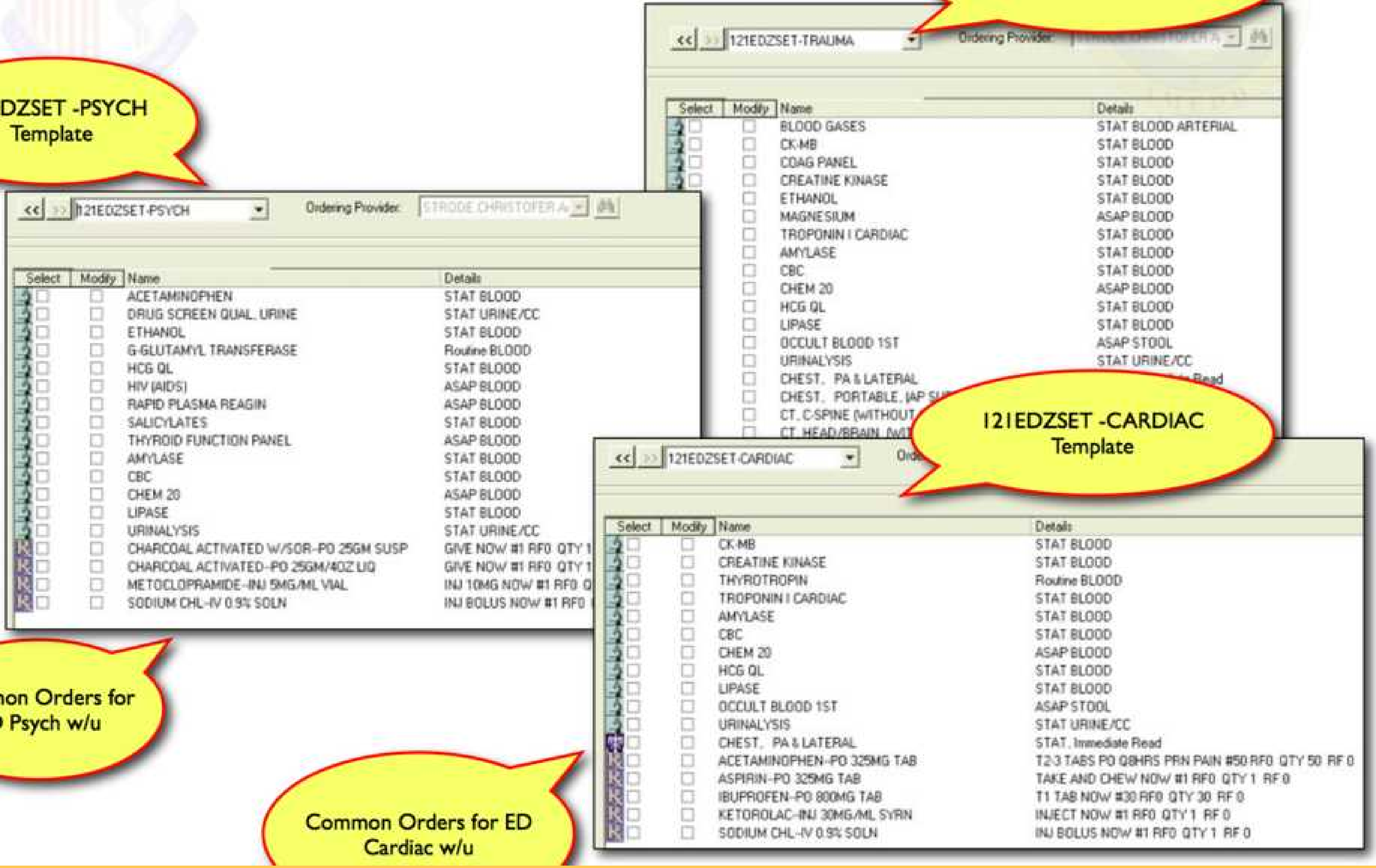
[redacted]

Note Written by MICHELLE R @ 14 May 2007 1700 KST
on arrival pt placed in ortho room, in gown, VS taken reviewed, siderails up x2
1700 EKG done, 18 gauge left AC, labs sent, MD evaluate pt (ASA received PTA), CT tech aware of Pt.

i concur with medic assessment
triage category: urgent
1720 pt escorted to CT scan via wheelchair staff present
1835 neurologist at bedside

Signed By **CHRISTOFER A** (MAJ, MC, EMERGENCY PHYSICIAN, DEPT OF EMERGENCY MEDICINE, 121ST COMBAT SUPPORT HOSPITAL, SEOUL) @ 15 May 2007 0840

Examples 121 EDZSets (Orders



121EDZSET -TRAUMA
Template

121EDZSET-TRAUMA

Select	Modify	Name	Details
☐	☐	BLOOD GASES	STAT BLOOD ARTERIAL
☐	☐	CK-MB	STAT BLOOD
☐	☐	COAG PANEL	STAT BLOOD
☐	☐	CREATINE KINASE	STAT BLOOD
	☐	ETHANOL	STAT BLOOD
	☐	MAGNESIUM	ASAP BLOOD
	☐	TROPONIN I CARDIAC	STAT BLOOD
	☐	AMYLASE	STAT BLOOD
	☐	CBC	STAT BLOOD
	☐	CHEM 20	ASAP BLOOD
	☐	HCG QL	STAT BLOOD
	☐	LIPASE	STAT BLOOD
	☐	OCCULT BLOOD 1ST	ASAP STOOL
	☐	URINALYSIS	STAT URINE/CC
	☐	CHEST, PA & LATERAL	Read
	☐	CHEST, PORTABLE, (AP SU	
	☐	CT, C-SPINE (WITHOUT	
	☐	CT, HEAD/BRAIN (W/	

121EDZSET -PSYCH
Template

121EDZSET-PSYCH

Select	Modify	Name	Details
☐	☐	ACETAMINOPHEN	STAT BLOOD
☐	☐	DRUG SCREEN QUAL, URINE	STAT URINE/CC
☐	☐	ETHANOL	STAT BLOOD
☐	☐	G-GLUTAMYL TRANSFERASE	Routine BLOOD
☐	☐	HCG QL	STAT BLOOD
☐	☐	HIV (AIDS)	ASAP BLOOD
☐	☐	RAPID PLASMA REAGIN	ASAP BLOOD
☐	☐	SALICYLATES	STAT BLOOD
☐	☐	THYROID FUNCTION PANEL	ASAP BLOOD
☐	☐	AMYLASE	STAT BLOOD
☐	☐	CBC	STAT BLOOD
☐	☐	CHEM 20	ASAP BLOOD
☐	☐	LIPASE	STAT BLOOD
☐	☐	URINALYSIS	STAT URINE/CC
☐	☐	CHARCOAL ACTIVATED W/SOR-PO 25GM SUSP	GIVE NOW #1 RF0 QTY 1
☐	☐	CHARCOAL ACTIVATED-PO 25GM/4OZ LIQ	GIVE NOW #1 RF0 QTY 1
☐	☐	METOCLOPRAMIDE-INJ 5MG/ML VIAL	INJ 10MG NOW #1 RF0 Q
☐	☐	SODIUM CHL-IV 0.9% SOLN	INJ BOLUS NOW #1 RF0

121EDZSET -CARDIAC
Template

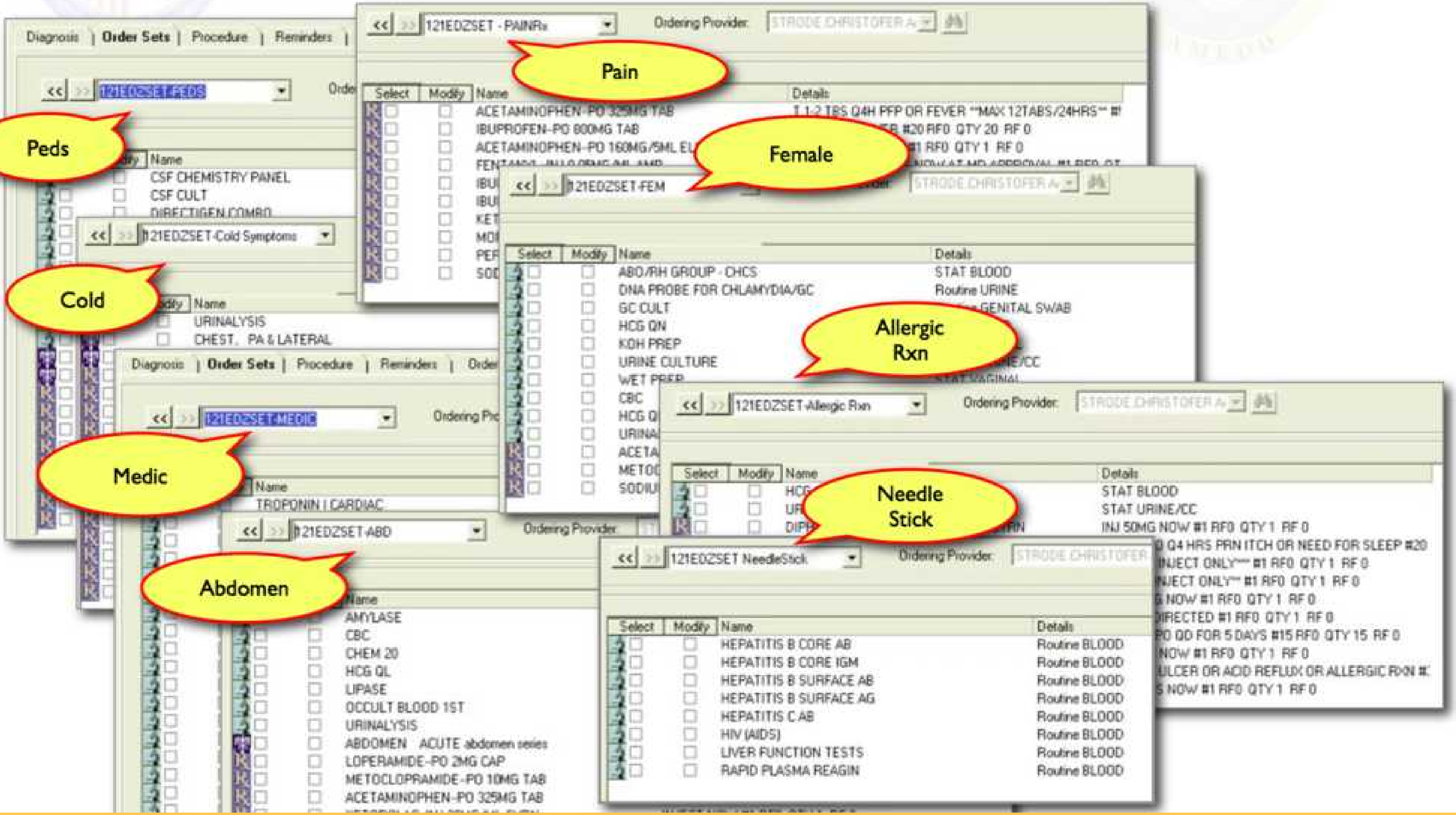
121EDZSET-CARDIAC

Select	Modify	Name	Details
☐	☐	CK-MB	STAT BLOOD
☐	☐	CREATINE KINASE	STAT BLOOD
☐	☐	THYROTROPIN	Routine BLOOD
☐	☐	TROPONIN I CARDIAC	STAT BLOOD
☐	☐	AMYLASE	STAT BLOOD
☐	☐	CBC	STAT BLOOD
☐	☐	CHEM 20	ASAP BLOOD
☐	☐	HCG QL	STAT BLOOD
☐	☐	LIPASE	STAT BLOOD
☐	☐	OCCULT BLOOD 1ST	ASAP STOOL
☐	☐	URINALYSIS	STAT URINE/CC
☐	☐	CHEST, PA & LATERAL	STAT, Immediate Read
☐	☐	ACETAMINOPHEN-PO 325MG TAB	T2-3 TABS PO Q8HRS PRN PAIN #50 RF0 QTY 50 RF 0
☐	☐	ASPIRIN-PO 325MG TAB	TAKE AND CHEW NOW #1 RF0 QTY 1 RF 0
☐	☐	IBUPROFEN-PO 800MG TAB	T1 TAB NOW #30 RF0 QTY 30 RF 0
☐	☐	KETOROLAC-INJ 30MG/ML SYRN	INJECT NOW #1 RF0 QTY 1 RF 0
☐	☐	SODIUM CHL-IV 0.9% SOLN	INJ BOLUS NOW #1 RF0 QTY 1 RF 0

Common Orders for ED Psych w/u

Common Orders for ED Cardiac w/u

Examples 121 EDZSets (Orders Only)



121EDZSET-PEDS

Name
CSF CHEMISTRY PANEL
CSF CULT
DIRECTIGEN COMBO

121EDZSET-Cold Symptoms

Name
URINALYSIS
CHEST, PA & LATERAL

121EDZSET-MEDIC

Name
TROPONIN I CARDIAC

121EDZSET-ABD

Name
AMYLASE
CBC
CHEM 20
HCG QL
LIPASE
OCCULT BLOOD 1ST
URINALYSIS
ABDOMEN ACUTE abdomen series
LOPERAMIDE-PO 2MG CAP
METOCLOPRAMIDE-PO 10MG TAB
ACETAMINOPHEN-PO 325MG TAB

121EDZSET - PAINRx

Select	Modify	Name	Details
☐	☐	ACETAMINOPHEN-PO 325MG TAB	T 1-2 TBS Q4H PFP OR FEVER **MAX 12TABS/24HRS** #
☐	☐	IBUPROFEN-PO 800MG TAB	B #20 RF0 QTY 20 RF 0
☐	☐	ACETAMINOPHEN-PO 160MG/5ML EL	1 RF0 QTY 1 RF 0
☐	☐	FEN	
☐	☐	IBU	
☐	☐	IBU	
☐	☐	KET	
☐	☐	MO	
☐	☐	PER	
☐	☐	SOD	

121EDZSET-FEM

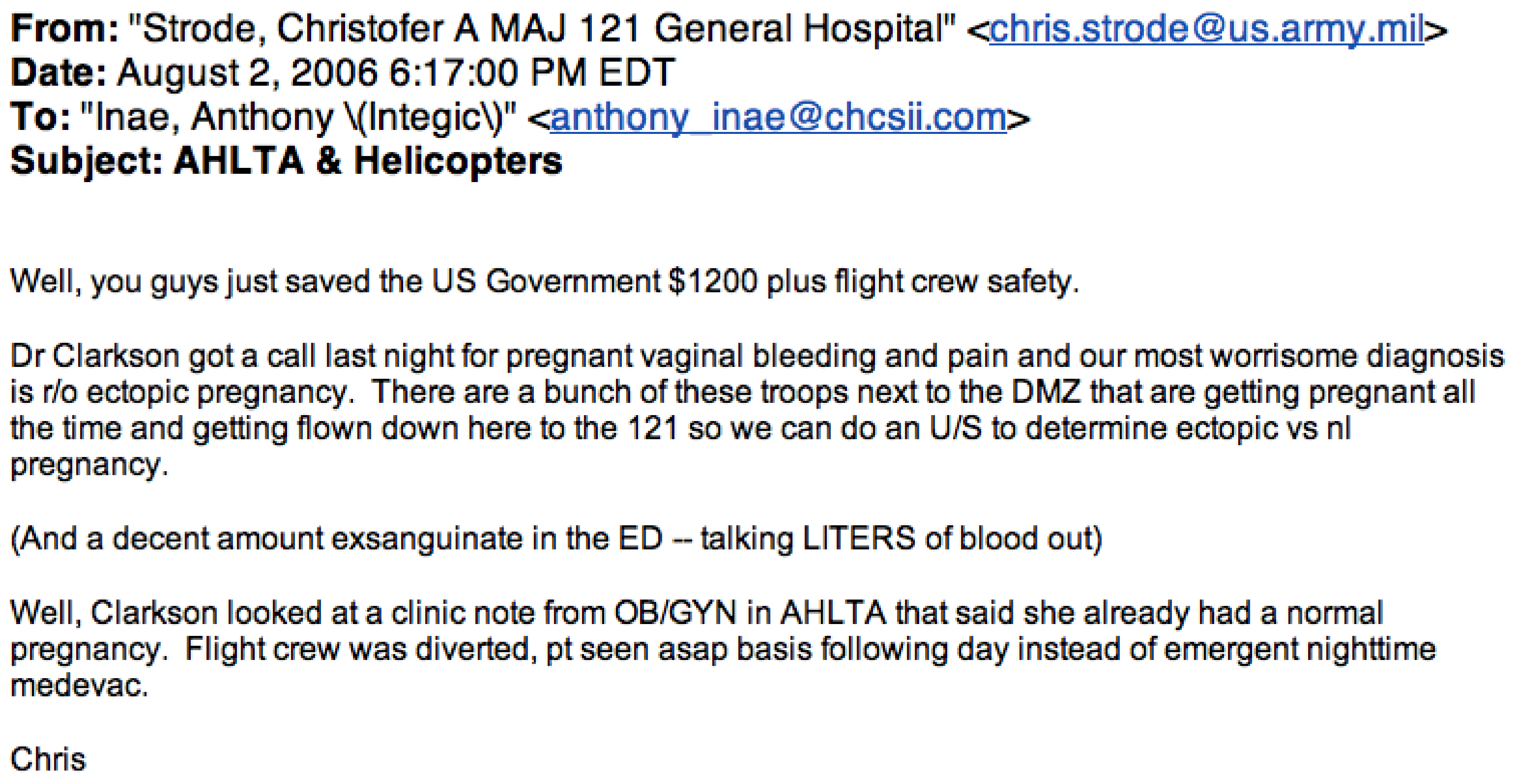
Select	Modify	Name	Details
☐	☐	ABO/RH GROUP - CHCS	STAT BLOOD
☐	☐	DNA PROBE FOR CHLAMYDIA/GC	Routine URINE
☐	☐	GC CULT	GENITAL SWAB
☐	☐	HCG QN	
☐	☐	KOH PREP	
☐	☐	URINE CULTURE	E/CC
☐	☐	WET PREP	STAT VAGINAL
☐	☐	CBC	
☐	☐	HCG Q	
☐	☐	URINA	
☐	☐	ACETA	
☐	☐	METO	
☐	☐	SODIU	

121EDZSET-Allergic Rxn

Select	Modify	Name	Details
☐	☐	HCG	STAT BLOOD
☐	☐	UR	STAT URINE/CC
☐	☐	DIPH	INJ 50MG NOW #1 RF0 QTY 1 RF 0
			Q4 HRS PRN ITCH OR NEED FOR SLEEP #20
			NJECT ONLY*** #1 RF0 QTY 1 RF 0
			NJECT ONLY*** #1 RF0 QTY 1 RF 0
			NOW #1 RF0 QTY 1 RF 0
			DIRECTED #1 RF0 QTY 1 RF 0
			PO QD FOR 5 DAYS #15 RF0 QTY 15 RF 0
			NOW #1 RF0 QTY 1 RF 0
			ULCER OR ACID REFLUX OR ALLERGIC RXN #
			NOW #1 RF0 QTY 1 RF 0

121EDZSET NeedleStick

Select	Modify	Name	Details
☐	☐	HEPATITIS B CORE AB	Routine BLOOD
☐	☐	HEPATITIS B CORE IGM	Routine BLOOD
☐	☐	HEPATITIS B SURFACE AB	Routine BLOOD
☐	☐	HEPATITIS B SURFACE AG	Routine BLOOD
☐	☐	HEPATITIS C AB	Routine BLOOD
☐	☐	HIV (AIDS)	Routine BLOOD
☐	☐	LIVER FUNCTION TESTS	Routine BLOOD
☐	☐	RAPID PLASMA REAGIN	Routine BLOOD



From: "Strode, Christofer A MAJ 121 General Hospital" <chris.strode@us.army.mil>
Date: August 2, 2006 6:17:00 PM EDT
To: "Inae, Anthony \(Integic\)" <anthony_inae@chcsii.com>
Subject: AHLTA & Helicopters

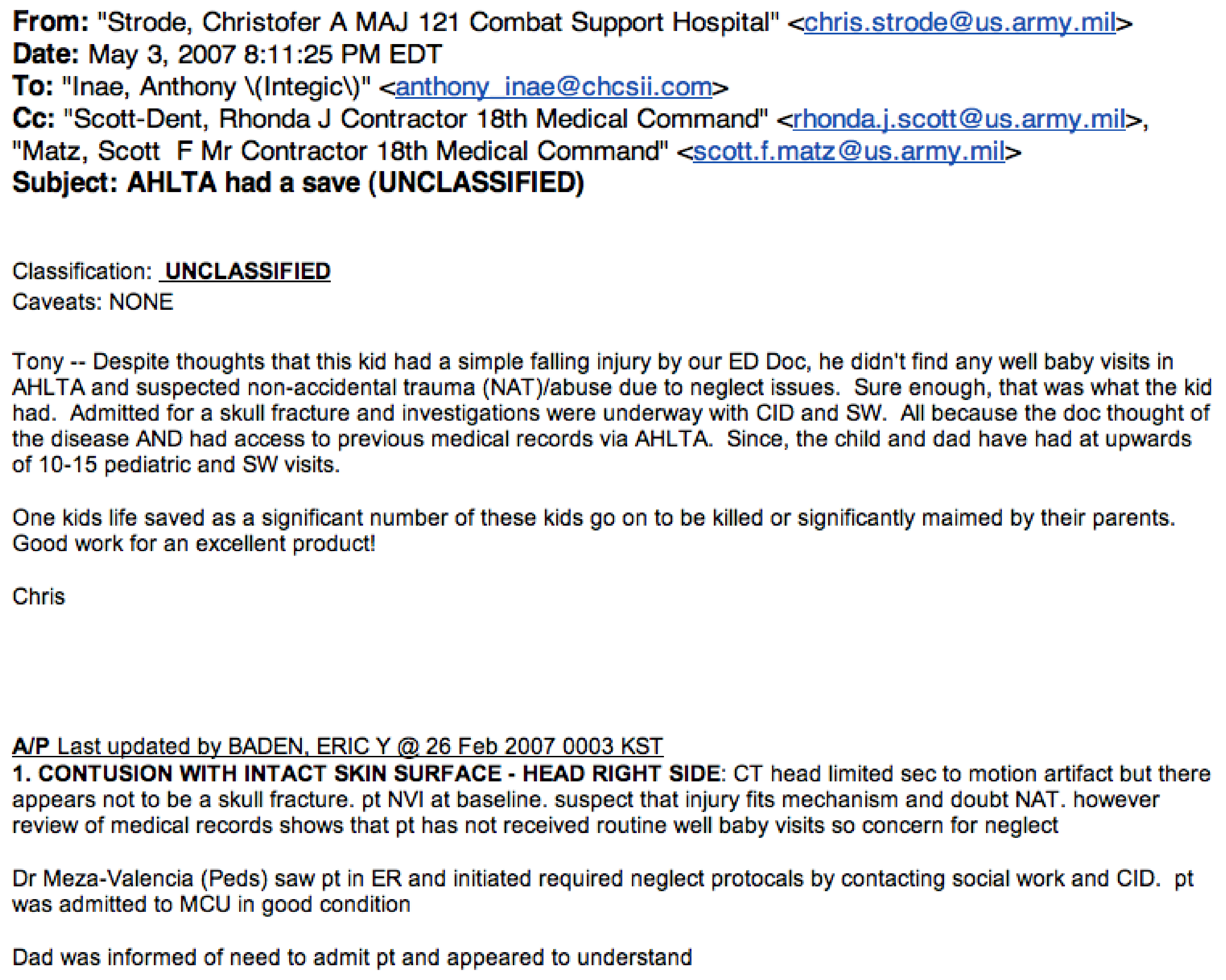
Well, you guys just saved the US Government $1200 plus flight crew safety.

Dr Clarkson got a call last night for pregnant vaginal bleeding and pain and our most worrisome diagnosis is r/o ectopic pregnancy. There are a bunch of these troops next to the DMZ that are getting pregnant all the time and getting flown down here to the 121 so we can do an U/S to determine ectopic vs nl pregnancy.

(And a decent amount exsanguinate in the ED -- talking LITERS of blood out)

Well, Clarkson looked at a clinic note from OB/GYN in AHLTA that said she already had a normal pregnancy. Flight crew was diverted, pt seen asap basis following day instead of emergent nighttime medevac.

Chris



From: "Strode, Christofer A MAJ 121 Combat Support Hospital" <chris.strode@us.army.mil>
Date: May 3, 2007 8:11:25 PM EDT
To: "Inae, Anthony \(Integic\)" <anthony_inae@chcsii.com>
Cc: "Scott-Dent, Rhonda J Contractor 18th Medical Command" <rhonda.j.scott@us.army.mil>, "Matz, Scott F Mr Contractor 18th Medical Command" <scott.f.matz@us.army.mil>
Subject: AHLTA had a save (UNCLASSIFIED)

Classification: **UNCLASSIFIED**
Caveats: NONE

Tony -- Despite thoughts that this kid had a simple falling injury by our ED Doc, he didn't find any well baby visits in AHLTA and suspected non-accidental trauma (NAT)/abuse due to neglect issues. Sure enough, that was what the kid had. Admitted for a skull fracture and investigations were underway with CID and SW. All because the doc thought of the disease AND had access to previous medical records via AHLTA. Since, the child and dad have had at upwards of 10-15 pediatric and SW visits.

One kids life saved as a significant number of these kids go on to be killed or significantly maimed by their parents. Good work for an excellent product!

Chris

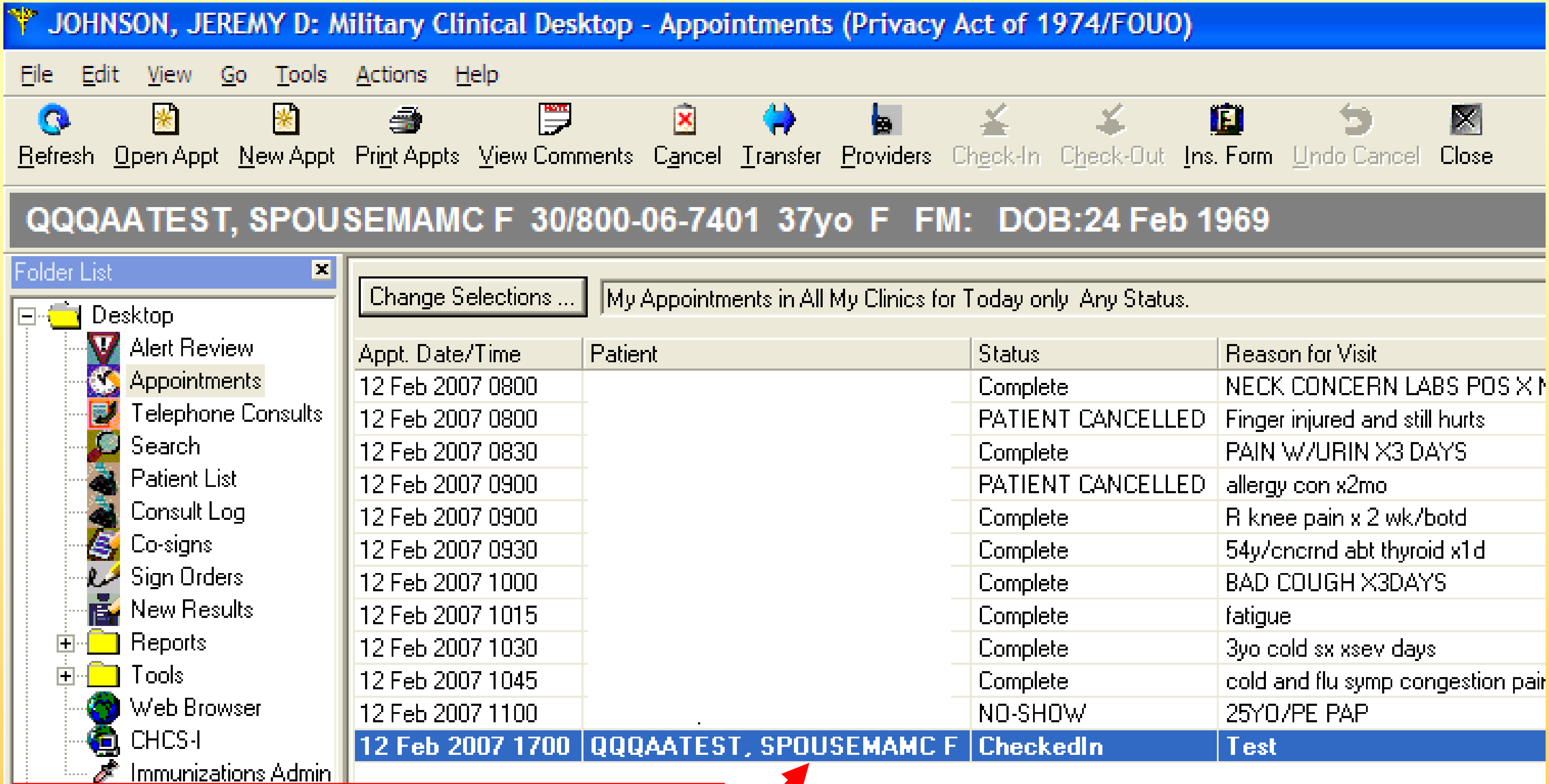
A/P Last updated by BADEN, ERIC Y @ 26 Feb 2007 0003 KST
1. CONTUSION WITH INTACT SKIN SURFACE - HEAD RIGHT SIDE: CT head limited sec to motion artifact but there appears not to be a skull fracture. pt NVI at baseline. suspect that injury fits mechanism and doubt NAT. however review of medical records shows that pt has not received routine well baby visits so concern for neglect

Dr Meza-Valencia (Peds) saw pt in ER and initiated required neglect protocals by contacting social work and CID. pt was admitted to MCU in good condition

Dad was informed of need to admit pt and appeared to understand

Add the **Usability AIM form** to your Favorites list today

Note: Once familiar with use, please try to clean up and remove all the old templates you will not be using. Less is more. This AIM can replace many of your current templates.

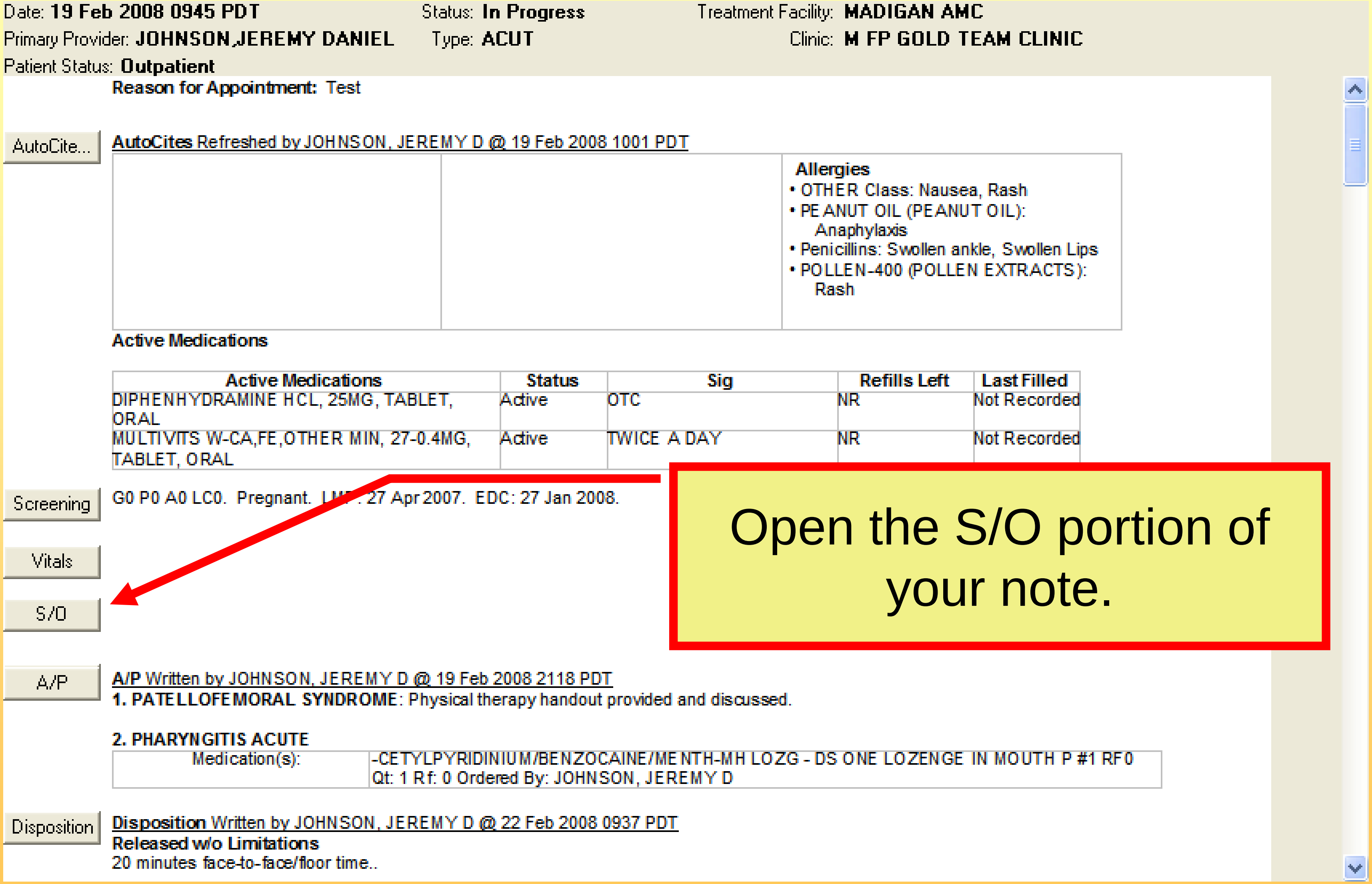

JOHNSON, JEREMY D: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)
File
Edit
View
Go
Tools
Actions
Help
Refresh
Open Appt
New Appt
Print Appts
View Comments
Cancel
Transfer
Providers
Check-In
Check-Out
Ins. Form
Undo Cancel
Close
Folder List
Desktop
Alert Review
Appointments
Telephone Consults
Search
Patient List
Consult Log
Co-signs
Sign Orders
New Results
Reports
Tools
Web Browser
CHCS-I
Immunizations Admin
Change Selections ...

QQQAATEST, SPOUSEMAMC F 30/800-06-7401 37yo F FM: DOB:24 Feb 1969

My Appointments in All My Clinics for Today only Any Status.

Appt. Date/Time	Patient	Status	Reason for Visit
12 Feb 2007 0800		Complete	NECK CONCERN LABS POS X
12 Feb 2007 0800		PATIENT CANCELLED	Finger injured and still hurts
12 Feb 2007 0830		Complete	PAIN W/URIN X3 DAYS
12 Feb 2007 0900		PATIENT CANCELLED	allergy con x2mo
12 Feb 2007 0900		Complete	R knee pain x 2 wk/botd
12 Feb 2007 0930		Complete	54y/cncrnd abt thyroid x1d
12 Feb 2007 1000		Complete	BAD COUGH X3DAYS
12 Feb 2007 1015		Complete	fatigue
12 Feb 2007 1030		Complete	3yo cold sx xsev days
12 Feb 2007 1045		Complete	cold and flu symp congestion pai
12 Feb 2007 1100		NO-SHOW	25YO/PE PAP
12 Feb 2007 1700	**QQQAATEST, SPOUSEMAMC F**	**CheckedIn**	**Test**

Double click on your patient to open the encounter.



Date: **19 Feb 2008 0945 PDT** Status: **In Progress** Treatment Facility: **MADIGAN AMC**
Primary Provider: **JOHNSON,JEREMY DANIEL** Type: **ACUT** Clinic: **M FP GOLD TEAM CLINIC**
Patient Status: **Outpatient**

Reason for Appointment: Test

AutoCites Refreshed by JOHNSON, JEREMY D @ 19 Feb 2008 1001 PDT

Allergies
- OTHER Class: Nausea, Rash
- PEANUT OIL (PEANUT OIL): Anaphylaxis
- Penicillins: Swollen ankle, Swollen Lips
- POLLEN-400 (POLLEN EXTRACTS): Rash

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
DIPHENHYDRAMINE HCL, 25MG, TABLET, ORAL	Active	OTC	NR	Not Recorded
MULTIVITS W-CA,FE,OTHER MIN, 27-0.4MG, TABLET, ORAL	Active	TWICE A DAY	NR	Not Recorded

G0 P0 A0 LC0. Pregnant. LMP: 27 Apr 2007. EDC: 27 Jan 2008.

A/P Written by JOHNSON, JEREMY D @ 19 Feb 2008 2118 PDT

1. PATELLOFEMORAL SYNDROME: Physical therapy handout provided and discussed.

2. PHARYNGITIS ACUTE

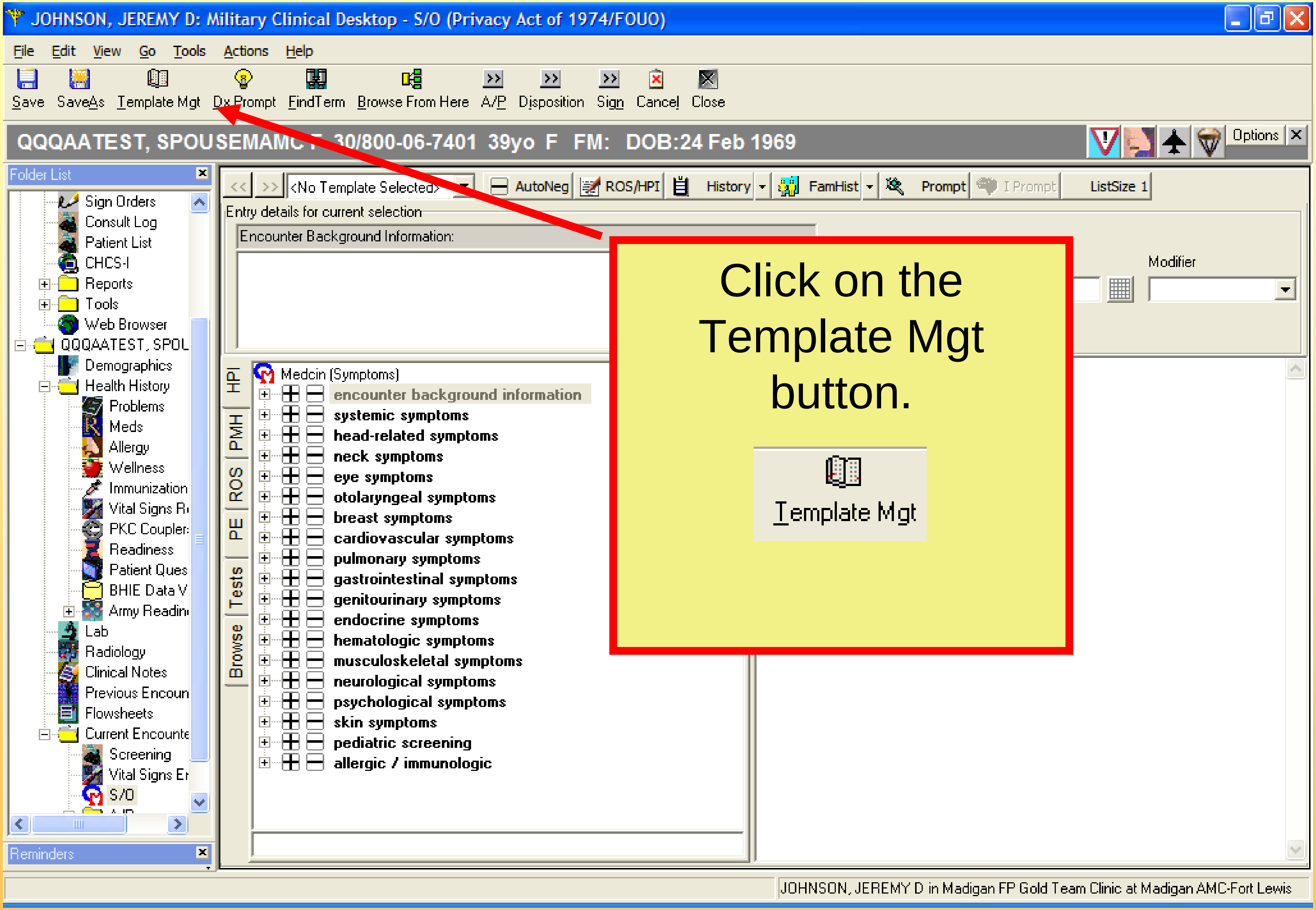
Medication(s):	-CETYLPYRIDINIUM/BENZOCAINE/MENTH-MH LOZG - DS ONE LOZENGE IN MOUTH P #1 RF0 Qt: 1 Rf: 0 Ordered By: JOHNSON, JEREMY D

Disposition Written by JOHNSON, JEREMY D @ 22 Feb 2008 0937 PDT

Released w/o Limitations

20 minutes face-to-face/floor time..

Open the S/O portion of your note.


File
Edit
View
Go
Tools
Actions
Help
Save
SaveAs
Template Mgt
Dx Prompt
FindTerm
Browse From Here
A/P
Disposition
Sign
Cancel
Close
Options
Folder List
Sign Orders
Consult Log
Patient List
CHCS-I
Reports
Tools
Web Browser
QQQAATEST, SPOL
Demographics
Health History
Problems
Meds
Allergy
Wellness
Immunization
Vital Signs R
PKC Coupler
Readiness
Patient Ques
BHIE Data V
Army Readin
Lab
Radiology
Clinical Notes
Previous Encoun
Flowsheets
Current Encounte
Screening
Vital Signs E
S/O
Reminders
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<No Template Selected>
AutoNeg
ROS/HPI
History
FamHist
Prompt
I Prompt
ListSize 1
Entry details for current selection
Encounter Background Information:
Modifier
HPI
PMH
ROS
PE
Tests
Browse
Medcin (Symptoms)

JOHNSON, JEREMY D: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)

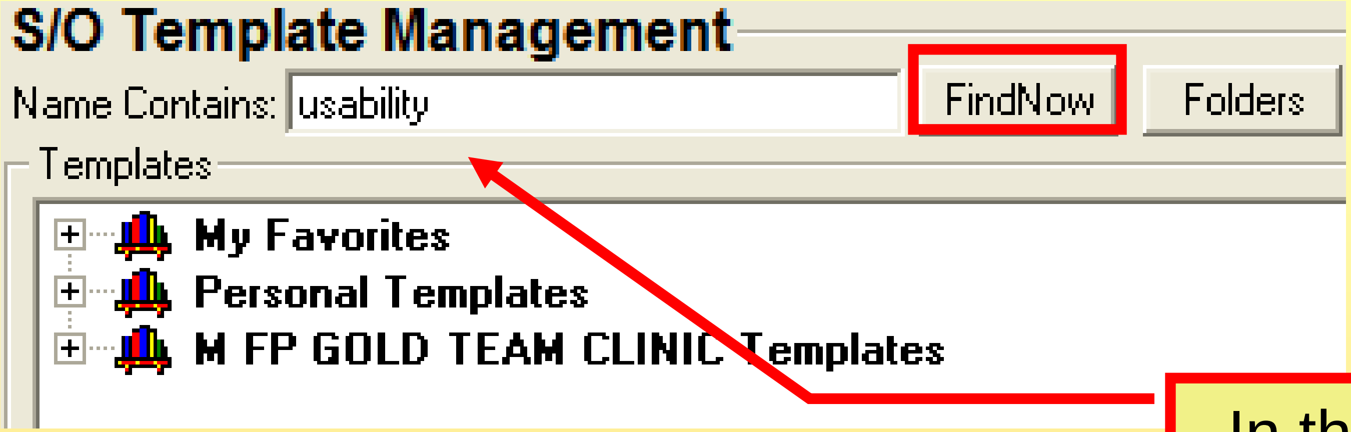
QQQAATEST, SPOUSEMAMC T 30/800-06-7401 39yo F FM: DOB:24 Feb 1969

Medcin (Symptoms)
- encounter background information
- systemic symptoms
- head-related symptoms
- neck symptoms
- eye symptoms
- otolaryngeal symptoms
- breast symptoms
- cardiovascular symptoms
- pulmonary symptoms
- gastrointestinal symptoms
- genitourinary symptoms
- endocrine symptoms
- hematologic symptoms
- musculoskeletal symptoms
- neurological symptoms
- psychological symptoms
- skin symptoms
- pediatric screening
- allergic / immunologic

JOHNSON, JEREMY D in Madigan FP Gold Team Clinic at Madigan AMC-Fort Lewis

Click on the Template Mgt button.

Template Mgt

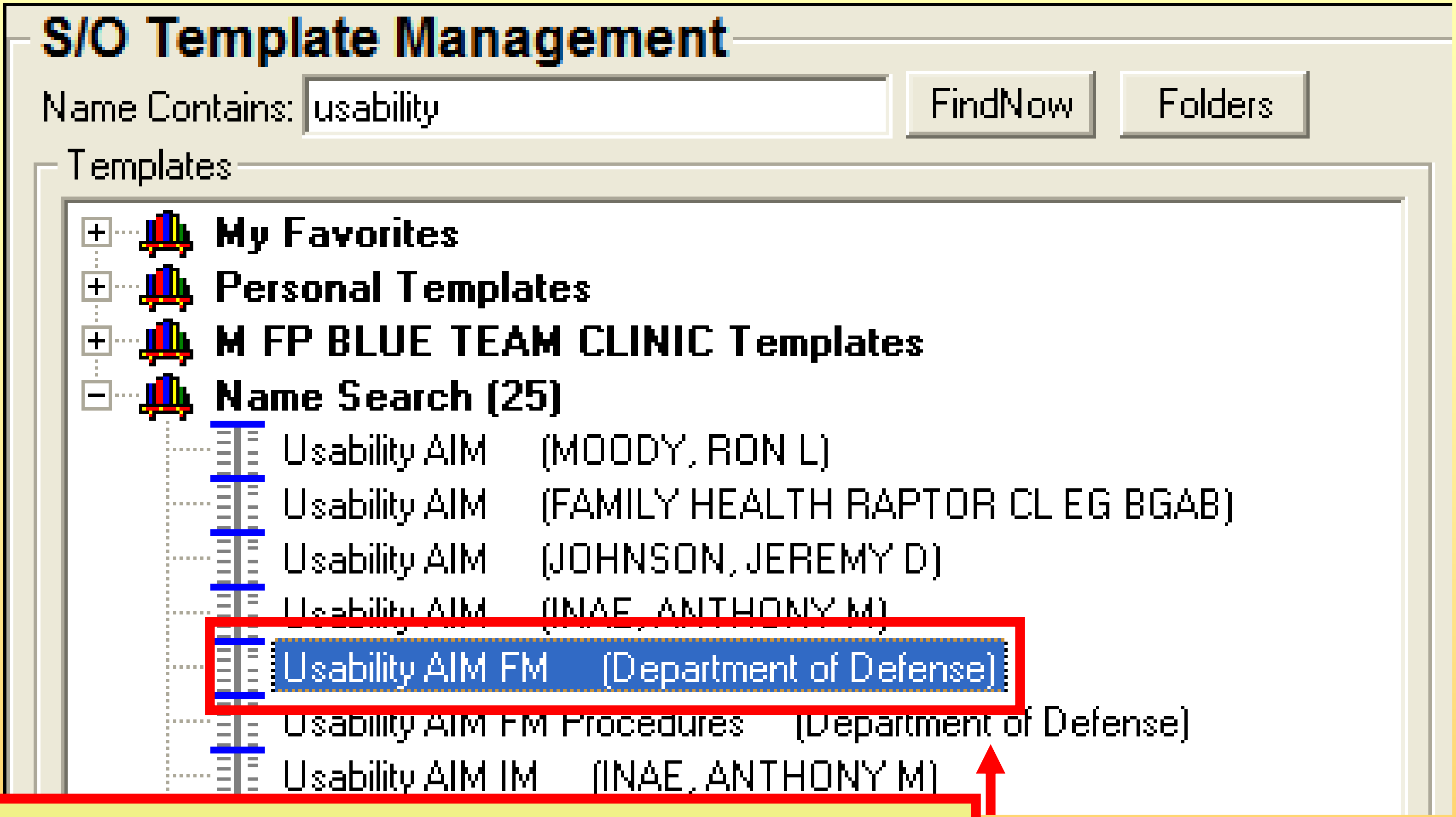


S/O Template Management

Name Contains: usability

FindNow
Folders
Templates
My Favorites
Personal Templates
M FP GOLD TEAM CLINIC Templates

In the search box, type ‘Usability’ and then click the FindNow box.



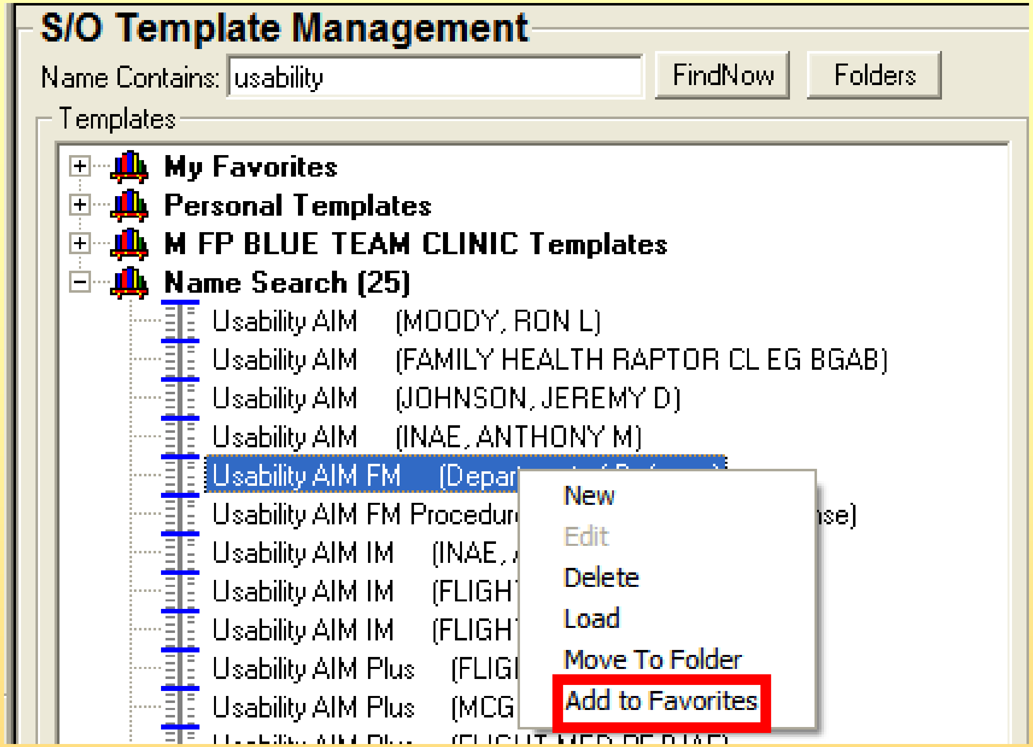
S/O Template Management

Name Contains: usability

Templates

- My Favorites
- Personal Templates
- M FP BLUE TEAM CLINIC Templates
- Name Search (25)
  - Usability AIM (MOODY, RON L)
  - Usability AIM (FAMILY HEALTH RAPTOR CL EG BGAB)
  - Usability AIM (JOHNSON, JEREMY D)
  - Usability AIM (INAE, ANTHONY M)
  - Usability AIM FM (Department of Defense)
  - Usability AIM FM Procedures (Department of Defense)
  - Usability AIM IM (INAE, ANTHONY M)

Click once on the Department of Defense Usability AIM form called:
Usability AIM FM



S/O Template Management

Name Contains: usability

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Folders
Templates
New
Edit
Delete
Load
Move To Folder
Add to Favorites

My Favorites
Personal Templates
M FP BLUE TEAM CLINIC Templates
Name Search (25)
Usability AIM (MOODY, RON L)
Usability AIM (FAMILY HEALTH RAPTOR CL EG BGAB)
Usability AIM (JOHNSON, JEREMY D)
Usability AIM (INAE, ANTHONY M)
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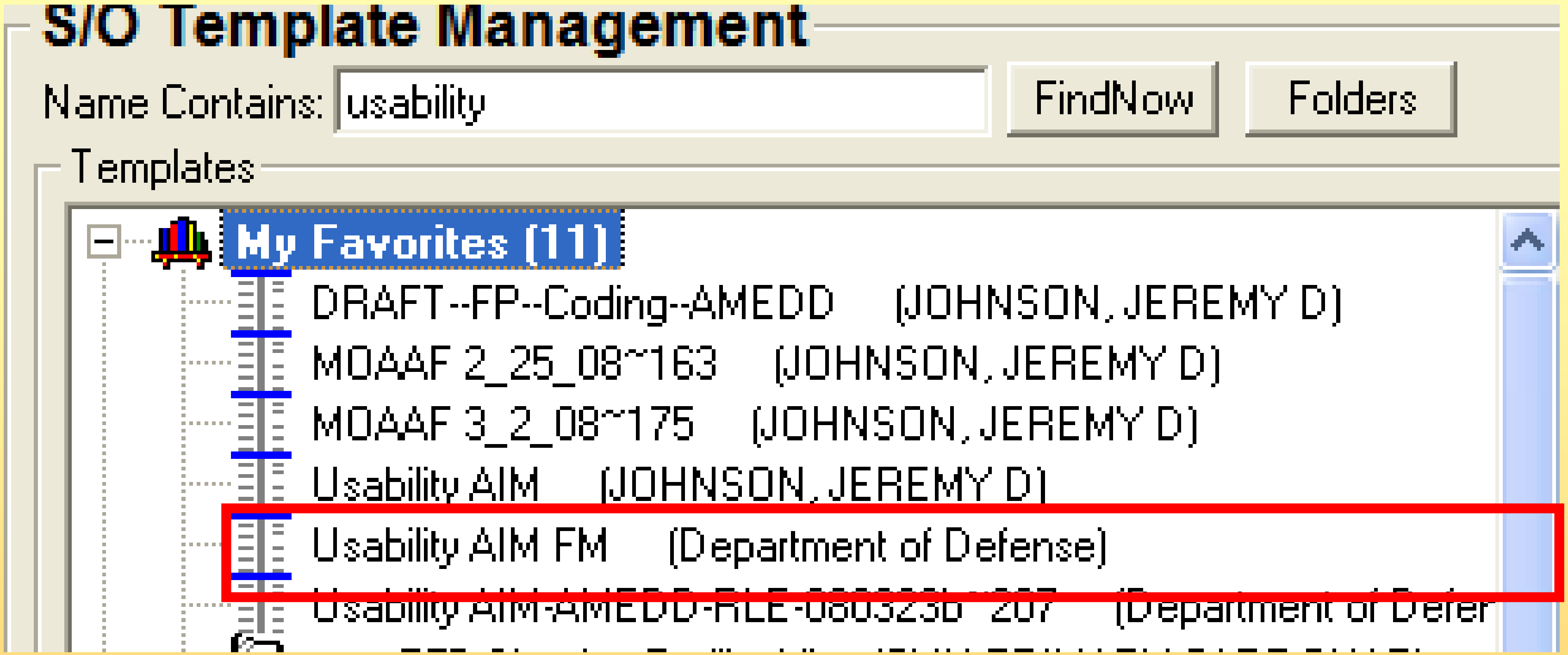
Usability AIM FM Procedur
Usability AIM IM (INAE,
Usability AIM IM (FLIGH
Usability AIM IM (FLIGH
Usability AIM Plus (FLIG
Usability AIM Plus (MCG

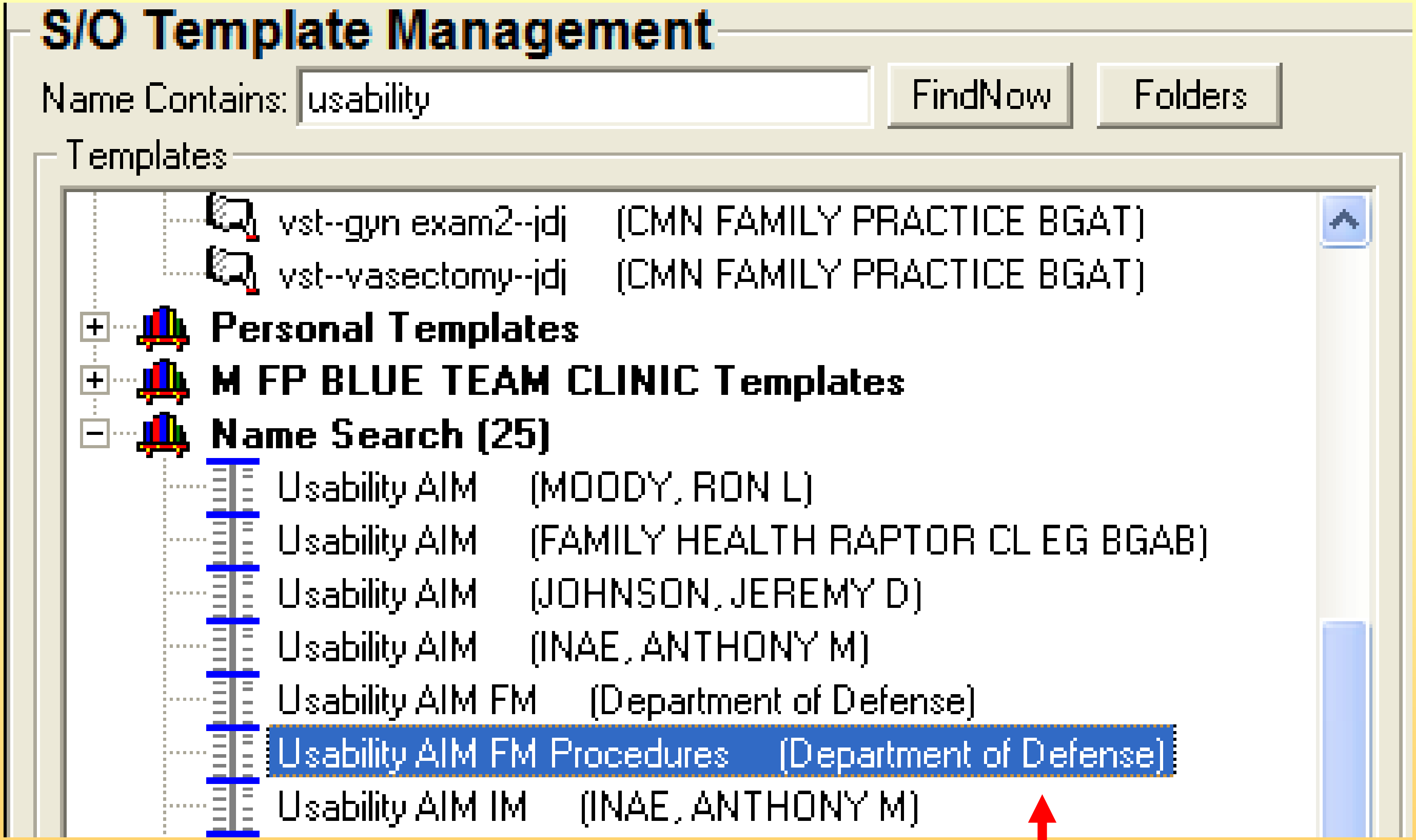
Now right click over the selected AIM form and you will get a pick list. Click on “Add to Favorites” from the pick list.


S/O Template Management
Name Contains:
FindNow
Folders
Templates

Name Contains: usability

My Favorites (11)
- DRAFT--FP--Coding--AMEDD (JOHNSON, JEREMY D)
- MOAAF 2_25_08~163 (JOHNSON, JEREMY D)
- MOAAF 3_2_08~175 (JOHNSON, JEREMY D)
- Usability AIM (JOHNSON, JEREMY D)
- Usability AIM FM (Department of Defense)
- Usability AIM-AMEDD-RLE-080323b~207 (Department of Defer

You will then see the Usability AIM form added to your Favorite list.



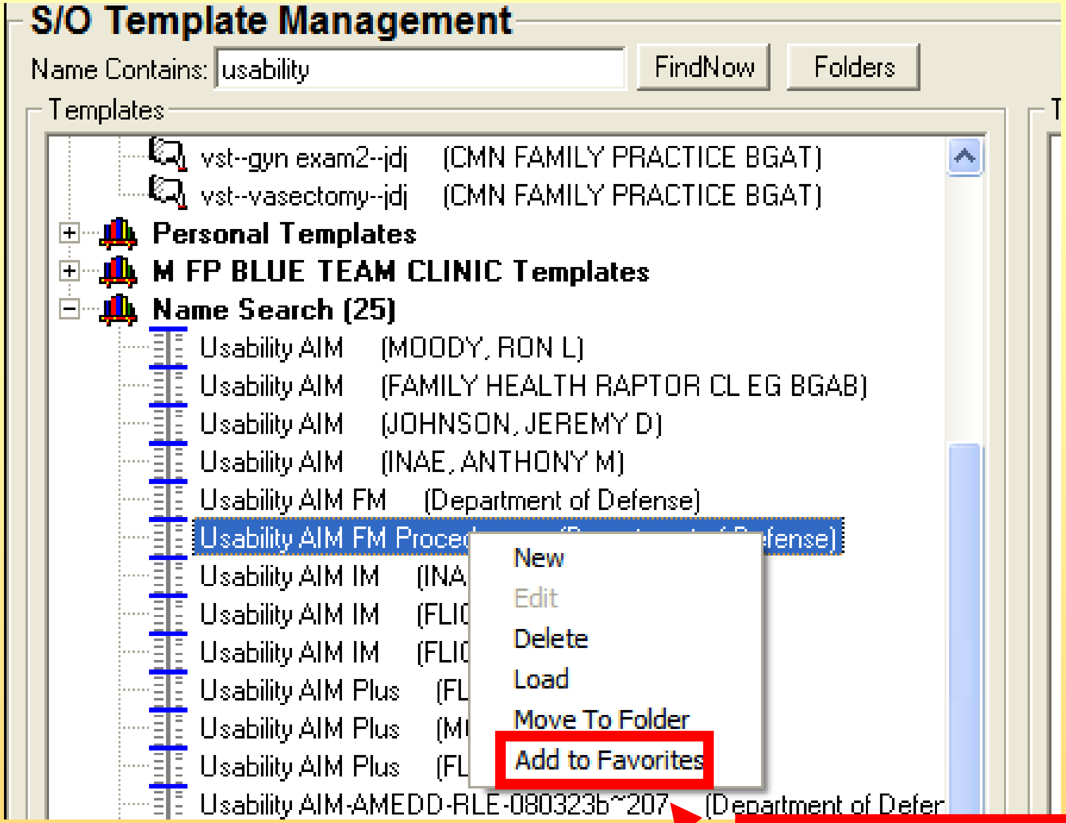
S/O Template Management

Name Contains: usability

Templates

- vst--gyn exam2--jdj (CMN FAMILY PRACTICE BGAT)
- vst--vasectomy--jdj (CMN FAMILY PRACTICE BGAT)
- Personal Templates
- M FP BLUE TEAM CLINIC Templates
- Name Search (25)
  - Usability AIM (MOODY, RON L)
  - Usability AIM (FAMILY HEALTH RAPTOR CL EG BGAB)
  - Usability AIM (JOHNSON, JEREMY D)
  - Usability AIM (INAE, ANTHONY M)
  - Usability AIM FM (Department of Defense)
  - Usability AIM FM Procedures (Department of Defense)
  - Usability AIM IM (INAE, ANTHONY M)

Now, click once on the Department of Defense Usability AIM form called: **Usability AIM FM Procedures**


S/O Template Management
Name Contains: usability
FindNow
Folders
Templates
New
Edit
Delete
Load
Move To Folder
Add to Favorites

vst--gyn exam2--jdj (CMN FAMILY PRACTICE BGAT)
vst--vasectomy--jdj (CMN FAMILY PRACTICE BGAT)
Personal Templates
M FP BLUE TEAM CLINIC Templates
Name Search (25)
Usability AIM (MOODY, RON L)
Usability AIM (FAMILY HEALTH RAPTOR CL EG BGAB)
Usability AIM (JOHNSON, JEREMY D)
Usability AIM (INAE, ANTHONY M)
Usability AIM FM (Department of Defense)
Usability AIM FM Proced
Usability AIM IM (INA
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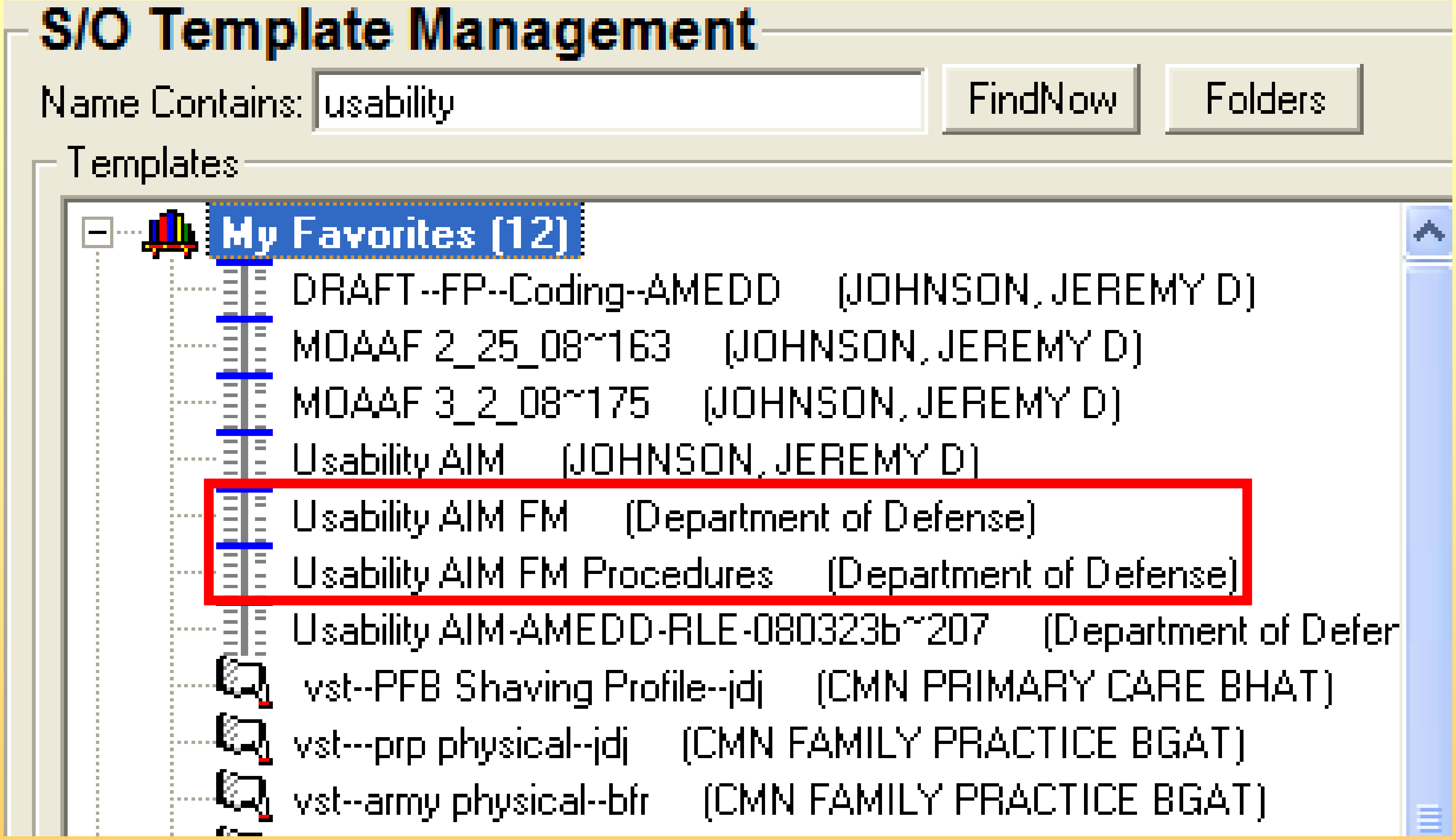
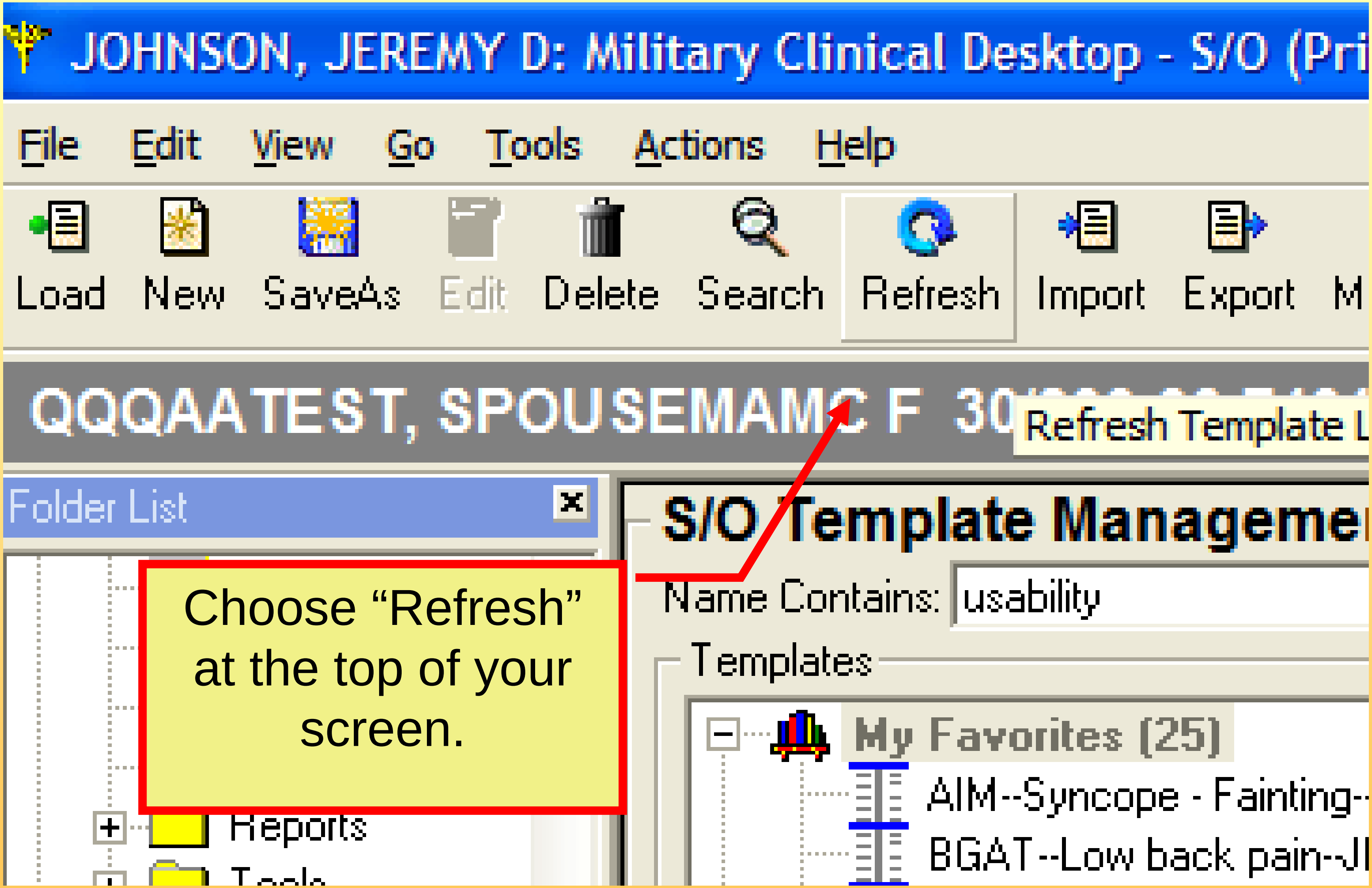
Usability AIM IM (FLIC
Usability AIM Plus (FL
Usability AIM Plus (M
Usability AIM Plus (FL
Usability AIM-AMEDD-RLE-080323b~207 (Department of Defer

Now right click over the selected AIM form and you will get a pick list. Click on "Add to Favorites" from the pick list.


S/O Template Management
Name Contains: usability
FindNow
Folders
Templates
My Favorites (12)

DRAFT--FP--Coding--AMEDD (JOHNSON, JEREMY D)
MOAAF 2_25_08~163 (JOHNSON, JEREMY D)
MOAAF 3_2_08~175 (JOHNSON, JEREMY D)
Usability AIM (JOHNSON, JEREMY D)
Usability AIM FM (Department of Defense)
Usability AIM FM Procedures (Department of Defense)
Usability AIM-AMEDD-RLE-080323b~207 (Department of Defer
vst--PFB Shaving Profile--jdj (CMN PRIMARY CARE BHAT)
vst---prp physical--jdj (CMN FAMILY PRACTICE BGAT)
vst--army physical--bfr (CMN FAMILY PRACTICE BGAT)

Now both of these forms should be added under your favorites.


File
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View
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Tools
Actions
Help
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New
SaveAs
Edit
Delete
Search
Refresh
Import
Export
M
Refresh Template L
Folder List
Reports
Tools
Templates
My Favorites (25)

JOHNSON, JEREMY D: Military Clinical Desktop - S/O (Pri

QQQAATEST, SPOUSEMAMC F 30

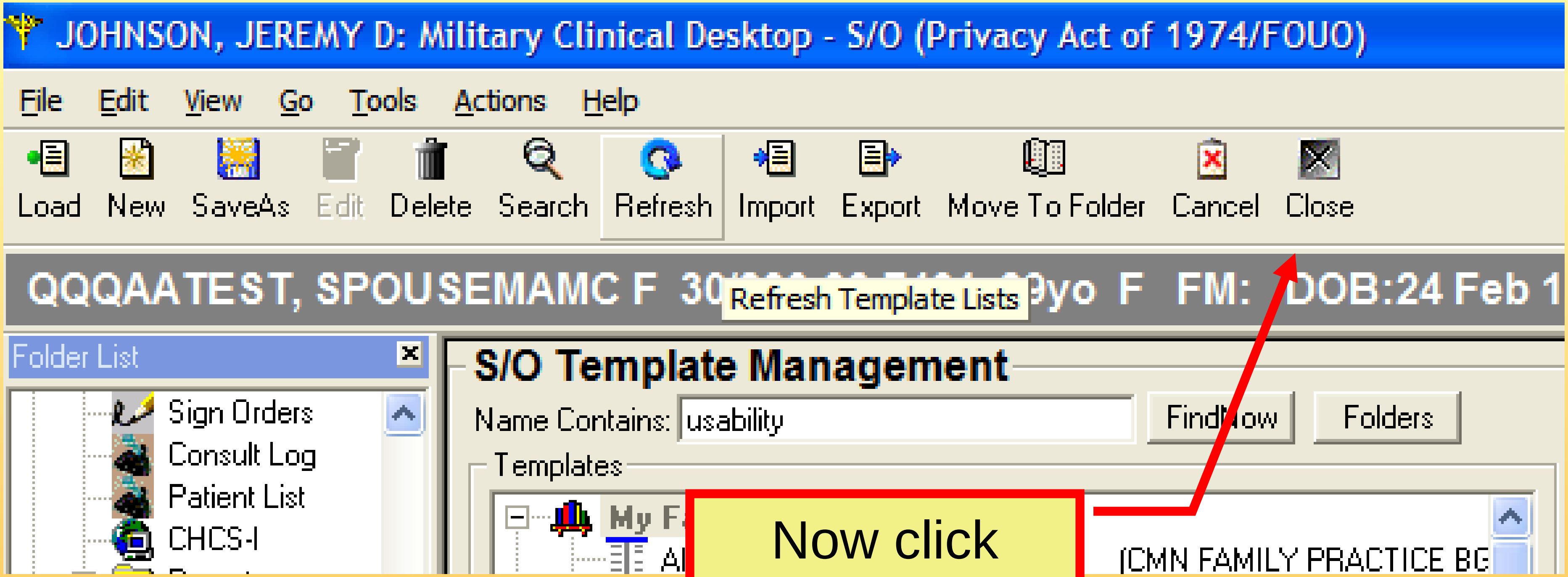
S/O Template Manageme

Name Contains: usability

AIM--Syncope - Fainting-

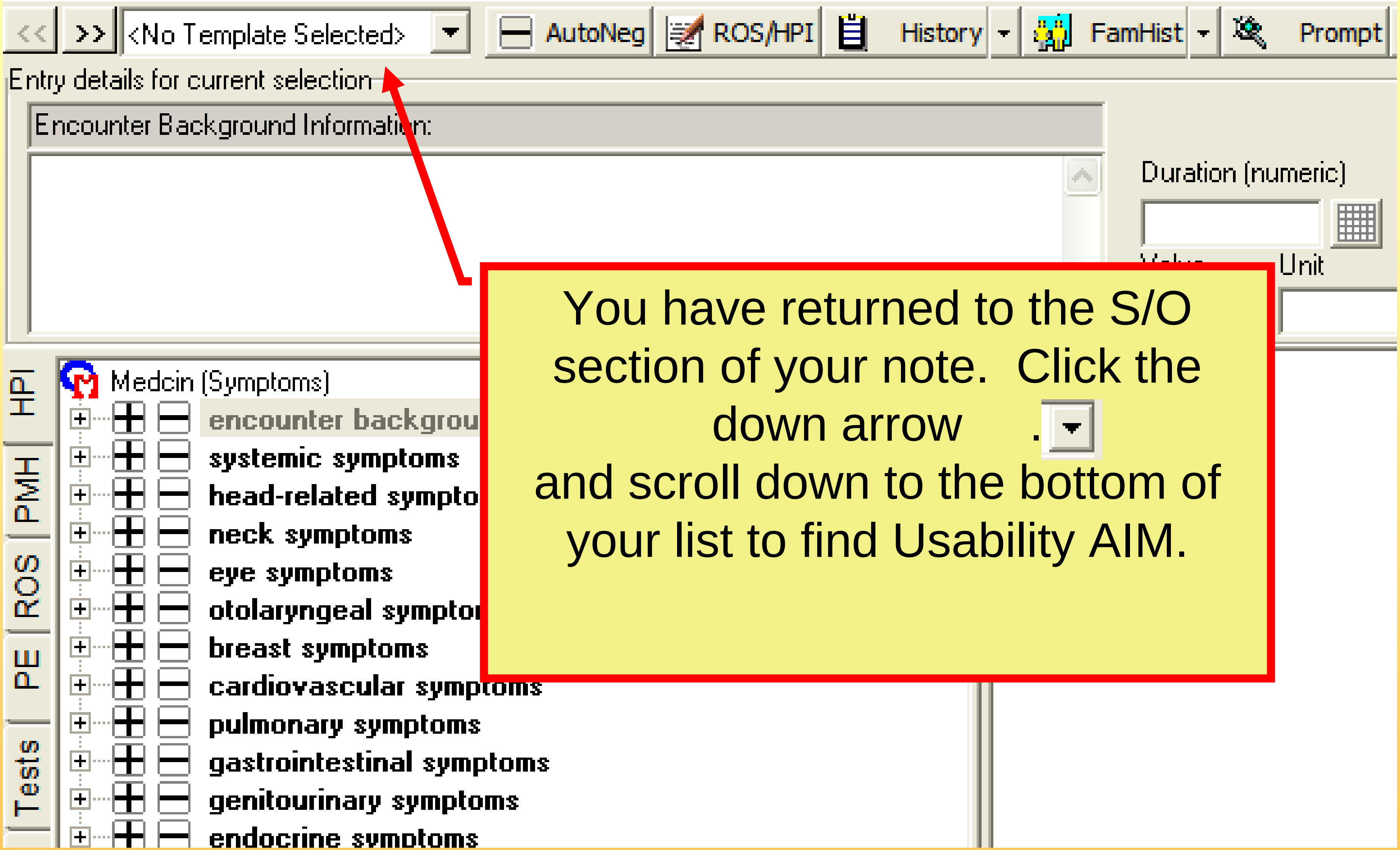
BGAT--Low back pain--J

Choose “Refresh” at the top of your screen.

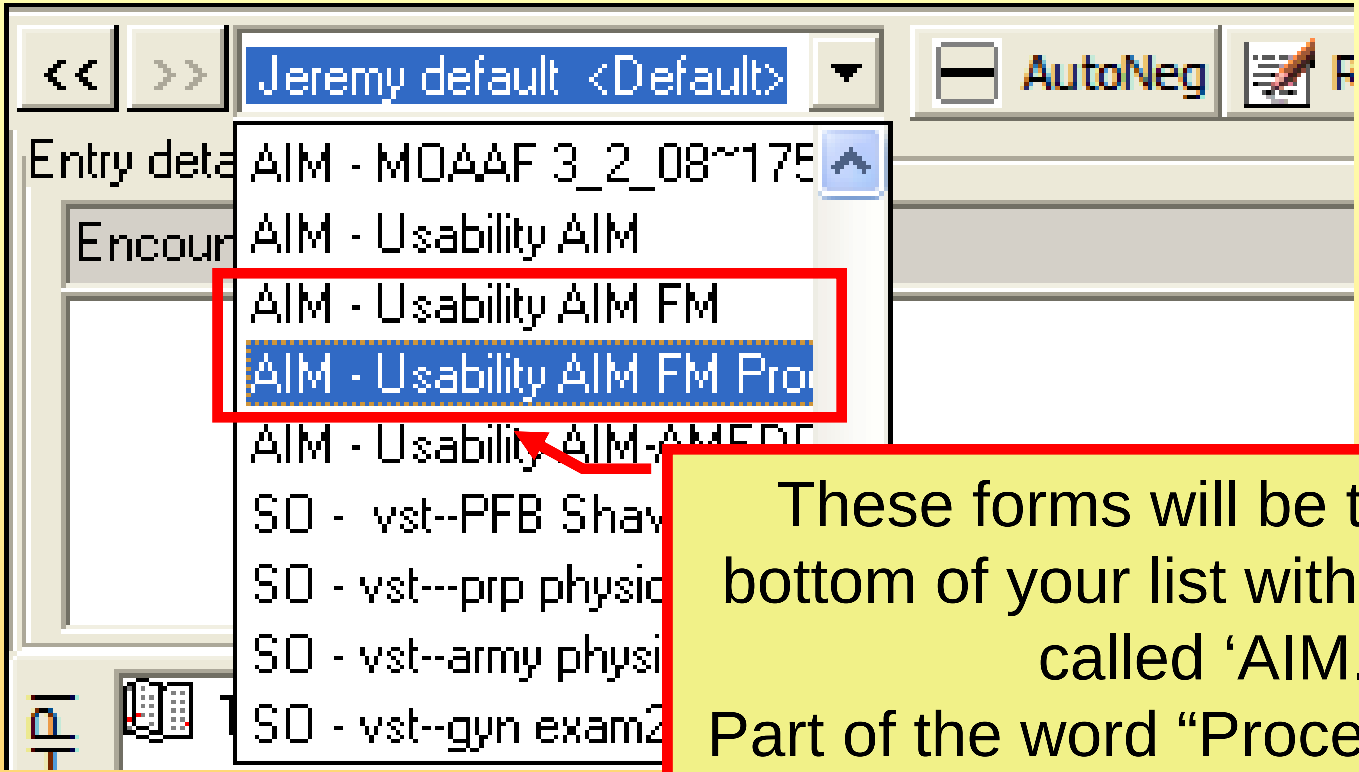

JOHNSON, JEREMY D: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)
File
Edit
View
Go
Tools
Actions
Help
Load
New
SaveAs
Edit
Delete
Search
Refresh
Import
Export
Move To Folder
Cancel
Close
QQQAATEST, SPOUSEMAMC F 30
yo F FM: DOB:24 Feb 1
Refresh Template Lists
Folder List
Sign Orders
Consult Log
Patient List
CHCS-I
S/O Template Management
Name Contains:
Find Now
Folders
Templates
My F
Al
(CMN FAMILY PRACTICE BG

Name Contains: usability

Now click close.


<<
>>
<No Template Selected>
AutoNeg
ROS/HPI
History
FamHist
Prompt
Entry details for current selection
Encounter Background Information:
Duration (numeric)
Value
Unit
HPI
PMH
ROS
PE
Tests
Medcin (Symptoms)
encounter backgrou
systemic symptoms
head-related sympto
neck symptoms
eye symptoms
otolaryngeal sympto
breast symptoms
cardiovascular symptoms
pulmonary symptoms
gastrointestinal symptoms
genitourinary symptoms
endocrine symptoms

You have returned to the S/O section of your note. Click the down arrow ▾. and scroll down to the bottom of your list to find Usability AIM.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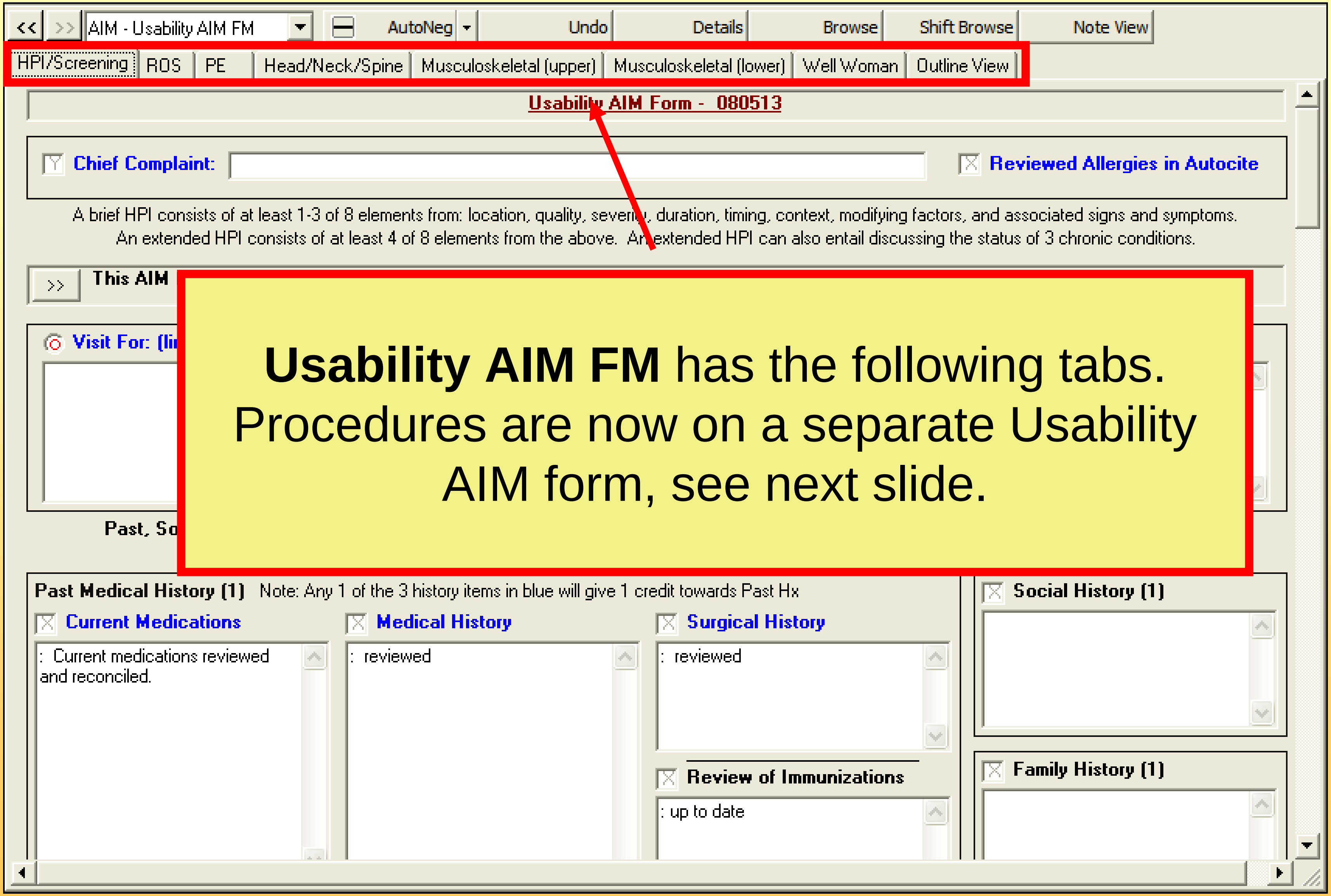
Jeremy default <Default>
AutoNeg
Entry deta
Encour
AIM - MOAAF 3_2_08~175
AIM - Usability AIM
AIM - Usability AIM FM
AIM - Usability AIM FM Pro
AIM - Usability AIM-AMEDE
SO - vst--PFB Shav
SO - vst---prp physic
SO - vst--army physi
SO - vst--gyn exam2

These forms will be toward the bottom of your list with other forms called ‘AIM.’
Part of the word “Procedures” is cut off, but you can still distinguish it from the other forms.

Usability AIM FM has the following tabs. Procedures are now on a separate Usability AIM form, see next slide.



<<
>>
AIM - Usability AIM FM
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI/Screening
ROS
PE
Head/Neck/Spine
Musculoskeletal (upper)
Musculoskeletal (lower)
Well Woman
Outline View

Usability AIM Form - 080513

☐ **Chief Complaint:**

☒ **Reviewed Allergies in Autocite**

A brief HPI consists of at least 1-3 of 8 elements from: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms. An extended HPI consists of at least 4 of 8 elements from the above. An extended HPI can also entail discussing the status of 3 chronic conditions.

>> **This AIM**

○ **Visit For: (li**

Past, So

Past Medical History (1) Note: Any 1 of the 3 history items in blue will give 1 credit towards Past Hx

☒ **Current Medications**

: Current medications reviewed and reconciled.

☒ **Medical History**

: reviewed

☒ **Surgical History**

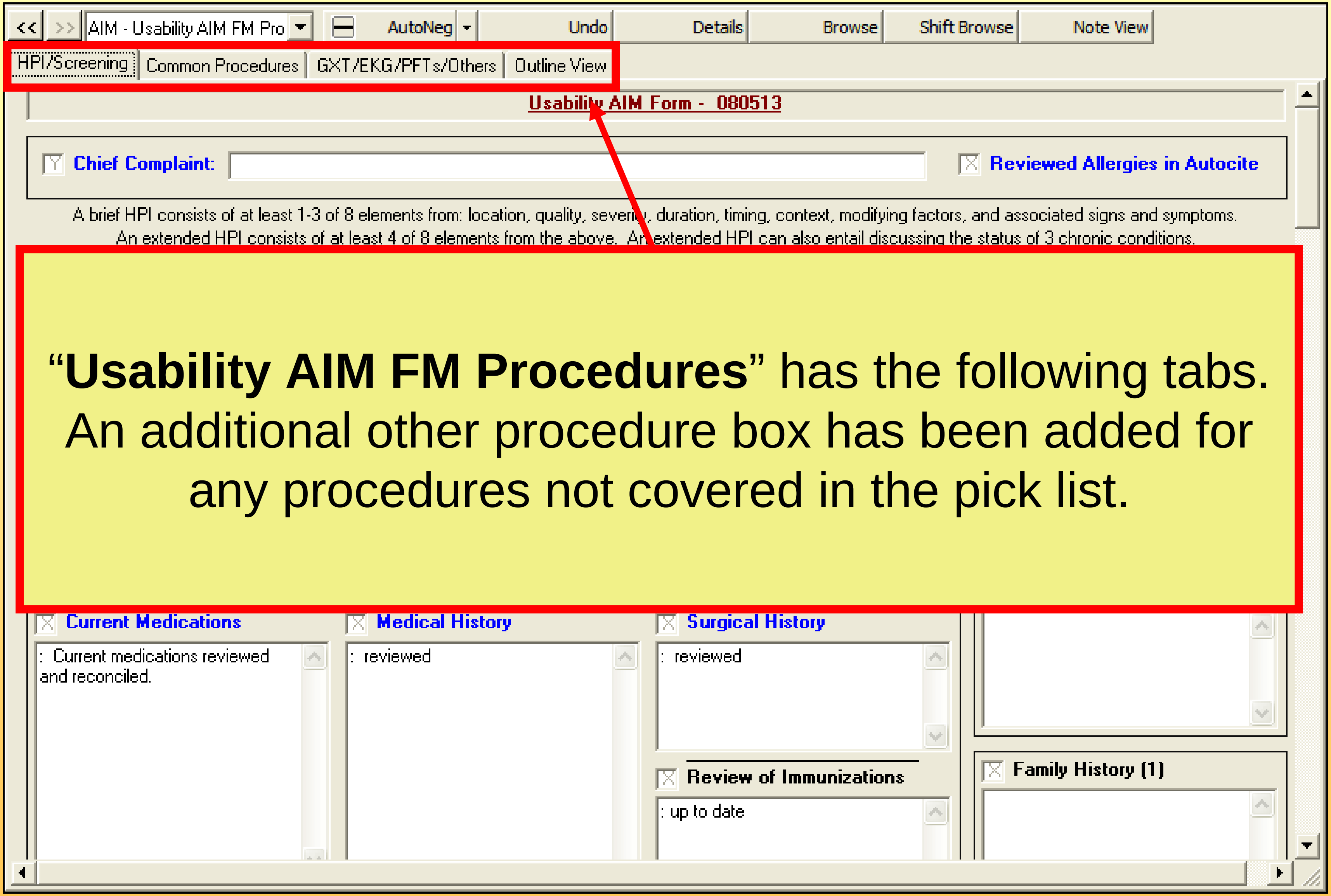
: reviewed

☒ **Review of Immunizations**

: up to date

☒ **Social History (1)**

☒ **Family History (1)**



<<
>>
AIM - Usability AIM FM Pro
AutoNeg
Undo
Details
Browse
Shift Browse
Note View
HPI/Screening
Common Procedures
GXT/EKG/PFTs/Others
Outline View

Usability AIM Form - 080513

☐ **Chief Complaint:**

☒ **Reviewed Allergies in Autocite**

A brief HPI consists of at least 1-3 of 8 elements from: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.
An extended HPI consists of at least 4 of 8 elements from the above. An extended HPI can also entail discussing the status of 3 chronic conditions.

“**Usability AIM FM Procedures**” has the following tabs. An additional other procedure box has been added for any procedures not covered in the pick list.

☒ **Current Medications**

: Current medications reviewed and reconciled.

☒ **Medical History**

: reviewed

☒ **Surgical History**

: reviewed

☒ **Review of Immunizations**

: up to date

☒ **Family History (1)**