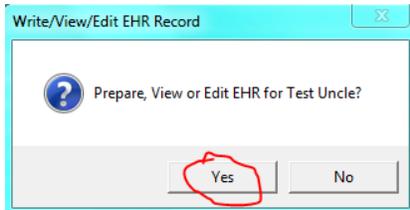


Triage/Intake Step by Step MDR instructions

On patient daily schedule for site, RIGHT click patient name

Click create SOAP note at bottom of grey box

Click YES to "Prepare, View, or Edit EHR for patient" Make sure you double check that you are opening the chart for the correct patient.



Click SOAP note in upper Left corner

A screenshot of a patient's EHR chart. The patient is identified as "Patient: Test Grandpa, 84 yrs and 9 months old" with Chart#95 and DOB:01/01/30. The chart is divided into several sections:

- Previous Visits:** A table with columns for Date, Previous Visits, and Status. It shows three visits on 09/26/2014, 09/24/2014, and 07/28/2014, all for "Medical Evaluation".
- Medications:** A table with columns for Last Fill, Drug Name - SIG, and Status. It lists several medications including ACTOS 15 MG TABLET, ACETAMINOPHEN 325 MG TABLET, AMOXICILLIN 250 MG CAPSULE, and LISINAPRIL 10 MG TABLET.
- Problems:** A table with columns for Onset Date, Nature of Problem, ICD9, Status, and Remarks. It lists problems such as "DM II w/Nephropathy-Controlled", "Obesity", "PATELLAR TENDINITIS", and "History of Tobacco use".
- Orders/Tests:** A table with columns for Order Dt, Test, Type, and Result. It shows a "Urinalysis" test on 09/24/2014.
- Health Maintenance:** A table with columns for Health Plan Name, Due Date, Status, and Dt. Last. It lists various screening tests like "Assess Thyroid Function", "Bone Density Screening", "Cholesterol Screening", "Clinical Breast Exam", "Colorectal Cancer Screening", and "Depression".
- Messages:** A table with columns for Date Time, Subject/Message, and Type. It currently shows "There are no items to show."
- Allergies:** A table with columns for Allergy, Notes/Reactions, and Status. It lists "Penicillin" with a reaction of "anaphalactic" and a status of "Active".

The "SOAP Note" button in the top left corner of the chart area is circled in red.

If the patient has been diagnosed with Diabetes in our system, the following screen will pop up. You can ask the patient when they last received these tests. When you are finished, click SAVE and then CLOSE in the upper Right corner.

EMR - Reminder (Clinical Decision Support) for Test Grandpa

The patient is diabetic, Please note that the following test(s) should be reviewed. New Save Close

| Test name | Last Done Date | Last Readings | Required |
|--------------|----------------|---------------|--------------------------|
| Optho Exam | | | <input type="checkbox"/> |
| Foot Exam | | | <input type="checkbox"/> |
| HgbA1c | | | <input type="checkbox"/> |
| Total Chol | | | <input type="checkbox"/> |
| HDL | | | <input type="checkbox"/> |
| LDL | | | <input type="checkbox"/> |
| TG | | | <input type="checkbox"/> |
| Microalbumin | | | <input type="checkbox"/> |

Begin on Left hand side going down beginning with Vitals, going through Allergies. Remember to **SAVE, SAVE, SAVE OFTEN** (recommended between each entry)!

File Soap Note Consultation Save Close

Sign Note Date: 10/02/2014 Reason for visit: Provider: Christina M Koonce, MD Save Note Close

Print / Fax Note Paste Note

Vitals
 HPI \ CC
 Medical History
 Meds Review
 Allergies
 Add/Edit Allergies
 Penicillin-anaphalactic
 Templates

Penicillin - anaphalactic
Subjective
 Plan

For VITALS: We do a glucose check on every new patient and all known diabetics. If recording glucose, also note the time of the last intake to the right of the glucose field. All highlighted fields are recommended, don't forget height and weight up at the top.

Vitals for Test Grandpa

Save & Close Close

| Height(Ft) | Inches | Fractional | Height(cm) | Weight(lb) | Oz | Weight(kg) | BMI | Waist Cir(inch) | Waist(cm) |
|------------|--------|------------|------------|------------|----|------------|-------|-----------------|-----------|
| 5 | 3 | 00 | 160.0 | 150 | 0 | 68.18 | 26.57 | 0 | 0.0 |

Pain Threshold: Right click on vital sign for multiple readings.

| Vitals | Reading | Loc/Unit/Value | Comments | Time | User |
|------------------|---------|----------------|---|----------|------|
| BP | 120/80 | L Arm Sitting | | 10:45 AM | BAP |
| Pulse | 80 | | | 10:45 AM | BAP |
| Respiration | 16 | | | 10:45 AM | BAP |
| Temperature | 98.6 | *F | | 10:45 AM | BAP |
| Pulse-OX | 99 | Room Air | | 10:45 AM | BAP |
| Peak Flow (PEFR) | | | | | |
| Glucose | 95 | | last intake was coffee with sweetener and a bagel 2 hours ago | 10:45 AM | BAP |
| Pain Threshold | 3/10 | | lower back radiating to L leg x 3 months | 10:47 AM | BAP |

Previous visit vitals

| Visit Date | BP | Pulse | Respirat... | Temper... | Pulse-OX | Peak Flo... | Glucose | Pain Thr... | Height (In... | Weight (L... | BMI | Waist Cir. ... |
|------------|---------------------------------------|-------------|-------------|-----------|----------|-------------|-----------------------|-------------|---------------|--------------|-----|----------------|
| 09/26/2014 | 130/90 mmHg L Arm Sitting just smoked | 120 Regular | 20 | 98.6 °F | 90 | | 270 just had snickers | | | 300 | 0 | |

If you need to repeat a vital such as BP, to create an additional line, right click on BP and click add BP. This will give you an additional line to chart. Consider adding in BP comments if BP was automatic or manual.

When Complete, click "Save & Close". Do NOT click the close button, or it will erase all your data.

The next box on the Left is the HPI/CC which stands for History of Present Illness/Chief Complaint. Under the General box, you can type in the reason the patient wants to be seen. Try to limit this to one or two most important things that the patient needs to have addressed today. If possible, include details about when the problem began, what parts of the body it affects, what the patient has tried so far to treat it, what has helped or made it worse, etc. When you are finished, click "ok".

Patient: Test Grandpa, 84 yrs and 9 months old Chart#95, DOB:01/01/30

File Soap Note Consultation Save Close

Sign Note Date: 10/02/2014 Reason for visit: Provider: Christina M Koonce, MD Save Note Close

Print / Fax Note Paste Note

Smoking Status: Non Smoker - Smoked previously 3 paks/week

Allergies: Penicillin

es transportation, in WC

Vitals

HPI \ CC **OK** **Cancel**

Complaints | HPI

Patient c/o lower back pain 3/10 radiating down L leg which began 3 months ago after a fall on the ice in his driveway. Has treated it with ice and limited movement. Has not been seen by a provider for this. Patient also would like to have his A1C rechecked.

General Add New Started Frequency

Previous Visits Status

Medical Evaluation Smed

To see the next grey tab on the right, click first on the arrow next to HPI/CC (circled in red on the Left above).

The next tab, MEDICAL HISTORY, should already have been completed at the history station if the patient is NEW, however, make sure to check the boxes for Past Medical History, Past Surgical History, Family History, and Social History on the Left and look on the note to verify that the information is present in each category on the right. If this is a RETURNING patient, verify that there have not been any

changes since their last visit (for example, are they still smoking the same amount, have they had any hospitalizations or surgeries since the last visit, any major changes at home? etc.)

Penicillin - anaphalactic

Subjective

Complaint(s) / HPI Patient c/o lower back pain 3/10 radiating down L leg which began 3 months ago after a fall on the ice in his driveway. Has treated it with ice and limited movement. Has not been seen by a provider for this. Patient also would like to have his A1C rechecked.

Past Medical History

High Blood Pressure taking meds, under control
High Blood Pressure, Glaucoma taking eye drops, Arthritis knee joints

As

brain tumor

thma states had asthma as a child, High Blood Pressure, Glaucoma taking eye drops, Arthritis knee joints
Asthma states had asthma as a child, High Blood Pressure onseveral meds, Glaucoma taking eye drops, Arthritis knee joints

Surgical History

Appendectomy 1990, Hip Replacement 2013, Knee Replacement 2013 rgt knee
Removal of brain tumor 1993

Family History

father liked moonshine. mother has stroke 3 years ago.
Father died at age 54 year(s) due to Accident hit by bus had Stroke, Alcohol
Mother living age 68 year(s) has Heart Disease, Hypertension, Stroke, Glaucoma, Diabetes
Father's Mother died
Father's Father died

Remember, SAVE, SAVE, SAVE! 😊

Next click Meds Review on the Left and be patient while the computer pulls up the file (it may take a minute or so, so say an Our Father while you are waiting. 😊)

Patient: Aatest Aatest, Unknown Age Male Chart#:NP2842, DOB: Home Ph:(303)669-5707

File Soap Note Consultation Save Close

Sign Note Date 02/12/2013 Reason for visit: Provider: Save Note Close

Print/Fax Note Paste Note

Home Ph:(303)669-5707

Medical History

Smoking Status:

Allergies:

Barriers to Care:

Reminders:

Next Visit:

Previous Visits

| Date | Previous Visits | Status |
|-----------------------------|-----------------|--------|
| There are no items to show. | | |

If the patient is RETURNING, the medications should be reviewed for any recent changes. Click “Confirm that all medications shown below have been reviewed”. Ask if they need any refills, and remember to **SAVE** before closing.

| Last Fill | Drug Name - SIG | Active | Modified | Completed | Discontin... | Stopped | Prescriber | Notes/Reason for Discontinue | Reviewed | Req Refill |
|-----------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|------------------------------|-------------------------------------|--------------------------|
| 09/26/14 | ACTOS 15 MG TABLET 1 tablet po bid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Christina M Koonce | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 09/24/14 | ACETAMINOPHEN 325 MG TABLET 1 tablet po prn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | by Other Phy. | for pain | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 09/24/14 | AMOXICILLIN 250 MG CAPSULE 1 cap po bid | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | by Other Phy. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 07/28/14 | NOVOLIN 70/30 HUMAN RECOMBINANT 70 UNITS-30 UNITS/ML unit sc | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | by Other Phy. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

For NEW PATIENTS, Under the green tab of LIST OF MEDICATIONS, find the medication the patient is taking, and **CLICK THE BOX TO THE LEFT OF THE MEDICATION**. If you do not click the box, your work will be lost! Then to the right, complete/verify the yellow fields and click **SAVE**.

Medication Default SIG No Prescribed Medications

Last Refill Date: 10/ 6/2014 Prescriber: by Other Phy.

Medication: **Abilify 2 mg tablet**

| Qty | Dose Form | Route | Freq |
|-----|-----------|-------|------------|
| | tablet | po | once a day |

| Days Supply | Total Count | Unit | No of Refills |
|-------------|-------------|------|---------------|
| 0 | 1 | | |

Directions:

Notes to Pharmacy:

Continue to do this for each medication. Herbal supplements and home remedies do not have to be in the medication list, but could be included under the HPI/CC.

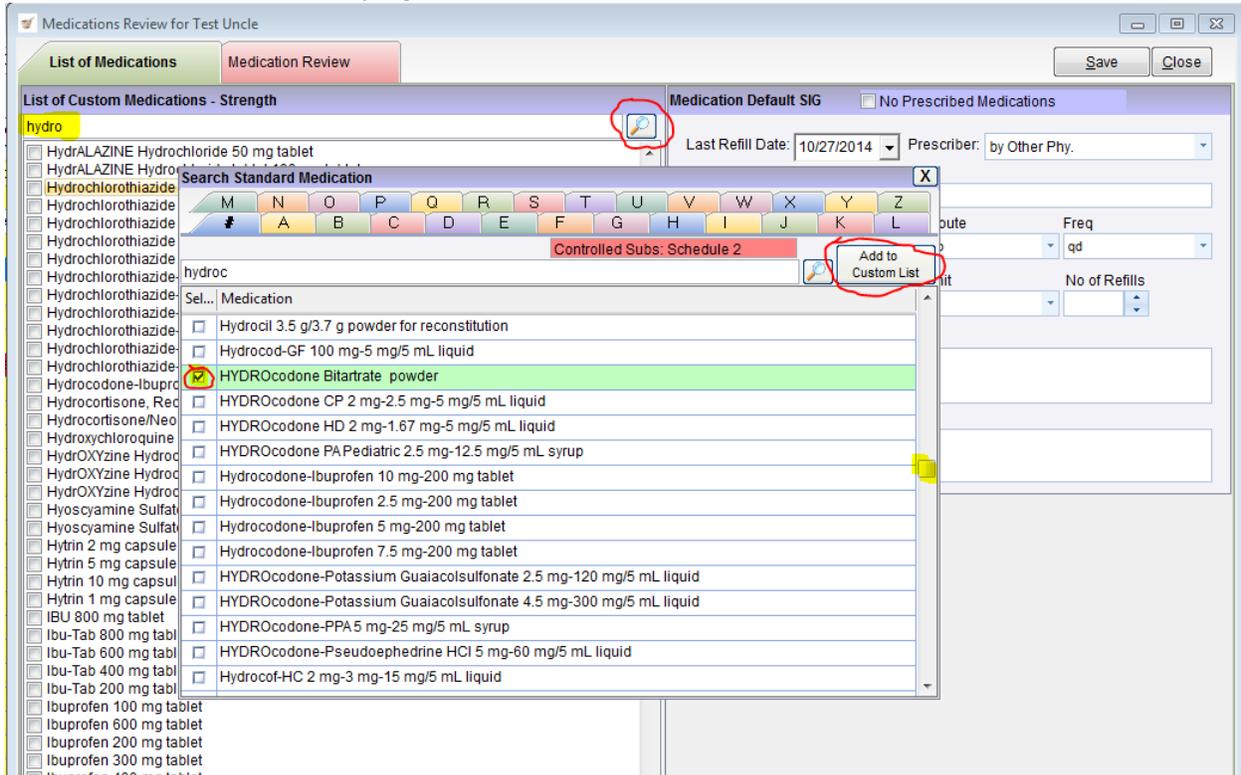
You **MUST** click the box to the Left of the medication or else it will not be saved on the chart no matter how much information you type in.

When Completed and Saved, go to the Red Medication Review tab to verify the list. Click “Confirm that all medications shown below have been reviewed” and verify that the reviewed column is checked. When complete, click **SAVE** and then close.

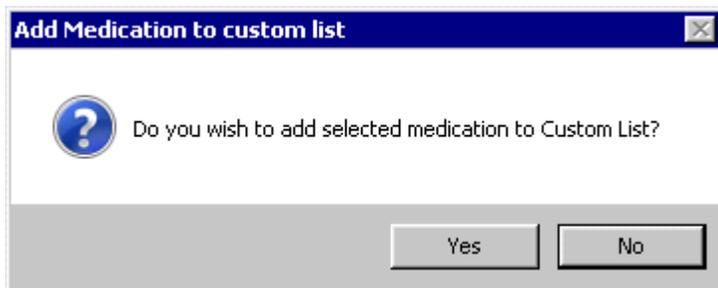
| Last Fill | Drug Name - SIG | Active | Modified | Completed | Discontin... | Stopped | Prescriber | Notes/Reason for Discontinue | Reviewed | Req Refill |
|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|------------------------------|-------------------------------------|--------------------------|
| 05/07/14 | ABILIFY 20 MG TABLET 1 tablet no once a day | <input type="checkbox"/> | by Other Phy. | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you can find all the meds necessary, skip this page and move on to the next page...

To add a med not in the master list-enter a few letters in list of custom med list then select the magnifying glass to the right. The tabbed menu appears as below. Scroll to find the med and select dosage from right. You MUST click the little box to the right of the medication you want to add. Select ADD TO CUSTOM LIST from top right.

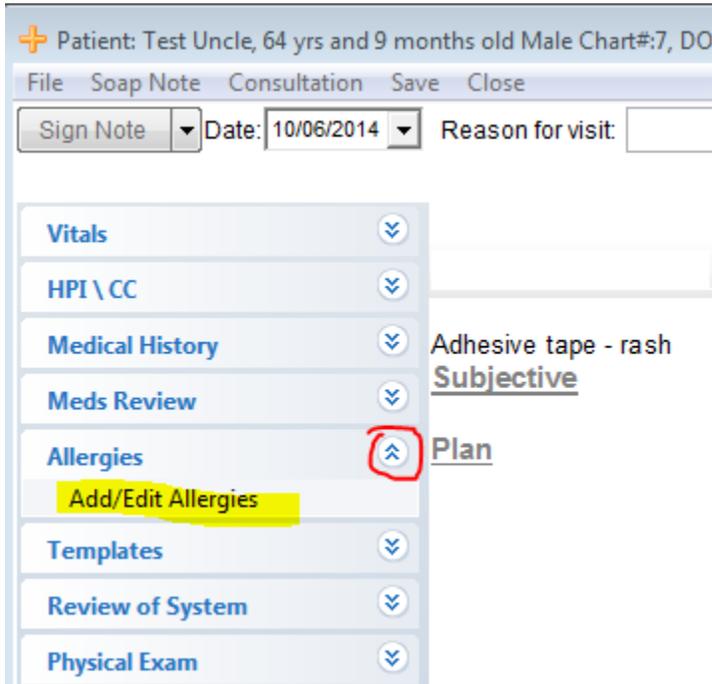


Select YES then Click on the X in the tabbed menu (upper Right) to exit the menu.

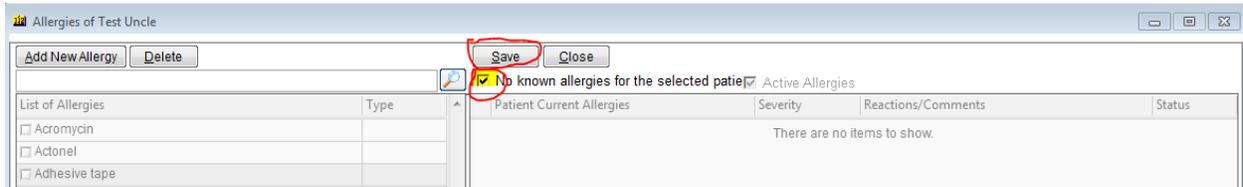


The new med will appear in the correct order OR it may appear at the bottom of the list.

The last section to complete at this station is the Allergies. Click the arrow next to Allergies, and then click Add/Edit allergies.



If the Patient has no known allergies, check “no known allergies for the selected patient” and then SAVE.



If the patient has an allergy, click “Add New Allergy” in upper L hand side, and click the box to the Left of the allergy. The allergy should appear on the Right. Fill in the Reaction/Comment section and then SAVE. Continue to do this for each allergy.



When you are finished, click SAVE and then close, next to the save button.

Now the Patient is ready for the clinic nurse. On the daily schedule, change the patient status to TRI by clicking the highlighted box ONCE to alert the clinic nurse that the patient is ready.

| | | | | | | | | |
|---------|------------|---|------------------------------|--------------------|--|------|------|------|
| 08:40 A | Open | | | | | | | |
| 08:50 A | Open | | | | | | | |
| 09:00 A | Test Uncle | 7 | patient needs to use WC lift | Medical Evaluation | | 0.00 | 0.00 | 0.00 |
| 09:10 A | Open | | | | | | | |
| 09:20 A | Open | | | | | | | |
| 09:30 A | Open | | | | | | | |

If the patient will require any special procedures, a pelvic exam, or the wheelchair lift, please note this in the notes section on the patient schedule by double clicking on the circled area above and typing the reminder.

If you have some extra time, consider explaining the health wheel/Model for Healthy Living to your patient and allowing them to fill it out while waiting to enter the clinic.

Great Job! Take a deep breath, remember why you are here (to serve Jesus in others), and go call your next patient.