

CCCQE™ Version 8.3 Users Manual

Table of Contents Section 1

[Introduction: Documenting the Patient Visit](#)

[Core Forms](#)

[HPI-CCC](#)

[Example of HPI-CCC for Orthopedics using List Box Templates](#)

[Example of HPI-CCC for Family Practice – Internal Medicine](#)

[Example of HPI-CCC for OB/GYN](#)

[Example of HPI-CCC for Pediatrics](#)

[PMH-CCC](#)

[Example of PMH-CCC for Family Practice – Internal Medicine](#)

[Example of PMH-CCC for Orthopedics](#)

[Example of PMH-CCC for OB/GYN with PatientLink Integration](#)

[PMH-PSH-CCC](#)

[FH-SH-CCC](#)

[Example of FH-SH for Family Practice – Internal Medicine](#)

[Example of FH-SH for Cardiology](#)

[Example of FH-SH for Pediatrics](#)

[Risk Factors-CCC](#)

[Expanded Risk Factors Options](#)

[ROS-CCC](#)

[Example of ROS for Family Practice with PatientLink-CCC Integration](#)

[Example of Auto-populated ROS for FP using PatientLink-CCC Integration](#)

[Example of ROS for Cardiology](#)

[Example of Abbreviated ROS Text Translation](#)

[Example of ROS for ENT](#)

[Example of ROS for Renal/Nephrology](#)

[PE-CCC](#)

[General-HEENT](#)

[Neck-Lung-Heart](#)

[Detailed Cardiovascular Exam](#)

[Abdomen-GU](#)

[Detailed GU Exam-Male](#)

[Detailed GU Exam-Female](#)

[Musculoskeletal-Extremities-Neuro](#)

[Detailed Neurologic Exam](#)

[Skin-Lymphatic-Psych](#)

[Diabetic Specific Exams: Foot and Eye](#)

[Text Translation for PE Exams](#)

[Problems-CCC](#)

[Example of Problems-CCC Customized for Family Practice](#)
[Example of Problems-CCC Customized for Endocrinology](#)
[Example of Problems-CCC Customized for OB/GYN](#)
[Example of Problems-CCC Customized for Orthopedics-General](#)
[Problems-Ortho-CCC: Site-Specific Problem Lists](#)

[CPOE A&P-CCC](#)

[CPOE A&P-CCC Workflow](#)
[Example of Beta-Blocker Usage Post-MI CDSS Reminders](#)
[Adding Medications Using the CPOE A&P-CCC Form](#)
[Ordering Tests or Diagnostics Using the CPOE A&P-CCC Form](#)
[Example of Orthopedic-Specific \(Upper Extremity\) Order Sets](#)
[Documenting Review of Labs or Diagnostics Using the CPOE A&P-CCC](#)
[Committing Assessments and Additional Documentation](#)
[Example for Diabetes](#)
[Example for Hyperlipidemia](#)
[Example of CPOE Template and Workflow for Prenatal Care](#)

[Patient Instructions-CCC](#)

[Adult Patient Instructions-CCC](#)
[Pediatric Patient Instructions-CCC](#)
[OB/GYN Patient Instructions-CCC](#)

[Vital Signs-CCC](#)

[Serial Assessments-CCC](#)

Section 2-Customizing CCCQE™

[CCCQE™-Text File Editor \(TFE\) Users Guide](#)

[Default Authorized TFE Users: Setting Up Who Can Edit Files](#)
[Suggestions/Recommendations for Editing Using CCC-TFE](#)

Section 3-Clinical Decision Support (CDS) and Patient Severity Index Assessment (PSIA)

[CCCQE™ Clinical Decision Support and Patient Severity Index Assessment](#)

[Automatic Pop-Ups: Banner CDSS](#)
[Embedded CDSS Prompts within Encounter Forms](#)
[Example Framingham Cardiovascular Risk Calculator](#)
[Example NCEP-ATP III Lipid Form](#)
[CDSS and PSIA Embedded Within CPOE A&P-CCC Form \(Dx-Specific\)](#)
[Example of ACE-I/ARB Usage Reminder for Patients with CHF](#)
[CDSS Contraindication Form](#)

Introduction: Documenting the Patient Visit

One of the most challenging aspects of implementing an Electronic Medical Record (EMR) for most providers is learning how to document the patient visit. All of the advantages of an EMR quickly get lost in the mind of the provider if they cannot quickly and efficiently document their notes. Many are used to dictating their visits while others have become comfortable using handwritten notes with or without the aid of form templates. Making the successful transition requires a basic understanding of the power of the EMR, coupled with the necessary tools (CCCQE™) and training.

We recommend that any user of the EMR interested in understanding the basics and advanced principles of EMR refer to “Electronic Medical Records: Optimizing Use in the Medical Practice” for detailed overviews of the following topics:

- SOAP Note in the EMR
- Free Text vs. Structured Text
- QuickText
- Text Components
- Form Components
- Dictation Placeholders
- Basic Voice Recognition
- Integrated Voice Recognition

Core Forms: In physical training for many sports, strength training focusing on the “core” has become recognized as a key to the success of many an athlete. In much the same way, we believe that providing a good core set of clinical documentation forms and the skills to master their purpose, navigation, and use will lead to a successful EMR implementation.

HPI-CCC

The screenshot displays the 'HPI-CCC: Don C. Bassett' window. It features a 'History of Present Illness' section with dropdown menus for 'PCP' (Dr. Marcus Welby), 'Referring Provider' (Dr. John Smith), and 'Visit Type' (Initial Consult). A 'Select Specialty' dropdown is set to 'Neurosurgery'. Below these, a 'History' section has radio buttons for 'R Handed', 'L Handed' (selected), and 'Ambidex'. A list box shows 'neck pain', 'left shoulder pain', 'right shoulder pain', 'left arm pain', 'right arm pain', and 'low back pain'. To the right, a 'Check Box to Insert Form(s) or Template' list includes options like 'Initial Consult', 'F/U Consult', 'IME-Initial', 'IME-Follow-up', 'Worker's Comp-Initial', 'Worker's Comp-F/U', 'Post-op Visit', 'Neck Pain', 'Left Shoulder Pain', 'Right Shoulder Pain', 'Bilateral Shoulder Pain', 'Left Arm', 'Right Arm', 'Bilateral Arm', 'Thoracic Back Pain', 'Low Back', 'Left buttock', 'Right buttock', 'Bilateral buttock', and 'Left leg pain'. At the bottom, there are buttons for 'Problems', 'Medications', 'Allergies', and 'Enter'. A 'Universal Forms' dropdown and an 'Oh, by the way' dropdown are also present. Navigation buttons at the bottom include 'HPI', 'ACV', 'PMH', 'FH-SH', 'Risk Factors', 'ROS', 'PE', 'Problems', 'CPOE A/P', 'Instructions/Plan', 'Copyright', 'Prev Form (Ctrl+PgUp)', 'Next Form (Ctrl+PgDn)', and 'Close'.

1. The support staff enters the PCP, Referring Provider, Visit Type, and Chief Complaint information; (this information can also automatically populate if entered in registration or through patient-entered data interface (PatientLink™, Kryptiq®).
2. Handedness field appears for Neurology, Neurosurgery, and Orthopedics, and will automatically pull into templates and be added into database for future visits or reporting.
3. The Responsible Provider's specialty (of the update) automatically populates field and pulls in specialty-specific forms/templates in the Form(s)/Template(s) list box.
4. The Form(s)/Template(s) list box can be customized to load encounter forms or insert custom text templates.

5. To integrate with the E&M Advisor, the provider must check either the brief (1-3 elements) or extended (4 or more elements) radio button.
6. Text can be entered into the multi-line edit field using QuickText, typing, inserting text templates, or using voice recognition.
7. Alternatively, the HPI-CCC form can be closed and a Dictation Placeholder can be inserted into the update and later imported using a transcription service.
8. Navigation Buttons at the bottom of the form allow quick navigation between the Core Forms. NOTE: All CCC forms are best viewed using display settings of 1024 X 768.

Example: HPI-CCC for Orthopedics Using List Box Templates

HPI-CCC: Don C. Bassett

HPI | Additional Hx

History of Present Illness | Select Specialty: Orthopedics

PCP: Dr. Marcus Welby | Referring Provider: Dr. John Smith

Visit Type: Initial Consult | CC: knee pain,

History: ☒ R Handed ☐ L Handed ☐ Ambidex **Insert Template** **Clear All**

I saw Don Bassett in the office today for an initial visit. He is a right-handed 59 year old man with the complaint of: left knee pain
 The patient states that this is a legal or third person liability case.
 Date of Injury: 03-05-2005
 The injury occurred at: Walmart
 The injury is described as: tripped over a box lying in the aisle
 Pain Location: lateral left knee
 Quality: sharp
 Intensity (1-10): 6
 Onset: 3 weeks ago after injury
 Radiation: none
 Better with: rest, ice, Motrin
 Worse with: walking or work

Check Box to Insert Form(s) or Template

- ☒ Initial Visit
- ☐ F/U Visit
- ☐ IME-Initial
- ☐ IME-Follow-up
- ☐ Worker's Comp-Initial
- ☐ Worker's Comp-F/U
- ☐ Post-op Visit
- ☒ Legal-3rd Party-Yes
- ☐ Legal-3rd Party-No
- ☐ Legal-3rd Party-Potential
- ☒ Date of Injury
- ☐ Injury-At Home
- ☐ Injury-At Work
- ☐ Injury-At School
- ☒ Injury-At Store
- ☐ Injury-Car-MVA
- ☐ Injury-At Other
- ☒ Pain Template
- ☐ Pain Assessment Form
- ☐ MD REVIEW of HPI

☐ brief (1-3 elements) ☐ extended (4 or more elements)

Universal Forms: Oh, by the way **Enter**

Back Exam **Finger Exam** **Foot/Ankle Exam** **Hand/Wrist Exam** **Hip Exam** **Knee Exam** **Shoulder/Elbow Exam**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

1. The support staff checks the items in the Form(s)/Template(s) list box based on responses entered by the patient in the questionnaire then clicks the "Insert Template" action button (which has turned yellow) and completes the data entry.
2. This information may also be entered using patient-entered data interface (PatientLink™, Kryptiq®)
3. Samples of Specialty-Specific Patient Questionnaires can be found in the Appendix.

Example: HPI-CCC for Family Practice or Internal Medicine

1. The Form(s)/Template(s) list box can be customized to load encounter forms or insert custom text templates. In this example, the CCCQE™ Disease Management Forms appear in the list boxes, but any forms or Text Templates may be listed.
2. To integrate with the E&M Advisor, the provider must check either the brief (1-3 elements) or extended (4 or more elements) radio button.
3. Text can be entered into the multi-line edit field using QuickText, typing, inserting text templates, or using voice recognition.
4. Navigation Buttons at bottom of form allow quick navigation between the Core Forms.
NOTE: All CCC forms are best viewed using display settings of 1024 X 768
5. For certain specialties, specialty-specific navigation buttons appear at the bottom of the form.
6. If a patient has a problem on their active Problem List that may be documented using one of the CCCQE™ Disease Management forms, the action button for the corresponding form will be highlighted in yellow as a visual cue. NOTE: These action buttons only LOAD the corresponding forms. They are not a Load and Go To function, based on workflow considerations.

Example: HPI-CCC for OB-Gyn

1. The Form(s)/Template(s) list box can be customized to load encounter forms or insert custom text templates. In this example, the CCCQE™ OB-Prenatal and Disease Management Forms appear in the Form(s)/Template(s) list box, but any forms or Text Templates may be listed.
2. To integrate with the E&M Advisor, the provider must check either the brief (1-3 elements) or extended (4 or more elements) radio button.
3. Text can be entered into the multi-line edit field using QuickText, typing, inserting text templates, or using voice recognition.
4. Navigation buttons at the bottom of the forms allow quick navigation between the Core Forms. NOTE: All CCC forms are best viewed using display settings of 1024 X 768.
5. For certain specialties, specialty-specific navigation buttons appear at the bottom. NOTE: Except for the Disease Management action buttons that appear for Family Practice or Internal Medicine, these action buttons will LOAD and GO TO the corresponding forms.

Example: HPI-CCC for Pediatrics

1. The Form(s)/Template(s) list box can be customized to load encounter forms or insert custom text templates. In this example, the CCCQE™ Peds Acute Visit and Age-specific Bright Futures Forms appear in the Form(s)/Template(s) list box, but any forms or Text Templates may be listed.
2. To integrate with the E&M Advisor, the provider must check either the brief (1-3 elements) or extended (4 or more elements) radio button.
3. Text can be entered into the multi-line edit field using QuickText, typing, inserting text templates, or using voice recognition.
4. NOTE: For Family Practice, if the patient is less than 18 years old (or the cut-off age set by that site), the customization from the CCCQE-User-Edit-HPI-Peds will appear.

PMH-CCC or PMH-PSH-CCC:

The PMH-CCC and PMH-PSH-CCC forms are designed to allow for rapid point-and-click entry of the most common specialty-specific medical/surgical conditions. The list box items can be customized by specialty. In addition, the customization can also determine which conditions will automatically populate the active Problem List (or not) as well as whether an observation term is automatically populated and with what value. This decreases the time necessary to capture structured data which can be used for reporting or clinical decision support.

Example: PMH-CCC for Family Practice – Internal Medicine

PMH-CCC: David Neuro

Past Medical History Select Specialty: Family Practice

Last update: ☐ reviewed - no changes required

[Replace w/ Prior PMH](#)

[Problems](#)

[Flowsheet](#)

[Medications](#)

[Allergies](#)

[Insert Selected Values](#)

Onset/Procedure Date (optional):

Surgical	Medical	Medical	Medical
<input type="checkbox"/> Unremarkable	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Diabetes-Type 1	<input checked="" type="checkbox"/> Kidney Stone
<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes-Type 2	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> TURP	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> GI Bleed	<input type="checkbox"/> Neurologic Disorder
<input type="checkbox"/> CABG	<input type="checkbox"/> Cerebrovascular Disease	<input checked="" type="checkbox"/> GERD	<input checked="" type="checkbox"/> Osteoarthritis
<input type="checkbox"/> PTCA	<input type="checkbox"/> CVA / Stroke	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Tonsillectomy	<input type="checkbox"/> COPD	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> PVD
<input type="checkbox"/> Carotid Endarterectomy	<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> PUD
<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Knee Replacement	<input type="checkbox"/> CRF	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Knee Arthroscopy	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Rotator Cuff Repair	<input type="checkbox"/> Cataract Extraction	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Anesthesia Complications	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Valvular Heart Disease
<input type="checkbox"/> L A-F Bypass	<input type="checkbox"/> Blood Transfusions	<input type="checkbox"/> Infertility	<input type="checkbox"/> UTI-Recurrent

[HPI](#)
[ACV](#)
[PMH](#)
[FH-SH](#)
[Risk Factors](#)
[ROS](#)
[PE](#)
[Problems](#)
[CPOE A/P](#)
[Instructions/Plan](#)
[Copyright](#)

[Prev Form \(Ctrl+PgUp\)](#)
[Next Form \(Ctrl+PgDn\)](#)
[Close](#)

Example: PMH-CCC for Family Practice – Internal Medicine

PMH-CCC: David Neuro

Select Specialty: Family Practice

Last update: ☐ reviewed - no changes required

Past Medical History

Asthma
GERD
Kidney Stone
Hx of Osteoarthritis

Replace w/ Prior PMH

Problems ?

Flowsheet ?

Medications

Allergies

Insert Selected Values


Onset/Procedure Date (optional):

Surgical	Medical	Medical	Medical
<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Diabetes-Type 1	<input type="checkbox"/> Kidney Stone
<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes-Type 2	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Myocardial Infarction
<input type="checkbox"/> TURP	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> GI Bleed	<input type="checkbox"/> Neurologic Disorder
<input type="checkbox"/> CABG	<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> GERD	<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> PTCA	<input type="checkbox"/> CVA / Stroke	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Tonsillectomy	<input type="checkbox"/> COPD	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> PVD
<input type="checkbox"/> Carotid Endarterectomy	<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> PUD
<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Knee Replacement	<input type="checkbox"/> CRF	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Knee Arthroscopy	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Rotator Cuff Repair	<input type="checkbox"/> Cataract Extraction	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Anesthesia Complications	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Valvular Heart Disease
<input type="checkbox"/> L A-F Bypass	<input type="checkbox"/> Blood Transfusions	<input type="checkbox"/> Infertility	<input type="checkbox"/> UTI-Recurrent

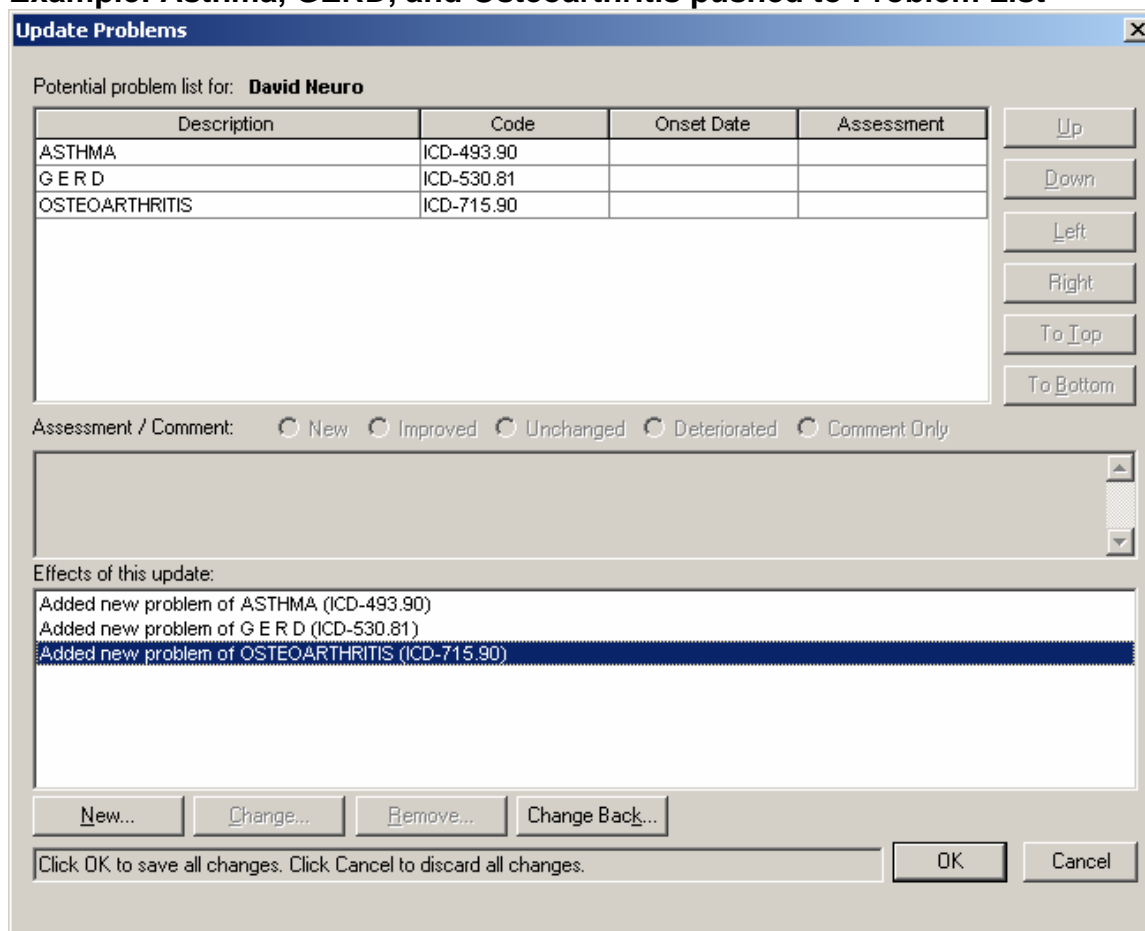
HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The support staff or the provider check corresponding problems in the list boxes then clicks the yellow "Insert Selected Values" action button. **NOTE: Values will not appear in text or push to problem list until the action button is clicked.** This allows for corrections to be made prior to committing.
2. The list box headings and list box values are customizable.
3. The items that push to the problem list or flowsheet as structured obs terms are also customizable.
4. The Onset/Procedure Date (optional) may be entered in the Date field.
5. Corresponding problems in list boxes push to the multi-line edit field (Past Medical History) as well as to the problem list and flowsheet.
6. The provider can also enter clinical information using QuickText, typing, inserting text templates, or using voice recognition for any items not listed (or if additional information is desired). **NOTE: any information entered using these methods will only populate the PAST MED HX or PAST SURG HX; the information will not populate specific obs terms and will not add problems to the patient's problem list.**

7. The first 15 items in each of the list boxes can be visualized; additional items (beyond 15 per list box) require scrolling – the bar on the right side of the list box is a visual cue that additional items are in the list box.
8. In the example above, Asthma, GERD, and Osteoarthritis pushed to problem list, but all four problems Asthma, GERD, Kidney Stone, and Osteoarthritis push to corresponding obs terms (Flowsheet)-see examples below.
9. Clicking the yellow  button next to the problem or flowsheet action buttons explains to/reminds the provider that removing a problem from the multi-line edit field (the Past Medical History or Past Surgical History) does not automatically remove it from the problem list or flowsheet. To do so, you must go to the problem list or flowsheet, highlight the problem, then click “Remove” or “Change Back”.

Example: Asthma, GERD, and Osteoarthritis pushed to Problem List



Update Problems

Potential problem list for: **David Neuro**

Description	Code	Onset Date	Assessment
ASTHMA	ICD-493.90		
GERD	ICD-530.81		
OSTEOARTHRITIS	ICD-715.90		

Assessment / Comment: ☐ New ☐ Improved ☐ Unchanged ☐ Deteriorated ☐ Comment Only

Effects of this update:

Added new problem of ASTHMA (ICD-493.90)
 Added new problem of GERD (ICD-530.81)
 Added new problem of OSTEOARTHRITIS (ICD-715.90)

Change Back...

Click OK to save all changes. Click Cancel to discard all changes.


OK Cancel

NOTE: Highlight item then click “Change Back” to remove if entered in error.

Example: Asthma, GERD, Kidney Stone, and Osteoarthritis push to corresponding ObsTerms (Flowsheet)

Update Flowsheet

Potential Observation list for: **David Neuro**

View: <Preferred - Internal Medicine> 

Days				
HEIGHT				
WEIGHT				
TEMPERATURE				
TEMP SITE				
PULSE RATE				
PULSE RHYTHM				
RESP RATE				

Effects of this update:

- Added new observation of PAST MED HX: Asthma □ □ □ GERD □ □ □ Kidney Stone □ □ □ Hx of Osteoarthritis □ □ (03/20/2005 16:45)
- Added new observation of PMH KIDNEY ST: yes (03/20/2005 16:45)
- Added new observation of PMH GERD: yes (03/20/2005 16:45)
- Added new observation of PMH ASTHMA: yes (03/20/2005 16:45)

Click New to add, or select an observation to change or remove.

NOTE: Highlight item then click “Change Back” to remove if entered in error.

Example: PMH-CCC for Orthopedics-List Box Customization

PMH-CCC: David Neuro

Past Medical History

Select Specialty: Orthopedics

☐ reviewed - no changes required

Last update:

Asthma
GERD
Kidney Stone
Hx of Osteoarthritis

Replace w/ Prior PMH

Problems ?

Flowsheet ?

Medications

Allergies

Insert Selected Values

Onset/Procedure Date (optional):

<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Poor Circulation
<input type="checkbox"/> Angina	<input type="checkbox"/> Diabetic Foot Ulcers	<input type="checkbox"/> Irregular Heart Beat	<input type="checkbox"/> Pulmonary Embolism
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Kidney Failure	<input type="checkbox"/> Reflux
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Lupus	<input type="checkbox"/> Seizures
<input type="checkbox"/> Blood Clot	<input type="checkbox"/> GI Bleed	<input type="checkbox"/> Migraines	<input type="checkbox"/> Sleep Apnea
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Neurological Disorder	<input type="checkbox"/> Stroke
<input type="checkbox"/> Chronic Back Pain	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Unremarkable
<input type="checkbox"/> Depression	<input type="checkbox"/> Hepatitis C		
	<input type="checkbox"/> High Blood Pressure		
	<input type="checkbox"/> HIV		

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. NOTE: This site chose not to have any headings and to limit the number of items in the list boxes.
2. The list box values may be manually checked by support staff using information entered in Patient History questionnaires or automatically entered through a patient-entered data interface (PatientLink™, Kryptiq®).

See samples of Patient History Questionnaires and PatientLink interface in the Appendix.

Example: PMH-CCC for OB-GYN Customization & Patient-Entered Data Prompt

PMH-CCC: Debbie Diabetes

Past Medical History Select Specialty Obstetrics/Gynecology

Last update: 08/01/2003 ☐ reviewed - no changes required

Diabetes-Type II
 Hypertension
 Hyperlipidemia

[Replace w/ Prior PMH](#)
[Problems](#)
[Flowsheet](#)
[Medications](#)
[Allergies](#)

Patient-Entered Hx
 Dated 02/21/2005
 Automatically Added to
 List Boxes Below.

Insert Selected Values

Onset/Procedure Date (optional):

Surgical	Medical	Medical	Medical
<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Abnormal Pap Smear	<input type="checkbox"/> Depression	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Appendectomy	<input checked="" type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes-Type 1	<input checked="" type="checkbox"/> Kidney Stone
<input type="checkbox"/> Cholecystectomy	<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Diabetes-Type 2	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Abdominal Surgery-type	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes-Gestational	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> TAH	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Neurologic Disorder
<input type="checkbox"/> TAH w/ BSO	<input type="checkbox"/> Autoimmune Disorder	<input type="checkbox"/> GI Bleed	<input checked="" type="checkbox"/> Osteoarthritis
<input type="checkbox"/> CABG	<input type="checkbox"/> Breast Disease	<input checked="" type="checkbox"/> GERD	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> PTCA	<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> PVD
<input type="checkbox"/> Tonsillectomy	<input type="checkbox"/> CVA / Stroke	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> PUD
<input type="checkbox"/> Carotid Endarterectomy	<input type="checkbox"/> COPD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Knee Replacement	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Knee Arthroscopy	<input type="checkbox"/> CRF	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Rotator Cuff Repair	<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Carpal Tunnel	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Valvular Heart Disease

[Intake](#) [Prenatal Visit](#) [Past Preg Hx](#) [Genetic](#) [Flowsheet](#) [Lab](#) [Prenatal Ed](#) [Ultrasound](#) [PAP Entry](#)
[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

- NOTE the "Patient-Entered Hx dated 02/21/2005" Prompt in red and the list box items that are automatically checked using the PatientLink™ or Kryptiq® questionnaire interface.
- After verifying the information with the patient, the provider clicks the yellow "Insert Selected Values" action button to commit the information. NOTE: Values will not appear in text or push to problem list until the action button is clicked. This allows for corrections to be made prior to committing.

PMH-PSH CCC

Some sites prefer to enter all past medical problems into the obs term PAST MED HX while entering all past surgical problems into the obs term PAST SURG HX. For those sites, there is the PMH-PSH-CCC form which functions the same as the PMH-CCC form -- except that there is a second tab labeled PSH to enter the PSH.

Example: PMH-PSH-CCC

PMH-PSH-CCC: Don C. Bassett

PMH PSH

Past Surgical History

Last update: ☐ reviewed - no changes required

Replace w/ Prior PSH

Problems

Flowsheet

Medications

Allergies

Insert Selected Values

Onset/Procedure Date (optional):

Surgical

☐ TURP

☐ Append
☐ Chole
☐ Abd Surg-type
☐ CABG
☐ PTCA
☐ Tonsillectomy
☐ Carotid Endarterectomy
☐ Hip Replacement
☐ Knee Replacement
☐ Knee Arthroscopy
☐ Rotator Cuff Repair
☐ Carpal Tunnel
☐ L A-F Bypass
☐ R A-F Bypass
☐ B A-F Bypass

Health Status

☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Immunizations UTD-Yes
☐ Immunizations UTD-No
☐ Surgical Complications-No
☐ Surgical Complications-Yes
☐ Anesthesia Prob-No
☐ Anesthesia Prob-Yes

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The data in the multi-line edit field pushes to the ObsTerm PAST SURG HX.
2. The headings and list box items can be customized the same way as the PMH-CCC form by editing the CCCQE-User-Edit-PSH.txt file.


FH-SH-CCC

The FH-SH-CCC form is designed to allow for rapid point-and-click entry of the most common specialty-specific family history and social history conditions. The list box items can be customized by specialty. In addition, the customization can also determine which conditions will automatically populate the active Problem List (or not) as well as whether an observation term is automatically populated and with what value. This decreases the time necessary to capture structured data which can be used for reporting or clinical decision support.

Example: FH-SH for Family Practice – Internal Medicine

The screenshot displays the FH-SH-CCC form for David Neuro. The form is divided into two main sections: Family History and Social History. Both sections have a 'Last updated:' field with a checkbox for 'reviewed - no changes required'. The Family History section includes a list of conditions with checkboxes, such as 'FH Alcoholism', 'FH Arthritis', 'FH Asthma', 'FH Bleeding disorder', 'FH Breast Ca', 'FH Cervical Ca', 'FH of CHD', 'FH CHD male<55', 'FH CHD female<65', 'FH of Colon Ca', 'FH Colon Ca-father', 'FH Colon Ca-mother' (checked), 'FH Colon Polyps', 'FH Depression', 'FH Diabetes', 'FH CVA or Stroke', 'FH Hypertension', 'FH Hyperlipidemia', 'FH Lung Ca', 'FH Melanoma', 'FH Migraine', 'FH Osteoporosis', 'FH Ovarian Ca', 'FH Pancreatic Ca', 'FH Prostate Ca', 'FH Renal Dz', 'FH Seizures', 'FH Skin Ca', 'FH Suicide', 'FH Thyroid Dz', 'FH Huntington's Dz', 'FH Learning Disabilities', 'Neg FH Breast CA', 'Neg FH Colon CA', 'Neg FH CAD', 'Neg FH DM', 'Neg FH HTN', and 'Neg FH DM-HTN-CAD'. There are buttons for 'Insert FH Template', 'Remove FH Template', and 'Replace w/ Prior FH'. The Social History section includes a list of conditions with checkboxes, such as 'Hx Domestic Abuse' and 'Religion Affecting Care'. There are buttons for 'Insert SH Template', 'Remove SH Template', and 'Replace w/ Prior SH'. At the bottom, there are tabs for 'Problems', 'Flowsheet', 'Medications', and 'Allergies'. A navigation bar at the very bottom includes links for 'HPI', 'ACV', 'PMH', 'FH-SH', 'Risk Factors', 'ROS', 'PE', 'Problems', 'CPOE A/P', 'Instructions/Plan', and 'Copyright'. There are also buttons for 'Prev Form (Ctrl+PgUp)', 'Next Form (Ctrl+PgDn)', and 'Close'.

1. The support staff or the provider checks the corresponding problems in the list boxes then clicks the yellow "Insert Selected Values" action button. NOTE: Values will not appear in text or push to Problem List until action button is clicked. This allows for corrections to be made prior to committing.
2. The list box values are customizable.
3. The items that push to the problem list or flowsheet as structured obs terms are also customizable.

- Corresponding problems in list boxes push to multi-line edit field (Family History or Social History) as well as to the problem list and flowsheet.
- The provider can also enter clinical information using QuickText, typing, inserting text templates, or using voice recognition for any items not listed (or if additional information is desired). NOTE: any information entered using these methods will only populate the Family History (Family HX) or Social History (Social Hx) obs terms; the information will not populate specific obs terms and will not add problems to the patient's problem list.
- In the example above, FH Coronary Heart Disease in a male before age 55 and FH Colon Cancer in mother pushed to the problem list and to the corresponding obs terms (flowsheet)-see examples below.
- Clicking the yellow  button next to the Problem or Flowsheet action buttons explains to/reminds the provider that removing a problem from the multi-line edit field (the Family History or Social History) does not automatically remove it from the problem list or flowsheet. To do so, you must go to the Problem List or Flowsheet, highlight the problem then click "Remove" or "Change Back".

Update Problems

Potential problem list for: **David Neuro**

Description	Code	Onset Date	Assessment
ASTHMA	ICD-493.90		
G E R D	ICD-530.81		
OSTEOARTHRITIS	ICD-715.90		
FAMILY HISTORY CORONARY HEART DISEASE MALE < 55	ICD-V17.3		
FAMILY HISTORY COLON CANCER-MOTHER	ICD-V16.0		

Up
Down
Left
Right
To Top
To Bottom

Assessment / Comment: ☐ New ☐ Improved ☐ Unchanged ☐ Deteriorated ☐ Comment Only

Effects of this update:

Added new problem of ASTHMA (ICD-493.90)
 Added new problem of G E R D (ICD-530.81)
 Added new problem of OSTEOARTHRITIS (ICD-715.90)
 Added new problem of FAMILY HISTORY CORONARY HEART DISEASE MALE < 55 (ICD-V17.3)
 Added new problem of FAMILY HISTORY COLON CANCER-MOTHER (ICD-V16.0)

New... Change... Remove... Change Back...


Click OK to save all changes. Click Cancel to discard all changes.

OK Cancel

NOTE: Highlight item then click "Change Back" to remove if entered in error.

Update Flowsheet

Potential Observation list for: **David Neuro**

View: <All> 

Days	03/20/2005			
COLONCAHXM	yes			
FAMILY HX	FH Coron...			
FH<55MALE MI	yes			
PAST MED HX	Asthma			
PMH ASTHMA	yes			
PMH GERD	yes			
PMH KIDNEY ST	yes			

Effects of this update:

- Added new observation of SOCIAL HX: Religious Belief Affecting Care: (03/20/2005 16:45)
- Added new observation of FAMILY HX: FH Coronary Heart Disease in a male before age 55: (03/20/2005 16:45)
- Added new observation of COLONCAHXMOM: yes (03/20/2005 16:45)
- Added new observation of FH<55MALE MI: yes (03/20/2005 16:45)
- Added new observation of PAST MED HX: Asthma ER Kidney Stone Hx of Osteoarthritis (03/20/2005 16:45)

Click New to add, or select an observation to change or remove.

NOTE: Highlight item then click “Change Back” to remove if entered in error.

Example: FH-SH-CCC for Cardiology

FH-SH-CCC: Debbie Diabetes

Family History Select Specialty: Cardiology **Insert Selected Values**

Last updated: ☐ reviewed - no changes required Check to insert into FH Edit Field

FH of Aortic Aneurysm: FH of Marfan's Syndrome FH of Sudden Death	<input type="checkbox"/> FH Alcoholism <input type="checkbox"/> FH Arthritis <input type="checkbox"/> FH Asthma <input type="checkbox"/> FH Bleeding disorder <input type="checkbox"/> FH Breast Ca <input type="checkbox"/> FH Cervical Ca <input type="checkbox"/> FH of CHD <input type="checkbox"/> FH CHD male<55 <input type="checkbox"/> FH CHD female<65 <input type="checkbox"/> FH of Colon Ca <input type="checkbox"/> FH Colon Ca-father <input type="checkbox"/> FH Colon Ca-mother <input type="checkbox"/> FH Colon Polyps <input type="checkbox"/> FH Depression <input type="checkbox"/> FH Diabetes <input type="checkbox"/> FH CVA or Stroke <input type="checkbox"/> FH Hypertension <input type="checkbox"/> FH Hyperlipidemia <input type="checkbox"/> FH Lung Ca <input type="checkbox"/> FH Melanoma	<input type="checkbox"/> FH Migraine <input type="checkbox"/> FH Osteoporosis <input type="checkbox"/> FH Ovarian Ca <input type="checkbox"/> FH Pancreatic Ca <input type="checkbox"/> FH Prostate Ca <input type="checkbox"/> FH Renal Dz <input type="checkbox"/> FH Seizures <input type="checkbox"/> FH Skin Ca <input type="checkbox"/> FH Suicide <input type="checkbox"/> FH Thyroid Dz <input checked="" type="checkbox"/> FH Aortic Aneurysm <input type="checkbox"/> FH AAA <input checked="" type="checkbox"/> FH Marfan's <input type="checkbox"/> FH Prolonged QT <input checked="" type="checkbox"/> FH Sudden Death <input type="checkbox"/> NEG FHx ASCVD <input type="checkbox"/> NEG FHx Diabetes <input type="checkbox"/> NEG FHx HTN <input type="checkbox"/> NEG FHx DM-HTN-CAD
---	---	---

Social History **Insert Selected Values**

Last updated: ☐ reviewed - no changes required Check to insert into SH Edit Field

Patient is currently smoking. Patient admits to alcohol use:	<input type="checkbox"/> Hx Domestic Abuse <input type="checkbox"/> Religion Affecting Care <input type="checkbox"/> Current Smoker <input type="checkbox"/> Quit Smoking <input type="checkbox"/> Never Smoked	<input type="checkbox"/> Alcohol Use <input type="checkbox"/> No Alcohol Use
---	---	---

1. Note the Cardiology-specific list box values (AAA, Marfan's, Sudden Death, etc.).
2. The Social History list boxes can also be customized to capture important, basic Risk Factor information. Values may be linked to the Risk Factors form to automatically populate the data captured. Use the Risk Factors form to document additional risk factor information.

Example: FH-SH-CCC for Pediatrics

FH-SH-CCC: Debbie Diabetes

Family History Select Specialty: Pediatrics **Insert Selected Values**

Last updated: ☐ reviewed - no changes required **Check to insert into FH Edit Field**

Insert FH Template **Remove FH Template** **Replace w/ Prior FH**

<input type="checkbox"/> FH Alcoholism	<input type="checkbox"/> FH Migraine
<input type="checkbox"/> FH Arthritis	<input type="checkbox"/> FH Osteoporosis
<input type="checkbox"/> FH Asthma	<input type="checkbox"/> FH Ovarian Ca
<input type="checkbox"/> FH Bleeding disorder	<input type="checkbox"/> FH Pancreatic Ca
<input type="checkbox"/> FH Breast Ca	<input type="checkbox"/> FH Prostate Ca
<input type="checkbox"/> FH Cervical Ca	<input type="checkbox"/> FH Renal Dz
<input type="checkbox"/> FH of CHD	<input type="checkbox"/> FH Seizures
<input type="checkbox"/> FH CHD male<55	<input type="checkbox"/> FH Skin Ca
<input type="checkbox"/> FH CHD female<65	<input type="checkbox"/> FH Suicide
<input type="checkbox"/> FH of Colon Ca	<input type="checkbox"/> FH Thyroid Dz
<input type="checkbox"/> FH Colon Ca-father	<input type="checkbox"/> FH Huntington's Dz
<input type="checkbox"/> FH Colon Ca-mother	<input type="checkbox"/> FH Learning Disabilities
<input type="checkbox"/> FH Colon Polyps	<input type="checkbox"/> FH of ADD
<input type="checkbox"/> FH Depression	<input type="checkbox"/> FH of ADHD
<input type="checkbox"/> FH Diabetes	<input type="checkbox"/> NEG FHx Breast Cancer
<input type="checkbox"/> FH CVA or Stroke	<input type="checkbox"/> NEG FHx Cervical CA
<input type="checkbox"/> FH Hypertension	<input type="checkbox"/> NEG FHx of Colon Canc
<input type="checkbox"/> FH Hyperlipidemia	<input type="checkbox"/> NEG FHx Diabetes
<input type="checkbox"/> FH Lung Ca	<input type="checkbox"/> NEG FHx HTN
<input type="checkbox"/> FH Melanoma	<input type="checkbox"/> NEG FHx DM-HTN-CAD

Social History **Insert Selected Values**

Last updated: ☐ reviewed - no changes required **Check to insert into SH Edit Field**

Insert SH Template **Remove SH Template** **Replace w/ Prior SH**

Current history of foster care.
Positive history of passive tobacco smoke exposure.
Immunizations not currently up to date.

<input type="checkbox"/> Hx Domestic Abuse	<input type="checkbox"/> Passive Smoke-Yes
<input type="checkbox"/> Religion Affecting Care	<input type="checkbox"/> Passive Smoke-No
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Immunizations-UTD-YES
<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Immunizations-UTD-NO
<input type="checkbox"/> Lives w/Grandparents	
<input type="checkbox"/> Adopted	

Problems **?** **Flowsheet** **?** **Medications** **Allergies**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. Note the Pediatric-specific list box values.
2. The Social History list boxes can also be customized to capture important, basic Risk Factor information. Values may be linked to the Risk Factors form to automatically populate the data captured such as immunization status and passive smoke exposure.

Update Flowsheet

Potential Observation list for: **Debbie Diabetes**

View: «Attached - PREVENTIVE CARE»

Days	07/30/2004	04/15/2004	12/02/2003	08/01/2003
WEIGHT	188	180	182	186
BP SYSTOLIC	144	144	148	150
BP DIASTOLIC	84	80	88	88
CHOLESTEROL	278	277	256	280
TRIGLYCERIDE	232	226	222	256
HDL	40	39	38	40
LDL	178	180	180	188

Effects of this update:

Added new observation of IMMUNIZ UTD: no (03/20/2005 19:03)
Added new observation of PAS CIG SMOK: yes (03/20/2005 19:03)

New... **Change...** **Remove...** **Change Back**

Click New to add, or select an observation to change or remove. **OK** **Cancel**

Risk Factors-CCC

The Risk Factors-CCC form is designed to allow for rapid point-and-click entry of the most common patient health risk factors. The results are entered as structured data which can be used for reporting or clinical decision support.

1. Risk factor items can be expanded for more detailed data entry (Examples: Tobacco Use, Alcohol Use, Drug Use, HIV high risk behavior).
2. The provider does not have to complete every field, but any fields completed will be structured, allowing for clinical decision support and reporting in the future.
3. Risk Factor values can be automatically populated from the FH-SH-CCC form and the new PSIA-CDSS application within the CPOE A&P form.

Example: Expanded Risk Factor-CCC Form Showing Additional Data Entry Fields

Risk Factors-CCC: Don C. Bassett

Risk Factors ☐ Insert all prior values into note (including any changes made today) Select Specialty **ENT**

Tobacco Use:
☒ current ☐ quit ☐ never
 Year started:
 Cigarettes ☐ yes ☐ no Amt: 1/2 pck/day
 Cigars ☐ yes ☐ no Amt: #/week
 Smokeless ☐ yes ☐ no Amt: per day
Counseled to quit/cut down ☐ yes ☐ no
 Passive smoke exp: ☒ yes ☐ no
 Drug use: ☒ yes ☐ no
 Substance:
 Comments:
 HIV high risk behavior: ☒ yes ☐ no
 Comments:
 Caffeine use (drinks/day): 2

Alcohol use: ☒ yes ☐ no
 Type:
 Drinks per day: 2
 Has patient --
 Felt need to cut down: ☐ Y ☐ N
 Been annoyed by complaints: ☐ Y ☐ N
 Felt guilty re: drinking: ☐ Y ☐ N
 Needed eye opener in a.m.: ☐ Y ☐ N
 Comments:
Counseled to quit/cut down ☐ yes ☐ no
 Exercise: ☒ yes ☐ no
 Times per week: 1
 Type of exercise:
 Seatbelt use (%): 50
 Sun Exposure: frequently
 Date of Last Colonoscopy

FH MI in female age < 65 ☐ yes ☐ no
FH MI in male age < 55 ☐ yes ☐ no

Oh, by the way..... **Enter**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. Risk factor items can be expanded for more detailed data entry (Examples: Tobacco Use, Alcohol Use, Drug Use, HIV high risk behavior).
2. The provider does not have to complete every field, but any fields completed will be structured, allowing for clinical decision support and reporting in the future.
3. Risk Factor values can be automatically populated from the FH-SH-CCC form and the new PSIA-CDSS application within the CPOE A&P form.

ROS-CCC

The ROS-CCC form is designed to allow for rapid point-and-click entry of specialty-specific medical/surgical review of systems. The headings and list box items can be customized as well as the order in which they appear and the observation terms with which they are associated. This decreases the time necessary document the visit as well as to capture structured data which can be used for reporting or clinical decision support.

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx View/Insert Refresh! Family Practice

REVIEW OF SYSTEMS ? All Negative 1-Neg 2-Neg 3-Neg Clear ALL View Positive ROS Clear View

☐ See HPI ☒ Show Brief Version of Negative Values in Note ?

General Eyes ENT CV Resp GI GU

Oh, by the way ... Enter

HPI ACV PMH FH-SH Risk Factors ROS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The order and the value of radio button headings can be customized by specialty.
2. The List box values can be customized (add, subtract, or modify values).
3. Clicking a value in the 'denies' column (or 'complains of' column) automatically un-checks the values in the opposite list box.
4. Customization designates which body systems are populated by clicking the 1-NEG, 2-NEG, or 3-NEG action buttons.
5. The "super buttons" (All Negative or 1-NEG, 2-NEG, or 3-NEG action buttons) may be "hidden", or not visible, for sites that want to "turn off" those features (through customization).
6. A problem-oriented ROS (ESRD, Prenatal, etc.) may be created through customization.
7. Patient-entered history from PatientLink® or Kryptiq® may be automatically inserted, or the user may be prompted that patient-entered history exists.

Example: ROS-Family Practice with PatientLink®-Entered History Option

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx **View/Insert** **Refresh!** Family Practice

REVIEW OF SYSTEMS ? **All Negative** 1-Neg 2-Neg 3-Neg Clear ALL View Positive ROS Clear View

☐ See HPI ☒ Show Brief Version of Negative Values in Note ?

General	Eyes	ENT	CV	Resp	GI		GU
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Oh, by the way ... Enter

HPI ACV PMH FH-SH Risk Factors ROS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Click the “All Negative” action button first then click “View/Insert Patient Entered History”. The following pop-up box displays:

Logician Message

*** If the 'Yes-No' or 'OK' buttons do not appear at the bottom of this box, then press the 'ENTER Key' to close this box.

Patient-Entered History for ROS:

General: malaise,fatigue (05/10/2005)

CV: chest pains,palpitations (05/10/2005)

Resp: cough,wheezing (05/10/2005)

GI: constipation,change of bowel habits (05/10/2005)

Click "Yes" to add these values to today's ROS; otherwise, click "No". NOTE: Any Positive values in the ROS added this update will be over-written with these values.

Yes No

1. Click 'Yes' to insert the patient-entered history.
2. Positive complaints will automatically be checked (see below).

Example: Patient-Entered ROS for Family Practice (CV)

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx Select Specialty

REVIEW OF SYSTEMS ?

☐ See HPI ☒ Show Brief Version of Negative Values in Note ?

+	-	-	+	+	+	-
General	Eyes	ENT	CV	Resp	GI	GU
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CV

☐ See HPI

Complains of:	Denies:
<input checked="" type="checkbox"/> chest pains	<input type="checkbox"/> chest pains
<input checked="" type="checkbox"/> palpitations	<input type="checkbox"/> palpitations
<input type="checkbox"/> syncope	<input checked="" type="checkbox"/> syncope
<input type="checkbox"/> dyspnea on exertion	<input checked="" type="checkbox"/> dyspnea on exertion
<input type="checkbox"/> orthopnea	<input checked="" type="checkbox"/> orthopnea
<input type="checkbox"/> PND	<input checked="" type="checkbox"/> PND
<input type="checkbox"/> peripheral edema	<input checked="" type="checkbox"/> peripheral edema

Comments:

Oh, by the way ...

Example: ROS-Cardiology

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx **View/Insert** Select Specialty Cardiology

REVIEW OF SYSTEMS **View Positive ROS** **Clear View**

☐ See HPI ☒ Show Brief Version of Negative Values in Note ?

General **CV** Resp Neuro Endo GI GU

CV

☐ See HPI

All Negative

Clear

Complains of:

- ☐ chest pain at rest
- ☐ chest pain with exercise
- ☐ palpitations
- ☐ peripheral edema
- ☐ PND
- ☐ orthopnea
- ☐ shortness of breath
- ☐ dyspnea on exertion
- ☐ syncope
- ☐ claudication
- ☐ orthostatic symptoms

Denies:

- ☐ chest pain at rest
- ☐ chest pain with exercise
- ☐ palpitations
- ☐ peripheral edema
- ☐ PND
- ☐ orthopnea
- ☐ shortness of breath
- ☐ dyspnea on exertion
- ☐ syncope
- ☐ claudication
- ☐ orthostatic symptoms

Comments:

Oh, by the way ... **Enter**

HPI ACV PMH FH-SH Risk Factors ROS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. Note that the list box for CV is more detailed and that the order of body systems is more cardiology-specific.
2. The "Show Brief Version of Negative Values in Note" generates an abbreviated text translation (see below). This may be customized to be the default value that is checked for all patients.

Example: Abbreviated ROS text translation set by checking “Show Brief Version of Negative Values in Note”

Logician - Harry S. Winston MD @ Southside Clinic (CLINIC) - 5/10/2005 4:05 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Internet Help EXIT

Don C. Bassett **CHECK PROTOCOLS** Home: 503-629-5541 Work: 503-692-8954
59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: MCR (Medicare Part B) Group

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Upd...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 431 Properties: Office Visit at SOUTH on 05/10/2005 2:35 PM by Harry S. Winston MD

Summary: Change Properties...

HPI-CCC
PMH-CCC
FH-SH-CCC
Risk Factors-CCC
ROS-CCC
Adult Vital Signs-CCC
PE-CCC
Problems-CCC
Test Management-CCC
CPOE A&P-CCC
Patient Instructions-CCC

Review of Systems

CV
Complaints of chest pain at rest and palpitations.

Resp
Complaints of cough and wheezing.

Neuro
Complaints of dizziness.

The review of systems is negative for General, Endo, GI, GU, MS, Eyes, Derm, Psych, Heme, Allergy, and ENT.

[Adult Vital Signs-CCC]
[PE-CCC]

For Help, press F1

Example: ROS-ENT

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx **View/Insert** Select Specialty **ENT**

REVIEW OF SYSTEMS ? **All Negative** **1-Neg** **2-Neg** **3-Neg** **Clear ALL** **View Positive ROS** **Clear View**

☐ See HPI ☒ Show Brief Version of Negative Values in Note ?

Ears **Nose** **Throat** **Allergy** **Resp** **Cardiac** **GI** **GU**

Ears

☐ See HPI

All Negative

Clear

Complains of:

- ☐ ear pain
- ☐ drainage
- ☐ change in hearing
- ☐ hearing loss
- ☐ ringing/head noise
- ☐ dizziness
- ☐ imbalance
- ☐ ear infection

Denies:

- ☐ ear pain
- ☐ drainage
- ☐ change in hearing
- ☐ hearing loss
- ☐ ringing/head noise
- ☐ dizziness
- ☐ imbalance
- ☐ ear infection

Comments:

Oh, by the way ... **Enter**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The order and value of radio button headings can be customized by specialty.
2. The list box values can be customized (add, subtract, or modify values). Note in the example above, the order of the body systems and the body system values are expanded for ENT.
3. Clicking a value in the 'denies' column (or 'complains of' column) automatically un-checks the value in the opposite list box.
4. Customization designates which body systems are populated by clicking the 1-NEG, 2-NEG, or 3-NEG action buttons.
5. The "super buttons" (All Negative or 1-NEG, 2-NEG, or 3-NEG action buttons) may be "hidden", or not visible, for sites that want to "turn off" those features (through customization).
6. A problem-oriented ROS (ESRD, Prenatal, etc.) may be created through customization.
7. Patient-entered history from PatientLink® or Kryptiq® may be automatically inserted, or the user may be prompted that patient-entered history exists.

Example: ROS-Renal/Nephrology

ROS-CCC: Don C. Bassett

Page 1 | Page 2 | Templates

View/Insert Patient-Entered Hx **View/Insert** Select Specialty Nephrology

REVIEW OF SYSTEMS ? **All Negative** **1-Neg** **2-Neg** **3-Neg** **Clear ALL** **View Positive ROS** **Clear View**

☐ See HPI ☐ Show Only Positive Values in Note ? ☐ Show Brief Version of Negative Values in Note ?

General **ESRD** **CKD** **Transplant** **CV** **Resp** **GI** **GU-Male**

ESRD

☐ See HPI

All Negative

Clear

Complains of:

- ☐ anorexia
- ☒ fatigue/weakness
- ☐ weight loss
- ☐ insomnia
- ☐ chest pain
- ☐ dyspnea
- ☐ orthopnea
- ☐ PND
- ☒ edema
- ☐ cough
- ☐ nausea
- ☐ vomiting
- ☐ restless legs
- ☐ itching
- ☐ rash

Denies:

- ☒ anorexia
- ☐ fatigue/weakness
- ☒ weight loss
- ☒ insomnia
- ☒ chest pain
- ☒ dyspnea
- ☒ orthopnea
- ☒ PND
- ☐ edema
- ☒ cough
- ☒ nausea
- ☒ vomiting
- ☒ restless legs
- ☒ itching
- ☒ rash

Comments:

Oh, by the way ... **Enter**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The order and value of radio button headings can be customized by specialty. Note the order of systems and values expanded for Nephrology in the example above. Through customization, this can also be problem-specific (i.e., ESRD displays ROS values for multiple systems all in one list box, which allows the provider to rapidly document an intermediate disease-specific ROS.)
2. The list box values can be customized (add, subtract, or modify values).
3. Clicking a value in the 'denies' column (or 'complains of' column) automatically un-checks the value in the opposite list box.
4. Customization designates which body systems are populated by clicking the 1-NEG, 2-NEG, or 3-NEG action buttons.
5. The "super buttons" (All Negative or 1-NEG, 2-NEG, or 3-NEG action buttons) may be "hidden", or not visible, for sites that want to "turn off" those features (through customization).
6. Patient-entered history from PatientLink® or Kryptiq® may be automatically inserted, or the user may be prompted that patient-entered history exists.

PE-CCC

The PE-CCC form is designed to allow for rapid point-and-click entry of a general physical exam, as well as to load and go to a variety of expanded detailed examinations (cardiac, GU, orthopedic, ENT, etc.). Each site can customize the normal default values, the observation terms to which they are attached, and the values in the two list boxes. The list box values can be either normal or abnormal values. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.

Example: General-HEENT

PE-CCC: Don C. Bassett

Gen-HEENT | Neck-Lung-Heart | Abd-GU | MSK-Ext-Neuro | S/L-Psych | Exam Other

Physical Exam

Select Specialty: Family Practice

General | Normal | Prior | Clear | **All Normal** | **All Prior** | **Clear All**

well developed, well nourished, in no acute distress

normal appearance
healthy appearing

obese
poor hygiene
unkempt

Head | Normal | Prior | Clear

normocephalic and atraumatic

macrocephalic
microcephalic

Eyes | Normal | Prior | Clear

PERRLA/EOM intact; fundi benign, conjunctiva and sclera clear

Load Form: **Eye Exam** | **Diabetic Eye Exam**

poor LR on left
poor LR on right
cataract OS
cataract OD

esotropia
exotropia
scleral icterus
conjunctival injection

Ears | Normal | Prior | Clear

TM's intact and clear with normal canals and hearing

Load Form: **ENT Exam**

deformity of L pinna
deformity of R pinna
deformity of both pinna
pinna low set

R TM dull
R TM red
R TM retracted
R TM bulging

Nose | Normal | Prior | Clear

no deformity, discharge, inflammation, or lesions

clear nasal discharge
purulent nasal discharge
FB L nares
FB R nares

L nasal polyp
R nasal polyp
epistaxis L nares
epistaxis R nares

Mouth | Normal | Prior | Clear

no deformity or lesions with good dentition

throat injected
tonsillar enlargement
white exudate
post nasal drip

poor dentition
ulcerated lesions
vessicular lesions

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. A variety of expanded detailed examinations can be loaded and accessed by clicking the specific exam action button: ENT Exam, EYE Exam, Diabetic Eye Exam (highlighted in yellow if diagnosis on problem list), CV Exam, GU Exam, Orthopedic Exams, Diabetic Foot Exam (highlighted in yellow if diagnosis on problem list), and Neurologic Exam.

Example: Neck-Lung-Heart

PE-CCC: Don C. Bassett

Gen-HEENT	Neck-Lung-Heart	Abd-GU	MSK-Ext-Neuro	S/L-Psych	Exam Other
<div> Neck <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> </div> <div> <input type="text" value="no masses, thyromegaly, or abnormal cervical nodes."/> <div> <input type="checkbox"/> nuchal rigidity <input type="checkbox"/> decreased ROM <input type="checkbox"/> L neck mass <input type="checkbox"/> midline cyst <input type="checkbox"/> enlarged thyroid </div> </div>					
<div> Chest Wall <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> </div> <div> <input type="text" value="no deformities or breast masses noted."/> <div> <input type="checkbox"/> pectus excavatum <input type="checkbox"/> pectus carinatum <input type="checkbox"/> supernumary nipple <input type="checkbox"/> L breast mass <input type="checkbox"/> R breast mass </div> </div>					
<div> Breasts <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> </div> <div> <input type="text" value="no masses or gynecomastia noted."/> <div> <input type="checkbox"/> no masses <input type="checkbox"/> no adenopathy <input type="checkbox"/> no swelling <input type="checkbox"/> gynecomastia: <input type="checkbox"/> palpable mass: <input type="checkbox"/> palpable node(s): </div> </div>					
<div> Lungs <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> </div> <div> <input type="text" value="clear bilaterally to A & P."/> <div> <input type="checkbox"/> decreased BS on L <input type="checkbox"/> decreased BS on R <input type="checkbox"/> decreased BS bilateral <input type="checkbox"/> dullness L base <input type="checkbox"/> dullness R base <input type="checkbox"/> rales L base <input type="checkbox"/> rales R base <input type="checkbox"/> wheezes on L <input type="checkbox"/> wheezes on R <input type="checkbox"/> rhonchi L <input type="checkbox"/> rhonchi R <input type="checkbox"/> rhonchi bilateral <input type="checkbox"/> tachypneic <input type="checkbox"/> retractions on L <input type="checkbox"/> retractions on R <input type="checkbox"/> retractions bilateral </div> </div>					
<div> Heart <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> </div> <div> <input type="text" value="regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks."/> <div> <input type="checkbox"/> Grade /6 SEM loudest primary aortic a <input type="checkbox"/> Grade /6 SEM loudest LLSB <input type="checkbox"/> Grade /6 SEM loudest at apex -->axilla <input type="checkbox"/> Grade /6 DM loudest at primary aortic <input type="checkbox"/> Grade /6 DM loudest at LLSB <input type="checkbox"/> Grade /6 DM loudest at apex <input type="checkbox"/> normal split S2 <input type="checkbox"/> fixed split S2 <input type="checkbox"/> mid systolic click <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> summation gallop <input type="checkbox"/> pericardial friction rub </div> </div>					
<div> <input type="button" value="Load Form:"/> <input type="button" value="CV Exam"/> </div>					
<div> <input type="button" value="HPI"/> <input type="button" value="ACV"/> <input type="button" value="PMH"/> <input type="button" value="FH-SH"/> <input type="button" value="Risk Factors"/> <input type="button" value="ROS"/> <input type="button" value="VS"/> <input type="button" value="PE"/> <input type="button" value="Problems"/> <input type="button" value="CPOE A/P"/> <input type="button" value="Instructions/Plan"/> <input type="button" value="Copyright"/> </div>					
<div> <input type="button" value="Prev Form (Ctrl+PgUp)"/> <input type="button" value="Next Form (Ctrl+PgDn)"/> <input type="button" value="Close"/> </div>					

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Click the CV Exam action button to load and go to detailed cardiovascular exam form.

Example: Detailed Cardiovascular Exam

CV Exam-CCC

Neck

CV Exam-CCC: Don C. Bassett

Neck | Heart | Vascular | Special | Other

Neck

Carotids

Carotids full and equal bilaterally without bruits.

☐ left carotid bruit:
☐ right carotid bruit:
☐ bilateral carotid bruits:
☐ radiation of murmur into carotids

☐ diminished left carotid pulse
☐ diminished right carotid pulse
☐ absent left carotid pulse
☐ absent right carotid pulse

Neck Veins

Normal, no JVD.

☐ +JVD
☐ 1cm JVD
☐ 2cm JVD
☐ 3cm JVD
☐ 4cm JVD

☐ flat neck veins

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) |

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: CV Exam-CCC Heart

CV Exam-CCC: Don C. Bassett

Neck **Heart** Vascular Special Other

Heart

Inspection

no deformities or lifts noted.

☐ no deformities
☐ no heaving/lifts

☐ pectus excavatum
☐ pectus carinatum
☐ lift noted

Palpation

normal PMI with no thrills palpable.

☐ normal PMI
☐ no thrills

☐ thrill palpable:
☐ PMI displaced:

Auscultation

regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks.

☐ regular rhythm
☐ normal rate
☐ no murmurs
☐ no rubs
☐ no gallops
☐ accentuated P2
☐ normal split S2
☐ fixed split S2
☐ S3 gallop

☐ summation gallop
☐ mid systolic click
☐ pericardial friction rub
☐ Grade /6 SEM loudest primary aort
☐ Grade /6 SEM loudest LLSB
☐ Grade /6 SEM loudest at apex -->a
☐ Grade /6 DM loudest at primary ao
☐ Grade /6 DM loudest at LLSB
☐ Grade /6 DM loudest at apex

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: CV Exam-CCC Vascular

CV Exam-CCC: Don C. Bassett

Neck | Heart | **Vascular** | Special | Other

Vascular

Abdominal Aorta

no palpable masses, pulsations, or audible bruits.

☐ palpable mass:

☐ audible abdominal bruit:

Femoral Pulses

normal femoral pulses bilaterally.

☐ diminished right femoral pulse
☐ absent right femoral pulse

☐ diminished left femoral pulse
☐ absent left femoral pulse

Pedal Pulses

normal pedal pulses bilaterally.

☐ diminished right dorsalis pedis pulse
☐ diminished right posterior tibial pulse
☐ absent right dorsalis pedis pulse
☐ absent right posterior tibial pulse

☐ diminished left dorsalis pedis pulse
☐ diminished left posterior tibial pulse
☐ absent left dorsalis pedis pulse
☐ absent left posterior tibial pulse

Radial Pulses

normal radial pulses bilaterally.

☐ diminished right radial pulse
☐ absent right radial pulse

☐ diminished left radial pulse
☐ absent left radial pulse

Peripheral Circulation

no clubbing, cyanosis, or edema noted with normal capillary refill.

☐ no clubbing
☐ no cyanosis
☐ no pedal edema
☐ normal capillary refill

☐ clubbing
☐ cyanosis
☐ pedal edema:
☐ abnormal capillary refill:

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.
5. Additional fields may be added on the "Special" Tab such as ABI (Ankle Brachial Index), etc.

Example: Abdomen-GU

PE-CCC: Don C. Bassett

Gen-HEENT	Neck-Lung-Heart	Abd-GU	MSK-Ext-Neuro	S/L-Psych	Exam Other	Diabetes Exam
-----------	-----------------	---------------	---------------	-----------	------------	---------------

Abdomen Normal Prior Clear	
bowel sounds positive; abdomen soft and non-tender without masses, organomegaly, or hernias noted.	<input type="checkbox"/> hepatomegaly <input type="checkbox"/> splenomegaly <input type="checkbox"/> mass RUQ <input type="checkbox"/> mass LUQ <input type="checkbox"/> mass RLQ <input type="checkbox"/> mass LLQ <input type="checkbox"/> epigastric mass <input type="checkbox"/> L flank mass <input type="checkbox"/> R flank mass <input type="checkbox"/> L inguinal hernia <input type="checkbox"/> R inguinal hernia
	<input type="checkbox"/> RUQ tenderness <input type="checkbox"/> LUQ tenderness <input type="checkbox"/> RLQ tenderness <input type="checkbox"/> LLQ tenderness <input type="checkbox"/> epigastric tenderness <input type="checkbox"/> L flank tenderness <input type="checkbox"/> R flank tenderness <input type="checkbox"/> with guarding <input type="checkbox"/> without guarding <input type="checkbox"/> with rebound <input type="checkbox"/> without rebound <input type="checkbox"/> ascites noted <input type="checkbox"/> positive Murphy's sign

Rectal Normal Prior Clear	
normal external exam.	<input type="checkbox"/> hemoccult positive <input type="checkbox"/> rectal mass <input type="checkbox"/> external hemorrhoid <input type="checkbox"/> internal hemorrhoid
	<input type="checkbox"/> perirectal mass <input type="checkbox"/> perirectal tenderness <input type="checkbox"/> poor sphincter tone

Genitalia Normal Prior Clear		GU Exam
normal male, testes descended bilaterally without masses, no hernias noted.	<input type="checkbox"/> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> L testes high in canal <input type="checkbox"/> R testes high in canal <input type="checkbox"/> L testes absent <input type="checkbox"/> R testes absent <input type="checkbox"/> ambiguous genitalia <input type="checkbox"/> micropenis	<input type="checkbox"/> L hydrocele <input type="checkbox"/> R hydrocele <input type="checkbox"/> L testicular mass <input type="checkbox"/> R testicular mass

Prostate Normal Prior Clear	
normal size prostate without masses or asymmetry	<input type="checkbox"/> normal size prostate <input type="checkbox"/> no masses <input type="checkbox"/> enlarged prostate
	<input type="checkbox"/> prostate mass: <input type="checkbox"/> prostate tenderness: <input type="checkbox"/> asymmetry noted:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.
5. Click the GU Exam action button to load and go to detailed genitourinary exam form (male or female).

Example: Detailed GU Exam-Male

GU Exam-CCC

Male GU-1

GU Exam-CCC: Don C. Bassett

GU-1 | GU-2 | Other

Genitourinary Exam-Male All Normal All Prior Clear All

Urethra Normal Prior Clear

No lesions or discharge noted.

☐ normal urethra
☐ no lesions noted

☐ urethral discharge:
☐ stricture
☐ adhesions

Urethral Meatus Normal Prior Clear

Normal size and location, no lesions or discharge.

☐ normal size
☐ normal location
☐ no lesions or discharge

☐ inflamed
☐ discharge: abnormal location

Penis Normal Prior Clear

Normal without lesions.

☐ normal
☐ circumcised
☐ uncircumcised
☐ no lesions

☐ phimosis
☐ balanitis
☐ lesion:

Testes/Scrotum Normal Prior Clear

Normal size testes bilateral without masses or tenderness.

☐ absent right testes
☐ tenderness right testicle
☐ right testicular mass:

☐ absent left testes
☐ tenderness left testicle
☐ left testicular mass:
☐ hydrocele:

Epididymides Normal Prior Clear

Normal without masses or tenderness

☐ tenderness on the right
☐ right epididymal mass:

☐ tenderness on the left
☐ left epididymal mass:

Seminal Vesicles Normal Prior Clear

No masses or tenderness.

☐ tenderness:

☐ enlarged
☐ mass:

HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: GU Exam-CCC

Male GU-2

GU Exam-CCC: Don C. Bassett

GU-1 | **GU-2** | Other

Inguinal

No masses, tenderness, or hernias noted.

☐ no masses
☐ no tenderness
☐ right inguinal hernia
☐ left inguinal hernia

☐ right inguinal tenderness
☐ left inguinal tenderness
☐ right inguinal mass:
☐ left inguinal mass:

Bladder

Normal size without masses or tenderness.

☐ distended:

☐ tender
☐ mass:

Anus/Perineum

Normal external exam.

☐ poor sphincter tone
☐ absent anal wink
☐ external hemorrhoids

☐ perineal lesion(s):
☐ mass:
☐ abscess:

Rectal

Normal digital exam without masses.

☐ normal digital exam
☐ hemoccult negative

☐ external hemorrhoids
☐ internal hemorrhoids
☐ mass:
☐ abscess:

Prostate

Normal size prostate without asymmetry, masses, or tenderness

☐ symmetrically enlarged
☐ tenderness right lobe
☐ tenderness left lobe
☐ diffuse tenderness

☐ mass right lobe:
☐ mass left lobe:
☐ mass:

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) |

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Detailed GU Exam-Female

GU Exam-CCC

Female GU-1

GU Exam-CCC: Custom Gynie

GU-1 | GU-2 | Other

Genitourinary Exam-Female All Normal All Prior Clear All

Urethra Normal Prior Clear

No lesions or discharge with palpitation.

☐ urethral diverticulum ☐ discharge

Urethral Meatus Normal Prior Clear

Normal size and location, no lesions or discharge.

☐ atrophic changes
☐ stricture
☐ urethral caruncle ☐ prolapsed urethral mucosa

Vagina Normal Prior Clear

Normal appearance, no discharge or lesions. No evidence of cystocele, enterocele, or rectocele.

☐ atrophic changes
☐ erythema
☐ condylomata:
☐ malodorous-frothy discharge ☐ discharge:
☐ ulceration:
☐ mass:

Cervix Normal Prior Clear

Normal without masses or lesions.

☐ anterior
☐ posterior
☐ condyloma:
☐ friable: ☐ polyp:
☐ discharge:
☐ mass:
☐ +Chadwick's sign

Uterus Normal Prior Clear

Normal size and position without masses or tenderness.

☐ anteverted
☐ anteflexed
☐ retroverted
☐ retroflexed ☐ fixed
☐ tenderness:
☐ enlarged:
☐ palpable mass:

Adnexa Normal Prior Clear

Normal without masses or tenderness on palpation.

☐ right ovarian enlargement
☐ right adnexal tenderness
☐ right adnexal mass: ☐ left ovarian enlargement
☐ left adnexal tenderness
☐ left adnexal mass:

HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: GU Exam-CCC Female GU-2

GU Exam-CCC: Custom Gynie

GU-1 | **GU-2** | Other

Inguinal

No masses, tenderness, or hernias noted.

☐ no masses
☐ no tenderness
☐ right inguinal hernia
☐ left inguinal hernia

☐ right inguinal tenderness
☐ left inguinal tenderness
☐ right inguinal mass:
☐ left inguinal mass:

Bladder

Normal size without masses or tenderness.

☐ distended:

☐ tender
☐ mass:

Anus/Perineum

Normal external exam.

☐ poor sphincter tone
☐ absent anal wink
☐ external hemorrhoids

☐ perineal lesion(s):
☐ mass:
☐ abscess:

Rectal

Normal digital exam without masses.

☐ normal digital exam
☐ hemoccult negative

☐ external hemorrhoids
☐ internal hemorrhoids
☐ mass:
☐ abscess:

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) |

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: MSK-Ext-Neuro**Musculoskeletal-Extremities-Neurologic**

PE-CCC: Don C. Bassett

Gen-HEENT | Neck-Lung-Heart | Abd-GU | **MSK-Ext-Neuro** | S/L-Psych | Exam Other

Musculoskeletal **Load Forms:**

no deformity or scoliosis noted with normal posture and gait.

☐ joint tenderness
☐ joint redness
☐ joint warmth
☐ decreased ROM

☐ pilonidal sinus tract
☐ spinal deformity
☐ scoliosis to L
☐ scoliosis to R
☐ lordosis

Pulses ☐ diminished L femoral
☐ diminished R femoral
☐ diminished L popliteal

☐ absent L femoral
☐ absent R femoral
☐ absent L popliteal

Extremities ☐ trace left pedal edema
☐ 1+ left pedal edema
☐ 2+ left pedal edema
☐ 3+ left pedal edema
☐ 4+ left pedal edema

☐ trace right pedal edema
☐ 1+ right pedal edema
☐ 2+ right pedal edema
☐ 3+ right pedal edema
☐ 4+ right pedal edema

Neurologic **Load Form:** ☐ weakness noted:
☐ decreased reflexes:
☐ absent reflexes:
☐ decreased sensation to PP:
☐ decreased sensation to LT:

☐ ataxic
☐ CN deficit:

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.
5. Click the Diabetic Foot Exam action button to go to the Diabetic Foot Exam section (the button is highlighted in yellow if a diagnosis of Diabetes is on the patient's Problem List.)
6. Click the Neurologic Exam action button to load and go to detailed neurologic exam form.

Example: Detailed Neurologic Exam**Neurologic Exam-CCC****Speech****Cognition****Cranial Nerves****Cerebellar****Other**

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | L/S | Motor | Sensory | Reflexes | Measure | Special

Detailed Neurological Exam All Normal Prior Values Clear All

Speech Normal Prior Clear

Speech is fluent.

☐ expressive aphasia ☐ slurred

☐ receptive aphasia ☐ thickened

☐ apraxia

Cognition Normal Prior Clear

Cognition is intact.

☐ confused ☐ decreased mentation

☐ disoriented

☐ withdrawn

CN 2-12 Normal Prior Clear

Pupils are equal, round, and reactive to light. The fundi are normal and spontaneous venous pulsations are present. Extraocular movements are intact. Visual fields are full to visual confrontation. Trigeminal sensation is intact and the muscles of mastication are normal. The face is symmetric. Weber is in the midline. The tympanic membranes are clear. Palate elevates in the midline. Voice is normal. Shoulder shrug is normal. The tongue has normal motion without fasciculations.

☐ pupils unequal (L>R) ☐ decreased sensation L V2

☐ pupils unequal (R>L) ☐ decreased sensation R V2

☐ fundal pallor ☐ decreased sensation L V3

☐ fundal atrophy ☐ decreased sensation R V3

☐ hypertensive changes ☐ decreased mm. mastication

☐ vv. pulsations absent ☐ L facial droop

☐ palsy L III nn. ☐ R facial droop

☐ palsy R III nn. ☐ Weber lateral to L

☐ palsy L IV nn. ☐ Weber lateral to R

☐ palsy R IV nn. ☐ palate deviates to L

☐ palsy L VI nn. ☐ palate deviates to R

☐ palsy R VI nn. ☐ hoarseness

☐ decreased visual fields ☐ tongue deviates to L

☐ decreased sensation L V1 ☐ tongue deviates to R

Cerebellar Normal Prior Clear

Finger to nose and heel to shin are normal. Rapid alternating movements are normal. Finger dexterity is normal. Tandem gait is normal.

☐ abnormal finger to nose-L ☐ diminished finger dexterity-R

☐ abnormal finger to nose-R ☐ abnormal tandem gait

☐ abnormal heel to shin-L

☐ abnormal heel to shin-R

☐ slowed alt. rapid mvt-L

Other Normal Prior Clear

Romberg is normal. There is no pronator drift or leg lag. Hall-Pike maneuvers are normal.

☐ Romberg NI ☐ + Romberg-L ☐ + Romberg-R

☐ No Pronator drift ☐ Pronator drift-L ☐ Pronator drift-R

☐ No Leg lag ☐ Leg lag-L ☐ Leg lag-R

☐ Hall-Pike normal ☐ Hall-Pike abnormal

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Cervical

Neurologic Exam-CCC: Don C. Bassett

Neuro | **Cervical** | Thoracic | L/S | Motor | Sensory | Reflexes | Measure | Special

Cervical Exam All Normal Prior Values Clear All

Inspection-deformity Cervical ☒ NI ☐ Abnl Palpation-spinal tenderness ☒ NI ☐ Abnl Location

Forward Flexion (degrees): 60 Right Lateral Flexion (degrees): 45 Left Lateral Flexion (degrees):
Hyperextension (degrees): 75 Right Lateral Rotation (degrees): 80 Left Lateral Rotation (degrees):

Spurling Maneuver ☒ neg ☐ pos-R ☐ pos-L ☐ pos-centrally ☐ pos-central-non-phys

Right Left

Hoffman's Sign ☒ neg ☐ pos ☒ neg ☐ pos

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Thoracic

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | **Thoracic** | L/S | Motor | Sensory | Reflexes | Measure | Special

Thoracic Exam

Inspection-deformity Thoracic ☐ NI ☐ Abnl Palpation-spinal tenderness ☐ NI ☐ Abnl

Sensory Exam/Pinprick

RIGHT				LEFT			
	<input type="radio"/> All Norm	<input type="radio"/> Clear		<input type="radio"/> All Norm	<input type="radio"/> Clear		
T1	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T2	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T3	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T4	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T5	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T6	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T7	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T8	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T9	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T10	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T11	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	
T12	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> decreased	<input type="radio"/> absent	

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Lumbar/Sacral

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | **L/S** | Motor | Sensory | Reflexes | Measure | Special

L/S Exam All Normal Prior Values Clear All

Inspection-deformity L/S ☒ NI ☐ Abnl Palpation-spinal tenderness ☒ NI ☐ Abnl

Forward Flexion (degrees): 60 Hyperextension (degrees): 25 Schober's (cm): >6

Right Lateral Bend (degrees): 25 Left Lateral Bend (degrees): 25

Squatting ☒ normal ☐ abnormal

Sciatic Notch Tenderness ☒ absent ☐ present right ☐ present left ☐ present bilaterally

RIGHT Normal Prior Clear **LEFT** Normal Prior Clear

Lying Straight Leg Raise <input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only	<input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only
Sitting Straight Leg Raise <input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only	<input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only
Reverse Straight Leg Raise <input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only	<input checked="" type="radio"/> neg <input type="radio"/> pos <input type="radio"/> pos back only
Toe Walking <input checked="" type="radio"/> normal <input type="radio"/> abnormal	<input checked="" type="radio"/> normal <input type="radio"/> abnormal
Heel Walking <input checked="" type="radio"/> normal <input type="radio"/> abnormal	<input checked="" type="radio"/> normal <input type="radio"/> abnormal
Patrick's Maneuver <input checked="" type="radio"/> neg <input type="radio"/> pos	<input checked="" type="radio"/> neg <input type="radio"/> pos
Fabere Test <input checked="" type="radio"/> neg <input type="radio"/> pos	<input checked="" type="radio"/> neg <input type="radio"/> pos

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Motor

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | L/S | **Motor** | Sensory | Reflexes | Measure | Special

Motor Exam **All Normal--Lower Extremities Only** **All Normal** **Prior Values** **Clear All**

Gait **Normal** **Prior** **Clear**

Gait is normal.

☐ antalgic
☐ weakness
☐ spastic

☐ ataxic
☐ shuffling
☐ unable to walk
☐ festinated

Posture **Normal** **Prior** **Clear**

Posture is normal.

☐ hyperlordotic
☐ hypolordotic
☐ kyphotic

☐ scoliosis to left
☐ scoliosis to right

Spasm **Normal** **Prior** **Clear**

There is no paraspinal muscle spasm.

☐ left cervical
☐ right cervical
☐ bilateral cervical

☐ left lumbar
☐ right lumbar
☐ bilateral lumbar

Strength **Normal** **Prior** **Clear**

Strength in the upper and lower extremities is normal.

☐ decreased LUE
☐ decreased RUE
☐ decreased LLE
☐ decreased RLE

☐ diminished LUE
☐ diminished RUE
☐ diminished LLE
☐ diminished RLE

Strength (cont) **Normal** **Prior** **Clear**

Right		Left		Right		Left	
Shoulder Abd-supraspin	5+/5	Shoulder Abd-supraspin	5+/5	Rt. Hip Abductors	5+/5	Lt. Hip Abductors	5+/5
Shoulder Abd-infraspin	5+/5	Shoulder Abd-infraspin	5+/5	Rt. Hip Adductors	5+/5	Lt. Hip Adductors	4+/5
Shoulder Abd-deltoid	5+/5	Shoulder Abd-deltoid	5+/5	Rt. Psoas	5+/5	Lt. Psoas	3+/5
Right Biceps	5+/5	Left Biceps	5+/5	Right Quads	5+/5	Left Quads	2+/5
Right Triceps	5+/5	Left Triceps	5+/5	Rt. Hamstring	5+/5	Lt. Hamstring	1+/5
Right Wrist Extensors	5+/5	Left Wrist Extensors	5+/5	Rt. Tibialis Anterior	5+/5	Lt. Tibialis Anterior	5+/5
Rt. Handgrip	5+/5	Lt. Handgrip	5+/5	Rt. Ext. Hallucis Longus	5+/5	Lt. Ext. Hallucis Longus	5+/5
Rt. Interossei	5+/5	Lt. Interossei	5+/5	Rt. Plantar Flexor	5+/5	Lt. Plantar Flexor	5+/5
				Rt. Dorsiflex	5+/5	Lt. Dorsiflex	5+/5

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Sensory

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | L/S | Motor | **Sensory** | Reflexes | Measure | Special

Sensory Exam **All Normal--Lower Extremities Only** **All Normal** Prior Values Clear All

Sensation to Pin **Normal** Prior Clear

Normal sensation to pin prick in the upper and lower extremities.

Right **Left**

Normal pin prick in upper extremities
☐ decreased entire right upper extremities
☐ decreased entire right lower extremities
☐ decreased right-C2
☐ decreased right-C3
☐ decreased right-C4
☐ decreased right-C5
☐ decreased right-C6
☐ decreased right-C7
☐ decreased right-L1
☐ decreased right-L2
☐ decreased right-L3
☐ decreased right-L4
☐ decreased right-L5

Normal pin prick in lower extremities
☐ decreased entire left upper extremities
☐ decreased entire left lower extremities
☐ decreased left-C2
☐ decreased left-C3
☐ decreased left-C4
☐ decreased left-C5
☐ decreased left-C6
☐ decreased left-C7
☐ decreased left-L1
☐ decreased left-L2
☐ decreased left-L3
☐ decreased left-L4
☐ decreased left-L5

Vibratory Sensation **Normal** Prior Clear

Normal vibratory sensation in the upper and lower extremities.

Right **Left**

Normal pin prick in upper extremities
☐ decreased entire right upper extremities
☐ decreased entire right lower extremities
☐ decreased right-C2
☐ decreased right-C3
☐ decreased right-C4
☐ decreased right-C5
☐ decreased right-C6
☐ decreased right-C7
☐ decreased right-L1
☐ decreased right-L2
☐ decreased right-L3
☐ decreased right-L4
☐ decreased right-L5

Normal pin prick in lower extremities
☐ decreased entire left upper extremities
☐ decreased entire left lower extremities
☐ decreased left-C2
☐ decreased left-C3
☐ decreased left-C4
☐ decreased left-C5
☐ decreased left-C6
☐ decreased left-C7
☐ decreased left-L1
☐ decreased left-L2
☐ decreased left-L3
☐ decreased left-L4
☐ decreased left-L5

Light Touch **Normal** Prior Clear

No evidence for sensory loss.

Right **Left**

decreased right face
☐ decreased RUE
☐ decreased RLE
☐ decreased RE

decreased left face
☐ decreased LUE
☐ decreased LLE
☐ decreased LE

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Reflexes

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | L/S | Motor | Sensory | **Reflexes** | Measure | Special

Reflex Exam **All Normal--Lower Extremities Only** **All Normal** **Prior Values** **Clear All**

DTR's **Normal** **Increased** **Decreased** **Normal** **Prior** **Clear** **Normal-Lower Ext Only**

Norm-Lower **Incr-Lower** **Decr-Lower** **Prior** **Clear**

Double Simultaneous Stimulation: ☐ Left ☐ Right ☐ Bilateral

Sterognosis: ☐ Normal ☐ Abnormal R ☐ Abnormal L

Deep tendon reflexes in the upper and lower extremities are normal bilaterally.

Right **Left**

Right Biceps Left Biceps

Right Triceps Left Triceps

Rt. Brachioradialis Lt. Brachioradialis

Right Adductors Left Adductors

Right Knee Left Knee

Right Ankle Left Ankle

Right Fingers Left Fingers

Toes **Normal** **Prior** **Clear**

Toes are downgoing bilaterally.

Clonus **Normal** **Prior** **Clear**

Clonus is absent.

Non-organic **Normal** **Prior** **Clear**

Inconsistent behavioral responses are absent.

Right **Left**

☐ upgoing right ☐ upgoing left

☐ downgoing right ☐ downgoing left

☐ equivocal right ☐ equivocal left

Right **Left**

☐ non-sustained clonus right ☐ non-sustained clonus left

☐ sustained clonus right ☐ sustained clonus left

☐ Inconsistent behavioral responses are positive for:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Neurologic Exam-CCC Measure

Neurologic Exam-CCC: Don C. Bassett

Neuro | Cervical | Thoracic | L/S | Motor | Sensory | Reflexes | **Measure** | Special

Measurements Normal Prior Clear

Measurement of the extremities demonstrates that they are symmetric and without atrophy.

Right **Left**

Right Wrist: cm Left Wrist: cm
 Right Forearm: cm Left Forearm: cm
 Right Arm: cm Left Arm: cm
 Right Thigh: cm Left Thigh: cm
 Right Calf: cm Left Calf: cm
 Iliac Crest to Lat Malleolus: cm Iliac Crest to Lat Malleolus: cm

Pulses Normal Prior Clear

Normal pulses in the upper and lower extremities.

Right **Left**

☐ Absent on the right ☐ Absent on the left
☐ Right side 1+ ☐ Left side 1+
☐ Right side 2+ ☐ Left side 2+
☐ Right side 3+ ☐ Left side 3+
☐ Right side 4+ ☐ Left side 4+

Other Findings Prior Clear

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Skin-Lymphatic-Psych

PE-CCC: Don C. Bassett

Gen-HEENT	Neck-Lung-Heart	Abd-GU	MSK-Ext-Neuro	S/L-Psych	Exam Other
-----------	-----------------	--------	---------------	------------------	------------

Skin <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> intact without lesions or rashes.	<input type="checkbox"/> eczematous rash: <input type="checkbox"/> acne: <input type="checkbox"/> redness <input type="checkbox"/> petechiae	<input type="checkbox"/> papular rash: <input type="checkbox"/> macular rash: <input type="checkbox"/> maculopapular rash: <input type="checkbox"/> pustular rash: <input type="checkbox"/> vesicular rash: <input type="checkbox"/> nevus: <input type="checkbox"/> wart(s):
Cervical Nodes <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> no significant adenopathy.	<input type="checkbox"/> tender L anterior: <input type="checkbox"/> tender R anterior: <input type="checkbox"/> non-tender L anterior:	<input type="checkbox"/> tender L posterior: <input type="checkbox"/> tender R posterior: <input type="checkbox"/> non-tender L posterior:
Axillary Nodes <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> no significant adenopathy.	<input type="checkbox"/> tender L axillary: <input type="checkbox"/> tender R axillary:	<input type="checkbox"/> non-tender L axillary: <input type="checkbox"/> non-tender R axillary:
Inguinal nodes <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> no significant adenopathy.	<input type="checkbox"/> tender L inguinal: <input type="checkbox"/> tender R inguinal:	<input type="checkbox"/> non-tender L inguinal: <input type="checkbox"/> non-tender R inguinal:
Psych <input type="button" value="Normal"/> <input type="button" value="Prior"/> <input type="button" value="Clear"/> alert and cooperative; normal mood and affect; normal attention span and concentration.	<input type="checkbox"/> depressed affect <input type="checkbox"/> anxious <input type="checkbox"/> easily distracted <input type="checkbox"/> poor concentration <input type="checkbox"/> poor memory	<input type="checkbox"/> hyperactive <input type="checkbox"/> agitated <input type="checkbox"/> auditory hallucinations <input type="checkbox"/> visual hallucinations

HPI	ACV	PMH	FH-SH	Risk Factors	ROS	VS	PE	Problems	CPOE A/P	Instructions/Plan	Copyright
-----	-----	-----	-------	--------------	-----	----	----	----------	----------	-------------------	-----------

Prev Form (Ctrl+PgUp)	Next Form (Ctrl+PgDn)	Close
-----------------------	-----------------------	-------

1. The following may be customized by specialty: normal default values, observation terms that are populated, and the items in the two list boxes.
2. The list box values may contain either normal or abnormal values.
3. Charting by exception allows the provider to rapidly document a detailed PE as well as capture structured data which can be used for reporting or clinical decision support.
4. The provider can use voice recognition (CCC VRI-Dragon 8 Medical) to dictate into structured data fields.

Example: Diabetic-Specific Exams: Foot and Eye Exam

PE-CCC: Don C. Bassett

Neck-Lung-Heart | Abd-GU | MSK-Ext-Neuro | S/L-Psych | Exam Other | **Diabetes Exam**

Diabetic Exam Foot inspection and exam is suggested EVERY VISIT.

Foot Exam

Sensory-Pinprick/Light touch: Left All Normal Clear All (R / L) Right All Normal

Medial foot (L-4)	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent
Dorsal foot (L-5)	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent
Lateral foot (S-1)	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent

Sensory-other:

Sensory-Monofilament: Left Right

Foot	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent	<input type="radio"/> normal	<input type="radio"/> diminished	<input type="radio"/> absent
------	------------------------------	----------------------------------	------------------------------	------------------------------	----------------------------------	------------------------------

Inspection: Left Right

Foot	<input type="radio"/> normal	<input type="radio"/> abnormal	<input type="radio"/> normal	<input type="radio"/> abnormal
------	------------------------------	--------------------------------	------------------------------	--------------------------------

Most Recent Eye Exam Next eye exam due now **Blood Pressure**

Previous eye exam not recorded

☐ Eye Exam done here TODAY

☐ Eye Exam done elsewhere

☐ Eye Exam not due

Enter Today's BP==>

JNC VII Recommended BP Goal < 130 / 80 ?

Current BP Goals==> 130 / 80

You may also manually enter/change BP goals.

Go To Page: Gen-HEENT Neck-Lung-Heart Abd-GU MSK-Ext-Neuro S/L-Psych Exam Other

Go To
Go To
Go To
Go To
Go To
Go To

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

NOTE: The results push to multiple obs terms for outcomes tracking purposes (i.e., Diab Eye Exam, Monofilament Exam, and Diab Foot Exam, but each site can also designate one alternative observation term to populate for reporting consistency.)

Example: Text Translation for PE-CCC Exam

Logician - Harry S. Winston MD @ Southside Clinic (CLINIC) - 5/10/2005 6:07 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports LinkLogic New View Print Internet Help EXIT

Don C. Bassett **CHECK PROTOCOLS** Home: 503-629-5541 Work: 503-692-8955
 59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: MCR (Medicare Part B) Group

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 431 Properties: Office Visit at SOUTH on 05/10/2005 2:35 PM by Harry S. Winston MD

Summary: Change Properties...

HPI-CCC PMH-CCC FH-SH-CCC Risk Factors-CCC ROS-CCC Adult Vital Signs-CCC PE-CCC Problems-CCC Test Management-CCC CPOE A&P-CCC Patient Instructions-CCC

Physical Exam

General:
 well developed, well nourished, in no acute distress

Head:
 normocephalic and atraumatic

Eyes:
 PERRLA/EOM intact; fundi benign, conjunctiva and sclera clear

Ears:
 TM's intact and clear with normal canals and hearing

Nose:
 no deformity, discharge, inflammation, or lesions

Mouth:
 no deformity or lesions with good dentition

Neck:
 no masses, thyromegally, or abnormal cervical nodes

Chest Wall:

For Help, press F1

**Example: Text Translation for PE-CCC Exam
Detailed Neurologic Exam**

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 6/15/2005 7:02 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Don C. Bassett **CHECK PROTOCOLS** Home: 503-629-5541 Work: 503-692-8955
 59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: BHI (Futura) Group: BHI8654

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 126 Properties: Office Visit at SOUTH on 06/15/2005 6:07 PM by Harry S. Winston MD

Summary: Change Properties...

HPI-CCC PMH-CCC FH-SH-CCC Risk Factors-CCC ROS-CCC Adult Vital Signs-CCC PE-CCC Neurologic Exam-CCC GU Exam-CCC CV Exam-CCC Problems-CCC CPOE A&P-CCC Patient Instructions-CCC

Detailed Neurologic Exam

General Neurologic Exam:

Speech:
 Speech is fluent.

Cognition:
 Cognition is intact.

CN 2-12:
 Pupils are equal, round, and reactive to light. The fundi are normal and spontaneous venous pulsations are present. Extraocular movements are intact. Visual fields are full to visual confrontation. Trigeminal sensation is intact and the muscles of mastication are normal. The face is symmetric. Weber is in the midline. The tympanic membranes are clear. Palate elevates in the midline. Voice is normal. Shoulder shrug is normal. The tongue has normal motion without fasciculations.

Cerebellar:
 Finger to nose and heel to shin are normal. Rapid alternating movements are normal. Finger dexterity is normal. Tandem gait is normal.

Additional Neurologic Testing:
 Romberg is normal. There is no pronator drift or leg lag. Hall-Pike maneuvers are normal.

Cervical Exam:

Inspection-deformity: Normal
Palpation-spinal tenderness: Normal

For Help, press F1

Example: Text Translation for PE-CCC Exam Detailed Cardiovascular and Detailed GU Exams

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 6/15/2005 7:03 PM - [Chart]

Go Actions Options Help

Desktop Chart Apts Reg Reports New View Print Internet Help EXIT

Don C. Bassett **CHECK PROTOCOLS** Home: 503-629-5541 Work: 503-692-8955
59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: BHI (Futura) Group: BHI8654

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 126 Properties: Office Visit at SOUTH on 06/15/2005 6:07 PM by Harry S. Winston MD

Summary:

HPI-CCC
PMH-CCC
FH-SH-CCC
Risk Factors-CCC
ROS-CCC
Adult Vital Signs-CCC
PE-CCC
Neurologic Exam-CCC
CV Exam-CCC
GU Exam-CCC
Problems-CCC
CPOE A&P-CCC
Patient Instructions-O

Detailed Cardiovascular Exam

Neck
Carotids: Carotids full and equal bilaterally without bruits.
Neck Veins: Normal, no JVD.

Heart
Inspection: no deformities or lifts noted.
Palpation: normal PMI with no thrills palpable.
Auscultation: regular rate and rhythm, S1, S2 without murmurs, rubs, gallops, or clicks.

Vascular
Abdominal Aorta: no palpable masses, pulsations, or audible bruits.
Femoral Pulses: normal femoral pulses bilaterally.

Pedal Pulses: normal pedal pulses bilaterally.
Radial Pulses: normal radial pulses bilaterally.
Peripheral Circulation: no clubbing, cyanosis, or edema noted with normal capillary refill.

Detailed Genitourinary Exam
Urethra: No lesions or discharge noted.
Urethral Meatus: Normal size and location, no lesions or discharge.
Penis: Normal without lesions.
Testes/Scrotum: Normal size testes bilateral without masses or tenderness.
Epididymides: Normal without masses or tenderness.
Seminal Vesicles: No masses or tenderness.
Inguinal: No masses, tenderness, or hernias noted.

For Help, press F1

Problems-CCC

The Problems-CCC form is designed to allow for rapid point-and-click entry of the most common specialty-specific medical/surgical problems to the active problem list. The list box values may be customized by specialty. The customization can also designate if a single diagnosis code is pushed to the problem list or if a custom problem list is to be opened, allowing the provider to select the diagnosis with the highest degree of specificity. The prefix (Diagnosis of, Minor Diagnosis of, etc.) and the number of days that a problem designated as a Minor Diagnosis stays on the patient's active problem list is also specified in the customization. Finally, for those sites using the CCC VRI module with Dragon NaturallySpeaking 8 Medical, each diagnosis or problem list can also be triggered by using voice activated macros (Example: "add diagnosis chest pain", "add diagnosis UTI").

Key Points:

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>".

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Example: Problem-CCC Form Customized for Family Practice/Internal Medicine

Problems-CCC: Custom Adult

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> A S C V D <input type="checkbox"/> ABDOMINAL PAIN List <input type="checkbox"/> Abnormal Tests/Labs <input type="checkbox"/> Acne <input type="checkbox"/> Actinic Keratosis <input type="checkbox"/> ASTHMA-List <input type="checkbox"/> Ataxia <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Back Pain <input type="checkbox"/> Basal cell skin cancer <input type="checkbox"/> BREAST Problems List <input type="checkbox"/> Bronchitis-Acute <input type="checkbox"/> Bronchitis-Chronic <input type="checkbox"/> BURSITIS List <input type="checkbox"/> C H F <input type="checkbox"/> C O P D <input type="checkbox"/> C V A/Stroke <input type="checkbox"/> CAROTID ARTERY List	<input type="checkbox"/> DIABETES List <input type="checkbox"/> Diarrhea <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Dizziness <input type="checkbox"/> Dyspnea/shortness of breath <input type="checkbox"/> Dysphagia <input type="checkbox"/> Dysuria <input type="checkbox"/> Eczema <input type="checkbox"/> ELECTROLYTE Imbalance List <input type="checkbox"/> Epicondylitis-medial <input type="checkbox"/> Epicondylitis-lateral <input type="checkbox"/> Epistaxis <input type="checkbox"/> Erectile Dysfunction <input type="checkbox"/> Fever <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Fungal Dermatitis <input type="checkbox"/> G E R D	<input type="checkbox"/> Influenza <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Labyrinthitis <input type="checkbox"/> Laryngitis-acute <input type="checkbox"/> Menopause <input type="checkbox"/> MENSTRUAL DISORDER List <input type="checkbox"/> Muscle Spasm <input type="checkbox"/> Nausea <input type="checkbox"/> Neuralgia <input type="checkbox"/> Neuropathy-peripheral <input type="checkbox"/> Nevus-benign <input type="checkbox"/> Obesity <input type="checkbox"/> Onychomycosis <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Otitis Externa <input type="checkbox"/> OTITIS MEDIA List <input type="checkbox"/> PAIN List-Knee-Neck-Shoulder <input type="checkbox"/> Peptic Ulcer Disease	<input type="checkbox"/> Sleep Apnea <input type="checkbox"/> SQUAMOUS SKIN CA <input type="checkbox"/> Stye/Hordeolum <input type="checkbox"/> SYNCOPES List <input type="checkbox"/> T I A List <input type="checkbox"/> Temporal Arteritis <input type="checkbox"/> TENDONITIS List <input type="checkbox"/> Tonsillitis <input type="checkbox"/> U R I <input type="checkbox"/> U T I <input type="checkbox"/> Urticaria <input type="checkbox"/> VASCULAR List <input type="checkbox"/> Vaginitis <input type="checkbox"/> Vertigo <input type="checkbox"/> Vomiting <input type="checkbox"/> Wart-viral <input type="checkbox"/> Wax in ears <input type="checkbox"/> Weight Loss
<input type="checkbox"/> Carpal tunnel syndrome <input type="checkbox"/> CELLULITIS / ABSCESS List <input type="checkbox"/> Cerebrovascular Disease <input type="checkbox"/> Chest Pain <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Colitis <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Constipation <input type="checkbox"/> CONTRACEPTION List <input type="checkbox"/> Coronary Atherosclerosis <input type="checkbox"/> Costochondritis <input type="checkbox"/> Cough <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Croup <input type="checkbox"/> D V T <input type="checkbox"/> Degenerative Disc Disease <input type="checkbox"/> DEGENERATIVE JOINT DISEASES <input type="checkbox"/> DERMATITIS List	<input type="checkbox"/> G I Bleed <input type="checkbox"/> GYN Exam <input type="checkbox"/> Gastritis <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Gout <input type="checkbox"/> Hormone Replacement Therapy <input type="checkbox"/> HEADACHE List <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Hematuria <input type="checkbox"/> HEMORRHOIDS List <input type="checkbox"/> HERNIA-List <input type="checkbox"/> Herpes Simplex <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> HYPERLIPIDEMIA List <input type="checkbox"/> HYPERTENSION List <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> INCONTINENCE List	<input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Palpitations <input type="checkbox"/> Parkinson's <input type="checkbox"/> Paronychia <input type="checkbox"/> Patellofemoral Syndrome <input type="checkbox"/> Pharyngitis-Acute <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Polymyalgia Rheumatica <input type="checkbox"/> Postmenopausal Status <input type="checkbox"/> PROSTATE List <input type="checkbox"/> Renal Stone <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> RHINITIS List <input type="checkbox"/> Sebaceous cyst <input type="checkbox"/> Seborrheic Keratosis <input type="checkbox"/> SEIZURE DISORDER List <input type="checkbox"/> SINUSITIS List	<div> <input type="button" value="Problems"/> <input type="button" value="Medications"/> </div> <div> <input type="button" value="Allergies"/> <input type="button" value="Orders"/> </div> <div> <input type="button" value="Add Text to Note"/> </div> <div> <input type="button" value="Select Specialty"/> </div> <div> <input type="text" value="Internal Medicine"/> </div> <div> <p>Cursor must be blinking in Yellow Field for CCC VRI:</p> <input type="text"/> </div> <div> <p>New Problems Added (most recent addition on top)</p> <div> <input type="text"/> </div> </div>

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>."

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Example: Problems-CCC for Internal Medicine/Family Practice (continued)

Note the additional list box items in the last column that appear if provider scrolls:

Problems-CCC: Custom Adult

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> A S C V D	<input type="checkbox"/> DIABETES List	<input type="checkbox"/> Influenza	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> ABDOMINAL PAIN List	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Abnormal Tests/Labs	<input type="checkbox"/> Diverticulitis	<input type="checkbox"/> Labyrinthitis	<input type="checkbox"/> DEPRESSION-List
<input type="checkbox"/> Acne	<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Laryngitis-acute	<input type="checkbox"/> Abnormal Pap
<input type="checkbox"/> Actinic Keratosis	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Menopause	<input type="checkbox"/> ANEMIA-List
<input type="checkbox"/> ASTHMA-List	<input type="checkbox"/> Dyspnea/shortness of breath	<input type="checkbox"/> MENSTRUAL DISORDER List	<input type="checkbox"/> Angina
<input type="checkbox"/> Ataxia	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Muscle Spasm	<input type="checkbox"/> Angina-unstable
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Nausea	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Eczema	<input type="checkbox"/> Neuralgia	<input type="checkbox"/> Aortic Insufficiency
<input type="checkbox"/> Basal cell skin cancer	<input type="checkbox"/> ELECTROLYTE Imbalance List	<input type="checkbox"/> Neuropathy-peripheral	<input type="checkbox"/> Aortic Stenosis
<input type="checkbox"/> BREAST Problems List	<input type="checkbox"/> Epicondylitis-medial	<input type="checkbox"/> Nevus-benign	<input type="checkbox"/> Arrhythmia
<input type="checkbox"/> Bronchitis-Acute	<input type="checkbox"/> Epicondylitis-lateral	<input type="checkbox"/> Obesity	<input type="checkbox"/> Atrial Flutter
<input type="checkbox"/> Bronchitis-Chronic	<input type="checkbox"/> Epistaxis	<input type="checkbox"/> Onychomycosis	<input type="checkbox"/> C A D - S/P C A B G
<input type="checkbox"/> BURSTITIS List	<input type="checkbox"/> Erectile Dysfunction	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> COLON CA-List
<input type="checkbox"/> C H F	<input type="checkbox"/> Fever	<input type="checkbox"/> Otitis Externa	<input type="checkbox"/> C H F-diastolic
<input type="checkbox"/> C O P D	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> OTITIS MEDIA List	<input type="checkbox"/> Cholecystitis
<input type="checkbox"/> C V A/Stroke	<input type="checkbox"/> Fungal Dermatitis	<input type="checkbox"/> PAIN List-Knee-Neck-Shoulder	<input type="checkbox"/> Cholelithiasis
<input type="checkbox"/> CAROTID ARTERY List	<input type="checkbox"/> G E R D	<input type="checkbox"/> Peptic Ulcer Disease	<input type="checkbox"/> C R F
<input type="checkbox"/> Carpal tunnel syndrome	<input type="checkbox"/> G I Bleed	<input type="checkbox"/> Peripheral Vascular Disease	Problems
<input type="checkbox"/> CELLULITIS / ABSCESS List	<input type="checkbox"/> GYN Exam	<input type="checkbox"/> Palpitations	Medications
<input type="checkbox"/> Cerebrovascular Disease	<input type="checkbox"/> Gastritis	<input type="checkbox"/> Parkinson's	Allergies
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Paronychia	Orders
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Gout	<input type="checkbox"/> Patellofemoral Syndrome	Add Text to Note
<input type="checkbox"/> Colitis	<input type="checkbox"/> Hormone Replacement Therapy	<input type="checkbox"/> Pharyngitis-Acute	Select Specialty
<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> HEADACHE List	<input type="checkbox"/> Plantar Fasciitis	Internal Medicine
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Pneumonia	Cursor must be blinking in Yellow Field for CCC VRI:
<input type="checkbox"/> CONTRACEPTION List	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Polymyalgia Rheumatica	
<input type="checkbox"/> Coronary Atherosclerosis	<input type="checkbox"/> HEMORRHOIDS List	<input type="checkbox"/> Postmenopausal Status	
<input type="checkbox"/> Costochondritis	<input type="checkbox"/> HERNIA-List	<input type="checkbox"/> PROSTATE List	
<input type="checkbox"/> Cough	<input type="checkbox"/> Herpes Simplex	<input type="checkbox"/> Renal Stone	New Problems Added
<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Herpes Zoster	<input type="checkbox"/> Rheumatoid Arthritis	(most recent addition on top)
<input type="checkbox"/> Croup	<input type="checkbox"/> HYPERLIPIDEMIA List	<input type="checkbox"/> RHINITIS List	
<input type="checkbox"/> D V T	<input type="checkbox"/> HYPERTENSION List	<input type="checkbox"/> Sebaceous cyst	
<input type="checkbox"/> Degenerative Disc Disease	<input type="checkbox"/> Hypert thyroidism	<input type="checkbox"/> Seborrheic Keratosis	
<input type="checkbox"/> DEGENERATIVE JOINT DISEAS	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> SEIZURE DISORDER List	
<input type="checkbox"/> DERMATITIS List	<input type="checkbox"/> INCONTINENCE List	<input type="checkbox"/> SINUSITIS List	

Example: Problem-CCC Form Customized for Pediatrics

Problems-CCC: Custom Adult

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> ABDOMINAL PAIN/COLIC-List <input type="checkbox"/> ACCIDENT-List <input type="checkbox"/> Acne <input type="checkbox"/> Adenitis <input type="checkbox"/> Allergic Rhinitis <input type="checkbox"/> Allergy-Drug <input type="checkbox"/> Allergy-Food <input type="checkbox"/> Anemia <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> ASTHMA-List <input type="checkbox"/> ADD/ADHD-List <input type="checkbox"/> Bronchiolitis <input type="checkbox"/> Bronchitis-Acute <input type="checkbox"/> BURN-List <input type="checkbox"/> CELLULITIS/ABSCESS-List <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Chest Pain <input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Ear Wax-Impacted <input type="checkbox"/> Eating Disorder-Nonorganic <input type="checkbox"/> Eczema <input type="checkbox"/> Encopresis <input type="checkbox"/> Enuresis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Epistaxis <input type="checkbox"/> Excessive Crying of Baby <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Fatigue <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Feeding Problem-Newborn <input type="checkbox"/> Fever <input type="checkbox"/> Fifth's Disease <input type="checkbox"/> FRACTURE-List <input type="checkbox"/> Fungal Infection <input type="checkbox"/> Fussy Baby <input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Learning Problem <input type="checkbox"/> Lice-Head <input type="checkbox"/> Lymphadenitis-Acute <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Metatarsal Adductus <input type="checkbox"/> Migraine-Common <input type="checkbox"/> Monilial Rash <input type="checkbox"/> Nausea <input type="checkbox"/> Obesity <input type="checkbox"/> Oppositional Defiant Disorder <input type="checkbox"/> Osgood Schlatter's <input type="checkbox"/> Otalgia <input type="checkbox"/> Otitis Externa <input type="checkbox"/> Otitis Media-Acute <input type="checkbox"/> Otitis Media-Serous <input type="checkbox"/> Paronychia-Toe <input type="checkbox"/> Paronychia-Finger <input type="checkbox"/> Pharyngitis Acute	<input type="checkbox"/> Situational Disturbance <input type="checkbox"/> Strep Throat <input type="checkbox"/> Suture Removal <input type="checkbox"/> Teething Syndrome <input type="checkbox"/> Thrush <input type="checkbox"/> Tonsillitis <input type="checkbox"/> TRAUMA-List <input type="checkbox"/> U R I <input type="checkbox"/> U T I <input type="checkbox"/> Vaginitis <input type="checkbox"/> Viral Syndrome <input type="checkbox"/> Vomiting <input type="checkbox"/> Well Child Exam <input type="checkbox"/> Well Adolescent Exam
<input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Constipation Unsp. <input type="checkbox"/> Cough <input type="checkbox"/> Croup <input type="checkbox"/> Dacryostenosis Cong. <input type="checkbox"/> Dehydration <input type="checkbox"/> DERMATITIS-List <input type="checkbox"/> Dermatitis-Atopic <input type="checkbox"/> Dermatitis-Contact <input type="checkbox"/> Dermatitis-Seborrheic <input type="checkbox"/> Dermatitis-Viral Warts <input type="checkbox"/> Developmental Delay <input type="checkbox"/> DIABETES-List <input type="checkbox"/> Diaper Rash <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dysfunctional Uterine Bleeding <input type="checkbox"/> Dysmenorrhea <input type="checkbox"/> Dysuria	<input type="checkbox"/> G E Reflux <input type="checkbox"/> Gynecomastia <input type="checkbox"/> HEADACHE-List <input type="checkbox"/> Hearing Loss Unsp <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Hematochezia <input type="checkbox"/> HERNIA-List <input type="checkbox"/> Herpangina <input type="checkbox"/> Hip Dysplasia <input type="checkbox"/> Hydrocele <input type="checkbox"/> Impetigo <input type="checkbox"/> Infectious Mononucleosis <input type="checkbox"/> Influenza <input type="checkbox"/> Jaundice-Neonatal <input type="checkbox"/> JOINT PAIN-List <input type="checkbox"/> Labial Adhesions <input type="checkbox"/> Lactose Intolerance <input type="checkbox"/> Laryngitis-Acute w/o Obst	<input type="checkbox"/> Pneumonia Unsp <input type="checkbox"/> Precocious Puberty <input type="checkbox"/> Poison Oak/Ivy <input type="checkbox"/> Prematurity <input type="checkbox"/> Purulent Rhinitis <input type="checkbox"/> Rash <input type="checkbox"/> Reactive Airway Disease <input type="checkbox"/> Ringworm <input type="checkbox"/> Roseola <input type="checkbox"/> R S V <input type="checkbox"/> Scabies <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Scoliosis <input type="checkbox"/> Seizure Febrile <input type="checkbox"/> SEIZURE DISORDER-List <input type="checkbox"/> Short Stature <input type="checkbox"/> Sinusitis-Acute <input type="checkbox"/> Sinusitis-Chronic	<div> <input type="button" value="Problems"/> <input type="button" value="Medications"/> </div> <div> <input type="button" value="Allergies"/> <input type="button" value="Orders"/> </div> <div> <input type="button" value="Add Text to Note"/> </div> <div> <input type="button" value="Select Specialty"/> </div> <div> Pediatrics </div> <div> Cursor must be blinking in Yellow Field for CCC VRI: </div> <div> <input type="text"/> </div> <div> New Problems Added (most recent addition on top) </div> <div> <input type="text"/> </div>

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>."

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Example: Problem-CCC Form Customized for Endocrinology

Problems-CCC: Custom Adult

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> A S C V D	<input type="checkbox"/> Diabetes Insipidus	<input type="checkbox"/> Impaired glucose tolerance test	<input type="checkbox"/> Urinary tract infection
<input type="checkbox"/> ABDOMINAL PAIN List	<input type="checkbox"/> DIABETES-List	<input type="checkbox"/> Impotence of organic origin	<input type="checkbox"/> Venous insufficiency unspecified
<input type="checkbox"/> Abnormal Tests/Labs	<input type="checkbox"/> Disorder Autonomic Nervous System	<input type="checkbox"/> INFERTILITY-List	<input type="checkbox"/> VISION PROBLEMS-List
<input type="checkbox"/> Abnormal glucose tolerance	<input type="checkbox"/> Diplopia	<input type="checkbox"/> Intracerebral hemorrhage	<input type="checkbox"/> Visual field defects
<input type="checkbox"/> Abnormal Thyroid (scan-uptake)	<input type="checkbox"/> DISEASES of HAIR-List	<input type="checkbox"/> Klinefelter's syndrome	<input type="checkbox"/> VITAMIN D DEFICIENT-List
<input type="checkbox"/> Abnormality of secretion of gland	<input type="checkbox"/> DISORDERS-List	<input type="checkbox"/> Malaise and fatigue	<input type="checkbox"/> Volume depletion
<input type="checkbox"/> Acquired acanthosis nigricans	<input type="checkbox"/> Dysmetabolic syndrome X	<input type="checkbox"/> MALIGNANT-List	<input type="checkbox"/> Xanthelasma
<input type="checkbox"/> Acromegaly & gigantism	<input type="checkbox"/> Ectopic hormone secretion-not	<input type="checkbox"/> Medulloblastoma hyperfunction	
<input type="checkbox"/> Acute Pancreatitis	<input type="checkbox"/> ELECTROLYTE-FLUID-List	<input type="checkbox"/> MENOPAUSE-List	
<input type="checkbox"/> Adrenogenital disorders	<input type="checkbox"/> Endocrine exophthalmos	<input type="checkbox"/> MENSTRUAL-List	
<input type="checkbox"/> ANEMIA-List	<input type="checkbox"/> Euthyroid sick syndrome	<input type="checkbox"/> M I-List	
<input type="checkbox"/> ANGINA-List	<input type="checkbox"/> FRACTURE-List	<input type="checkbox"/> MONONEURITIS-List	
<input type="checkbox"/> Anomalies of other endocrine glands	<input type="checkbox"/> Galactorrhea not associated with	<input type="checkbox"/> Obesity	
<input type="checkbox"/> Anorexia nervosa	<input type="checkbox"/> Gastroparesis	<input type="checkbox"/> Orthostatic hypotension	
<input type="checkbox"/> Antithyroid agents	<input type="checkbox"/> GOITER-List	<input type="checkbox"/> Osteomalacia-unspecified	
<input type="checkbox"/> Arthropathy associated with endocrine	<input type="checkbox"/> Gonadal dysgenesis	<input type="checkbox"/> OSTEOPOROSIS-List	
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Heart failure	<input type="checkbox"/> OTHER-List	
<input type="checkbox"/> Atrial Flutter	<input type="checkbox"/> Hemorrhage & infarction of thyroid	<input type="checkbox"/> OVARIAN DYSFUNCTION-List	
<input type="checkbox"/> Azoospermia	<input type="checkbox"/> HEPATITIS-List	<input type="checkbox"/> Palpitations	Problems
<input type="checkbox"/> BREAST PROBLEMS List	<input type="checkbox"/> Hirsutism	<input type="checkbox"/> Pancreatic steatorrhea	Medications
<input type="checkbox"/> CAROTID ARTERY List	<input type="checkbox"/> Homonymous bilateral field defect	<input type="checkbox"/> Panhypopituitarism	Allergies
<input type="checkbox"/> Carpal tunnel syndrome	<input type="checkbox"/> HYPERALDOSTERONISM-List	<input type="checkbox"/> Peripheral vascular disease-unspecified	Orders
<input type="checkbox"/> Celiac disease	<input type="checkbox"/> Hypercalcemia	<input type="checkbox"/> Pituitary dwarfism	Add Text to Note
<input type="checkbox"/> CELLULITIS-ABSCESS-List	<input type="checkbox"/> HYPERPARATHYROID-List	<input type="checkbox"/> POISONING-Endocrine-List	Select Specialty
<input type="checkbox"/> CHROMOSOMAL ANOMALIES-List	<input type="checkbox"/> HYPERTENSION-List	<input type="checkbox"/> Polycystic ovaries	Endocrinology
<input type="checkbox"/> Chronic fatigue syndrome	<input type="checkbox"/> HYPERLIPIDEMIA-List	<input type="checkbox"/> POLYGLANDULAR-List	
<input type="checkbox"/> Chronic Pancreatitis	<input type="checkbox"/> HYPERTHYROID-List	<input type="checkbox"/> Postablative ovarian failure	
<input type="checkbox"/> Chronic Renal Failure	<input type="checkbox"/> Hypertrophy of breast	<input type="checkbox"/> Postablative testicular hypofunction	
<input type="checkbox"/> C H F (Heart Failure)	<input type="checkbox"/> Hypertrophy of prostate	<input type="checkbox"/> Precocious sexual development	
<input type="checkbox"/> Corticoadrenal Insufficiency	<input type="checkbox"/> Hypocalcemia	<input type="checkbox"/> Premenstrual tension syndrome	
<input type="checkbox"/> C O P D	<input type="checkbox"/> Hypoglycemic coma	<input type="checkbox"/> PROSTATE-List	
<input type="checkbox"/> Cushing's Syndrome	<input type="checkbox"/> Hypoglycemic unspecified	<input type="checkbox"/> TESTICULAR-List	
<input type="checkbox"/> C V A/Stroke	<input type="checkbox"/> Hypoparathyroidism	<input type="checkbox"/> Tetany	
<input type="checkbox"/> Cyst of Thyroid	<input type="checkbox"/> HYPOTHYROID-List	<input type="checkbox"/> THYROIDITIS-List	
<input type="checkbox"/> DECUBITUS ULCER-List	<input type="checkbox"/> Iatrogenic pituitary disorders	<input type="checkbox"/> Thyroid & thyroid derivatives	
<input type="checkbox"/> Delay in sexual development and	<input type="checkbox"/> Impaired fasting glucose	<input type="checkbox"/> THYROTOXICOSIS-List	

Cursor must be blinking in Yellow Field for CCC VRI:

New Problems Added
(most recent addition on top)

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>."

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Example: Problem-CCC Form Customized for OB/GYN

Problems-CCC: Custom Adult

Add Problems Form Note: Unchecking a Problem from this form will NOT remove it from the Problem List

<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnormal Mammogram <input type="checkbox"/> Abnormal Pap Smear <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Anemia-Iron Def Unsp <input type="checkbox"/> Anemia-Simple Chronic <input type="checkbox"/> Anovulation <input type="checkbox"/> Bartholin's Duct Cyst <input type="checkbox"/> Bartholin's Gland Abscess <input type="checkbox"/> BCPs-New Rx <input type="checkbox"/> BCPs-Subsequent Rx <input type="checkbox"/> Breast Mass <input type="checkbox"/> Carcinoma In Situ-Vulva <input type="checkbox"/> Carcinoma of Breast <input type="checkbox"/> Carcinoma of Cervix <input type="checkbox"/> Carcinoma of Endometrium <input type="checkbox"/> Carcinoma of Ovary <input type="checkbox"/> Carcinoma of Vagina	<input type="checkbox"/> Enterocoele <input type="checkbox"/> FH-Breast CA <input type="checkbox"/> Fatigue <input type="checkbox"/> Fibrocystic Breast Changes <input type="checkbox"/> Galactorrhea Non-OB <input type="checkbox"/> Headache <input type="checkbox"/> Hematuria <input type="checkbox"/> Herpes Genital Unsp. <input type="checkbox"/> Hirsutism <input type="checkbox"/> HRT-Postmenopausal <input type="checkbox"/> Hyperprolactinemia <input type="checkbox"/> Hypertension Benign <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> I U D Removal/Check <input type="checkbox"/> Infertility-Female Unsp <input type="checkbox"/> Infertility-Male <input type="checkbox"/> Irregular Menses <input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Pap Only (CA Screen/Cervix) <input type="checkbox"/> Pelvic Mass <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Pelvic Relaxation <input type="checkbox"/> Perimenopausal Bleeding <input type="checkbox"/> Periodic GYN Exam <input type="checkbox"/> Pers Hx-Breast CA <input type="checkbox"/> Physical Exam <input type="checkbox"/> PMS <input type="checkbox"/> Polycystic Ovary Disease <input type="checkbox"/> Postcoital Bleeding <input type="checkbox"/> Postmenopausal Bleeding <input type="checkbox"/> Postmenopausal Status-Natura <input type="checkbox"/> Post-op Wound Infection <input type="checkbox"/> Postpartum Care <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Prolapsed/Uterine Prolapse <input type="checkbox"/> Pt w/Health Hx Risk	<input type="checkbox"/> Vaginitis-Monilia/Candida <input type="checkbox"/> Vaginitis-Trichomonas <input type="checkbox"/> Vaginosis-Bacterial NOS <input type="checkbox"/> Vulva Lesion <input type="checkbox"/> Vulvitis/Vulvovaginitis
<input type="checkbox"/> Carcinoma of Vulva <input type="checkbox"/> Cervical Dysplasia <input type="checkbox"/> Cervical Polyp <input type="checkbox"/> Cervicitis <input type="checkbox"/> Cholesterolemia <input type="checkbox"/> Condyloma Accuminata <input type="checkbox"/> Contraceptive Mgmt-General <input type="checkbox"/> Cystitis-Acute <input type="checkbox"/> Cystocele/Rectocele <input type="checkbox"/> Diaphragm/Cervical Cap Fitting <input type="checkbox"/> Dysfunctional Uterine Bleeding <input type="checkbox"/> Dyspareunia <input type="checkbox"/> Dysuria <input type="checkbox"/> Endometrial Hyperplasia <input type="checkbox"/> Endometrial Polyp <input type="checkbox"/> Endometriosis-Ovary <input type="checkbox"/> Endometriosis-Unsp <input type="checkbox"/> Endometritis-Acute	<input type="checkbox"/> IUD Insertion <input type="checkbox"/> Leiomyoma Uterus <input type="checkbox"/> Lesion Cervix-Unsp. <input type="checkbox"/> Low Back Pain <input type="checkbox"/> Mastalgia <input type="checkbox"/> Mastitis <input type="checkbox"/> Menopause/Perimenopause <input type="checkbox"/> Menorrhagia/Menometrorrhagia <input type="checkbox"/> Menstrual Disorder <input type="checkbox"/> Metrorrhagia <input type="checkbox"/> Mittelschmerz <input type="checkbox"/> Norplant Insertion <input type="checkbox"/> Norplant Removal/Surv <input type="checkbox"/> Obesity <input type="checkbox"/> Oligomenorrhea/Hypomenorrhea <input type="checkbox"/> Ovarian Cyst <input type="checkbox"/> PID-Acute <input type="checkbox"/> PID-Chronic	<input type="checkbox"/> Pyelonephritis Acute <input type="checkbox"/> Skin Rash <input type="checkbox"/> Sterilization <input type="checkbox"/> Syncope <input type="checkbox"/> Thyromegaly <input type="checkbox"/> Tubal Occlusion <input type="checkbox"/> Ureteral Syndrome <input type="checkbox"/> Urethral Syndrome <input type="checkbox"/> Urinary Frequency <input type="checkbox"/> Urinary Incontinence NOS <input type="checkbox"/> Urinary Incontinence-Stress <input type="checkbox"/> Urinary Retention <input type="checkbox"/> Urinary Tract Infection <input type="checkbox"/> Vaginal Discharge <input type="checkbox"/> Vaginal Dysplasia <input type="checkbox"/> Vaginal Lesion <input type="checkbox"/> Vaginitis Nonsp. <input type="checkbox"/> Vaginitis-Atrophic	<div> <input type="button" value="Problems"/> <input type="button" value="Medications"/> </div> <div> <input type="button" value="Allergies"/> <input type="button" value="Orders"/> </div> <div> <input type="button" value="Add Text to Note"/> </div> <div> <input type="button" value="Select Specialty"/> </div> <div> Obstetrics/Gynecology </div> <div> Cursor must be blinking in Yellow Field for CCC VRI: </div> <div> <input type="text"/> </div> <div> New Problems Added (most recent addition on top) </div> <div> <input type="text"/> </div>

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>."

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Example: Problem-CCC Form Customized for Orthopedics

Problems-CCC: Custom Adult

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> A C Degeneration-Chronic	<input type="checkbox"/> Gameskeeper Thumb	<input type="checkbox"/> Osgood Schlater	<input type="checkbox"/> Suture Removal
<input type="checkbox"/> A C L Sprain-Chronic	<input type="checkbox"/> Ganglion-Hand/Wrist	<input type="checkbox"/> Osteochondritis Dessicans	<input type="checkbox"/> SYNOVITIS-List-Site
<input type="checkbox"/> A C Separation	<input type="checkbox"/> Gout	<input type="checkbox"/> OSTEOMYELITIS-List-Specify	<input type="checkbox"/> T F C C Tear
<input type="checkbox"/> Achilles Tendon Rupture	<input type="checkbox"/> H N P-Cervical	<input type="checkbox"/> Osteonecrosis-Hip	<input type="checkbox"/> Tear A C L
<input type="checkbox"/> Adhesive Capsulitis	<input type="checkbox"/> H N P-Lumbar	<input type="checkbox"/> PAIN-List-Knee-Neck-Shoulder	<input type="checkbox"/> Tear Lateral Meniscus
<input type="checkbox"/> AMPUTATION-List-Specify	<input type="checkbox"/> Hallux Rigidus	<input type="checkbox"/> Painful Hardware	<input type="checkbox"/> Tear M C L
<input type="checkbox"/> Arm/Leg/Finger/Toe Pain	<input type="checkbox"/> Hallux Valgus	<input type="checkbox"/> Paronychia Finger	<input type="checkbox"/> Tear Medial Meniscus
<input type="checkbox"/> Aseptic Necrosis	<input type="checkbox"/> Hammertoe	<input type="checkbox"/> Paronychia-Toe	<input type="checkbox"/> TENDONITIS-List
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Hemarthrosis-Specify	<input type="checkbox"/> Peripheral Neuropathy	<input type="checkbox"/> Tibial Torsion
<input type="checkbox"/> Basilar Joint Arthritis	<input type="checkbox"/> Hip Pain	<input type="checkbox"/> Pes Planus	<input type="checkbox"/> Total Hip Follow-up
<input type="checkbox"/> Boutonniere Deformity	<input type="checkbox"/> Iliotibial Band Syndrome-Hip	<input type="checkbox"/> Plantar Faciitis	<input type="checkbox"/> Total Knee Follow-up
<input type="checkbox"/> Bunion	<input type="checkbox"/> Iliotibial Band Syndrome-Knee	<input type="checkbox"/> Popliteal Cyst	<input type="checkbox"/> Traumatic Arthritis
<input type="checkbox"/> BURSITIS-List	<input type="checkbox"/> Impingement Syndrome	<input type="checkbox"/> Post-op Care	<input type="checkbox"/> Trigger Finger
<input type="checkbox"/> C D H bilateral	<input type="checkbox"/> Ingrown Nail	<input type="checkbox"/> Post-op Infection	<input type="checkbox"/> Trochanteric Bursitis
<input type="checkbox"/> C D H unilateral	<input type="checkbox"/> Interdigital Neuroma	<input type="checkbox"/> Pre-op E K G	<input type="checkbox"/> Ulnar Collateral Lig Tear Thumb
<input type="checkbox"/> Calcaneal Spur	<input type="checkbox"/> JOINT EFFUSION-List-Specify	<input type="checkbox"/> Pronation	<input type="checkbox"/> Ulnar Neuritis
<input type="checkbox"/> Calcific Tendonitis Shoulder	<input type="checkbox"/> JOINT PAIN-List-Specify	<input type="checkbox"/> Radial Tunnel Syndrome	<input type="checkbox"/> Whiplash
<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Knee Pain	<input type="checkbox"/> Reflex Sympathetic Dystrophy	<input type="checkbox"/> ORTHOPEDICS CUSTOM-List
<input type="checkbox"/> CELLULITIS / ABSCESS-List	<input type="checkbox"/> Kyphosis	<input type="checkbox"/> Rheumatoid Arthritis	Problems Medications
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> L C L Sprain	<input type="checkbox"/> Rupture Rotator Cuff	Allergies Orders
<input type="checkbox"/> Cervical Radiculitis	<input type="checkbox"/> Laceration Finger w/Tendon In	<input type="checkbox"/> Sciatica	Add Text to Note
<input type="checkbox"/> Cervical Spasm	<input type="checkbox"/> Lateral Epicondylitis	<input type="checkbox"/> Scoliosis-Idiopathic	Select Specialty
<input type="checkbox"/> Chondromalacia Patella	<input type="checkbox"/> Leg Legnth Discrepancy	<input type="checkbox"/> Septic Arthritis-Specify	Orthopedics
<input type="checkbox"/> Clubfoot (Equinovarus)	<input type="checkbox"/> Legg Perthes	<input type="checkbox"/> SPRAIN-List	Cursor must be blinking in Yellow Field for CCC VRI:
<input type="checkbox"/> CONTUSION List-Specify	<input type="checkbox"/> Loose Body-Knee	<input type="checkbox"/> Sever's Disease-Osteochondr	
<input type="checkbox"/> Cruciate Sprain	<input type="checkbox"/> Low Back Pain	<input type="checkbox"/> Shoulder Dislocation-Recurrent	New Problems Added
<input type="checkbox"/> Cubital Tunnel Syndrome	<input type="checkbox"/> Lumbar Spasm	<input type="checkbox"/> Shoulder Instability	(most recent addition on top)
<input type="checkbox"/> DEGENERATIVE ARTHRITIS-List	<input type="checkbox"/> M C L Sprain	<input type="checkbox"/> Shoulder Pain	
<input type="checkbox"/> DeQuervain's	<input type="checkbox"/> Mallet Finger	<input type="checkbox"/> Slipped Epiphysis-Hip	
<input type="checkbox"/> Derangement meniscus	<input type="checkbox"/> Medial Epicondylitis	<input type="checkbox"/> Spinal Stenosis	
<input type="checkbox"/> Digital nn. Lac. Finger	<input type="checkbox"/> Metatarsalgia	<input type="checkbox"/> Spondylolithesis	
<input type="checkbox"/> Disc Degeneration	<input type="checkbox"/> Metatarsus Adductus	<input type="checkbox"/> Spondylolysis	
<input type="checkbox"/> DISLOCATION-List	<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Spondylosis	
<input type="checkbox"/> Dupuytren's Contracture	<input type="checkbox"/> Nailbed Laceration Finger	<input type="checkbox"/> Stress Fracture-Site	
<input type="checkbox"/> Fibromyalgia/Fibromyositis	<input type="checkbox"/> Nailbed Laceration-Toe	<input type="checkbox"/> Subluxation Patellar (malalignm	
<input type="checkbox"/> FRACTURE-List	<input type="checkbox"/> Neuropathic Arthropathy	<input type="checkbox"/> Subluxation-radial head	

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The Problem-CCC list boxes can be customized by specialty.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.
5. For Version 8.3 and forward, there is no limit to the number of problems that can be listed on the Problem-CCC form. Previously, the limitation was 125 list box items. Please note that 125 list box items will display on the form without scrolling. Adding more than 125 list box items will require the user to scroll down in the list box to see the additional items that do not "fit" in the normal display.
6. For those providers using the CCC VRI voice recognition, any item on the Problem-CCC form can now be voice activated. A provider can add a diagnosis (or access a custom problem list) simply by saying "Add diagnosis <insert name of problem as listed on Problem-CCC Form>."

Examples:

"Add diagnosis UTI" adds the diagnosis UTI.

"Add diagnosis diabetes" displays the diabetes custom problem list.

The provider can use the "Add diagnosis" commands to add problems to the patient's problem list anywhere within an update that Quicktext can be used.

Problems-Ortho-CCC

The Problems-Ortho-CCC form is an alternative problem entry form for Orthopedic Specialists that allows problems to be grouped together by specific body regions. Examples include Back/Spine, Elbow, Knee, Shoulder, Hip, etc. Sites can also have more than one region per provider (see examples below).

Problems-Ortho-CCC: Custom Adult

Select Region: **Shoulder**

Add Problems Form

Note: Unchecking a Problem from this form will NOT remove it from the patient's problem list.

<input type="checkbox"/> A C Separation-left <input type="checkbox"/> A C Separation-right <input type="checkbox"/> Adhesive Capsulitis-left <input type="checkbox"/> Adhesive Capsulitis-right <input type="checkbox"/> Arthritis-Shoulder <input type="checkbox"/> Bicipital Tendonitis-left <input type="checkbox"/> Bicipital Tendonitis-right <input type="checkbox"/> Bursitis-A C-left <input type="checkbox"/> Bursitis-A C-right <input type="checkbox"/> Bursitis-Shoulder-left <input type="checkbox"/> Bursitis-Shoulder-right <input type="checkbox"/> Bursitis-Subacromial-left <input type="checkbox"/> Bursitis-Subacromial-right <input type="checkbox"/> Calcific Tendonitis-left <input type="checkbox"/> Calcific Tendonitis-right <input type="checkbox"/> Contracture-Shoulder <input type="checkbox"/> Contusion-Shoulder <input type="checkbox"/> Derangement-Shoulder <input type="checkbox"/> DISLOCATION-List <input type="checkbox"/> D J D Shoulder	<input type="checkbox"/> FRACTURES-List <input type="checkbox"/> Frozen Shoulder-left <input type="checkbox"/> Frozen Shoulder-right <input type="checkbox"/> Loose Body-Shoulder <input type="checkbox"/> Rotator Cuff Injury-left <input type="checkbox"/> Rotator Cuff Injury-right <input type="checkbox"/> Shoulder Pain-left <input type="checkbox"/> Shoulder Pain-right <input type="checkbox"/> SPRAIN/STRAIN-List <input type="checkbox"/> Sprengel's Deformity <input type="checkbox"/> Tendonitis-Shoulder-left <input type="checkbox"/> Tendonitis-Shoulder-right	<input type="checkbox"/> Brachial Neuropathy-left <input type="checkbox"/> Brachial Neuropathy-right <input type="checkbox"/> Brachial Plexus Injury-left <input type="checkbox"/> Brachial Plexus Injury-right <input type="checkbox"/> Brachial Plexus Injury at Birth <input type="checkbox"/> Brachial Plexus Lesion-left <input type="checkbox"/> Brachial Plexus Lesion-right <input type="checkbox"/> Phlebitis-Upper Extremity-left <input type="checkbox"/> Phlebitis-Upper Extremity-right
---	---	--

New Problems Added (most recent addition on top)

Problems Medications
Allergies Orders
Remove Text

Cursor must be blinking in Yellow Field for CCC Speak:

Back Exam Finger Exam Foot/Ankle Exam Hand/Wrist Exam Hip Exam Knee Exam Shoulder/Elbow Exam
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The Problem-CCC list boxes can be customized by specialty and/or provider.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.

Example: Problems-Ortho-CCC (continued)

Problems-Ortho-CCC: Custom Adult

Select Region: Hand/Wrist/Finger

Add Problems Form Note: Unchecking a Problem from this form will NOT remove it from the Problem List

<input type="checkbox"/> Abnormal Involuntary Movemen	<input type="checkbox"/> Gouty Arthropathy	<input type="checkbox"/> Pronator Syndrome	<input type="checkbox"/> Trigger Finger
<input type="checkbox"/> AMPUTATION-List	<input type="checkbox"/> Heterotopic Ossification	<input type="checkbox"/> Radial Tunnel Syndrome	<input type="checkbox"/> Ulnocarpal Impingement
<input type="checkbox"/> Avascular Necrosis (AVN)	<input type="checkbox"/> Implant failure/mechanical comp	<input type="checkbox"/> Scar-Adherent	<input type="checkbox"/> Ulnocarpal Impingement-0s
<input type="checkbox"/> Boutonniere Deformity	<input type="checkbox"/> Inflammatory/infectious compic	<input type="checkbox"/> Scar-Keloid	<input type="checkbox"/> ORTHOPEDIC CUSTOM LIST
<input type="checkbox"/> Bursitis-Olecranon	<input type="checkbox"/> Internal Derangement-Wrist	<input type="checkbox"/> Scapholunate injury-no instabil	<input type="checkbox"/> ARTHRITIS-List
<input type="checkbox"/> Carpal instability (DISI/VISIDRU	<input type="checkbox"/> S/P joint arthroplasty-shoulder	<input type="checkbox"/> Scapholunate Dissociation	<input type="checkbox"/> CONTRACTURE-STIFFNESS
<input type="checkbox"/> Carpal Tunnel Syndrome (CTS)	<input type="checkbox"/> S/P joint arthroplasty-elbow	<input type="checkbox"/> Scapholunate Sprain/Strain	<input type="checkbox"/> CONTUSION-List
<input type="checkbox"/> Cubital Tunnel Syndrome	<input type="checkbox"/> S/P joint arthroplasty-wrist	<input type="checkbox"/> Scleroderma	<input type="checkbox"/> CRUSH INJURY-List
<input type="checkbox"/> Clinodactyly	<input type="checkbox"/> S/P joint arthroplasty-other	<input type="checkbox"/> Stiffness-elbow/forearm	<input type="checkbox"/> DISLOCATION-List
<input type="checkbox"/> Compartment Syndrome-Hand	<input type="checkbox"/> Kienbock's Disease	<input type="checkbox"/> Stiffness-wrist/hand	<input type="checkbox"/> FRACTURES-List
<input type="checkbox"/> DeQuervain's Tenosynovitis	<input type="checkbox"/> Kienbock's Disease-Pediatric	<input type="checkbox"/> Subungual Hematoma	<input type="checkbox"/> FOREIGN BODY-List
<input type="checkbox"/> DIABETES COMPLICATIONS-List	<input type="checkbox"/> Lipoma-upper extremity	<input type="checkbox"/> Swan Neck Deformity	<input type="checkbox"/> INFECTION-List
<input type="checkbox"/> DuPuytren's contracture	<input type="checkbox"/> Little League Elbow	<input type="checkbox"/> Swelling-arm/hand/finger	<input type="checkbox"/> NEOPLASMS-List
<input type="checkbox"/> Epicondylitis-medial	<input type="checkbox"/> Loose Body-Elbow	<input type="checkbox"/> Syndactyly-fingers-no bony fu	<input type="checkbox"/> NERVE-List
<input type="checkbox"/> Epicondylitis-lateral	<input type="checkbox"/> Mallet Finger	<input type="checkbox"/> Syndactyly-fingers-bony fusio	<input type="checkbox"/> PAIN-List
<input type="checkbox"/> Gamekeeper's Thumb	<input type="checkbox"/> Mallet Finger-Bony	<input type="checkbox"/> Tenosynovitis-hand & wrist	<input type="checkbox"/> SPRAIN/STRAIN/TENDON R
<input type="checkbox"/> Ganglion Cyst-Joint	<input type="checkbox"/> Myositis Ossificans-Traumatic	<input type="checkbox"/> Tenosynovitis-infectious	<input type="checkbox"/> TENDON INJURIES-List
<input type="checkbox"/> Ganglion Cyst-Tendon sheath	<input type="checkbox"/> Nailbed Laceration	<input type="checkbox"/> Tendinitis-wrist	<input type="checkbox"/> VASCULAR-List
<input type="checkbox"/> Granuloma-pyogenic	<input type="checkbox"/> Paintgun Injury	<input type="checkbox"/> T F C C Sprain/Strain	<input type="checkbox"/> LATE EFFECT-List
<input type="checkbox"/> G C T Tendon Sheath	<input type="checkbox"/> Polydactyly-Fingers	<input type="checkbox"/> T F C C Tear	<input type="checkbox"/> OPEN WOUND-List

New Problems Added (most recent addition on top)

Problems Medications
Allergies Orders
Remove Text

Cursor must be blinking in Yellow Field for CCC Speak:

Back Exam Finger Exam Foot/Ankle Exam Hand/Wrist Exam Hip Exam Knee Exam Shoulder/Elbow Exam
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. The Problem-CCC list boxes can be customized by specialty and/or provider.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.

Example: Problems-Ortho-CCC (continued)

Problems-Ortho-CCC: Custom Adult

Select Region: Hip/Knee

Add Problems Form **Note: Unchecking a Problem from this form will NOT remove it from the Problem List**

<input type="checkbox"/> A C L Tear-left	<input type="checkbox"/> Knee Replacement-left	<input type="checkbox"/> Arthritis-Hip	<input type="checkbox"/> AMPUTATION-List
<input type="checkbox"/> A C L Tear-right	<input type="checkbox"/> Knee Replacement-right	<input type="checkbox"/> Bursitis-Hip-left	<input type="checkbox"/> ARTHRITIS/ARTHRALGIA-List
<input type="checkbox"/> Arthritis-Knee	<input type="checkbox"/> Locked Knee	<input type="checkbox"/> Bursitis-Hip-right	<input type="checkbox"/> DISLOCATION-List
<input type="checkbox"/> Arthroscopy-Knee-left	<input type="checkbox"/> Loose Body-Knee	<input type="checkbox"/> C H D-left	<input type="checkbox"/> FRACTURES-LE-List
<input type="checkbox"/> Arthroscopy-Knee-right	<input type="checkbox"/> L C L Sprain-left	<input type="checkbox"/> C H D-right	<input type="checkbox"/> INFECTIONS-List
<input type="checkbox"/> Baker's Cyst	<input type="checkbox"/> L C L Sprain-right	<input type="checkbox"/> Contusion-Hip	<input type="checkbox"/> NERVE DISORDERS-LE-List
<input type="checkbox"/> Bursitis-Knee	<input type="checkbox"/> Lateral Meniscus Tear-left	<input type="checkbox"/> D J D-Hip	<input type="checkbox"/> PERIPHERAL VASCULAR DISE
<input type="checkbox"/> Bursitis-Prepatellar	<input type="checkbox"/> Lateral Meniscus Tear-right	<input type="checkbox"/> Hip Pain	<input type="checkbox"/> SKIN-ORTHO-List
<input type="checkbox"/> Bursitis-Tibial collateral ligame	<input type="checkbox"/> M C L Sprain-left	<input type="checkbox"/> Hip Replacement-left	<input type="checkbox"/> SPRAIN/TEAR KNEE-List
<input type="checkbox"/> Contusion-Knee	<input type="checkbox"/> M C L Sprain-right	<input type="checkbox"/> Hip Replacement-right	
<input type="checkbox"/> Chondromalacia Patella	<input type="checkbox"/> Medial Meniscus Tear-left	<input type="checkbox"/> Hip Sprain	
<input type="checkbox"/> D J D-Knee	<input type="checkbox"/> Medial Meniscus Tear-right	<input type="checkbox"/> S C F E-Hip	
<input type="checkbox"/> Effusion-Knee	<input type="checkbox"/> Osgood Schlatter's	<input type="checkbox"/> Sprain/Strain-Hip	
<input type="checkbox"/> Hemarthrosis-Knee	<input type="checkbox"/> Patellar Dislocation-left	<input type="checkbox"/> Subluxation-Hip	
<input type="checkbox"/> Iliotibial band syndrome	<input type="checkbox"/> Patellar Dislocation-right	<input type="checkbox"/> Synovitis-Hip	
<input type="checkbox"/> Joint Crepitus-Knee	<input type="checkbox"/> Popliteal Cyst	<input type="checkbox"/> Tendinitis-Hip	
<input type="checkbox"/> Knee Pain-left	<input type="checkbox"/> P C L Tear-left		
<input type="checkbox"/> Knee Pain-right	<input type="checkbox"/> P C L Tear-right		
<input type="checkbox"/> Knee Replacement-left	<input type="checkbox"/> Tendonitis-Knee		
<input type="checkbox"/> Knee Replacement-right	<input type="checkbox"/> Tendonitis-pes anserinus		

New Problems Added (most recent addition on top)

[Problems](#) [Medications](#)
[Allergies](#) [Orders](#)
[Remove Text](#)

Cursor must be blinking in Yellow Field for CCC Speak:

[Back Exam](#) [Finger Exam](#) [Foot/Ankle Exam](#) [Hand/Wrist Exam](#) [Hip Exam](#) [Knee Exam](#) [Shoulder/Elbow Exam](#)
[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)
[Prev Form \(Ctrl+PgUp\)](#) [Next Form \(Ctrl+PgDn\)](#) [Close](#)

1. The Problem-CCC list boxes can be customized by specialty and/or provider.
2. The customization designates if a single diagnosis (description and ICD code) is to be added to the patient's problem list or if a custom problem list containing several related diagnoses displays, allowing the provider to select the diagnosis with the highest degree of specificity.
3. The prefix (Diagnosis of, Minor Dx of, Family History of, etc.) for the problem being pushed to the patient's problem list is assigned in the customization.
4. The number of days for a problem added as a Minor Dx to stay on the patient's active problem list can be specified in the customization.

CPOE A&P-CCC

The CPOE-CCC form is designed to allow providers to create a problem-oriented assessment & plan that automatically documents new medications, medication changes, lab and diagnostic tests reviewed, new orders, and any additional descriptions or patient instructions.

Using the CCC-TFE (text file editor), sites can create custom CPOE Templates which can replace cumbersome encounter forms. Disease- or problem-specific custom medication lists, order sets, and evaluation and management sets can be created. CCC provides over 100 different CPOE templates for Family Practice/Internal Medicine, 50 different CPOE templates for Pediatrics, and 20 for OB/GYN. Additional CPOE templates are continuously being developed for various medical and surgical subspecialties.

With the release of Version 8.3, a fully customizable clinical decision support system (CDSS) and patient severity index assessment (PSIA) application has been built into the CPOE A&P-CCC form.

Using a combination of provider/specialty specific CPOE Templates, CDSS, and PSIA protocols, providers can manage any problem, assuring evidence-based quality therapeutic review, diagnostic test ordering, and diagnosis-specific management, no matter what specialty or condition.

With a properly customized and managed CPOE A&P module, the need for diagnosis- or disease-specific encounter forms is eliminated. This decreases the amount of time necessary to develop, design, train, and maintain encounter forms.

Key Points:

1. CPOE Templates can be set up by provider and/or by specialty, based on specific diagnosis codes.
2. Once the provider selects a problem from the dropdown list (which contains a listing of the patient's active problems, with newly added problems listed at the top), the customization associated with that problem allows the provider to quickly and easily:
 - navigate to problem-oriented/disease-specific Custom Medication Lists.
 - navigate to problem-oriented/disease-specific Custom Order Lists.
 - insert custom templates to document the review of protocol-specific labs, diagnostics, or other structured data as well as insert patient instructions or diagnosis-specific details.
 - trigger a set of automatic clinical decision support reminders that are dynamic (allow provider to act on recommendations; order tests, order medications, and document clinical information, all with a single click).
3. Starting with Version 8.3, the CCC Text File Editor (TFE) can be used to customize the CPOE A&P forms (see section on TFE).

CPOE A&P-CCC Workflow

Step 1: Select a problem from the dropdown list

The dropdown list contains a listing of the patient's active problems, with newly added problems listed at the top (beginning with Version 8.3).

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | A&P 3-4 | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Select Specialty: Obstetrics/Gynecology

Assessment # 1 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' Prob List

Commit Assessment
Clear All

DIABETES MELLITUS, TYPE II (ICD-250.00)
 HYPERLIPIDEMIA (ICD-272.4)
 CONGESTIVE HEART FAILURE (ICD-428.0)
 Sx of HOARSE VOICE QUALITY
 EFFUSION, PLEURAL (ICD-511.9)
 EDEMA (ICD-782.3)

Assessment # 2 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment'

Commit Assessment
Clear All

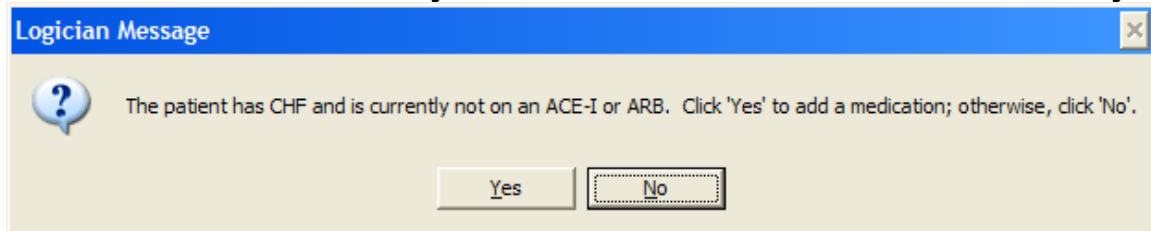
Add All Meds to Note
Remove New Meds from Note
Rx Monitoring and General Alerts
Orders

Intake
Prenatal Visit
Past Preg Hx
Genetic
Flowsheet
Lab
Prenatal Ed
Ultrasound
PAP Entry

HPI
ACV
PMH
FH-SH
Risk Factors
ROS
VS
PE
Problems
CPOE A/P
Instructions/Plan
Copyright

Prev Form (Ctrl+PgUp)
Next Form (Ctrl+PgDn)
Close

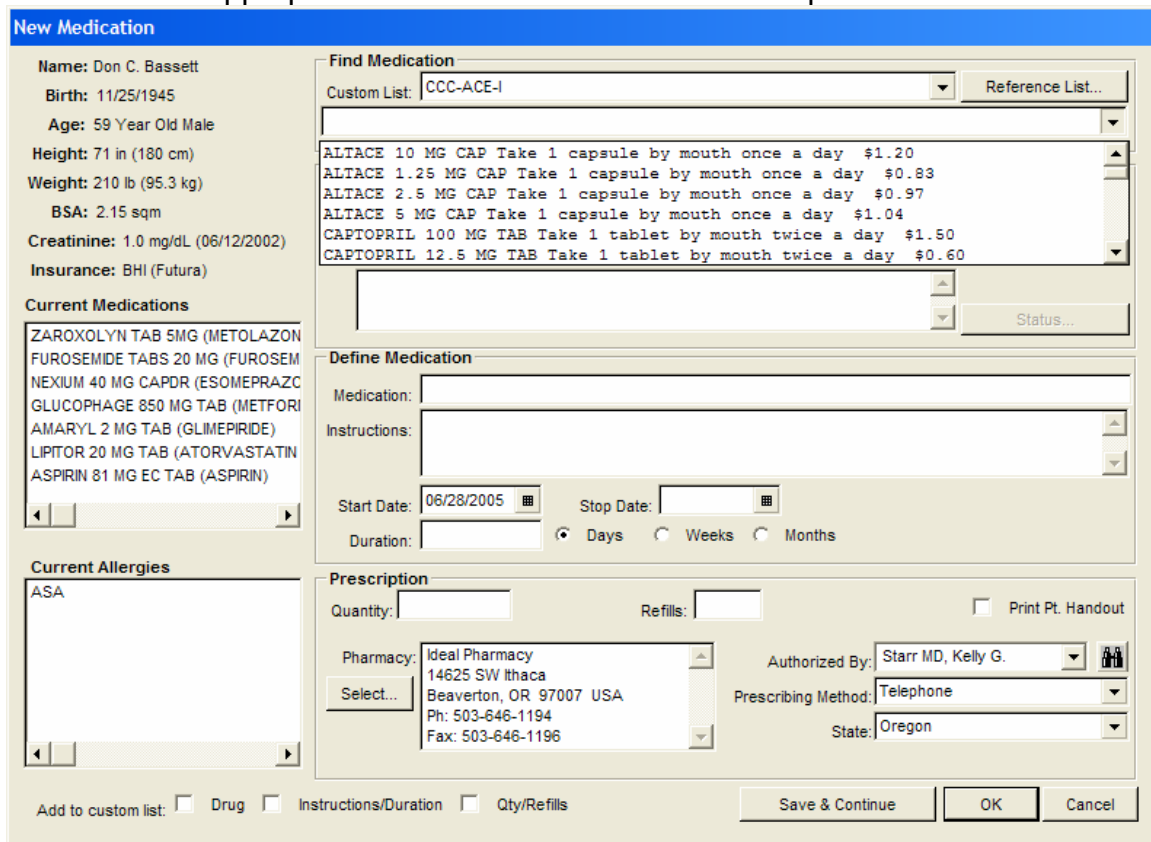
Step 2: If programmed for the selected diagnosis, a series of dynamic clinical decision support prompts will automatically appear, allowing the provider to take action or document why the recommended action was not necessary.



Logician Message

The patient has CHF and is currently not on an ACE-I or ARB. Click 'Yes' to add a medication; otherwise, click 'No'.

The provider can click “Yes” to display the ACE-Inhibitors custom medication list – and select an appropriate medication to be added to the patient’s medication list.



New Medication

Name: Don C. Bassett
Birth: 11/25/1945
Age: 59 Year Old Male
Height: 71 in (180 cm)
Weight: 210 lb (95.3 kg)
BSA: 2.15 sqm
Creatinine: 1.0 mg/dL (06/12/2002)
Insurance: BHI (Futura)

Current Medications

ZAROXOLYN TAB 5MG (METOLAZON
 FUROSEMIDE TABS 20 MG (FUROSEM
 NEXIUM 40 MG CAPDR (ESOMEPRAZC
 GLUCOPHAGE 850 MG TAB (METFORI
 AMARYL 2 MG TAB (GLIMEPIRIDE)
 LIPTOR 20 MG TAB (ATORVASTATIN
 ASPIRIN 81 MG EC TAB (ASPIRIN)

Current Allergies

ASA

Find Medication

Custom List: CCC-ACE-I Reference List...

ALTACE 10 MG CAP Take 1 capsule by mouth once a day \$1.20
 ALTACE 1.25 MG CAP Take 1 capsule by mouth once a day \$0.83
 ALTACE 2.5 MG CAP Take 1 capsule by mouth once a day \$0.97
 ALTACE 5 MG CAP Take 1 capsule by mouth once a day \$1.04
 CAPTOPRIL 100 MG TAB Take 1 tablet by mouth twice a day \$1.50
 CAPTOPRIL 12.5 MG TAB Take 1 tablet by mouth twice a day \$0.60

Define Medication

Medication:
 Instructions:
 Start Date: 06/28/2005 Stop Date:
 Duration: ☒ Days ☐ Weeks ☐ Months

Prescription

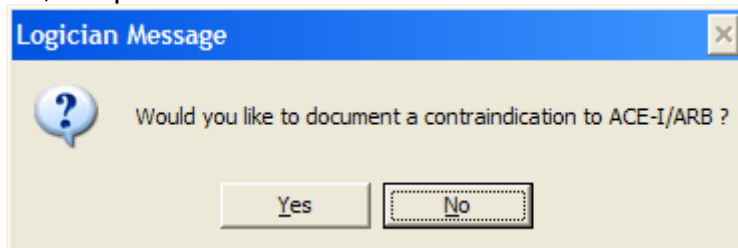
Quantity: Refills: ☐ Print Pt. Handout

Pharmacy: Ideal Pharmacy
 14625 SW Ithaca
 Beaverton, OR 97007 USA
 Ph: 503-646-1194
 Fax: 503-646-1196

Authorized By: Starr MD, Kelly G.
 Prescribing Method: Telephone
 State: Oregon

Add to custom list: ☐ Drug ☐ Instructions/Duration ☐ Qty/Refills

Or, the provider can click “No” which will cause the following prompt to appear:



Logician Message

Would you like to document a contraindication to ACE-I/ARB ?

The provider can click “No” and no further pop-up messages will display or the provider can click “Yes” which will allow them to document the contraindication using the CDSS Contraindication-CCC form (or any other form the site may have developed).

Example of Beta-blocker Usage Post-MI CDSS

The provider selects Subendocardial MI from dropdown list.

Note: The CHF medications that the patient is being treated with automatically appear in the section for CHF (as do all problem/medication class designated problems).

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | A&P 3-4 | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Load Documentation Form Select Specialty Family Practice

Assessment # 1 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Prob List**

CONGESTIVE HEART FAILURE (ICD-428.0) **Commit Assessment** **Clear All**

His updated medication list for this problem includes:
 Zoroxyn Tab 5mg (Metolazone) 1 po qd
 Furosemide Tabs 20 Mg (Furosemide) 1 po bid
 Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

New Meds **Change Meds** **Insert Meds** **R** **New Orders** **Insert Orders** **R** **Insert Template** **R** **Print Handout**

Assessment # 2 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Commit Assessment** **Clear All**

SUBENDOCARDIAL MI (ICD-410.70)
 DIABETES MELLITUS, TYPE II (ICD-250.00)
 HYPERLIPIDEMIA (ICD-272.4)
 CONGESTIVE HEART FAILURE (ICD-428.0)
 Sx of HOARSE VOICE QUALITY
 EFFUSION, PLEURAL (ICD-511.9)

Add All Meds to Note **Remove New Meds from Note** **Rx Monitoring and General Alerts** **Rec. Interventions** **Rec. Tests** **Orders**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

The following prompt appears:

Logician Message

The patient has a history of a myocardial infarction and is currently not on a beta blocker. Click 'Yes' to add a medication; otherwise, click 'No'.

Yes **No**

The provider can click "Yes" to display the Beta-blocker custom medication list – and select an appropriate medication to be added to the patient's medication list.

The provider can click "No" and a prompt will appear – asking if the provider wishes to document the contraindication to the Beta-blocker.

Documenting the contraindication will prevent the prompt from reappearing during subsequent visits as well as provide structured documentation for the specific contraindication.

The **CDSS Contraindications Form** allows the provider to document contra-indications to treatment, diagnostic tests or procedures, or to document a variety of staging values. The form can be customized by site and specialty.

CDSS Contraindications-CCC: Don C. Bassett

**Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and
Stage Documentation**

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment

Treatment: ACE-Inhibitor Contraindication:

Deferment of Testing/Procedure

Test or Procedure: Reason for Deferment:

Stage Documentation

Classification Scheme: Class or Stage:

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Select the Treatment, Test/Procedure, or Staging to be documented from the appropriate dropdown list.

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment

Treatment
Contraindication

ACE-Inhibitor

Deferment of Testing/Procedure
 Test or Procedure

cough

cough

rash

hypotension

hyperkalemia (>5.5)

renal insufficiency

renal artery stenosis

Stage Documentation

Classification Scheme
Class or Stage

Intake
Prenatal Visit
Past Preg Hx
Genetic
Flowsheet
Lab
Prenatal Ed
Ultrasound
PAP Entry

HPI
ACV
PMH
FH-SH
Risk Factors
ROS
VS
PE
Problems
CPOE A/P
Instructions/Plan
Copyright

Prev Form (Ctrl+PgUp)
Next Form (Ctrl+PgDn)
Close

Select the contraindication (or stage) from the appropriate dropdown list, then click the "Commit to Flowsheet" button.

Note: more than one contraindication may be documented at a time using the same form/update.

Page 68

Copyright 2005, Clinical Content Consultants, LLC, All rights reserved

Example: Contraindication to Test/Procedure Documentation

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment
Treatment: ACE-Inhibitor
Contraindication: cough
Commit to Flowsheet

Deferment of Testing/Procedure
Test or Procedure: Colonoscopy
Reason for Deferment:
Classification Scheme:
Class or Stage:

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Example: Staging Documentation

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment
Treatment: ACE-Inhibitor
Contraindication: cough
Commit to Flowsheet

Deferment of Testing/Procedure
Test or Procedure:
Reason for Deferment:

Stage Documentation
Classification Scheme: Smoking Cessation
Class or Stage:

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Adding Medications Using the CPOE A&P Form

To add a new medication, click the “New Meds” action button. Based on the customization, one of the following will occur:

Option 1: A custom medication list will display (examples: CCC-ACE-I, CCC-Lipids, CCC-Antibiotics-UTI).

Option 2: Inserts an encounter form into the update and displays that encounter form for data entry. In some cases, using an encounter form is more effective when ordering multiple medications or monitoring regimens (examples: Asthma > go to the Asthma Management-CCC form, Atrial Fibrillation or DVT > go to the CPOE Anticoagulation-CCC form).

Option 3: The standard Update Medications dialogue box will display. Note: this is the default if option 1 or option 2 is not selected or if the problem has not been customized in the CPOE).

To change or remove a medication > click “Change Meds” action button.

Ordering Tests or Diagnostics Using the CPOE A&P Form

To order a lab, diagnostic test, or referral > click the “New Orders” action button. Based on the customization, one of the following will occur:

Option 1: A custom order list will display (examples: CCC-Adult, CCC-Pediatrics, CCC-Prenatal). This can be customized to display any custom order list.

Option 2: Inserts an encounter form into the update and displays that encounter form for data entry. In some cases, using an encounter form is more effective when ordering multiple medications or monitoring regimens (examples: Chemotherapy Prescriptions > go to Chemotherapy RX-CCC form).

Option 3: The standard Update Orders dialog box (with the last custom order list that was accessed) will display. Note: this is the default if option 1 or option 2 is not selected or if the problem has not been customized in the CPOE).

NOTE: Any labs or diagnostics associated with a diagnosis/problem will automatically appear in the assessment field for that problem in the CPOE A&P form (see below).

Update Orders - Don C. Bassett 59 Year Old Male, (DOB: 11/25/1945)

Orders: ☒ This update ☐ Open ☐ All Primary Coverage: BHI (Futura)

!	Date	Description	Status	Diagnoses
	06/28/2005	Hemoglobin A1c	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Microalbumin-urine	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Lipid Panel	Unsigned	DIABETES MELLITUS, TYPE II

Potential Diagnoses:

- DIABETES MELLITUS, TYPE II
- HYPERLIPIDEMIA
- CONGESTIVE HEART FAILURE
- Sx of HOARSE VOICE QUALT
- EFFUSION, PLEURAL
- EDEMA
- Minor dx of INFLUENZA
- Minor dx of FUNGAL DERMAT
- Minor dx of FEVER
- Minor dx of COUGH

Custom List Categories Search Order Details

Use custom list: CCC-Adult

<input type="checkbox"/> Spirometry	<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Creatinine	<input type="checkbox"/> Hematocrit	<input checked="" type="checkbox"/> Microalbumin-urine
<input type="checkbox"/> Spirometry-post inhalation	<input type="checkbox"/> Basic Metabolic Panel	<input type="checkbox"/> Digoxin, serum	<input type="checkbox"/> Hemocult	<input type="checkbox"/> Monospot
<input type="checkbox"/> Sterile Set-up (Lg or Sm)	<input type="checkbox"/> Bilirubin-direct	<input type="checkbox"/> Electrolyte Panel	<input type="checkbox"/> Hemocult (Medicare)	<input type="checkbox"/> Pap Smear (1 slide)
<input type="checkbox"/> Trim nails, any number	<input type="checkbox"/> BUN	<input type="checkbox"/> ESR	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Pap Smear-Monolayer
<input type="checkbox"/> Vasectomy	<input type="checkbox"/> Calcium	<input type="checkbox"/> Ferritin	<input checked="" type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> Pap-Liquid w/HPV Rfx on ASC
Laboratory	<input type="checkbox"/> CBC w/diff/platelet	<input type="checkbox"/> Folate (Folic Acid)	<input type="checkbox"/> Hepatic Function Panel	<input type="checkbox"/> Potassium
<input type="checkbox"/> Venipuncture	<input type="checkbox"/> CBC, Platelet; no diff	<input type="checkbox"/> GGT	<input type="checkbox"/> Hepatitis Panel (4)	<input type="checkbox"/> Pregnancy Test, urine
<input type="checkbox"/> Albumin	<input type="checkbox"/> Cholesterol	<input type="checkbox"/> Glucose	<input type="checkbox"/> HIV (w/Reflex)	<input type="checkbox"/> PSA
<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> H. Pylori IgG, Abs	<input type="checkbox"/> Iron and TIBC	<input type="checkbox"/> PSA Medicare
<input type="checkbox"/> ANA	<input type="checkbox"/> CPK	<input type="checkbox"/> HDL	<input checked="" type="checkbox"/> Lipid Panel	<input type="checkbox"/> PT (Prothrombin Time)

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | **A&P 3-4** | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Load Documentation Form

Assessment # 3 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Prob List**

DIABETES MELLITUS, TYPE II (ICD-250.00) **Commit Assessment** **Clear All**

His updated medication list for this problem includes:
 Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
 Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day
 Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

Orders:
 Hemoglobin A1c (001453)
 Microalbumin-urine (CPT-82043)
 Lipid Panel (303756)

New Meds **Change Meds** **Meds auto insert** **R** **New Orders** **Orders auto insert** **R** **Insert Template** **R** **Print Handout**

Assessment # 4 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Clear All**

Add All Meds to Note **Remove New Meds from Note** **Rx Monitoring and General Alerts** **Rec. Interventions** **Rec. Tests** **Orders**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

NOTE: Any labs or diagnostics associated with a diagnosis/problem will automatically appear in the assessment field for that problem in the CPOE A&P form (see above).

Future orders display as “Future Orders” with the associated future date (see below).

CPOE A&P-CCC: Don C. Bassett

A&P 1-2

A&P 3-4

A&P 5-6

A&P 7-8

A&P 9-10

A&P 11-12

Load Documentation Form

Assessment # 3 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment'

DIABETES MELLITUS, TYPE II (ICD-250.00)

Commit Assessment

Clear All

Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day

Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

Orders:

Hemoglobin A1c (001453)

Microalbumin-urine (CPT-82043)

Lipid Panel (303756)

Future Orders:

EKG, complete (CPT-93000) ... 08/25/2005

Prob List

New Meds

Change Meds

Meds auto insert

R

New Orders

Orders auto insert

R

Insert Template

R

Print Handout

Assessment # 4 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment'

Commit Assessment

Clear All

Add All Meds to Note

Remove New Meds from Note

Rx Monitoring and General Alerts

Rec. Interventions

Rec. Tests

Orders

HPI

ACV

PMH

FH-SH

Risk Factors

ROS

VS

PE

Problems

CPOE A/P

Instructions/Plan

Copyright

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

A variety of Custom Order Lists and Order Sets can be created to link with the CPOE A&P-CCC Form and templates (see examples below of Pediatrics and Prenatal)

Example: CCC-Pediatric Custom Order List with Age-Specific Custom Order Sets

Update Orders - Don C. Bassett 59 Year Old Male, (DOB: 11/25/1945)

Orders: ☒ This update ☐ Open ☐ All Primary Coverage: BHI (Futura)

!	Date	Description	Status	Diagnoses
	06/28/2005	Hemoglobin A1c	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Microalbumin-urine	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Lipid Panel	Unsigned	DIABETES MELLITUS, TYPE II
	08/25/2005	EKG, complete	Unsigned	DIABETES MELLITUS, TYPE II

Potential Diagnoses:

- DIABETES MELLITUS, TYPE II
- HYPERLIPIDEMIA
- CONGESTIVE HEART FAILURE
- Sx of HOARSE VOICE QUALIT
- EFFUSION, PLEURAL
- EDEMA
- Minor dx of INFLUENZA
- Minor dx of FUNGAL DERMAT
- Minor dx of FEVER
- Minor dx of COUGH

Custom List Categories Search Order Details

Use custom list: CCC-Pediatric

<input type="checkbox"/> Newborn Visit	<input type="checkbox"/> 4 Month WCC	<input type="checkbox"/> DTAP	<input type="checkbox"/> 12 Month WCC
<input type="checkbox"/> Preventive, Est, (<1yr-infant)	<input type="checkbox"/> Preventive, Est, (<1yr-infant)	<input type="checkbox"/> IPV	<input type="checkbox"/> Preventive, Est, (1-4 yrs)
<input type="checkbox"/> PKU collection	<input type="checkbox"/> Comvax	<input type="checkbox"/> Pneumococcal (Peds)	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> 2 Month WCC	<input type="checkbox"/> DTAP	<input type="checkbox"/> Admin Immunization 2+	<input type="checkbox"/> Pneumococcal (Peds)
<input type="checkbox"/> Preventive, Est, (<1yr-infant)	<input type="checkbox"/> IPV	<input type="checkbox"/> 9 Month WCC	<input type="checkbox"/> Admin Immunization 2+
<input type="checkbox"/> Comvax	<input type="checkbox"/> Pneumococcal (Peds)	<input type="checkbox"/> Preventive, Est, (<1yr-infant)	<input type="checkbox"/> 15 Month WCC
<input type="checkbox"/> DTAP	<input type="checkbox"/> Admin Immunization 2+	<input type="checkbox"/> CBC-Complete	<input type="checkbox"/> Preventive, Est, (1-4 yrs)
<input type="checkbox"/> IPV	<input type="checkbox"/> 6 Month WCC	<input type="checkbox"/> Lead Screen-State	<input type="checkbox"/> HIB-PRP-T, 4 dose, IM
<input type="checkbox"/> Pneumococcal (Peds)	<input type="checkbox"/> Preventive, Est, (<1yr-infant)	<input type="checkbox"/> Venipuncture	<input type="checkbox"/> MMR
<input type="checkbox"/> Admin Immunization 2+	<input type="checkbox"/> Comvax		<input type="checkbox"/> Admin Immunization 2+

Example: Orthopedic Specific (Upper Extremity) Custom Order List

Update Orders - Don C. Bassett 59 Year Old Male, (DOB: 11/25/1945)

Orders: ☒ This update ☐ Open ☐ All Primary Coverage: BHI (Futura) [Set Coverage...](#)

!	Date	Description	Status	Diagnoses
	06/28/2005	Hemoglobin A1c	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Microalbumin-urine	Unsigned	DIABETES MELLITUS, TYPE II
	06/28/2005	Lipid Panel	Unsigned	DIABETES MELLITUS, TYPE II
	08/25/2005	EKG, complete	Unsigned	DIABETES MELLITUS, TYPE II

Potential Diagnoses:

- DIABETES MELLITUS, TYPE II
- HYPERLIPIDEMIA
- CONGESTIVE HEART FAILURE
- Sx of HOARSE VOICE QUALITY
- EFFUSION, PLEURAL
- EDEMA
- Minor dx of INFLUENZA
- Minor dx of FUNGAL DERMATITIS
- Minor dx of FEVER
- Minor dx of COUGH

[Remove](#) [Reorder](#) [Clear Diagnoses](#) [New...](#)

Custom List [Categories](#) [Search](#) [Order Details](#)

Use custom list: [Upper Extremity](#) [Organize...](#)

E&M services	Lab
<input type="checkbox"/> Ofc Vst, New Level V	<input type="checkbox"/> Assay, E
<input type="checkbox"/> Ofc Vst, Est Level I	<input type="checkbox"/> UV-assa
<input type="checkbox"/> Ofc Vst, Est Level II	<input type="checkbox"/> UV-assa
<input type="checkbox"/> Ofc Vst, Est Level III	<input type="checkbox"/> Assay, b
<input type="checkbox"/> Ofc Vst, Est Level IV	<input type="checkbox"/> Urinalysi
<input type="checkbox"/> Ofc Vst, Est Level V	<input type="checkbox"/> Assay, b
<input type="checkbox"/> Ofc Vst, New Level I	<input type="checkbox"/> Assay, s
<input type="checkbox"/> Ofc Vst, New Level II	<input type="checkbox"/> Metabolic P
<input type="checkbox"/> Ofc Vst, New Level III	<input type="checkbox"/> Glucose
<input type="checkbox"/> Ofc Vst, New Level IV	<input type="checkbox"/> Assay, a

[Sign Orders](#) [OK](#) [Cancel](#)

Documenting Review of Labs or Diagnostics Using the CPOE A&P Form “Insert Template”

Using custom templates or the CCC CPOE Templates allows providers to quickly review diagnosis-specific labs, diagnostics, or clinical data while documenting that review in the note.

NOTE: A large part of E&M coding is contingent on the provider documenting the order or review of diagnostic tests. This documentation is automatically captured within the CPOE A&P-CCC form.

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | **A&P 3-4** | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Load Documentation Form

Assessment # 3 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Prob List**

DIABETES MELLITUS, TYPE II (ICD-250.00) **Commit Assessment** **Clear All**

Hemoglobin A1c (001453)
Microalbumin-urine (CPT-82043)
Lipid Panel (303756)

Future Orders:
EKG, complete (CPT-93000) ... 08/25/2005

Labs Reviewed:
HgBA1c: 8.4 (12/07/2004) Creat: 1.0 (06/12/2002) Microalbumin: <30 (02/01/2004)
Last Dilated Retinal Exam: Normal (01/08/2005)
Chol: 250 (05/06/2004) HDL: 39 (05/06/2004) LDL: 144 (06/15/2005) TG: 222 (05/06/2004)

New Meds | Change Meds | Meds auto insert | R | New Orders | Orders auto insert | R | **Insert Template** | R | Print Handout

Assessment # 4 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment'

HYPERLIPIDEMIA (ICD-272.4) **Commit Assessment** **Clear All**

New Meds | Change Meds | **Insert Meds** | R | New Orders | **Insert Orders** | R | **Insert Template** | R | Print Handout

Add All Meds to Note | Remove New Meds from Note | Rx Monitoring and General Alerts | Rec. Interventions | Rec. Tests | Orders

HPI | ACV | PMH | FH-SH | Risk Factors | ROS | VS | PE | Problems | CPOE A/P | Instructions/Plan | Copyright

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

Clicking the “Insert Template” action button for the problem DIABETES MELLITUS automatically inserts “Labs Reviewed” and includes the last set of values for the tests which should be reviewed at each visit into the assessment field for that problem.

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | **A&P 3-4** | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Load Documentation Form

Assessment # 3 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Prob List**

DIABETES MELLITUS, TYPE II (ICD-250.00) **Commit Assessment** **Clear All**

Hemoglobin A1c (001453)
Microalbumin-urine (CPT-82043)
Lipid Panel (303756)

Future Orders:
EKG, complete (CPT-93000) ... 08/25/2005

Labs Reviewed:
HgbA1c: 8.4 (12/07/2004) Creat: 1.0 (06/12/2002) Microalbumin: <30 (02/01/2004)
Last Dilated Retinal Exam: Normal (01/08/2005)
Chol: 250 (05/06/2004) HDL: 39 (05/06/2004) LDL: 144 (06/15/2005) TG: 222 (05/06/2004)

New Meds **Change Meds** **Meds auto insert** **R** **New Orders** **Orders auto insert** **R** **Insert Template** **R** **Print Handout**

Assessment # 4 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Clear All**

HYPERLIPIDEMIA (ICD-272.4) **Commit Assessment**

His updated medication list for this problem includes:
Lipitor 20 Mg Tab (Atorvastatin calcium) Take 1 tablet by mouth each evening

Labs Reviewed:
Chol: 250 (05/06/2004) HDL: 39 (05/06/2004) LDL: 144 (06/15/2005) TG: 222 (05/06/2004)
SGOT: 14 (06/07/2005) SGPT: 13 (06/07/2005)

Lipid Goals:
Chol Goal: 200 (06/08/2005) HDL Goal: 40 (06/08/2005) LDL Goal: 100 (06/08/2005) TG Goal: 150 (06/08/2005)

Prior 10 Yr Risk Heart Disease: 22 % (06/08/2005)

New Meds **Change Meds** **Meds auto insert** **R** **New Orders** **Insert Orders** **R** **Insert Template** **R** **Print Handout**

Add All Meds to Note **Remove New Meds from Note** **Rx Monitoring and General Alerts** **Rec. Interventions** **Rec. Tests** **Orders**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

Clicking the "Insert Template" action button for the problem HYPERLIPIDEMIA automatically inserts "Labs Reviewed" and includes the last set of values for the tests which should be reviewed at each visit into the assessment field for that problem. Note: since patient is currently on a statin, the last documented SGOT and SGPT also displayed.

Committing Assessments and Additional Documentation

Providers can use Quicktext, type, or voice recognition to add in any additional assessment and plan information for each diagnosis. Once the assessment is complete, if the provider clicks the yellow “Commit Assessment” action button, the documentation in the assessment field (white space) will be pushed to the Problem List and will be associated with that diagnosis for that date. This allows for more detailed, problem-oriented notes and treatment plans (see examples below).

Once the “Commit Assessment” button is clicked for a given problem/assessment, the word “Committed” will appear in red to the right of the Commit Assessment action button.

CPOE A&P-CCC: Don C. Bassett

A&P 1-2 | **A&P 3-4** | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Load Documentation Form

Assessment # 3 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Prob List**

DIABETES MELLITUS, TYPE II (ICD-250.00) **Commit Assessment** **Committed** **Clear All**

Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
 His updated medication list for this problem includes:
 Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
 Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day
 Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

Orders:
 Hemoglobin A1c (001453)
 Microalbumin-urine (CPT-82043)
 Lipid Panel (303756)

New Meds **Change Meds** **Meds auto insert** **R** **New Orders** **Orders auto insert** **R** **Insert Template** **R** **Print Handout**

Assessment # 4 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' **Clear All**

HYPERLIPIDEMIA (ICD-272.4) **Commit Assessment** **Committed** **Clear All**

Recommended increasing dose of Lipitor but patient defers at this time. Will reconsider if diet and referral does not improve LDL.
 His updated medication list for this problem includes:
 Lipitor 20 Mg Tab (Atorvastatin calcium) Take 1 tablet by mouth each evening

Labs Reviewed:
 Chol: 250 (05/06/2004) HDL: 39 (05/06/2004) LDL: 144 (06/15/2005) TG: 222 (05/06/2004)
 SGOT: 14 (06/07/2005) SGPT: 13 (06/07/2005)

Lipid Goals:
 Chol Goal: 200 (06/08/2005) HDL Goal: 40 (06/08/2005) LDL Goal: 100 (06/08/2005) TG Goal: 150 (06/08/2005)

New Meds **Change Meds** **Meds auto insert** **R** **New Orders** **Insert Orders** **R** **Insert Template** **R** **Print Handout**

Add All Meds to Note **Remove New Meds from Note** **Rx Monitoring and General Alerts** **Rec. Interventions** **Rec. Tests** **Orders**

HPI **ACV** **PMH** **FH-SH** **Risk Factors** **ROS** **VS** **PE** **Problems** **CPOE A/P** **Instructions/Plan** **Copyright**

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)** **Close**

Update Problems [X]

Potential problem list for: **Don C. Bassett**

Description	Code	Onset Date	Assessment
DIABETES MELLITUS, TYPE II	ICD-250.00	06/08/2005	COMMENT ONLY
HYPERLIPIDEMIA	ICD-272.4	06/08/2005	COMMENT ONLY
CONGESTIVE HEART FAILURE	ICD-428.0	09/16/2000	
Sx of HOARSE VOICE QUALITY		09/16/2000	
EFFUSION, PLEURAL	ICD-511.9	09/07/2001	
EDEMA	ICD-782.3	09/07/2001	
Minor dx of INFLUENZA	ICD-487.1	06/08/2005	
Minor dx of FUNGAL DERMATITIS	ICD-111.9	06/08/2005	
Minor dx of FEVER	ICD-780.6	06/08/2005	
Minor dx of COUGH	ICD-786.2	06/08/2005	

Assessment / Comment: ☐ New ☐ Improved ☐ Unchanged ☐ Deteriorated ☒ Comment Only

Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
His updated medication list for this problem includes:
Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day

Effects of this update:

Added new problem of SUBENDOCARDIAL MI (ICD-410.70)
Assessed DIABETES MELLITUS, TYPE II as comment only - Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
His updated medication list for this problem includes:
Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day
Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

Click OK to save all changes. Click Cancel to discard all changes.

Note that all of the documentation entered in the assessment field (multi-line edit field) has been “committed”, or attached, to the designated problem on the patient’s problem list. Problem-specific assessments may be easily reviewed in the future simply by going to the problem list. Assessments can be reviewed by date. This is much easier than reviewing previous visits to determine the assessment/plan for a given problem over time.

Example: Problem List Assessment for Diabetes

Update Problems

Potential problem list for: **Don C. Bassett**

Description	Code	Onset Date	Assessment
DIABETES MELLITUS, TYPE II	ICD-250.00	06/08/2005	COMMENT ONLY
HYPERLIPIDEMIA	ICD-272.4	06/08/2005	COMMENT ONLY
CONGESTIVE HEART FAILURE	ICD-428.0	09/16/2000	
Sx of HOARSE VOICE QUALITY		09/16/2000	
EFFUSION, PLEURAL	ICD-511.9	09/07/2001	
EDEMA	ICD-782.3	09/07/2001	
Minor dx of INFLUENZA	ICD-487.1	06/08/2005	
Minor dx of FUNGAL DERMATITIS	ICD-111.9	06/08/2005	
Minor dx of FEVER	ICD-780.6	06/08/2005	
Minor dx of COUGH	ICD-786.2	06/08/2005	

Assessment / Comment: ☐ New ☐ Improved ☐ Unchanged ☐ Deteriorated ☒ Comment Only

Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
His updated medication list for this problem includes:
Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day

Effects of this update:
Added new problem of SUBENDOCARDIAL MI (ICD-410.70)
Assessed DIABETES MELLITUS, TYPE II as comment only - Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
His updated medication list for this problem includes:
Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day
Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

Click OK to save all changes. Click Cancel to discard all changes.

Committed assessments attach to Problem List for easy review:

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 6/28/2005 3:41 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Don C. Bassett **CHECK PROTOCOLS** Home: 503-629-5541 Work: 503-692-8955
59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: BHI (Futura) Group: BHI8654

Find Pt. Protocols Graph Handouts Web Lookup

Summary Problems Medications Alerts Flowsheet Orders Documents Update

☒ Active Only ☐ All Lookup problems with: Medscape Problem Search

Description	Code
DIABETES MELLITUS, TYPE II	ICD-250.00
HYPERLIPIDEMIA	ICD-272.4
CONGESTIVE HEART FAILURE -- ECHO done 11/26/1998 shows EF 40% with inferior - posterior hypokinesis.	ICD-428.0
Symptom of HOARSE VOICE QUALITY -- Hoarse x 3 wks without other symptoms.	
EFFUSION, PLEURAL -- bilateral	ICD-511.9
EDEMA -- bilateral pedal	ICD-782.3
Minor Diagnosis of INFLUENZA	ICD-487.1
Minor Diagnosis of FUNGAL DERMATITIS	ICD-111.9
Minor Diagnosis of FEVER	ICD-780.6
Minor Diagnosis of COUGH	ICD-786.2

Details
Onset Date: 06/08/2005
End Date: <No End Date>
Entry Date: 06/08/2005 7:39 AM
Entered By: Harry S. Winston MD
Responsible: Harry S. Winston MD

Assessment
06/24/2005 - Comment only - Harry S. Winston MD - Patient will also refer to the diabetes education program and schedule for cardiac stress test with cardiology prior to starting an exercise program.
Orders:
HGBA1C (CPT-83036)
Lipid Profile (CPT-80061)
Creatinine (CPT-82565)
06/15/2005 - Comment only - Harry S. Winston MD - Recommended referral to Diabetes Education Program and Cardiology Consult for Stress Test prior to starting exercise program.
Labs Reviewed:
HgbA1c: 8.4 (12/07/2004) Creat: 1.0 (06/12/2002)
His updated medication list for this problem includes:

For Help, press F1

Example: Problem List Assessment for Hyperlipidemia

Description	Code	Onset Date	Assessment
DIABETES MELLITUS, TYPE II	ICD-250.00	06/08/2005	COMMENT ONLY
HYPERLIPIDEMIA	ICD-272.4	06/08/2005	COMMENT ONLY
CONGESTIVE HEART FAILURE	ICD-428.0	09/16/2000	
Sx of HOARSE VOICE QUALITY		09/16/2000	
EFFUSION, PLEURAL	ICD-511.9	09/07/2001	
EDEMA	ICD-782.3	09/07/2001	
Minor dx of INFLUENZA	ICD-487.1	06/08/2005	
Minor dx of FUNGAL DERMATITIS	ICD-111.9	06/08/2005	
Minor dx of FEVER	ICD-780.6	06/08/2005	
Minor dx of COUGH	ICD-786.2	06/08/2005	

Assessment / Comment: ☐ New ☐ Improved ☐ Unchanged ☐ Deteriorated ☒ Comment Only

Recommended increasing dose of Lipitor but patient defers at this time. Will reconsider if diet and referral does not improve LDL.
His updated medication list for this problem includes:
Lipitor 20 Mg Tab (Atorvastatin calcium) Take 1 tablet by mouth each evening

Effects of this update:
Added new problem of SUBENDOCARDIAL M I (ICD-410.70)
Assessed DIABETES MELLITUS, TYPE II as comment only - Refer to Diabetes Education Program and schedule for a stress test prior to starting exercise program.
His updated medication list for this problem includes:
Glucophage 850 Mg Tab (Metformin hcl) Take 1 tablet by mouth each morning
Amaryl 2 Mg Tab (Glimepiride) Take 1 tablet by mouth once a day
Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily

New... Change... Remove... Change Back...

Click OK to save all changes. Click Cancel to discard all changes.

OK Cancel

Committed Assessments attach to Problem List for easy review:

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 6/28/2005 3:43 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Don C. Bassett CHECK PROTOCOLS Home: 503-629-5541 Work: 503-692-8955
59 Year Old Male (DOB: 11/25/1945) Patient ID: 80-TEST011 Insurance: BHI (Futura) Group: BHI8654

Find Pt. Protocols Graph Handouts Web Lookup

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Active Only All Lookup problems with: Medscape Problem Search

Description	Code
DIABETES MELLITUS, TYPE II	ICD-250.00
HYPERLIPIDEMIA	ICD-272.4
CONGESTIVE HEART FAILURE -- ECHO done 11/26/1998 shows EF 40% with inferior - posterior hypokinesis.	ICD-428.0
Symptom of HOARSE VOICE QUALITY -- Hoarse x 3 wks without other symptoms.	
EFFUSION, PLEURAL -- bilateral	ICD-511.9
EDEMA -- bilateral pedal	ICD-782.3
Minor Diagnosis of INFLUENZA	ICD-487.1
Minor Diagnosis of FUNGAL DERMATITIS	ICD-111.9
Minor Diagnosis of FEVER	ICD-780.6
Minor Diagnosis of COUGH	ICD-786.2

Details
Onset Date: 06/08/2005
End Date: <No End Date>
Entry Date: 06/08/2005 8:35 AM
Entered By: Harry S. Winston MD
Responsible: Harry S. Winston MD
View Problem Details

Assessment

06/24/2005 - Comment only - Harry S. Winston MD - Will add niacin to the patient's regimen to try to get the LDL below a 100.
His updated medication list for this problem includes:
Lipitor 20 Mg Tab (Atorvastatin calcium) Take 1 tablet by mouth each evening

06/15/2005 - Comment only - Harry S. Winston MD - Advised increasing Lipitor; patient defers but agrees if repeat LDL not 100.
Labs Reviewed:
Chol: 250 (05/06/2004) HDL: 39 (05/06/2004) LDL: 144 (06/15/2005) TG: 222 (05/06/2004)
SGOT: 14 (06/07/2005) SGPT: 13 (06/07/2005)

06/08/2005 - Comment only - Harry S. Winston MD - Labs Reviewed:
Chol: 190 (09/10/2001) HDL: 60 (09/10/2001) LDL: 100 (09/10/2001) TG: 210 (09/10/2001)
SGOT: 17 (09/20/2000) SGPT: 16 (09/20/2000)

Lipid Goals:

For Help, press F1

In the CPOE A&P form, the patient's current medications automatically populate the assessment field.

The provider can click the "Insert Template" button, which will populate the following information into the assessment field for Prenatal Care: EDC, Weeks gestation, and other values for today's visit such as weight, BP, FHR, fundal height, and position.

When the provider clicks the "Commit Assessment" action button, the documentation in the assessment field will be pushed to the patient's problem list (associated with the problem Prenatal Care).

CPOE A&P-CCC: Sarah S. Oberheim

A&P 1-2 | A&P 3-4 | A&P 5-6 | A&P 7-8 | A&P 9-10 | A&P 11-12

Select Specialty: Obstetrics/Gynecology

Assessment # 1 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' Prob List

PRENATAL CARE (ICD-V22.1) Commit Assessment Committed Clear All

EDC: 11/08/2005 Wks Gest: 21 0/7 Wt: 144 BP:102/68 Fundal Ht: 18 Fetal HR: 180 Fetal Position: breech
 Comments: Follow-up Referral to Genetics Clinic; repeat U/S prior to next visit in 2 weeks.
 Her updated medication list for this problem includes:
 Prenatal 1+1 Tabs (Prenatal multivit-min-fe-fa) 1 po daily

New Meds Change Meds Meds auto insert R New Orders Orders auto insert R Insert Template R Print Handout

Assessment # 2 Select problem; enter assessment, orders, and meds; then click 'Commit Assessment' Clear All

Add All Meds to Note Remove New Meds from Note Rx Monitoring and General Alerts Orders

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Example: Problem List showing “Committed Assessments” for Prenatal Care

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 6/28/2005 4:00 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Sarah S. Oberheim **CHECK PROTOCOLS** Home: 503-626-1988 Work: 503-639-5877
 40 Year Old Female (DOB: 08/31/1964) Patient ID: 237-TEST011 Insurance: CHC (Gold Plan) Group: CHC3587

Find Pt. Protocols Graph Handouts Update Phone Nt. Refills Web Lookup

Summary Problems Medications Alerts Flowsheet Orders Documents

Active Only All Lookup problems with: Medscape Problem Search

Description	Code
DIABETES MELLITUS, INSULIN DEPENDENT (IDM) -- since 4 years old, well controlled last 15 years	ICD-250.01
PRENATAL CARE	ICD-V22.1

Details
 Onset Date: 04/24/2005
 End Date: <No End Date>
 Entry Date: 04/24/2005 9:56 AM
 Entered By: Harry S. Winston MD
 Responsible: Harry S. Winston MD
[View Problem Details](#)

Assessment

06/28/2005 - Comment only - Harry S. Winston MD - EDC: 11/08/2005 Wks Gest: 21 0/7 Wt: 144 BP:102/68 Fundal Ht: 18 Fetal HR: 180 Fetal Position: breech
 Comments: Follow-up Referral to Genetics Clinic; repeat U/S prior to next visit in 2 weeks.
 Her updated medication list for this problem includes:
 Prenatal 1+1 Tabs (Prenatal multivit-min-fe-fa) 1 po daily

04/24/2005 - Comment only - Harry S. Winston MD - 11 5/7 Wks Wt: 132 BP: 100/68 Schedule OB Ultrasound and Genetics Clinic Referral.

For Help, press F1

Patient Instructions-CCC

The Patient Instructions-CCC form is designed to allow for rapid point-and-click entry of the most common specialty-specific medical/surgical patient instructions provided during a visit. The list box items can be customized by specialty. In addition, the customization can also determine if an observation term is automatically populated and with what value. This decreases the time necessary to provide patient specific instructions as well as capture structured data which can be used for reporting or clinical decision support.

Example: Adult Patient Instructions-CCC

Patient Instructions-CCC: Don C. Bassett

Select Specialty: Family Practice

Check boxes, then 'Click to Enter' or enter directly into edit field. Clear All Click to Enter View/Insert Prior Print Patient Instructions

	Diet Instructions	Follow-up Instructions
	<input type="checkbox"/> Clear liquid=>progress <input type="checkbox"/> Force fluids <input type="checkbox"/> Fast Overnight <input type="checkbox"/> Low Residue Diet <input type="checkbox"/> Low Sodium Diet <input type="checkbox"/> Sodium Restriction-2GM <input type="checkbox"/> Sodium Restriction-4GM <input type="checkbox"/> Protein Restriction-40GM <input type="checkbox"/> Protein Restriction-60GM <input type="checkbox"/> Potassium Restriction <input type="checkbox"/> Stone Prevention-Fluids <input type="checkbox"/> GERD Prevention	<input type="checkbox"/> F/U Apt-2 Weeks <input type="checkbox"/> F/U Apt-1 Month <input type="checkbox"/> F/U Apt-3 Months <input type="checkbox"/> F/U Apt-6 Months <input type="checkbox"/> F/U Apt-1 Year <input type="checkbox"/> Lab Work Before F/U <input type="checkbox"/> Lipid Profile-1 Week Before <input checked="" type="checkbox"/> Lipid Profile-3 Months <input type="checkbox"/> Lipid Profile-6 Months <input type="checkbox"/> HgBA1c & Lipid-3 Months <input type="checkbox"/> Mammogram Scheduled

Cardiovascular	Endocrine / GI	Respiratory	Orthopedic/Miscellaneous
<input checked="" type="checkbox"/> Smoking Cessation <input type="checkbox"/> Precontemplative <input type="checkbox"/> Contemplative-6 Months <input checked="" type="checkbox"/> Ready to Quit-30 Days <input type="checkbox"/> Already Quit <input type="checkbox"/> Quit-Relapse <input type="checkbox"/> Exercise <input type="checkbox"/> Weight Loss Rec <input type="checkbox"/> Pre-Diabetes <input type="checkbox"/> Aspirin Rx-81 MG <input type="checkbox"/> Aspirin Rx-325 MG <input type="checkbox"/> CHF Education Ref <input type="checkbox"/> Salt Restriction-2GM <input type="checkbox"/> Cardiac Rehab Ref <input type="checkbox"/> NTG Instructions <input type="checkbox"/> Cardiology Referral <input type="checkbox"/> ETT Referral <input type="checkbox"/> SBE Prophylaxis <input type="checkbox"/> B-Blocker Hold	<input type="checkbox"/> Blood Glucose Monitoring <input type="checkbox"/> HgBA1c Monitoring <input type="checkbox"/> Diabetic Eye Exam <input type="checkbox"/> Microalbumin <input type="checkbox"/> Foot Care <input type="checkbox"/> Low BS Prevention <input type="checkbox"/> Blood Pressure <input type="checkbox"/> ACE Inhibitor/ARB Rec <input type="checkbox"/> Diabetes Education Ref <input type="checkbox"/> TLC Lipid Diet <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Hyperthyroid <input type="checkbox"/> Gastroenteritis <input type="checkbox"/> Diverticulitis-Subacute <input type="checkbox"/> Diverticular Diet	<input checked="" type="checkbox"/> Asthma Ed-Referred <input type="checkbox"/> Asthma Ed-Refused <input type="checkbox"/> Asthma Ed-Attending <input type="checkbox"/> Asthma Ed-Completed <input type="checkbox"/> MDI Instruction <input type="checkbox"/> PFM Instruction <input type="checkbox"/> AMP-Reviewed <input type="checkbox"/> URI <input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Throat Culture Done <input type="checkbox"/> AB pending Throat Culture <input type="checkbox"/> OTC Meds <input type="checkbox"/> Sinusitis-subacute<14D <input type="checkbox"/> Sinusitis-Acute/Chronic <input type="checkbox"/> Bronchitis <input type="checkbox"/> Otitis Media <input type="checkbox"/> Otitis Externa <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Pulmonary Rehab Referral	<input type="checkbox"/> Ankle Sprain <input type="checkbox"/> Back Pain <input type="checkbox"/> Carpal Tunnel <input type="checkbox"/> Neck Pain <input type="checkbox"/> Shoulder Pain <input type="checkbox"/> Out of Work <input type="checkbox"/> Out of School <input type="checkbox"/> Out of Phys Ed <input type="checkbox"/> Return to Work <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Oral Rehydration

Prev Form (Ctrl+PgUp)
Next Form (Ctrl+PgDn)
Close

1. The Patient Instructions-CCC list boxes can be customized by specialty and/or provider. Customization options include list box headings, list box items, the obs term that is to be populated by clicking the list box item, and the value that gets pushed to that obs term.
2. The provider clicks all of the applicable instructions and clicks the "Click to Enter" action button to populate the patient instructions field (and any specified obs terms).
3. The values populate the patient instructions field (the INSTRUCTIONS obs term) which populate the chart note and the Patient Instruction Handout. Click the "Print Patient Instructions" action button to select and print the handout.
4. The Patient Instructions Handout may be further customized.

Example: Pediatric Patient Instructions-CCC

Patient Instructions-CCC: Sarah S. Oberheim

Select Specialty: **Pediatrics**

Check boxes, then 'Click to Enter' or enter directly into edit field. **Clear All** **Click to Enter** **View/Insert Prior** **Print Patient Instructions**

Patient Instructions

Anticipatory guidance handouts for age 9 months given.
Take 650-1000mg every 4-6 hours as needed for relief of pain or comfort of fever but DO NOT take more than 4 grams in a 24 hour period (can cause liver damage in higher doses)

Diet Instructions

- ☐ Clear liquid=>progress
- ☐ Force fluids
- ☐ Fast Overnight
- ☐ Thickened Feedings
- ☐ Avoid Bottle to Bed

Follow-up Instructions

- ☐ Follow up 1 week
- ☐ Follow up 2 weeks
- ☐ Follow up 1 month
- ☐ Follow up 2 months
- ☐ Follow up 3 months
- ☐ Follow up 4 months
- ☐ Follow up 6 months
- ☐ Follow up 1 year
- ☐ Follow up prn
- ☐ NV Shots in 2 weeks
- ☐ NV Shots in 2 weeks
- ☐ WIC Referral

WCC-Preventive Care

- ☐ Newborn visit
- ☐ 2 month visit
- ☐ 4 month visit
- ☐ 6 month visit
- ☒ 9 month visit
- ☐ 12 month visit
- ☐ 15 month visit
- ☐ 18 month visit
- ☐ 2 year visit
- ☐ 3 year visit
- ☐ 4 year visit
- ☐ 5-6 year visit
- ☐ 7-9 year visit
- ☐ 10-11 year visit
- ☐ 12-14 year visit
- ☐ 15-16 year visit
- ☐ 17-18 year visit
- ☐ 18+ year last visit

Acute Care

- ☐ Abdominal Pain-24Hr recheck
- ☐ Abdominal Pain-chronic
- ☐ Abrasion/Laceration
- ☐ Allergies
- ☐ Bronchiolitis
- ☐ Burn
- ☐ Circumcision Care
- ☐ Colic
- ☐ Cord Care
- ☐ Constipation
- ☐ Croup
- ☐ Diarrhea/Gastroenteritis
- ☐ Eating Healthy
- ☐ Eczema
- ☐ Fever
- ☐ Gastroenteritis
- ☐ URI
- ☐ Vomiting-Oral Rehydration
- ☐ Toddler Behavior
- ☐ Potty Training

Respiratory

- ☐ Asthma Ed-Referred
- ☐ Asthma Ed-Refused
- ☐ Asthma Ed-Attending
- ☐ Asthma Ed-Completed
- ☐ MDI Instruction
- ☐ PFM Instruction
- ☐ AMP-Reviewed
- ☐ URI
- ☐ Tylenol
- ☐ Ibuprofen
- ☐ Throat Culture Done
- ☐ AB pending Throat Culture
- ☐ OTC Meds
- ☐ Sinusitis-subacute<14D
- ☐ Sinusitis-Acute/Chronic
- ☐ Bronchitis
- ☐ Otitis Media
- ☐ Otitis Externa
- ☐ Conjunctivitis
- ☐ Pulmonary Rehab Referral

Orthopedic/Miscellaneous

- ☐ Ankle Sprain
- ☐ Out of School
- ☐ Return to School
- ☐ Out of Sports/Phys Ed
- ☐ Return to Sports/Phys Ed

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The Patient Instructions-CCC list boxes can be customized by specialty and/or provider. Customization options include list box headings, list box items, the obs term that is to be populated by clicking the list box item, and the value that gets pushed to that obs term.
2. The provider clicks all of the applicable instructions and clicks the "Click to Enter" action button to populate the patient instructions field (and any specified obs terms).
3. The values populate the patient instructions field (the INSTRUCTIONS obs term) which populate the chart note and the Patient Instruction Handout. Click the "Print Patient Instructions" action button to select and print the handout.
4. The Patient Instructions Handout may be further customized. Note that in the example above, the headings and instructions are broken into Well Child Check and other sections appropriate for Pediatrics.

Example: OB/GYN Patient Instructions-CCC

Patient Instructions-CCC: Sarah S. Oberheim

Select Specialty: **Obstetrics/Gynecology**

Check boxes, then 'Click to Enter' or enter directly into edit field. **Clear All** **Click to Enter** **View/Insert Prior** **Print Patient Instructions**

	Diet/Activity Instructions	Follow-up Instructions
	<input type="checkbox"/> Clear liquid=>progress	<input checked="" type="checkbox"/> F/U Apt-2 Weeks
	<input type="checkbox"/> Dietician Referral	<input type="checkbox"/> F/U Apt-1 Month
	<input type="checkbox"/> GERD Prevention	<input type="checkbox"/> F/U Apt-3 Months
	<input type="checkbox"/> Physical Activity-No Restriction	<input type="checkbox"/> F/U Apt-6 Months
	<input type="checkbox"/> Level 1 Restriction	<input type="checkbox"/> F/U Apt-1 Year
	<input type="checkbox"/> Level 2 Restriction	<input type="checkbox"/> Lab Work Before F/U
	<input type="checkbox"/> Level 3 Restriction	<input type="checkbox"/> Mammogram Scheduled
	<input type="checkbox"/> Bed Rest	
	<input checked="" type="checkbox"/> Work restrictions-None	
	<input type="checkbox"/> Out of work	
<input type="checkbox"/> Limited work		

First Trimester	Second Trimester	Third Trimester	PostPartum/High Risk
<input type="checkbox"/> Prenatal Education	<input checked="" type="checkbox"/> Premature Labor Sx's	<input type="checkbox"/> Breast Feed-Info Given	<input type="checkbox"/> Cord Cutting Discussed
<input type="checkbox"/> Prenatal ED Pack Given	<input type="checkbox"/> Envir/Work Hazards	<input type="checkbox"/> Breast Feed Ed-Recommend	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Young Parenting Rec.	<input type="checkbox"/> Travel during Pregnancy	<input type="checkbox"/> Lactation Consult	<input type="checkbox"/> Cord Cut-No
<input type="checkbox"/> Young Parenting Enrld	<input type="checkbox"/> Seat Belt Use	<input type="checkbox"/> Le Leche League	<input type="checkbox"/> PP Contraception
<input type="checkbox"/> Nutrition (NL wt gain)	<input type="checkbox"/> Hospital Choice-Undecided	<input type="checkbox"/> Bottle Feeding	<input type="checkbox"/> PP Contra-No Plans
<input type="checkbox"/> Diet Advice	<input type="checkbox"/> St. Luke's Hospital	<input type="checkbox"/> Circumcision-Reviewed	<input type="checkbox"/> PP Contra-Undecided
<input type="checkbox"/> Reflux Instructions	<input type="checkbox"/> Mercy Hospital	<input type="checkbox"/> Circumcision-Yes	<input type="checkbox"/> PP Contra-Barrier
<input type="checkbox"/> Folate/Prenatal Vits	<input type="checkbox"/> Child birth class-Reviewed	<input type="checkbox"/> Circumcision-No	<input type="checkbox"/> PP Contra-OC
<input type="checkbox"/> WIC recommended	<input type="checkbox"/> Enrolled-Child Birth Class	<input type="checkbox"/> Family Role Adjustment	<input type="checkbox"/> Norplant
<input checked="" type="checkbox"/> WIC referral	<input type="checkbox"/> Completed-Child Birth Class	<input type="checkbox"/> Support system eval	<input type="checkbox"/> Depo-Provera
<input type="checkbox"/> Dental Care	<input type="checkbox"/> Declined-Child Birth Class	<input type="checkbox"/> Newborn Car Seat	<input type="checkbox"/> Vasectomy
<input type="checkbox"/> Smoking Advice	<input type="checkbox"/> Preregister Information	<input type="checkbox"/> NSVD planned	<input type="checkbox"/> Tubal Ligation
<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Preregistration-Done	<input type="checkbox"/> VBAC w/trial labor	<input type="checkbox"/> Sterilization Counseling
<input type="checkbox"/> Toxo precautions	<input type="checkbox"/> Preregistration-Declined	<input type="checkbox"/> VBAC w/o trial labor	<input type="checkbox"/> Informed Consent BTL
<input type="checkbox"/> MSAFP Reviewed	<input type="checkbox"/> Hospital Tour-Recommended	<input type="checkbox"/> VBAC contraindicated	
<input type="checkbox"/> MSAFP Declined	<input type="checkbox"/> Hospital Tour-Completed	<input type="checkbox"/> Episiotomy Reviewed	
<input type="checkbox"/> HIV Counseling	<input type="checkbox"/> Hospital Tour-Declined	<input type="checkbox"/> Anesthesia-No Meds	
<input type="checkbox"/> HIV Declined	<input type="checkbox"/> Birth Ctr Tour-Recommended	<input type="checkbox"/> Anesthesia-Local	
<input type="checkbox"/> Labor signs reviewed	<input type="checkbox"/> Birth Ctr Tour-Completed	<input type="checkbox"/> Anesthesia-Pudendal	
	<input type="checkbox"/> Birth Ctr Tour-Declined	<input type="checkbox"/> Anesthesia-Epidural	

Intake **Prenatal Visit** **Past Preg Hx** **Genetic** **Flowsheet** **Lab** **Prenatal Ed** **Ultrasound** **PAP Entry**

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. The Patient Instructions-CCC list boxes can be customized by specialty and/or provider. Customization options include list box headings, list box items, the obs term that is to be populated by clicking the list box item, and the value that gets pushed to that obs term.
2. The provider clicks all of the applicable instructions and clicks the "Click to Enter" action button to populate the patient instructions field (and any specified obs terms).
3. The values populate the patient instructions field (the INSTRUCTIONS obs term) which populate the chart note and the Patient Instruction Handout. Click the "Print Patient Instructions" action button to select and print the handout.
4. The Patient Instructions Handout may be further customized. Note that in the example above, the headings and instructions are broken into First, Second, and Third Trimester as well as High Risk/Post-Partum care.

Vital Signs-CCC

The Vital Signs-CCC form is designed to allow for rapid point-and-click entry of the most common vital signs. Since each site has unique documentation needs, the Vital Signs-CCC form is the only CCC form that can be fully customized by a site. With the CCCQE-Version 8.3 release, CCC is providing the .fd and .fs files to allow sites to edit or further customize the form. CCC has also created a Serial VS Form which allows the documentation of multiple, serial sets of vital signs including postural BPs and multiple BP sites.

Example: New Vital Signs-CCC Form

1. The patient's vital signs can be entered in either "Standard" or "Metric" units. To convert to the other standard, click the "Convert to Metric/Convert to Standard" action button.
2. Previously recorded values will display, along with the date recorded, for quick review.
3. This form allows the documentation of lying, sitting, and standing BP in multiple sites.
NOTE: to document more than one set of vital signs, click the "Load Serial Assessments Form" action button and enter multiple sites/serial values using this new form.

4. The BMI and BSA values may be calculated by clicking the “BMI Calc” and “BSA Calc” action buttons.
5. A nursing pain assessment may be documented by clicking the “yes” radio button for “Patient in Pain?”. The location, intensity, and type of pain can be documented.
6. For female patients, a LMP edit field will display to document the Last Menstrual Period (LMP) date.
7. The second page of the form component allows a vision screening to be documented.
8. NOTE: With Version 8.3, the .FD and .FS files for the Vital Signs-CCC form are available so each site can make further changes/customization to meet their needs.

Example: Serial Assessments-CCC

Standard: allows the documentation of multiple standard vital sign measurements

Serial Assessments-CCC: Custom Adult

Serial Assessments **Time of Assessment** 4:55 PM

Vital Signs ☒ **Standard** ☐ **Postural** ☐ **Multiple Sites**

BP 120 / 80 mm Hg **Record**

Pulse 80 / min

Resp 10 / min

Temp deg. F <== ☒ **Standard** ☐ **Metric**

O2 Sat 98 % on Room air

PEF 500 L/min

Pre Rx PEF L/min

Post Rx PEF L/min

Comments [Go to Flowsheet for Corrections ==>](#) **Flowsheet**

Vital Signs this Visit

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

[Prev Form \(Ctrl+PgUp\)](#) [Next Form \(Ctrl+PgDn\)](#) **Close**

1. Click the “Time of Assessment” action button to enter the time of assessment, enter all values that are to be documented, and click the “Record” action button.
2. Repeat the process to record the next set of measurements.
3. A flowsheet view of the vital signs will be created in the “Vital Signs this Visit” data display and in the chart note.
4. The Comments field may be used to document comments regarding patient status or treatment decisions.

Example: Serial Assessments-CCC

Standard: continued

Serial Assessments-CCC: Custom Adult

Serial Assessments Time of Assessment: 5:15 PM

Vital Signs ☒ Standard ☐ Postural ☐ Multiple Sites

BP / mm Hg Any further values for the following will not be added to the flowsheet:
1) O2 Type
2) PEF

Pulse / min

Resp / min

Temp deg. F ☒ Standard ☐ Metric

O2 Sat % on

PEF L/min

Pre Rx PEF L/min

Post Rx PEF L/min

Comments Go to Flowsheet for Corrections ==> [Flowsheet](#)

Vital Signs this Visit

Time	Position	BP	Pulse	Resp	Temp	By
4:55 PM		120/80	80	10		Harry S. Winston MD

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

[Prev Form \(Ctrl+PgUp\)](#) [Next Form \(Ctrl+PgDn\)](#) [Close](#)

1. Click the "Time of Assessment" action button to enter the time of assessment, enter all values that are to be documented, and click the "Record" action button.
2. Repeat the process to record subsequent sets of measurements.
3. A flowsheet view of the vital signs will be created in the "Vital Signs this Visit" data display and in the chart note.
4. The Comments field may be used to document comments regarding patient status or treatment decisions .

Example: Serial Assessments-CCC

Postural: allows the documentation of postural blood pressure/pulse measurements

Serial Assessments-CCC: Custom Adult

Serial Assessments Time of Assessment: 5:20 PM

Vital Signs ☐ Standard ☒ Postural ☐ Multiple Sites

Lying BP: 120 / 80 mm Hg Pulse: 80 / min
 Sitting BP: 110 / 70 mm Hg Pulse: 100 / min
 Standing BP: 100 / 60 mm Hg Pulse: 120 / min

Record

Any further values for the following will not be added to the flowsheet:
 1) Resp Rate
 2) O2 Type
 3) PEF

Comments Go to Flowsheet for Corrections ==> **Flowsheet**

Vital Signs this Visit

Time	Position	BP	Pulse	Resp	Temp	By
4:55 PM		120/80	80	10		Harry S. Winston MD
5:15 PM		110/70	80			Harry S. Winston MD

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

[Prev Form \(Ctrl+PgUp\)](#) [Next Form \(Ctrl+PgDn\)](#) **Close**

1. Click the "Time of Assessment" action button to enter the time of assessment, enter all values that are to be documented, and click the "Record" action button.
2. Repeat the process to record subsequent sets of measurements.
3. A flowsheet view of the vital signs will be created in the "Vital Signs this Visit" data display and in the chart note.
4. The Comments field may be used to document comments regarding patient status or treatment decisions.

Example: Serial Assessments-CCC

Postural: continued

Serial Assessments-CCC: Custom Adult

Serial Assessments Time of Assessment

Vital Signs ☐ Standard ☒ Postural ☐ Multiple Sites

Lying / mm Hg Pulse / min

Sitting / mm Hg Pulse / min

Standing / mm Hg Pulse / min

Record

Any further values for the following will not be added to the flowsheet:
 1) Postural BP's
 2) Resp Rate
 3) O2 Type
 4) PEF

Comments Go to Flowsheet for Corrections ==> Flowsheet

16G IV started left antecubital and 2 Liters LR given IV over 20 minutes

Vital Signs this Visit

Time	Position	BP	Pulse	Resp	Temp	By
4:55 PM		120/80	80	10		Harry S. Winston MD
5:15 PM		110/70	80			Harry S. Winston MD
5:20 PM	Lying	120/80	80			Harry S. Winston MD
5:20 PM	Sitting	110/70	100			Harry S. Winston MD
5:20 PM	Standing	100/60	120			Harry S. Winston MD

HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

1. Click the "Time of Assessment" action button to enter the time of assessment, enter all values that are to be documented, and click the "Record" action button.
2. Repeat the process to record subsequent sets of measurements.
3. A flowsheet view of the vital signs will be created in the "Vital Signs this Visit" data display and in the chart note.
4. The Comments field may be used to document comments regarding patient status or treatment decisions (see IV and fluid comments above).

Example: Serial Assessments-CCC

Multiple Sites: allows the documentation of additional blood pressure measurements by site

Serial Assessments-CCC: Custom Adult

Serial Assessments Time of Assessment

Vital Signs ☐ Standard ☐ Postural ☒ Multiple Sites

Any further values for the following will not be added to the flowsheet:
 1) Postural BP's
 2) Resp Rate
 3) O2 Type
 4) PEF

Right Arm / mm Hg
 Left Arm / mm Hg
 Right Leg / mm Hg
 Left Leg / mm Hg

Record

Comments Go to Flowsheet for Corrections ==> **Flowsheet**

Vital Signs this Visit

Time	Position	BP	Pulse	Resp	Temp	By
4:55 PM		120/80	80	10		Harry S. Winston MD
5:15 PM		110/70	80			Harry S. Winston MD
5:20 PM	Lying	120/80	80			Harry S. Winston MD
5:20 PM	Sitting	110/70	100			Harry S. Winston MD
5:20 PM	Standing	100/60	120			Harry S. Winston MD
5:40 PM	Lying	120/80	80			Harry S. Winston MD
5:40 PM	Sitting	120/76	90			Harry S. Winston MD
5:40 PM	Standing	110/70	100			Harry S. Winston MD

HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) **Close**

1. Click the "Time of Assessment" action button to enter the time of assessment, enter all values that are to be documented, and click the "Record" action button.
2. Repeat the process to record subsequent sets of measurements.
3. A flowsheet view of the vital signs will be created in the "Vital Signs this Visit" data display and in the chart note.
4. The Comments field may be used to document comments regarding patient status or treatment decisions.

Example: Tabular Text Translation for Serial Assessments-CCC Form

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 7/5/2005 3:06 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Custom Adult **CHECK PROTOCOLS** Home: None Work: None
 55 Year Old Male (DOB: 04/28/1950) Patient ID: 75-0563001 Insurance: Group:

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 82 Properties: Office Visit at SOUTH on 07/05/2005 2:35 PM by Harry S. Winston MD

Summary:

Serial Assessments-CC

Arial 10 B I U

Serial Vital Signs/Assessments:

Time	Position	BP	Pulse	Resp	Temp	By
4:55 PM		120/80	80	10		Harry S. Winston MD
5:15 PM		110/70	80			Harry S. Winston MD
5:20 PM	Lying	120/80	80			Harry S. Winston MD
5:20 PM	Sitting	110/70	100			Harry S. Winston MD
5:20 PM	Standing	100/60	120			Harry S. Winston MD
5:40 PM	Lying	120/80	80			Harry S. Winston MD
5:40 PM	Sitting	120/76	90			Harry S. Winston MD
5:40 PM	Standing	110/70	100			Harry S. Winston MD
6:00 PM	R Arm	120/80				Harry S. Winston MD
6:00 PM	L Arm	118/76				Harry S. Winston MD
6:00 PM	R Leg	100/60				Harry S. Winston MD
6:00 PM	L Leg	98/56				Harry S. Winston MD

Time	O2 Sat	O2 Type	PEF L/min	PreRx L/min	PostRx L/min	By
4:55 PM	98 %	Room air	500			Harry S. Winston MD
5:15 PM	98 %	Room air	500			Harry S. Winston MD

Comments:
 5:40 PM
 16G IV started left antecubital and 2 Liters LR given IV over 20 minutes
 By: Harry S. Winston MD

For Help, press F1

Section 2

CCCQE™ Text File Editor (TFE) User Guide

Overview

The CCCQE™ Text File Editor (TFE) was designed to allow users to more easily and quickly customize, edit, or create specialty- and site-specific custom clinical content. The Core CCCQE™ forms can be edited using the new CCC Text File Editor encounter form. This new editor automatically rewrites the MEL code for the CCCQE-User-Edit text files and can be used to edit the following forms:

- HPI-CCC
- PMH-CCC
- PMH-PSH-CCC
- FH-SH-CCC
- ROS-CCC
- PE-CCC
 - PE-Age Specific (for FP and Pediatrics)
 - PE-Detailed Specialty-Specific Forms such as:
 - ENT, Cardiovascular, Thyroid, and GU
- Problems-CCC
- CPOE A&P-CCC
- Patient Instructions-CCC

There is a separate TFE form to create custom templates for the new Test Management-CCC encounter form.

The CCCQE™ Text File Editor (TFE) will allow sites that have previously customized their CCCQE-User-Edit files to pull those changes forward and rewrite the MEL code into the new TFE format.

In writing the new TFE format, CCC has significantly decreased the size of the files and memory requirements of the new CCCQE™ MEL functions which will be reflected in improved performance and speed.

Detailed instructions for using the new CCC-TFE are built directly into the TFE Encounter Form. Clicking the yellow “General Instructions” action button will open the directions needed to get started. For more detailed instructions for any action button contained within the editor, simply click on the various (?) action buttons next to each item for expanded instructions.

Since sites will want to limit/restrict access to editing of the text files, you will need to determine the users within the group who will have the privilege to make changes/edits. Once this is determined, open the CCCQE-User-Edit-Setup.txt file and search for the instructions/function at the bottom of the file shown below. The default conditional statement allows access for hwinston and kstarr.

Default Authorized TFE Users

// Authorized TFE Users:
// This function must return the value of 1 for the user to be authorized.
// For any and all users to use the "CCC Text File Editor", simply place the number 1
between the curly brackets.
// Otherwise, a conditional statement will be needed to limit the use of this encounter
form.

```
fn ccc_TFE_authorized_users()  
{  
  cond  
  case user.loginname="hwinston" return 1  
  case user.loginname="kstarr" return 1  
  else return ""  
  endcond  
}
```

Change the login names to those authorized at your site. Add in additional conditional statements if needed to allow more than two providers to have editing access.

Suggestions/Recommendations for Editing Text Files Using The New CCC-TFE

1. Make a back-up copy of all you User-Edit Files prior to any editing.
2. Make all edits and test on a Test Server database **OR** in Network Training on a local workstation.
3. Use either a blank open NotePad (or WordPad) page or the Dictation Box within CCC VRI (Voice Recognition) that comes with Dragon NaturallySpeaking 8 Medical when entering large amounts of text (descriptions or templates) into small edit fields.
4. Be sure to have wordwrap turned off within NotePad (or WordPad). If wordwrap is on when you cut and paste text into the CCC-TFE, any text after the first carriage return WILL NOT paste into the edit field.
5. Read the instructions below as well as those within the editor itself before attempting to edit any files.
6. Be patient; with time and experience, making edits and customizations will become routine.

1. Getting Started

Start an update in a test patient's chart and insert the CCC Text File Editor encounter form (located in the Enterprise\CCC\ TFE folder in Centricity).

The screenshot displays the Logician software interface for a patient chart. The title bar reads "Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 4/15/2005 8:51 AM - [Chart]". The menu bar includes "Go", "Actions", "Options", and "Help". The toolbar contains icons for "Desktop", "Chart", "Appts", "Reg", "Reports", "New", "View", "Print", "Internet", "Help", and "EXIT". The main header area is blue and contains the text "Custom Endocrine" and "CHECK PROTOCOLS". Below this, patient information is displayed: "55 Year Old Male (DOB: 04/06/1950) Patient ID: 71-0563001". The right side of the header shows "Home: None Work: None Insurance: Group:". The main toolbar includes icons for "Find Pt.", "Protocols", "Graph", "Handouts", "Probs", "Meds", "Refills", "Allergies", "Directives", "Flowsheet", "Orders", and "End Up...". The main window has tabs for "Summary", "Problems", "Medications", "Alerts", "Flowsheet", "Orders", "Documents", and "Update". The "Summary" tab is active, showing "Doc ID: 10" and "Properties: CCC Text File Editing at SOUTH on 04/15/2005 8:41 AM by Harry S. Winston MD". Below the properties, there is a "Summary:" label and a text input field. The "CCC Text File Editor" form is open, showing a text area with the text "[CCC Text File Editor]". The form has a toolbar with icons for "Cut", "Copy", "Paste", "Bold", "Italic", "Underline", "List", "Check", "Undo", and "Redo". The status bar at the bottom says "For Help, press F1".

The CCC Text File Editor form may be used to create or edit the customization for the following Core CCC forms:

- HPI-CCC
- PMH-CCC
- PMH-PSH-CCC
- FH-SH-CCC
- ROS-CCC
- PE-CCC
- Problems-CCC
- CPOE A&P-CCC
- Patient Instructions-CCC

2. Select the Specialty

CCC Text File Editor: Custom Endocrine

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7

CCC Text File Editor -- For Use in Test Patient's Chart Only

Select Specialty: Endocrinology Select Encounter Form: _____

- Cardiology
- Dermatology
- Dolorology
- ENT
- EP
- Endocrinology**

▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						
▼						

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

The first time you select a form to edit, it will pull in the old CCCQE-User-Edit text files. A yellow alert with instructions will appear.

CCC Text File Editor: Custom Endocrine

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7

CCC Text File Editor -- For Use in Test Patient's Chart Only

Select Specialty | Endocrinology | Select Encounter Form | FMH-CCC

In order to extract gender-specific information, Click the "Close" Button NOW, go to 'Reg', 'Change', 'Patient', 'Sex'. Change the patient's sex from Male to Female. Then return to this encounter form.

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

In order to extract the gender specific functionality from the old text file format, you must close the form, go to the Registration module, then change the test patient's sex form male to female (or female to male). When the update is re-opened, the yellow prompt will be gone and the TFE tools will appear.

1. **General Instructions:** click this button to open a pop-up window with general instructions on how to use the CCC TFE
2. **Insert Values for Editing:** click this button to automatically extract the values from your current CCCQE-User-Edit Files. NOTE: Be sure to click the yellow “Insert Values for Editing” action button on every tab before starting to edit or customize.
3. **Open Text File to Edit:** click this button to automatically open the correct CCCQE-User-Edit-TFE text file to create/edit. Once the form customization is complete, copy and paste the new code into this file, then click “Yes” to save.
4. **Put Updated Values into Text:** click this button to rewrite the new CCCQE™ User-Edit MEL code which can be copied and pasted in the CCCQE-User-Edit-TFE text file.
5. **Remove from Text:** click this button to remove the new CCCQE-User-Edit MEL code.
6. **Search Medications:** click this button to open the Medication Module of Centricity and search the medication database.
7. **Search Problems:** click this button to open the Problems Module of Centricity and search the problems database (ICD and CPT codes).
8. **Insert Formatted Text:** click this button to create a plain text translation of all the customization that has been created (see example).
9. **Load EF for Reference:** click this button to load the corresponding encounter form you are editing for reference purposes.
10. **? Buttons** next to each action button: click these buttons to explain what the larger buttons do.

Example: PMH-CCC Form Opened with CCC-TFE

CCC Text File Editor: Custom Endocrine

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7

CCC Text File Editor -- For Use in Test Patient's Chart Only

Select Specialty: Endocrinology Select Encounter Form: PMH-CCC

General Instructions

Insert Values for Editing ? Put Updated Values into Text ? Remove from Text ? Insert Formatted Text ?

Open Text File to Edit ? Search Medications ? Search Problems ? Load EF for Reference ?

Label	Prob List/Text	Obs Term	Obs Value	Dx Code	Dx Prefix	M/F
Instructions	Instructions	Instructions	Instructions	Instructions	Instructions	Instr
Unremarkable	Unremarkable					
Appendix Surgery	Appendectomy	appendectomy	yes	CPT-44950	S/P	
Breast Surgery	Breast Surgery				S/P	
Heart Surgery	Heart Surgery				S/P	
Hernia Surgery	Hernia Surgery				S/P	
Thyroid Surgery	Thyroid Surgery				S/P	
Prostate Surgery	Prostate Surgery				Hx of	M
blank						
T U R P	T U R P				Hx of	M
Other Surgery	Other Surgery					
blank	Other					
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Depending on which of the Core forms is being edited, the column headers and corresponding “Instructions” action buttons will be different. For the PMH-CCC form, the columns will be:

1. **Label:** This is the value that appears in the list box on the PMH-CCC form.
2. **Prob List/Text:** This is the description that will be entered in the PMH field or pushed to the Problem List.
3. **Obs Term:** This is the observation term you wish to populate (leave blank if you do not wish to populate an obs term).
4. **Obs Value:** This is the value that is to be pushed to the designated Obs Term (leave blank if you do not wish to populate an obs term).
5. **Dx Code:** This is the complete ICD- or CPT-code that is to be pushed to the problem list. Be sure to include the “ICD-” or “CPT-” prefix. If you do not wish to populate the problem list, leave this field blank
6. **Dx Prefix:** This is the type of problem prefix to be added (Dx of, MDx of, S/P, etc.). A complete list of the prefixes is available by clicking the “Instructions” action button. If you leave this field blank, the default is “Dx of”.
7. **M/F:** Place “M” in this field to display the list box value for males only and “F” for females only. The default blank field is for both male and female.

CCC Text File Editor: Custom Endocrine

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7

CCC Text File Editor -- For Use in Test Patient's Chart Only

Select Specialty: Endocrinology Select Encounter Form: PMH-CCC

General Instructions

Insert Values for Editing ? Put Updated Values into Text ? Remove from Text ? Insert Formatted Text ?

Open Text File to Edit ? Search Medications ? Search Problems ? Load EF for Reference ?

Label	Prob List/Text	Obs Term	Obs Value	Dx Code	Dx Prefix	M/F
Instructions	Instructions	Instructions	Instructions	Instructions	Instructions	Instr
Unremarkable	Unremarkable					
Appendix Surgery	Appendectomy	appendectomy	yes	CPT-44950	S/P	
Breast Surgery	Breast Surgery				S/P	
Heart Surgery	Heart Surgery				S/P	
Hernia Surgery	Hernia Surgery				S/P	
Thyroid Surgery	Thyroid Surgery				S/P	
Prostate Surgery	Prostate Surgery				Hx of	M
blank						
T U R P	T U R P				Hx of	M
Other Surgery	Other Surgery					
blank	Other					
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						
blank						

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Click the yellow “Put Updated Values into Text” action button to write the CCCQE™ MEL code. The action button will turn blue/grey.

Click the “Remove from Text” action button to remove the text.

Note: if you inserted the form component as a reference during the editing process, you will need to remove the form component from the chart update before doing the steps listed below.

To copy and paste the CCCQE™ MEL functions from the TFE form, do the following:

- Press CTRL + A (this selects all of the text within the update)
- Press CTRL + C (this copies all of the selected text to the clipboard of the workstation)

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 4/15/2005 9:37 AM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

Custom Endocrine CHECK PROTOCOLS Home: None Work: None Insurance: Group:

55 Year Old Male (DOB: 04/06/1950) Patient ID: 71-0563001

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 10 Properties: CCC Text File Editing at SOUTH on 04/15/2005 8:41 AM by Harry S. Winston MD

Summary: Change Properties...

CCC Text File Editor

ccc_Endo_PMH_exec("Unremarkable*Unremarkable*AAAA")

ccc_Endo_PMH_exec("Appendix Surgery*Appendectomy*appendectomy*yes*CPT-44950*S/P*")

ccc_Endo_PMH_exec("Breast Surgery*Breast Surgery*AAAA*S/P*")

ccc_Endo_PMH_exec("Heart Surgery*Heart Surgery*AAAA*S/P*")

ccc_Endo_PMH_exec("Hernia Surgery*Hernia Surgery*AAAA*S/P*")

ccc_Endo_PMH_exec("Thyroid Surgery*Thyroid Surgery*AAAA*S/P*")

ccc_Endo_PMH_exec("Prostate Surgery*Prostate Surgery*AAAA*Hx of PM")

ccc_Endo_PMH_exec("T U R P*U R P*AAAA*Hx of PM")

ccc_Endo_PMH_exec("Other Surgery*Other Surgery*AAAA")

ccc_Endo_PMH_exec("CB")

ccc_Endo_PMH_exec("Alcoholism*Alcoholism*PMH ALCOHOLISM*yes*ICD-305.00*Dx of PM")

ccc_Endo_PMH_exec("Anemia*Anemia*PMH ANEMIA*yes*Hx of PM")

ccc_Endo_PMH_exec("Anesthetic Complications*Complications with Anesthesia*PMH ANSTHCMP*yes*Hx of PM")

ccc_Endo_PMH_exec("Anxiety*Anxiety*PMH ANXIETY*yes*ICD-300.00*Hx of PM")

ccc_Endo_PMH_exec("Asthma*Asthma*PMH ASTHMA*yes*ICD-493.90*Dx of PM")

ccc_Endo_PMH_exec("Birth Defects*Birth Defects*PMH BIRTH DEF*yes*Hx of PM")

ccc_Endo_PMH_exec("Blood Transfusions*Blood Transfusions*PMH XFUSION*yes*Hx of PM")

ccc_Endo_PMH_exec("Colon/Rectal Cancer*Colon Cancer*PMH COLONCANC*yes*ICD-V10.05*Hx of PM")

ccc_Endo_PMH_exec("Arthritis*Crippling Arthritis*PMH ARTHRITS*yes*Hx of PM")

ccc_Endo_PMH_exec("Depression*Depression*DEPRESSION*yes*ICD-311*Dx of PM")

ccc_Endo_PMH_exec("Diabetes*Diabetes*AAAA*Dx of PM")

Click the "Open Text File to Edit" action button which will automatically open the CCCQE-User-Edit-TFE text file.

CCCQE-User-Edit-PMH-Endo-TFE - Notepad

File Edit Format View Help

To paste the CCCQE™ MEL functions into the CCCQE-User-Edit-TFE text file, do the following:

- Press CTRL + V (this inserts the selected text into the TFE text file)
- Press CTRL + S (this saves the TFE text file)
- Close the TFE text file.
- Open the Text File Editor form component
- Click the “Remove from Text” action button to remove the CCCQE™ MEL functions from the chart note.
- Click the “Insert Formatted Text” action button to insert a summary description of customizations into the chart note.
- Copy and paste the formatted text into a Word document for your records.

1. **General Instructions:** click this button to open a pop-up window with general instructions on how to use the CCC TFE
2. **Insert Values for Editing:** click this button to automatically extract the values from your current CCCQE-User-Edit Files. NOTE: Be sure to click the yellow “Insert Values for Editing” action button on every tab before starting to edit or customize.
3. **Open Text File to Edit:** click this button to automatically open the correct CCCQE-User-Edit-TFE text file to create/edit. Once the form is complete, you’ll copy and paste the new code into this file then click save.
4. **Put Updated Values into Text:** click this button to rewrite the new CCCQE™ User-Edit MEL code which can be copied and pasted in the CCCQE-User-Edit-TFE text file.
5. **Remove from Text:** click this button to remove the new CCCQE-User-Edit MEL code.
6. **Search Medications:** click this button to open the Medication Module of Centricity and search the medications database.
7. **Search Problems:** click this button to open the Problems Module of Centricity and search the problems database (ICD and CPT codes).
8. **Insert Formatted Text:** click this button to create a plain text translation of all of the customization that has been created (see example).
9. **Load EF for Reference:** click this button to load the corresponding encounter form you are editing for reference purposes.
10. **? Buttons** next to each action button: click these buttons to explain what the larger buttons do.

CCC Text File Editor: Custom Cardiology

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7

CCC Text File Editor -- For Use in Test Patient's Chart Only

Select Specialty: Cardiology Select Encounter Form: HPI-CCC

General Instructions

Insert Values for Editing ? Put Updated Values into Text ? Remove from Text ? Insert Formatted Text ?

Open Text File to Edit ? Search Medications ? Search Problems ? Load EF for Reference ?

EF/Template Name	EF Path/Template	EF	M/F
Instructions	Instructions	List	Instructions
Acute Visit Form	Enterprise\CCC~Adult		
Anticoagulation Form	Enterprise\CCC~CPOE		
Chest Pain Hx Form	Enterprise\CCC~Cardic		
CHF Form	Enterprise\CCC~CHF		
Diabetes Form	Enterprise\CCC~Diabe		
Hypertension Form	Enterprise\CCC~Hype		
Lipid-NCEP III Form	Enterprise\CCC~Lipid		
Prior Treatment Form	Enterprise\CCC~Prior		
Cardiovascular Risk	Enterprise\CCC~Cardi		
Cardiovascular Repr	Enterprise\CCC~Cardic		
Data Entry	Enterprise\CCC~Data		
Diagnostic Testing R	Enterprise\CCC~Diagn		
Echocardiogram For	Enterprise\CCC~Cardic		
Pre-op Evaluation Fc	Enterprise\CCC~Cardic		
Stress Test Form	Enterprise\CCC~Cardic		
Renal Evaluation For	Enterprise\CCC~Renal		
New Patient Templat			
Acute Visit Template			
Pacemaker Template			
Pre-op Template			

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Depending on which of the Core forms is being edited, the column headers and corresponding “Instructions” action buttons will be different. For the HPI-CCC form, the columns will be:

1. **EF/Template Name:** This is the value that appears in the list box on the HPI-CCC form describing the encounter form name or the text template name that will be loaded or inserted.
2. **EF Path/Template:** This is where the path name for the encounter form you wish to load or the text template you wish to insert. NOTE: Users of CCCQE VRI with Dragon NaturallySpeaking 8 Medical can use the Edit All voice macro to open a larger text box to edit templates. Users of CCCSpeak can use the Edit Now voice macro to open up a larger text box to edit templates.
3. **EF Button:** Opens a list of common forms and paths that can be copied and pasted into the form.
4. **M/F:** Place “M” in this field if you only want the list box values to appear for males only and “F” for females only. The default blank field is for both male and female.

Click the yellow “Put Updated Values into Text” action button to write the CCCQE™ MEL Code. The action button will turn blue/grey.

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 4/15/2005 2:51 PM - [Chart]

Go Actions Options Help

Desktop Chart Apts Reg Reports New View Print Internet Help EXIT

Custom Cardiology **CHECK PROTOCOLS** Home: None Work: None
Insurance: Group:

55 Year Old Female (DOB: 04/14/1950) Patient ID: 72-0563001

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 6 Properties: CCC Text File Editing at SOUTH on 04/15/2005 2:19 PM by Harry S. Winston MD

Summary: Change Properties...

CCC Text File Editor

Arial 10 B I U

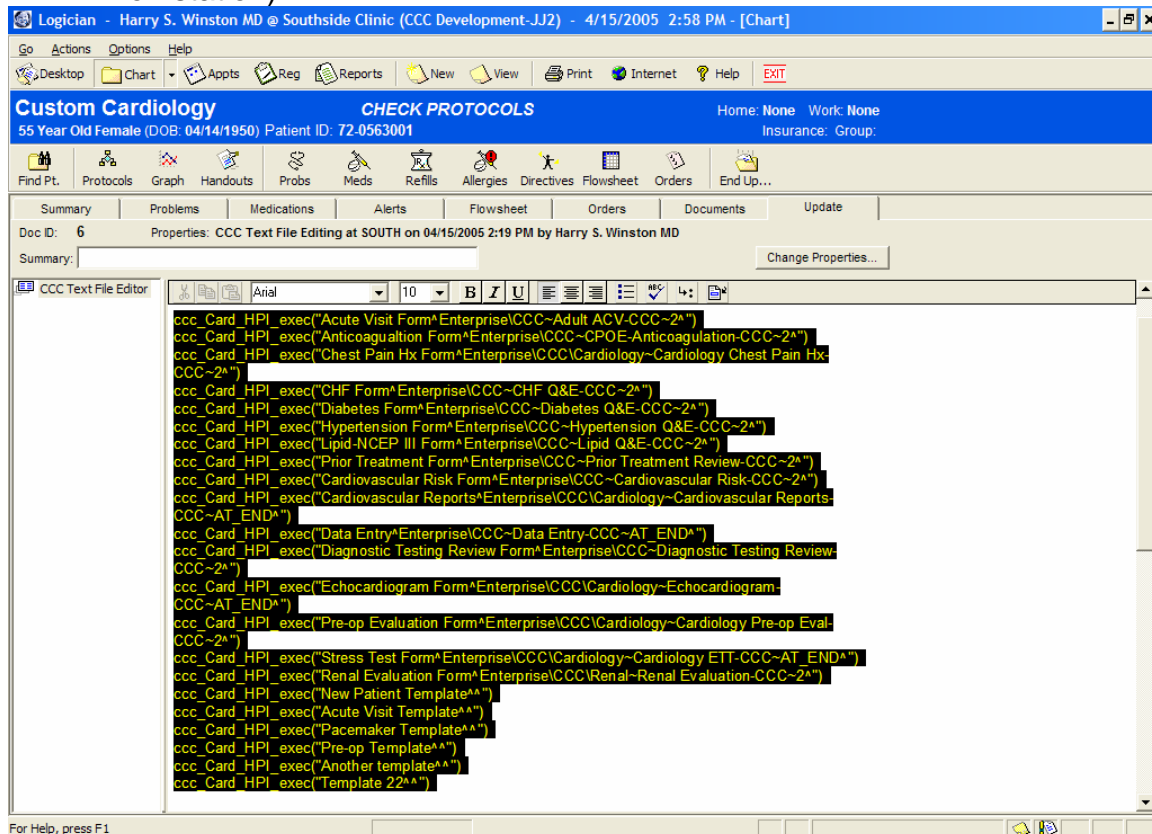
```
ccc_Card_HPI_exec("Acute Visit Form^Enterprise\CCC~Adult ACV-CCC~2^")
ccc_Card_HPI_exec("Anticoagulation Form^Enterprise\CCC~CPOE-Anticoagulation-CCC~2^")
ccc_Card_HPI_exec("Chest Pain Hx Form^Enterprise\CCC\Cardiology~Cardiology Chest Pain Hx-CCC~2^")
ccc_Card_HPI_exec("CHF Form^Enterprise\CCC~CHF Q&E-CCC~2^")
ccc_Card_HPI_exec("Diabetes Form^Enterprise\CCC~Diabetes Q&E-CCC~2^")
ccc_Card_HPI_exec("Hypertension Form^Enterprise\CCC~Hypertension Q&E-CCC~2^")
ccc_Card_HPI_exec("Lipid-NCEP III Form^Enterprise\CCC~Lipid Q&E-CCC~2^")
ccc_Card_HPI_exec("Prior Treatment Form^Enterprise\CCC~Prior Treatment Review-CCC~2^")
ccc_Card_HPI_exec("Cardiovascular Risk Form^Enterprise\CCC~Cardiovascular Risk-CCC~2^")
ccc_Card_HPI_exec("Cardiovascular Reports^Enterprise\CCC\Cardiology~Cardiovascular Reports-CCC~AT_END^")
ccc_Card_HPI_exec("Data Entry^Enterprise\CCC~Data Entry-CCC~AT_END^")
ccc_Card_HPI_exec("Diagnostic Testing Review Form^Enterprise\CCC~Diagnostic Testing Review-CCC~2^")
ccc_Card_HPI_exec("Echocardiogram Form^Enterprise\CCC\Cardiology~Echocardiogram-CCC~AT_END^")
ccc_Card_HPI_exec("Pre-op Evaluation Form^Enterprise\CCC\Cardiology~Cardiology Pre-op Eval-CCC~2^")
ccc_Card_HPI_exec("Stress Test Form^Enterprise\CCC\Cardiology~Cardiology ETT-CCC~AT_END^")
ccc_Card_HPI_exec("Renal Evaluation Form^Enterprise\CCC\Renal~Renal Evaluation-CCC~2^")
ccc_Card_HPI_exec("New Patient Template^^")
ccc_Card_HPI_exec("Acute Visit Template^^")
ccc_Card_HPI_exec("Pacemaker Template^^")
ccc_Card_HPI_exec("Pre-op Template^^")
ccc_Card_HPI_exec("Another template^^")
ccc_Card_HPI_exec("Template 22^^")
```

For Help, press F1

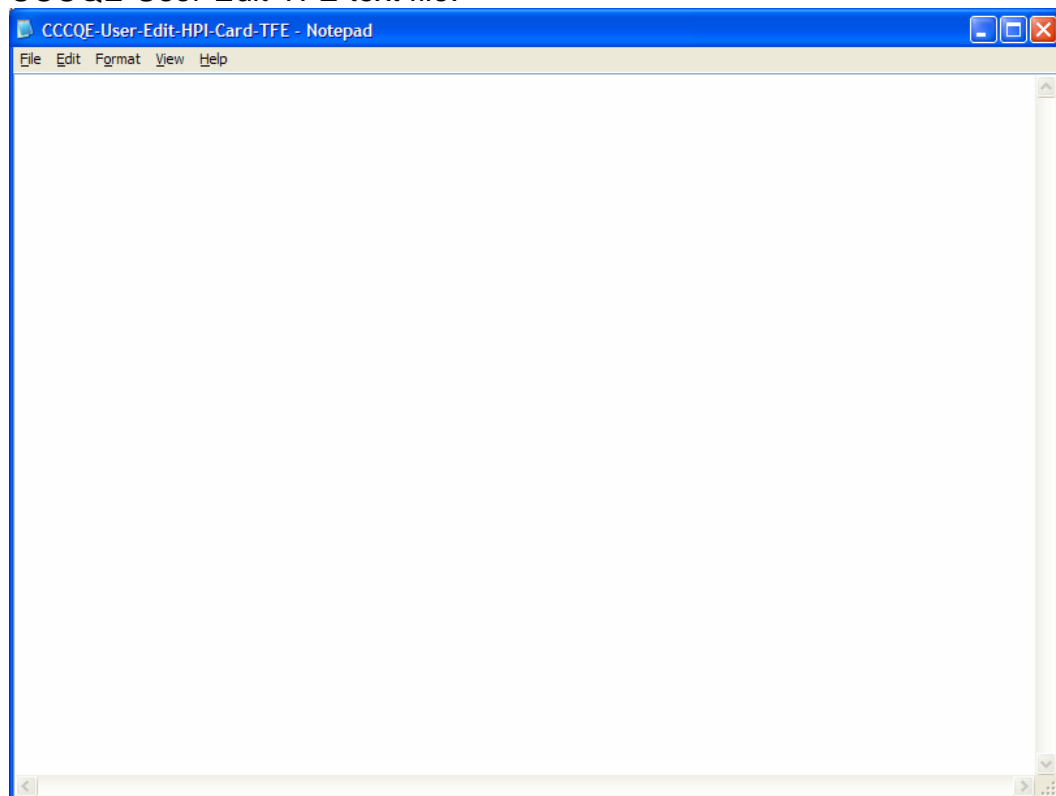
T

To copy and paste the CCCQE™ MEL functions from the TFE form, do the following:

- Press CTRL + A (this selects all of the text within the update)
- Press CTRL + C (this copies all of the selected text to the clipboard of the workstation)

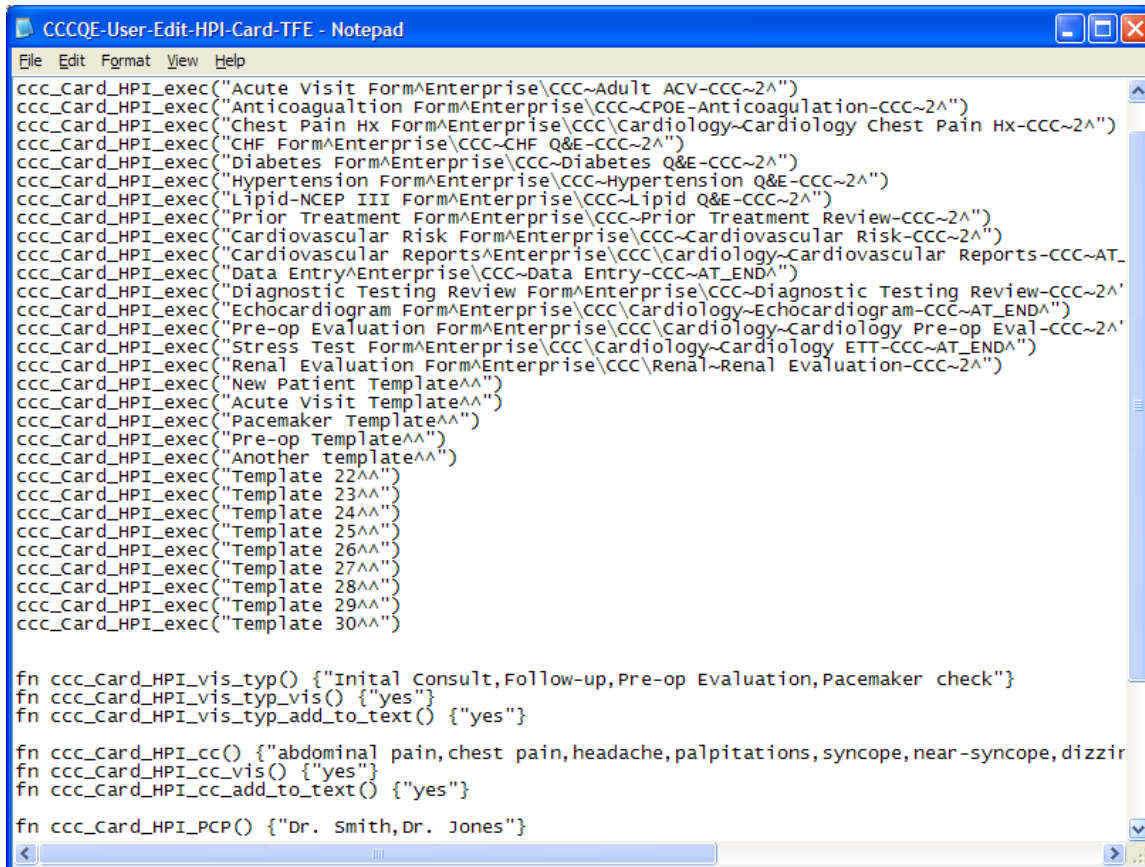


Click the "Open Text File to Edit" action button which will automatically open the CCCQE-User-Edit-TFE text file.



To paste the CCCQE™ MEL functions into the CCCQE-User-Edit-TFE text file, do the following:

- Press CTRL + V (this inserts the selected text into the TFE text file)
- Press CTRL + S (this saves the TFE text file)
- Close the TFE text file.
- Open the Text File Editor form component
- Click the “Remove from Text” action button to remove the CCCQE™ MEL functions from the chart note.
- Click the “Insert Formatted Text” action button to insert a summary description of customizations into the chart note.
- Copy and paste the formatted text into a Word document for your records.



```

ccc_Card_HPI_exec("Acute Visit Form\Enterprise\CCC~Adult ACV-CCC~2^")
ccc_Card_HPI_exec("Anticoagulation Form\Enterprise\CCC~CPOE-Anticoagulation-CCC~2^")
ccc_Card_HPI_exec("Chest Pain Hx Form\Enterprise\CCC~Cardiology~Cardiology Chest Pain Hx-CCC~2^")
ccc_Card_HPI_exec("CHF Form\Enterprise\CCC~CHF Q&E-CCC~2^")
ccc_Card_HPI_exec("Diabetes Form\Enterprise\CCC~Diabetes Q&E-CCC~2^")
ccc_Card_HPI_exec("Hypertension Form\Enterprise\CCC~Hypertension Q&E-CCC~2^")
ccc_Card_HPI_exec("Lipid-NCEP III Form\Enterprise\CCC~Lipid Q&E-CCC~2^")
ccc_Card_HPI_exec("Prior Treatment Form\Enterprise\CCC~Prior Treatment Review-CCC~2^")
ccc_Card_HPI_exec("Cardiovascular Risk Form\Enterprise\CCC~Cardiovascular Risk-CCC~2^")
ccc_Card_HPI_exec("Cardiovascular Reports\Enterprise\CCC~Cardiology~Cardiovascular Reports-CCC~AT-")
ccc_Card_HPI_exec("Data Entry\Enterprise\CCC~Data Entry-CCC~AT-END^")
ccc_Card_HPI_exec("Diagnostic Testing Review Form\Enterprise\CCC~Diagnostic Testing Review-CCC~2^")
ccc_Card_HPI_exec("Echocardiogram Form\Enterprise\CCC~Cardiology~Echocardiogram-CCC~AT-END^")
ccc_Card_HPI_exec("Pre-op Evaluation Form\Enterprise\CCC~Cardiology~Cardiology Pre-op Eval-CCC~2^")
ccc_Card_HPI_exec("Stress Test Form\Enterprise\CCC~Cardiology~Cardiology ETT-CCC~AT-END^")
ccc_Card_HPI_exec("Renal Evaluation Form\Enterprise\CCC~Renal~Renal Evaluation-CCC~2^")
ccc_Card_HPI_exec("New Patient Template^^")
ccc_Card_HPI_exec("Acute Visit Template^^")
ccc_Card_HPI_exec("Pacemaker Template^^")
ccc_Card_HPI_exec("Pre-op Template^^")
ccc_Card_HPI_exec("Another template^^")
ccc_Card_HPI_exec("Template 22^^")
ccc_Card_HPI_exec("Template 23^^")
ccc_Card_HPI_exec("Template 24^^")
ccc_Card_HPI_exec("Template 25^^")
ccc_Card_HPI_exec("Template 26^^")
ccc_Card_HPI_exec("Template 27^^")
ccc_Card_HPI_exec("Template 28^^")
ccc_Card_HPI_exec("Template 29^^")
ccc_Card_HPI_exec("Template 30^^")

fn ccc_Card_HPI_vis_typ() {"Initial Consult,Follow-up,Pre-op Evaluation,Pacemaker check"}
fn ccc_Card_HPI_vis_typ_vis() {"yes"}
fn ccc_Card_HPI_vis_typ_add_to_text() {"yes"}

fn ccc_Card_HPI_cc() {"abdominal pain,chest pain,headache,palpitations,syncope,near-syncope,dizzir"}
fn ccc_Card_HPI_cc_vis() {"yes"}
fn ccc_Card_HPI_cc_add_to_text() {"yes"}

fn ccc_Card_HPI_PCP() {"Dr. Smith,Dr. Jones"}
  
```

Example: Formatted Text of Customizations

Logician - Harry S. Winston MD @ Southside Clinic (CCC Development-JJ2) - 4/15/2005 3:01 PM - [Chart]

Go Actions Options Help

Desktop Chart Apts Reg Reports New View Print Internet Help EXIT

Custom Cardiology **CHECK PROTOCOLS** Home: None Work: None
55 Year Old Female (DOB: 04/14/1950) Patient ID: 72-0563001 Insurance: Group:

Find Pt. Protocols Graph Handouts Probs Meds Refills Allergies Directives Flowsheet Orders End Up...

Summary Problems Medications Alerts Flowsheet Orders Documents Update

Doc ID: 6 Properties: CCC Text File Editing at SOUTH on 04/15/2005 2:19 PM by Harry S. Winston MD

Summary:

CCC Text File Editor

Arial 10 B I U

HPI-CCC Encounter Form Content for Card

[List Box Values](#)

Acute Visit Form:
EF Path ~ Name: Enterprise\CCC~Adult ACV-CCC~2
Gender-specific (M or F): no

Anticoagulation Form:
EF Path ~ Name: Enterprise\CCC~CPOE-Anticoagulation-CCC~2
Gender-specific (M or F): no

Chest Pain Hx Form:
EF Path ~ Name: Enterprise\CCC\Cardiology~Cardiology Chest Pain Hx-CCC~2
Gender-specific (M or F): no

CHF Form:
EF Path ~ Name: Enterprise\CCC~CHF Q&E-CCC~2
Gender-specific (M or F): no

Diabetes Form:
EF Path ~ Name: Enterprise\CCC~Diabetes Q&E-CCC~2
Gender-specific (M or F): no

Hypertension Form:
EF Path ~ Name: Enterprise\CCC~Hypertension Q&E-CCC~2
Gender-specific (M or F): no

For Help, press F1

Section 3

CCCQE™ Clinical Decision Support and Patient Severity Index Assessment

The CCCQE™ Clinical Decision Support (CDS) and Patient Severity Index Assessment (PSIA) applications were designed to improve the clinical workflow and provide clinical decision support during the assessment and plan of the patient visit. As more and more insurers and regulators require documentation of quality of care and patient disease severity, additional charting and documentation responsibilities are being demanded of the provider. The CCCQE™ CDS and PSIA application allows the provider to receive a variety of cascading clinical decision support prompts that remind the provider to document specific clinical quality indicators. In order to make this process non-intrusive and time-efficient, the prompts automatically provide the clinical data entry and documentation without having to search for encounter forms or go to flowsheets to enter the information. Some examples of the CCCQE™ CDS/PSIA application include rapid prompting and documentation of:

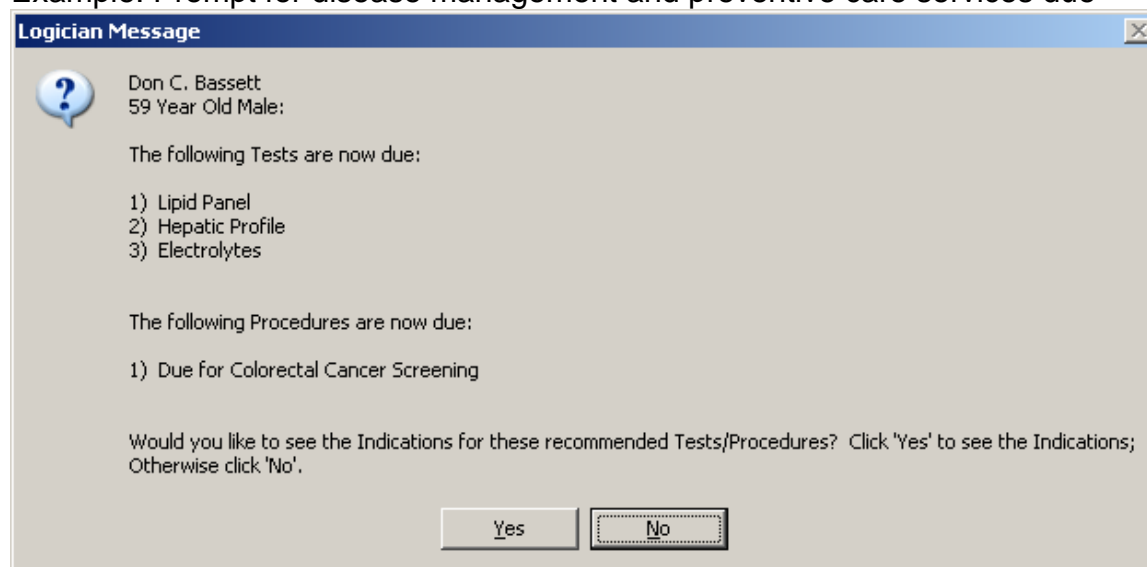
- Smoking Status
- Smoking Cessation Discussed
- Smoking Stage
- Diabetes Complications
- Correct Treatment Deficiencies or Document Contraindications
(examples: CHF-ACE inhibitors; Post-MI-beta blockers)

The CCCQE™ CDS/PSIA application resides in the CCCQE™ CPOE A&P encounter form (part of the CCCQE™ core forms) and is triggered when a problem is selected from the dropdown list. The following screenshots will serve as an example of the various types of decision support prompts and workflows made available with CCCQE™.

Automatic Pop-up Windows:

CDSS prompting may significantly impact the healthcare delivered to the patient. These pop-ups can be turned on/off based on specialty, job description, or provider preference.

Example: Prompt for disease management and preventive care services due



Logician Message

Don C. Bassett
59 Year Old Male:

The following Tests are now due:

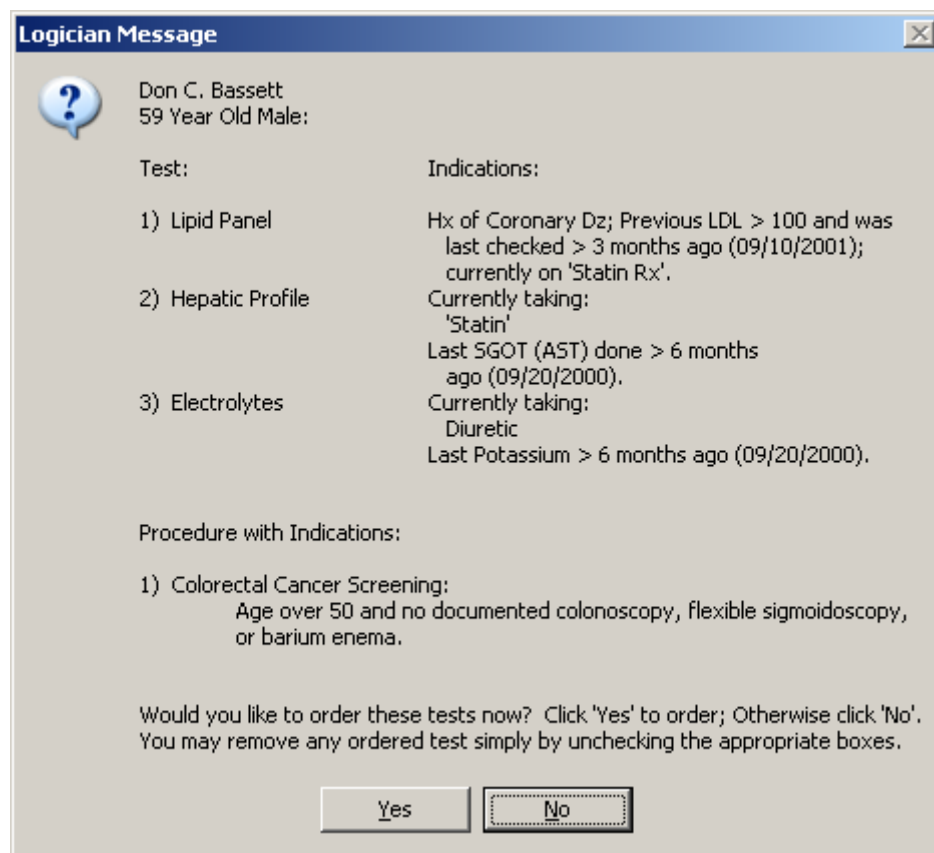
- 1) Lipid Panel
- 2) Hepatic Profile
- 3) Electrolytes

The following Procedures are now due:

- 1) Due for Colorectal Cancer Screening

Would you like to see the Indications for these recommended Tests/Procedures? Click 'Yes' to see the Indications; Otherwise click 'No'.

Clicking "Yes" displays the indications for the recommendations



Logician Message

Don C. Bassett
59 Year Old Male:

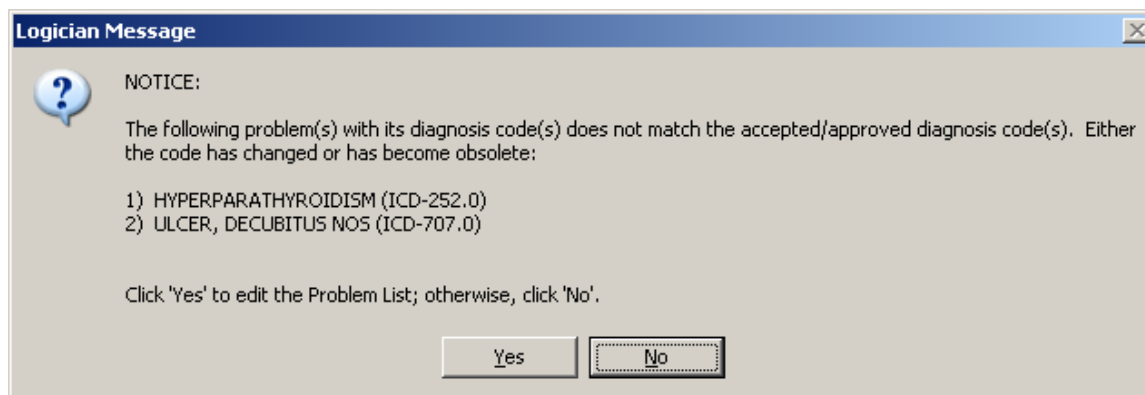
Test:	Indications:
1) Lipid Panel	Hx of Coronary Dz; Previous LDL > 100 and was last checked > 3 months ago (09/10/2001); currently on 'Statin Rx'.
2) Hepatic Profile	Currently taking: 'Statin' Last SGOT (AST) done > 6 months ago (09/20/2000).
3) Electrolytes	Currently taking: Diuretic Last Potassium > 6 months ago (09/20/2000).

Procedure with Indications:

- 1) Colorectal Cancer Screening:
Age over 50 and no documented colonoscopy, flexible sigmoidoscopy, or barium enema.

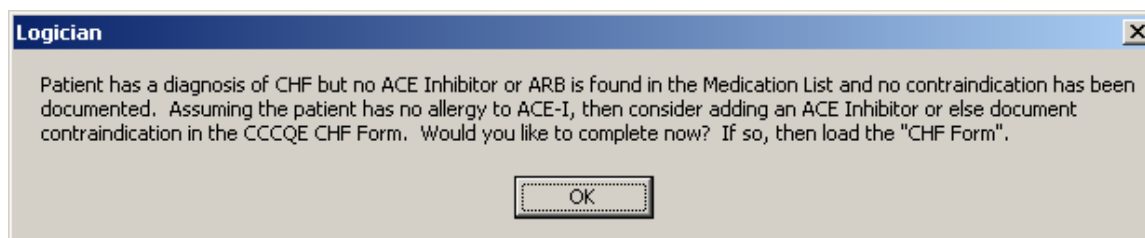
Would you like to order these tests now? Click 'Yes' to order; Otherwise click 'No'.
You may remove any ordered test simply by unchecking the appropriate boxes.

Example: Prompt alerting provider and/or staff that an outdated ICD-code appears on this patient's problem list. When Medicare (CMS) changes ICD-codes each quarter, failure to update the patient's problem list with the updated code can lead to non-payment.



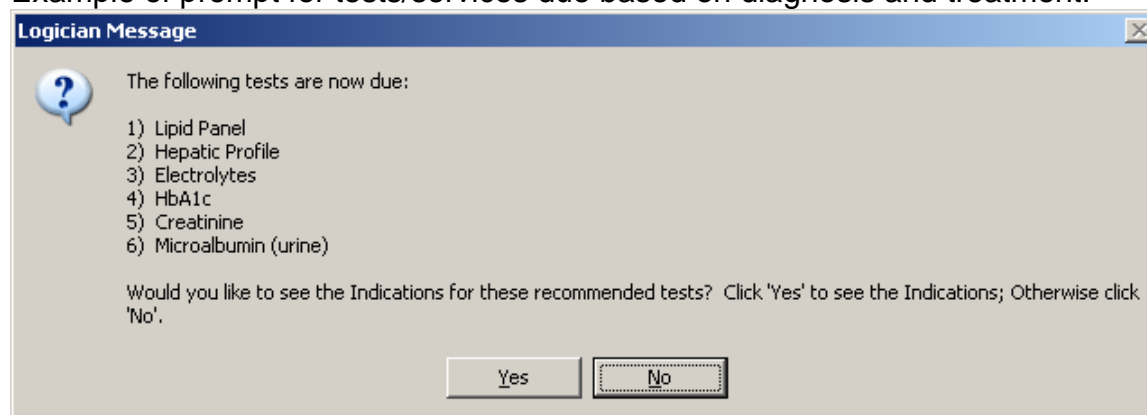
Clicking “Yes” opens the patient's Problem list to automatically make the correction at the time of service.

Example: Prompt alerting provider if patient with a particular condition is not on a certain class of medication shown to improve outcomes.



Other examples include post-MI patients not on aspirin or beta-blocker, patients at risk for ASCVD and LDL > 100 and not on statin, patients on methotrexate who are due for screening/monitoring labs.

Example of prompt for tests/services due based on diagnosis and treatment:



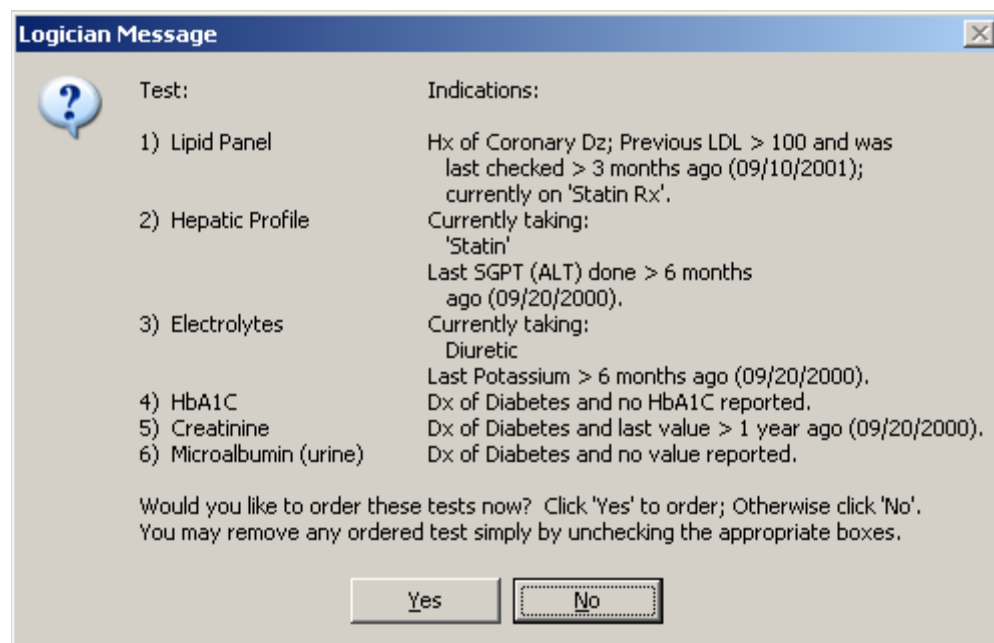
Logician Message

The following tests are now due:

- 1) Lipid Panel
- 2) Hepatic Profile
- 3) Electrolytes
- 4) HbA1c
- 5) Creatinine
- 6) Microalbumin (urine)

Would you like to see the Indications for these recommended tests? Click 'Yes' to see the Indications; Otherwise click 'No'.

Clicking "Yes" displays the indications



Logician Message

Test:	Indications:
1) Lipid Panel	Hx of Coronary Dz; Previous LDL > 100 and was last checked > 3 months ago (09/10/2001); currently on 'Statin Rx'.
2) Hepatic Profile	Currently taking: 'Statin' Last SGPT (ALT) done > 6 months ago (09/20/2000).
3) Electrolytes	Currently taking: Diuretic Last Potassium > 6 months ago (09/20/2000).
4) HbA1C	Dx of Diabetes and no HbA1C reported.
5) Creatinine	Dx of Diabetes and last value > 1 year ago (09/20/2000).
6) Microalbumin (urine)	Dx of Diabetes and no value reported.

Would you like to order these tests now? Click 'Yes' to order; Otherwise click 'No'.
You may remove any ordered test simply by unchecking the appropriate boxes.

Embedded CDSS Prompts Within Encounter Forms

Example: The new Test Management Form allows providers to review labs on one screen and, based on diagnosis, be alerted to labs/services due. With a single click, the provider can order appropriate tests/services.

Test Management-CCC: Don C. Bassett

Select Specialty: Family Practice

Order Date: 03/09/2005 Diagnosis: DIABETES MELLITUS, TYPE I (ICD-250.01) [Go to Orders](#)

☒ Clear All Fields After Committing Orders ☐ All Tests Reviewed ☐ Add New Orders to Text

Check to Order	Last Val	Date	Check to Order	Last Val	Date	Check to Order	Last Val	Date
<input type="checkbox"/> Na+	141	09/20/2000	<input type="checkbox"/> T-Protein			<input type="checkbox"/> CBC w/ diff	View	
<input type="checkbox"/> K+	4.7	09/20/2000	<input type="checkbox"/> Albumin			<input type="checkbox"/> HGB	13.0	09/21/2000
<input type="checkbox"/> Cl-	101	09/20/2000	<input type="checkbox"/> Globulin			<input type="checkbox"/> HCT	38.8	09/21/2000
<input type="checkbox"/> CO2	23	09/20/2000	<input type="checkbox"/> Uric Acid	5.1	09/20/2000	<input type="checkbox"/> Anemia Panel	View	
<input type="checkbox"/> Anion Gap			<input type="checkbox"/> SGPT-ALT	16	09/20/2000	<input type="checkbox"/> Lipids	View	
<input type="checkbox"/> BUN	19	09/20/2000	<input type="checkbox"/> SGOT-AST	17	09/20/2000	<input type="checkbox"/> Coag Studies	View	
<input type="checkbox"/> Creat	1.0	09/20/2000	<input type="checkbox"/> GGT			<input type="checkbox"/> Thyroid Fx	View	
<input type="checkbox"/> BG Random	86	09/20/2000	<input type="checkbox"/> T-Bili	0.5	09/20/2000	<input type="checkbox"/> DEXA Scan	View	
<input type="checkbox"/> Glucose			<input type="checkbox"/> CPK	6	09/19/2000	<input type="checkbox"/> Pap Smear	View	
<input type="checkbox"/> HGBA1C			<input type="checkbox"/> Troponin I			<input type="checkbox"/> Urinalysis	View	
<input type="checkbox"/> Calcium	9.3	09/20/2000	<input type="checkbox"/> Myoglobin			<input type="checkbox"/> Urine C&S	View	
<input type="checkbox"/> PO4			<input type="checkbox"/> BMP	View		<input type="checkbox"/> Microalb Urn		
<input type="checkbox"/> VL CA X PHO			<input type="checkbox"/> CMP	View		<input type="checkbox"/> Mammogram	View	
<input type="checkbox"/> PTH-Intact			<input type="checkbox"/> LFT's	View		<input type="checkbox"/> PSA		
<input type="checkbox"/> Magnesium	1.8	09/20/2000	<input type="checkbox"/> Hepatitis	View		<input type="checkbox"/> Colonoscopy	View	

Commit Orders **Diagnosis-Specific Orders** [View Schedule](#) **New Orders Committed**

☒ HGBA1C
☒ Cholesterol
☐ HGBA1C
☒ Lipid Profile
☒ Creat
☒ Microalb Urn
☒ TSH
☒ DRE
☒ Pneumovax
☒ Flu Shot

[HPI](#) [ACV](#) [PMH](#) [FH-SH](#) [Risk Factors](#) [ROS](#) [VS](#) [PE](#) [Problems](#) [CPOE A/P](#) [Instructions/Plan](#) [Copyright](#)

[Prev Form \(Ctrl+PgUp\)](#) [Next Form \(Ctrl+PgDn\)](#) [Close](#)

Note the list box that automatically appears (lower left) with Diagnosis-Specific Orders. Clicking the “View Schedule” action button shows guideline indication.

NOTE: Many evidence-based guidelines come within the CCCQE™ application and are updated quarterly, but the latest release also allows sites to create their own protocols and recommendation alerts.

Logician

Diagnosis: Diabetes Mellitus ICD-250
Age-specific: Between 0-1000 months

HGBA1C:
Due every 90 days
Last done: N/A
Last Value: N/A
Next due: Now

Lipid Profile:
LDL > 100
Due every 90 days
LDL between 70 and 100
Due every 180 days
LDL < 70
Due every 365 days
Last done: 09/10/2001
Last Value: 100
Next due: Now

Creat:
Due every 365 days
Last done: 09/20/2000
Last Value: 1.0
Next due: Now

Microalb Urn:
Due every 365 days
Last done: N/A
Last Value: N/A
Next due: Now

TSH:
Due every 365 days
Last done: N/A
Last Value: N/A
Next due: Now

DRE:
Due every 365 days
Last done: N/A
Last Value: N/A
Next due: Now

Pneumovax:
Due every 2190 days
Last done: N/A
Last Value: N/A
Next due: Now

Flu Shot:
Due every 365 days
Last done: N/A
Last Value: N/A
.. . . .

NOTE: Many evidence-based guidelines come within the CCCQE™ application and are updated quarterly, but the latest release also allows sites to create their own protocols and recommendation alerts.

Providers can also set prompts based on a range of lab results (see Lipid Profile).

Example: Framingham Cardiovascular Risk Calculator NCEP Guidelines Encounter Form

Cardiovascular Risk-CCC: Don C. Bassett

CV Risk Assessment
Insert Text

BP this visit: Not Recorded Yet
Prior BP: 140 / 96 (04/02/2003)

Stage of Hypertension at time of diagnosis (if applicable)

☐ High-normal: SBP 130-139; DBP 85-89
☐ Stage 1: SBP 140-159; DBP 90-99
☐ Stage 2: SBP 160-179; DBP 100-109
☐ Stage 3: SBP >= 180; DBP >= 110

Some values in RED have been extracted from data in patient's chart and cannot be changed unless the chart data is changed first.

Identify Major Risk Factors

Age 45 or greater
☒ yes
☐ no

Diabetes
☒ yes
☐ no
Last Glucose = 86 (09/20/2000)

Hyperlipidemia
☒ yes
☐ no
Last Chol = 190 (09/10/2001)
Last HDL = 60 (09/10/2001)
Last LDL = 100 (09/10/2001)

Hypertension
☒ yes
☐ no

FH of cardiovascular disease:

MI in female age < 65
☐ yes
☐ no

MI in male age < 55
☐ yes
☐ no

Smoking status
☐ current
☐ quit
☐ never

RISK GROUP C

Target organ damage and/or Diabetes

Identify Target Organ Damage/Clinical CV Disease

ASHD (CAD) or CABG
☒ yes
☐ no

LVH or CHF
☒ yes
☐ no

Stroke or TIA
☐ yes
☐ no

Peripheral vascular disease
☐ yes
☐ no

Nephropathy: Cr > 2.0
☐ yes
☐ no

Hypertensive Retinopathy
☐ yes
☐ no

10 YEAR CHD RISK N/A
Prior Value: 11 % (01/13/2005)

Calculated from the following risk categories: ?

Not applicable. Patient has known ASHD !

Enter Today's Blood Pressure: / mm Hg

JNC VII Recommended BP Goal: < 130 / 80 ?

Insert JNC VII Rec. BP Goals=> / ?

HPI
ACV
PMH
FH-SH
Risk Factors
ROS
PE
Problems
CPOE A/P
Instructions/Plan
Copyright

Prev Form (Ctrl+PgUp)
Next Form (Ctrl+PgDn)
Close

Automatically extracts risk factors from the database and calculates the patient's 10-year risk of heart disease.

Example: Framingham Cardiovascular Risk Calculator Guidelines Encounter Form

Cardiovascular Risk-CCC: Judy S. Pullman

CV Risk Assessment
Insert Text

BP this visit: 150 / 100 Prior BP: 128 / 72 (08/12/2002)

Stage of Hypertension at time of diagnosis (if applicable)

☐ High-normal: SBP 130-139; DBP 85-89 Some values in RED have been extracted from data in patient's chart and cannot be changed unless the chart data is changed first.

☐ Stage 1: SBP 140-159; DBP 90-99

☐ Stage 2: SBP 160-179; DBP 100-109

☐ Stage 3: SBP >= 180; DBP >= 110

Identify Major Risk Factors

Age 55 or greater ☒ yes ☐ no

Diabetes ☐ yes ☐ no Last Glucose = 112 (08/15/2002)

Hyperlipidemia ☒ yes ☐ no Last Chol = 146 (08/15/2002) Last HDL = 90 (11/09/2000) Last LDL = 64 (11/09/2000)

Hypertension ☐ yes ☐ no

FH of cardiovascular disease:

MI in female age < 65 ☐ yes ☐ no

MI in male age < 55 ☐ yes ☐ no

Smoking status ☒ current ☐ quit ☐ never

RISK GROUP **B** Prior Value: B (01/14/2005)

At least 1 risk factor (EXCLUDING diabetes) with NO target organ damage

Identify Target Organ Damage/Clinical CV Disease

ASHD (CAD) or CABG ☐ yes ☐ no

LVH or CHF ☐ yes ☐ no

Stroke or TIA ☐ yes ☐ no

Peripheral vascular disease ☐ yes ☐ no

Nephropathy: Cr > 2.0 ☐ yes ☐ no

Hypertensive Retinopathy ☐ yes ☐ no

10 YEAR CHD RISK **9 %** Prior Value: 1 % (01/14/2005)

Calculated from the following risk categories: ?

Age: 8 points HDL: -2 points LDL: -2 points

BP: 3 points Smoking: 2 points Diabetes: 0 points

HTN Dx: 0 points

Today's Blood Pressure: 150 / 100 mm Hg

JNC VII Recommended BP Goal: < 140 / 90 ?

Current BP Goals==> 140 / 90 ?

HPI ACV PMH FH-SH Risk Factors ROS PE Problems CPOE A/P Instructions/Plan Copyright

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Example: NCEP-ATP III Guidelines Encounter Form

Lipid Q&E-CCC: Don C. Bassett

Lipid Q&E Risk | Hx / Pt Educ / Information | Metabolic Syndrome/TG | Flowsheet

Lipid Management

Most Recent Labs | **Lipid Flowsheet** | **View Current Lipid Meds** | **Therapeutic Recommendations**

NCEP Adult Treatment Panel III Risk Factors

Age 45 or greater ☒ yes ☐ no

Early menopause w/o HRT ☐ N/A ☐ N/A

Diabetes ☒ yes ☐ no

HDL < 40 mg/dl ☐ yes ☒ no

HDL > 60 mg/dl (neg. risk) ☒ yes ☐ no

FH of cardiovascular disease:

MI in female age < 65 ☐ yes ☐ no

MI in male age < 55 ☐ yes ☐ no

Smoking status ☐ current ☐ quit ☐ never

Hypertension ☒ yes ☐ no

ASHD (CAD) or CABG ☒ yes ☐ no

Stroke or TIA ☐ yes ☐ no

Peripheral vascular disease ☐ yes ☐ no

Abdominal Aortic Aneurysm ☐ yes ☐ no

Goals Automatically Calculated based on # Risk Factors

☐ Check here to manually change Lipid Goals

Goals based on CAD, PVD, CVA, TIA, or Aortic aneurysm AND diabetes, smoker, or LDL > 130, HDL < 40, and trig > 200

	Chol:	LDL:	HDL:	Trig:
Goals	200	70	40	150
Last value:	190	100	60	210
Last date:	09/10/2001	09/10/2001	09/10/2001	09/10/2001
Next due:	Now	Now	Now	Now

All lipid goals have NOT been met.

Consider interventions to lower LDL. HDL goal has been met.

Consider interventions to lower triglycerides.

LDL cholesterol goal met ? ☐ Yes ☐ No

Enter Today's BP: / mm Hg

HPI | **ACV** | **PMH** | **FH-SH** | **Risk Factors** | **ROS** | **PE** | **Problems** | **CPOE A/P** | **Instructions/Plan** | **Copyright**

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) |

Clicking the “Therapeutic Recommendations” action button returns patient-specific recommendations.

Logician

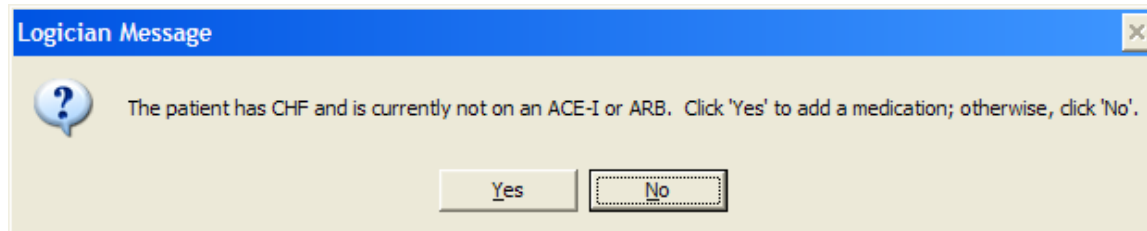
- 1) Patient's LDL cholesterol is greater than 70 and is at "very high risk" due to ASHD, PVD, or Cerebrovascular Dz AND at least one other major risk factor:
Diabetes
Smoking
Consider increasing the dose of the current lipid lowering agent or adding another agent to get LDL below 70.
- 2) Consider Therapeutic Lifestyle Change (TLC) diet or Dietary Referral since triglycerides are above goal.
- 3) Patient's last liver function tests have been over 6 months ago and is on the following medications:
HMG CoA Reductase Inhibitor (Statin)
Order LFT's NOW and every 6 months (or as otherwise indicated).
- 4) LDL goal not met and patient is on a Thiazide diuretic. Stopping the thiazide diuretic MAY improve lipid control.

CDSS / PSIA Embedded within the CPOE A&P-CCC Form

With the release of CCCQE™ Version 8.3, CCC has provided sites with the ability to embed workflow-friendly clinical decision support within the CPOE A&P-CCC form.

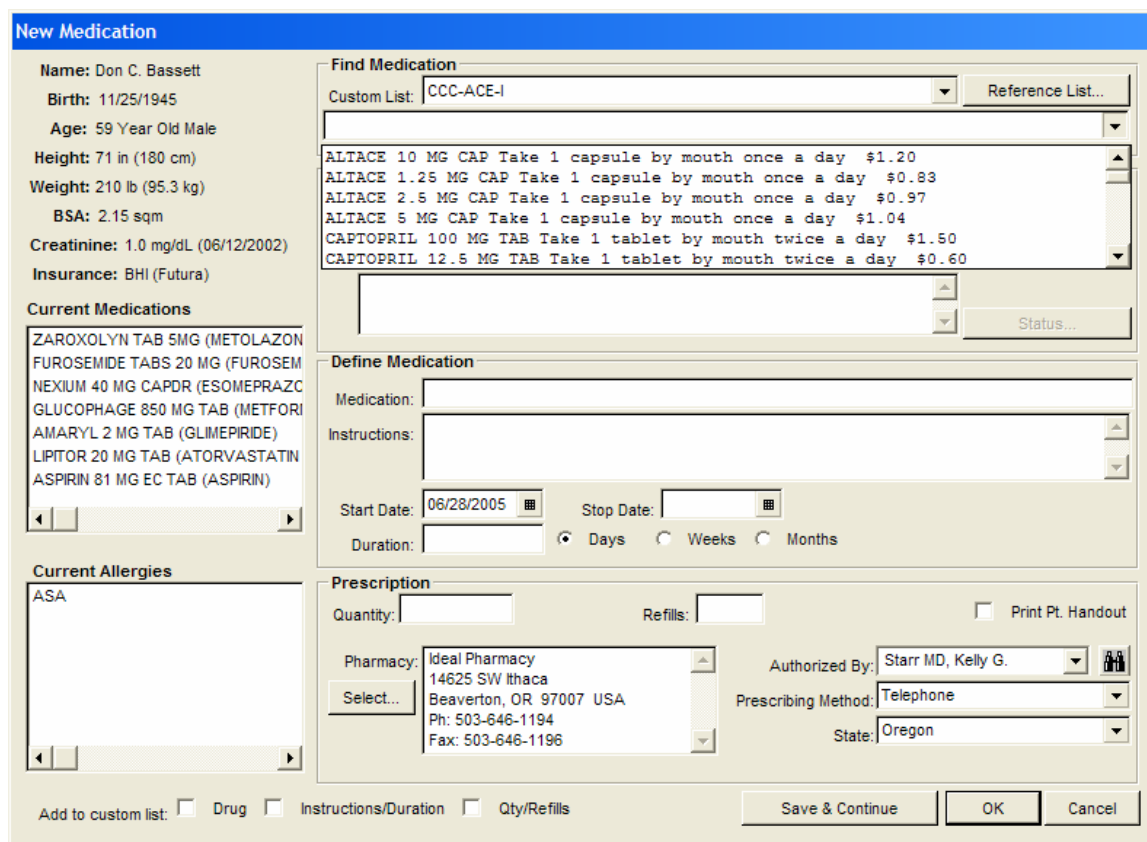
When programmed, a series of dynamic clinical decision support prompts will automatically appear, allowing the provider to take action or to document why action was not necessary.

Example of ACE-I/ARB Usage in Patients with CHF



A dialog box titled "Logician Message" with a blue header bar and a close button (X) in the top right corner. Below the header is a question mark icon and the text: "The patient has CHF and is currently not on an ACE-I or ARB. Click 'Yes' to add a medication; otherwise, click 'No'." At the bottom are two buttons: "Yes" and "No".

Clicking "Yes" brings provider to custom medication list for ACE-Inhibitors.

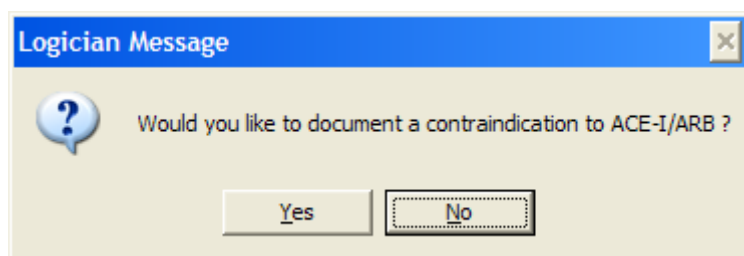


A "New Medication" form with a blue header bar. The form is divided into several sections:

- Patient Information:** Name: Don C. Bassett, Birth: 11/25/1945, Age: 59 Year Old Male, Height: 71 in (180 cm), Weight: 210 lb (95.3 kg), BSA: 2.15 sqm, Creatinine: 1.0 mg/dL (06/12/2002), Insurance: BHI (Futura).
- Current Medications:** A list of medications including ZAROXOLYN TAB 5MG (METOLAZON), FUROSEMIDE TABS 20 MG (FUROSEM), NEXIUM 40 MG CAPDR (ESOMEPRAZC), GLUCOPHAGE 850 MG TAB (METFORI), AMARYL 2 MG TAB (GLIMEPIRIDE), LIPITOR 20 MG TAB (ATORVASTATIN), and ASPIRIN 81 MG EC TAB (ASPIRIN).
- Current Allergies:** A list containing ASA.
- Find Medication:** A section with a "Custom List" dropdown set to "CCC-ACE-I" and a "Reference List..." button. Below is a list of medications with their dosages and prices: ALTACE 10 MG CAP Take 1 capsule by mouth once a day \$1.20, ALTACE 1.25 MG CAP Take 1 capsule by mouth once a day \$0.83, ALTACE 2.5 MG CAP Take 1 capsule by mouth once a day \$0.97, ALTACE 5 MG CAP Take 1 capsule by mouth once a day \$1.04, CAPTOPRIL 100 MG TAB Take 1 tablet by mouth twice a day \$1.50, and CAPTOPRIL 12.5 MG TAB Take 1 tablet by mouth twice a day \$0.60.
- Define Medication:** A section with fields for Medication, Instructions, Start Date (06/28/2005), Stop Date, and Duration (Days, Weeks, Months).
- Prescription:** A section with fields for Quantity, Refills, Pharmacy (Ideal Pharmacy, 14625 SW Ithaca, Beaverton, OR 97007 USA, Ph: 503-646-1194, Fax: 503-646-1196), Authorized By (Starr MD, Kelly G.), Prescribing Method (Telephone), and State (Oregon).

At the bottom, there are checkboxes for "Add to custom list:", "Drug", "Instructions/Duration", and "Qty/Refills". To the right are buttons for "Save & Continue", "OK", and "Cancel".

Clicking “No” returns:



The provider can ignore the prompt and click “No” or else click “Yes”, which will allow the contraindication to be documented using the CDSS Contraindication-CCC form (or any other form the site may have developed).

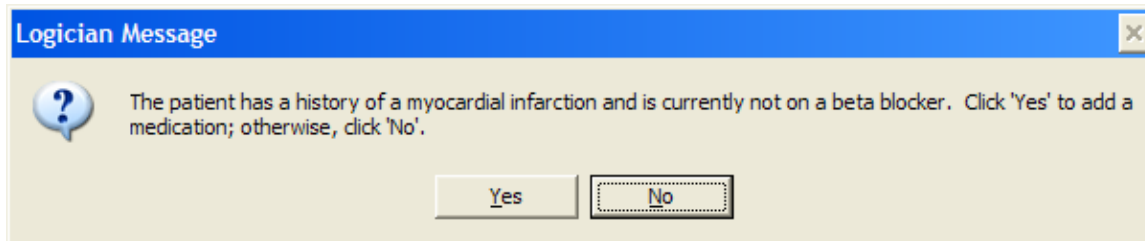
Example of Beta-blocker Usage Post-MI CDSS

Note: The CHF Medications for the patient automatically appear in the assessment field for CHF (as do all problem/medication class designated problems).

When the provider selects Subendocardial MI from the dropdown list on the CPOE A&P form,

 A screenshot of the 'CPOE A&P-CCC: Don C. Bassett' form. The form has a blue header bar with the title. Below the header, there are tabs for 'A&P 1-2', 'A&P 3-4', 'A&P 5-6', 'A&P 7-8', 'A&P 9-10', and 'A&P 11-12'. The 'A&P 1-2' tab is selected. The form contains two assessment sections. 'Assessment #1' has a dropdown menu with 'CONGESTIVE HEART FAILURE (ICD-428.0)' selected, a 'Commit Assessment' button, and a 'Clear All' button. Below this, a text area displays 'His updated medication list for this problem includes: Zoroxyn Tab 5mg (Metolazone) 1 po qd, Furosemide Tabs 20 Mg (Furosemide) 1 po bid, Aspirin 81 Mg Ec Tab (Aspirin) Take one (1) tablet by mouth daily'. 'Assessment #2' has a dropdown menu with 'SUBENDOCARDIAL MI (ICD-410.70)' selected, a 'Commit Assessment' button, and a 'Clear All' button. Below this, a text area displays 'DIABETES MELLITUS, TYPE II (ICD-250.00), HYPERLIPIDEMIA (ICD-272.4), CONGESTIVE HEART FAILURE (ICD-428.0), Sx of HOARSE VOICE QUALITY, EFFUSION, PLEURAL (ICD-511.9)'. At the bottom of the form, there are buttons for 'New Meds', 'Change Meds', 'Insert Meds', 'New Orders', 'Insert Orders', 'Insert Template', 'Print Handout', 'Add All Meds to Note', 'Remove New Meds from Note', 'Rx Monitoring and General Alerts', 'Rec. Interventions', 'Rec. Tests', 'Orders', 'HPI', 'ACV', 'PMH', 'FH-SH', 'Risk Factors', 'ROS', 'VS', 'PE', 'Problems', 'CPOE A/P', 'Instructions/Plan', 'Copyright', 'Prev Form (Ctrl+PgUp)', 'Next Form (Ctrl+PgDn)', and 'Close'.

The following prompt appears:



Clicking “Yes” opens the Beta-blocker custom medication list. If the provider orders a beta-blocker, it will automatically appear in the assessment field for the problem Subendocardial MI.

Clicking “No” will prompt the provider to document the contraindication (see below). Documenting the contraindication will prevent the prompt from reappearing on subsequent visits in addition to providing structured documentation of the specific contraindication.

CDSS Contraindications Form:

The CDSS Contraindications form allows the provider to document contraindications to treatment, diagnostics, or to document a variety of staging values, all from the same form. This form can be customized by specialty.

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment

Treatment	Contraindication
ACE-Inhibitor	

Deferment of Testing/Procedure

Test or Procedure	Reason for Deferment

Stage Documentation

Classification Scheme	Class or Stage

Intake

Prenatal Visit

Past Preg Hx

Genetic

Flowsheet

Lab

Prenatal Ed

Ultrasound

PAP Entry

HPI

ACV

PMH

FH-SH

Risk Factors

ROS

VS

PE

Problems

CPOE A/P

Instructions/Plan

Copyright

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Select the Treatment, Test/Procedure, or Staging to be documented.

Example: Contraindication to Treatment

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment

Treatment

ACE-Inhibitor

Contraindication

cough
 cough
 rash
 hypotension
 hyperkalemia (>5.5)
 renal insufficiency
 renal artery stenosis

Commit to Flowsheet

Deferment of Testing/Procedure

Test or Procedure

Stage Documentation

Classification Scheme

Class or Stage

Intake

Prenatal Visit

Past Preg Hx

Genetic

Flowsheet

Lab

Prenatal Ed

Ultrasound

PAP Entry

HPI

ACV

PMH

FH-SH

Risk Factors

ROS

VS

PE

Problems

CPOE A/P

Instructions/Plan

Copyright

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Select the contraindication (or stage), then click the "Commit to Flowsheet" action button. Note: more than one contraindication may be documented at one time using the same form/update.

Example: Contraindication to a Test or Procedure

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment
Treatment: ACE-Inhibitor Contraindication: cough **Commit to Flowsheet**

Deferment of Testing/Procedure
Test or Procedure: Colonoscopy
PAP Smear
Mammogram
Reason for Deferment:
Classification Scheme: Class or Stage:

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Example: Staging Documentation

CDSS Contraindications-CCC: Don C. Bassett

Clinical Decision Support System:
Documentation of Contraindications to Treatment, Deferment of Testing/Procedures, and Stage Documentation

To document contraindications, deferments, or staging: Enter information into both fields then click "Commit to Flowsheet"

Contraindications to Treatment
Treatment: ACE-Inhibitor
Contraindication: cough
Commit to Flowsheet

Deferment of Testing/Procedure
Test or Procedure:
Reason for Deferment:

Stage Documentation
Classification Scheme: Smoking Cessation
Class or Stage:
Breslow's for melanoma
Canadian Cardiovascular Society
Duke's for Colon CA
Killip Class for MI
NYHA CHF Classification
Smoking Cessation

Intake Prenatal Visit Past Preg Hx Genetic Flowsheet Lab Prenatal Ed Ultrasound PAP Entry
HPI ACV PMH FH-SH Risk Factors ROS VS PE Problems CPOE A/P Instructions/Plan Copyright
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close