
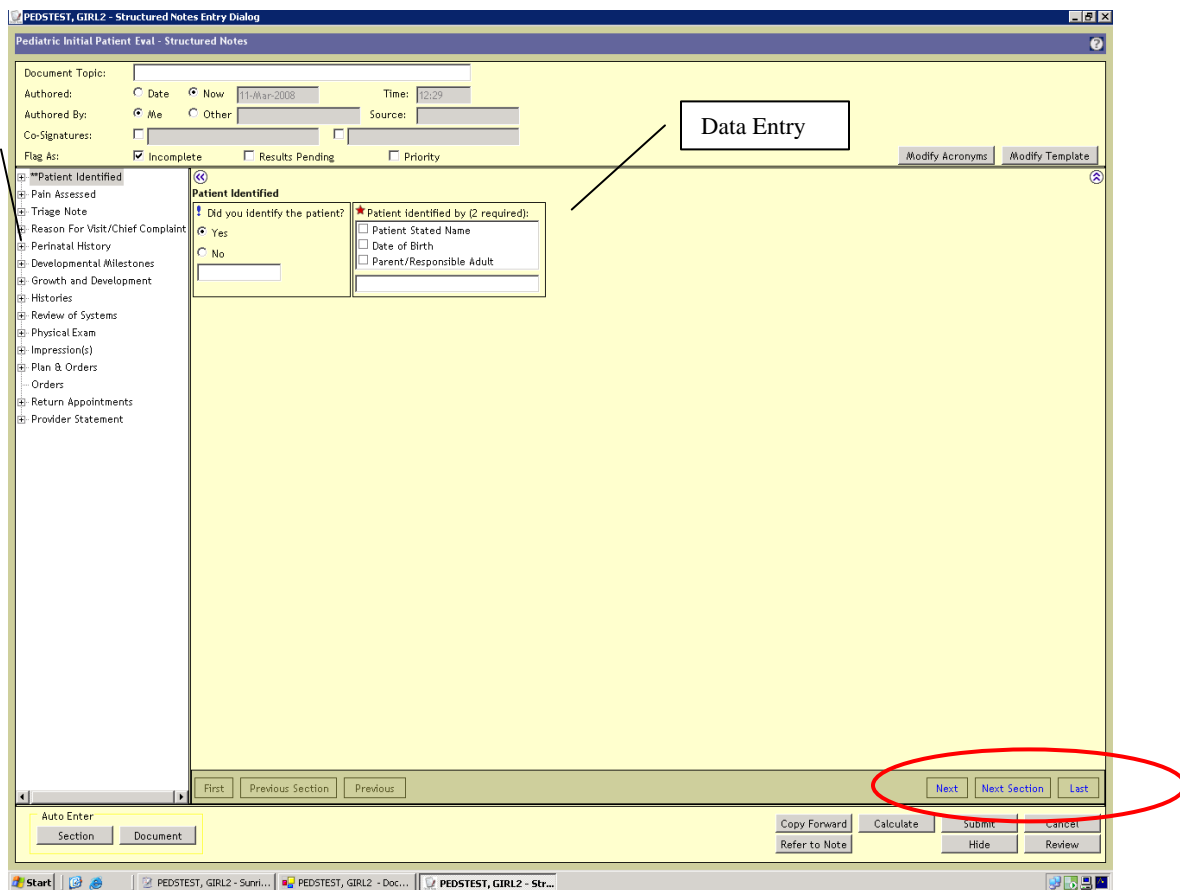


Using the Enter new document icon  in the toolbar, manually type in one of the following notes:

- Pediatric Initial Patient Evaluation (*replaces paper Pediatric Initial Patient Evaluation*)
- Pediatric Routine Care Visit (*replaces Pediatric Ambulatory Progress Note*)
- Pediatric Episodic Care Visit (*replaces Ambulatory Progress Note*)

After selecting the note, double click to open and begin filling in the fields or checkboxes.

*The left panel contains each observation header. To the right is the data entry section.*



- If you see a **blue exclamation** point it means the document will be submitted as incomplete unless you fill out that section. A warning message will appear upon clicking Submit.
- A **red star** is a mandatory section. The note cannot be submitted unless that section is filled in.
- In order to move from one section to the next you must click on the **Next** button on the bottom of the screen. Or you can click on each header name in the left panel.

## TRIAGE NOTE

To view the **Triage note** filled out by nursing, click on the Observation section **"Triage Note"** .

You can view the Growth Chart information or click on the Pediatric Triage Note for Vitals, Reason for Visit, Pain Assessment, etc. If you would like to include the Triage Note or Growth Chart as part of your submitted note check the box at the top with today's date

*Please note: this is a view only section pulled in from the Nursing Triage Flowsheet.*

Pediatric Triage Note		H	L	C	8h	19-Mar-2008 08:28
<input type="checkbox"/>	Patient Identified (2 Required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Brought By:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initial Patient Evaluation/Routine Care Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Episodic Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Weight Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sick Visit Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Patient's allergies reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pain Assessment Source of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pain Assessment Pain Scale Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pain Assessment Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Numeric Pain Scale Pain Score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Numeric Pain Scale Pain Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEVELOPMENTAL MILESTONES

Milestones are listed from 1 month to 11-14 years. You only need to choose the one that is age appropriate. Selecting "Meets all of the following" will summarize all milestones on your final note.

PEDSTEST, GIRL2 - Structured Notes Entry Dialog

Pediatric Initial Patient Eval - Structured Notes

Document Topic: \_\_\_\_\_

Authored:  Date  Now 12-Mar-2008 Time: 14:38

Authored By:  Me  Other \_\_\_\_\_ Source: \_\_\_\_\_

Co-Signatures: \_\_\_\_\_

Flag As:  Incomplete  Results Pending  Priority Modify Acronyms Modify Template

**Developmental Milestones**

1 month

1 Month  meets all of the following  smiles spontaneously  looks at caregiver's face  responds to noises

lifts head  movements equal \_\_\_\_\_

Developmental History \_\_\_\_\_

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- 10 years
- 11-14 years

Review/Preview Structured Note

PEDSTEST, GIRL2 - Pediatric Initial Patient Eval

**Developmental Milestones**

1 month

- 1 Month smiles spontaneously, looks at caregiver's face, responds to noises, lifts head, movements equal

**Signatures**

Conway, Anne (Physician)[Signed 12-Mar-2008 14:38]

Authored: Developmental Milestones

## REVIEW OF SYSTEMS

In the **Review of systems**, if you want to check off all negative, select the first negative. At the bottom left hand of the screen click Auto Enter Section and it will select negatives.

System	negative	positive...	Free text
General	<input checked="" type="radio"/>	<input type="radio"/>	
Skin	<input checked="" type="radio"/>	<input type="radio"/>	
HEENT	<input checked="" type="radio"/>	<input type="radio"/>	
Breasts	<input checked="" type="radio"/>	<input type="radio"/>	
Respiratory/Thorax	<input checked="" type="radio"/>	<input type="radio"/>	
Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	
GI	<input checked="" type="radio"/>	<input type="radio"/>	
GU	<input checked="" type="radio"/>	<input type="radio"/>	
Immunologic	<input checked="" type="radio"/>	<input type="radio"/>	
Musculoskeletal	<input checked="" type="radio"/>	<input type="radio"/>	
Neurological	<input checked="" type="radio"/>	<input type="radio"/>	
Psychiatric	<input checked="" type="radio"/>	<input type="radio"/>	

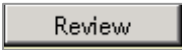
**Please note:** Use the same methodology for “normals” on the Physical Exam.

If you see a button selection with 3 dots after it that means there is more to choose from and if you select it more buttons will populate.

System	negative	positive...	Free text
General	<input type="radio"/>	<input checked="" type="radio"/>	
General Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Skin	<input type="radio"/>	<input type="radio"/>	

**Please note:** Round buttons mean you choose one or the other. Square check boxes are multiple select, you can choose more than one.

If you would like to **Review** the document while you are filling it out, click on the Review button on the bottom right side of the screen.



**Reason For Visit/Chief Complaint**  
- Reason For Visit: Initial Routine Visit

**Developmental Milestones**  
1 month  
- 1 Month smiles spontaneously, looks at caregiver's face, responds to noises, lifts head, movements equal

**Histories**  
Patient's Medical History  
- Allergies Reviewed? Yes

**Review of Systems**  
Review of Systems  
- General positive...  
- General Symptoms chills, sweating, fatigues easily  
- Skin negative  
- HEENT positive...  
- Eye Symptoms discharge  
- Throat Symptoms throat pain  
- Breasts negative  
- Respiratory/Thorax negative  
- GU negative  
- Musculoskeletal negative

**Physical Exam**  
Physical Exam  
- General well-developed, well-nourished, no acute distress, alert, active, afebrile  
normal tone, turgor, texture  
- Skin normal tone, turgor, texture  
- HEENT Head - normocephalic, atraumatic; Eyes - PERRL, EOMI, conjunctiva clear, no discharge/injections; Ear - no tenderness, no pain, no wax, no fluid, no inflammation, no redness, no foreign bodies, normal light reflexes, normal insufflation; Nose - no nasal discharge or deviation; Mouth - normal mouth and gums for age, no dental caries; Neck - supple, no thyromegaly; Pharynx - no redness, discharge, or peritonsillar abscess; Tonsils - no redness, swelling, or discharge  
- Cardiovascular normal  
- Breasts/Tanner normal shape, nipples; no mass, tenderness, discharge, discoloration  
- Respiratory/Thorax airway patent, breath sounds equal, good air movement, respirations non-labored,


If you need to see other information for the patient in SCM you can HIDE the document and come back to it.

Click on the Hide button



Hide

at the bottom right side of the note. And then to get

back into the current note to continue documenting, click on the Enter Document icon  in the toolbar again.

## FOR RESIDENTS ONLY:

When finished writing your note, check off the **Incomplete** button at the top of the screen and **Click Submit**. The attending will go back into the document to review and sign the provider statement.

Authorized By:  Me  Other  Source:

Co-Signatures:

Flag As:  Incomplete  Results Pending  Priority

[-] Patient Identified  
[-] Pain Assessed  
[-] Triage Note  
[-] Reason For Visit/Chief Complaint  
[-] Perinatal History  
[-] Developmental Milestones  
[-] Growth and Development  
[-] Histories  
[-] Review of Systems  
[-] Physical Exam  
[-] Impression(s)

Return Appointments

Return To:  NUMC OMNI  Commu

Return In:  Day(s)  Week(s)

Return For:  Follow-up  Physic:

## EDIT OR APPEND A DOCUMENT

Go to the Documents Tab, click on the note and then right click and choose Edit Document.

**Please note:** you can only edit before the Attending has signed off on it, if you need to add an addendum after the Attending has signed off on it you need to right click and choose Append Document)

Drug Allergies: No Known Allergies Other: No Known Allergies

Patient List Orders Results Patient Info Summary Documents Flowsheets Clinical Summary

Chart: This Chart

Since: 07 -Jan - 2007

Start of This Chart: [Dropdown]

To: Today

All documents shown.

Document Selection: All

Document Type: Any

Display Format: Report

Tracking New Documents - All Docum

19-Mar-2008

- 09:05 Pediatric Initial Patient Evaluation peddoc4 (Physician) [Signed: 19-Mar-2008 09:16] [Last Upd:
- 09:16 Pediatric Episodic Care Visit peddoc4 (Physician)
- 09:20 Pediatric Initial Patient Evaluation peddoc2 (Physician) [Signed: 19-Mar-2008 09:33] [Last Upd:
- 11:39 Pediatric Initial Patient Evaluation peddoc4 (Physician) INCOMPLETE

Context Menu:

- View Document Details
- View New Documents
- View Corrections
- View Media
- View Order
- Status History
- Forward Document
- Document Info
- Annotation History
- Print Selected Documents
- Document Entry
  - Edit Document
  - Finalize Document
  - Append Document
  - Cancel Document
  - Sign Document
- Summary View
- SHM View
- Letters View

## FOR ATTENDINGS REVIEWING RESIDENTS' NOTES ONLY:

To review a document, the attending can go to the **Documents tab**, highlight the correct document, and double click on it.

To **sign off** from the Documents Tab, right click on the document, select **Edit document**. Check off the appropriate **Provider Statement** and then **uncheck the incomplete box**.

**PEDSTEST, GIRL4 - Structured Notes Entry Dialog**

Pediatric Initial Patient Eval - Structured Notes

Document Topic: [Text Box]

Authored:  Date  Now 11-Mar-2008 Time: 17:56

Authored By:  Me  Other [Text Box] Source: [Text Box]

Co-Signatures:  [Text Box]  [Text Box]

Flag As:  Incomplete  Results Pending  Priority

- [-] Patient Identified
- [-] Pain Assessed
- [-] Triage Note
- [-] Reason For Visit/Chief Complaint
- [-] Perinatal History
- [-] Developmental Milestones
- [-] Growth and Development
- [-] Histories
- [-] Review of Systems
- [-] Physical Exam
- [-] Impression(s)
- [-] Plan & Orders
  - [-] Orders
- [-] Return Appointments
- [-] \*\*Provider Statement
  - [-] Provider Statement

**Provider Statement**

Attending Attestation  Resident Supervision

Attending Attestation  Non-teaching Encounter

Comments [Text Area]

**Review/Preview Structured Note**

PEDSTEST, GIRL4 - Pediatric Initial Patient Eval

**Provider Statement**

Provider Statement

- **Attending Attestation** I have personally reviewed the chart, examined the patient, and agree with the provider's note as written.

**Signatures**

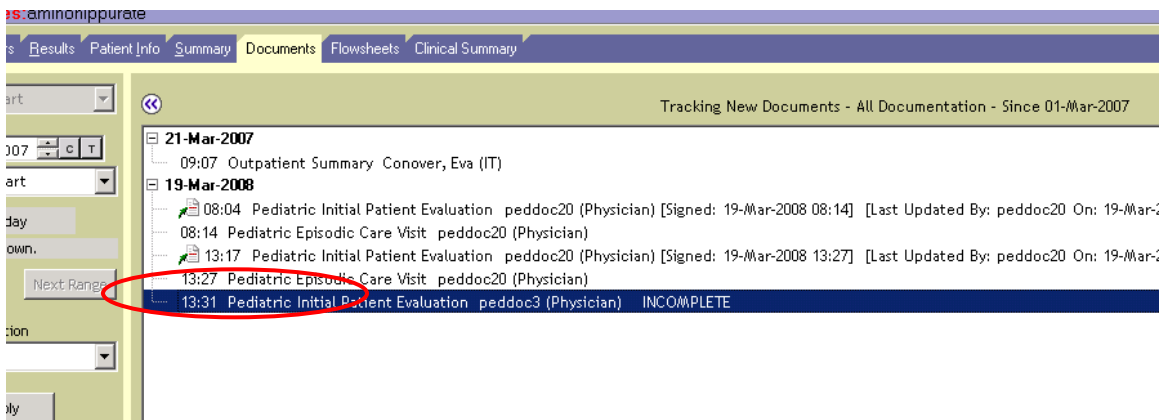
\_peddoc1 (Physician)[Signed 11-Mar-2008 17:56]

Authored: Provider Statement

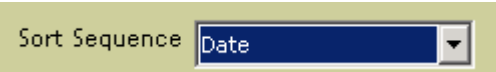
Use the Review button to view the full attestation.

## REVIEWING A DOCUMENT

Go to the **Documents** tab, highlight the correct document, and double click on it.

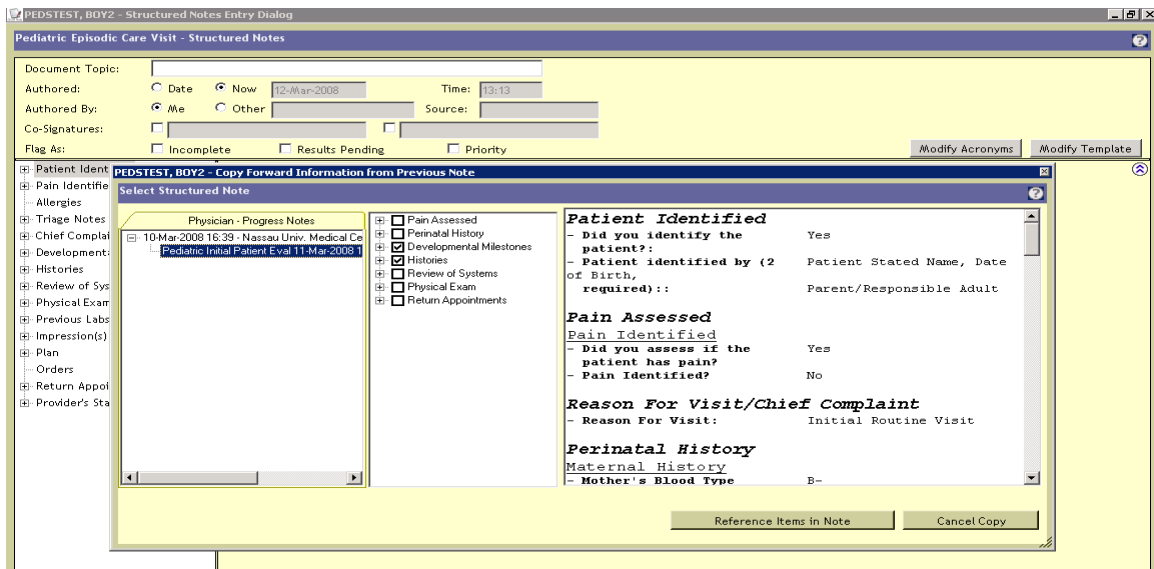



Use the sort sequence area at the bottom of the screen to change the view (i.e date to author).




## REFER TO NOTE

If you would like to reference a section of a previous note inside your own note, click on **Refer to Note**. Choose the note on the left hand side that you would like to reference. In the middle, select the sections of the note that you would like to reference. Click **“Reference Items in Note”**.



The icon that looks like books  will appear in your note in the section you used the Refer to Note for. The information will copy into your note.

<b>Patient's Medical History</b> 	
Allergies Reviewed?	<input checked="" type="radio"/> Yes <input type="radio"/> No
History of Anaphylaxis:	<input type="radio"/> Yes <input type="radio"/> No
Immunizations:	<input type="checkbox"/> UTD <input checked="" type="checkbox"/> Delayed
Patient's Medical History:	<input type="radio"/> positive... <input type="radio"/> negative <input type="radio"/> unknown
Surgical History	<div style="border: 1px solid black; height: 40px;"></div>
Date of Menarche:	<input type="text"/>
Date of LMP:	<input type="text"/>
Date of Last Dental Exam:	<input type="text"/>

Your final note will show that you referenced information from another note

**Visit**

**Histories**

Patient's Medical History (Data referenced from "Pediatric Initial Patient Evaluation" 03/19/2008 8:04 AM)

- Allergies Reviewed? Yes
- Immunizations: Delayed

Social (Data referenced from "Pediatric Initial Patient Evaluation" 03/19/2008 8:04 AM)

- Country of Birth: U.S.A.
- Guardian: parents

**Signatures**