

Need Help?

Issues with **EMR SCM**
Call **Physician Support**
819-7070

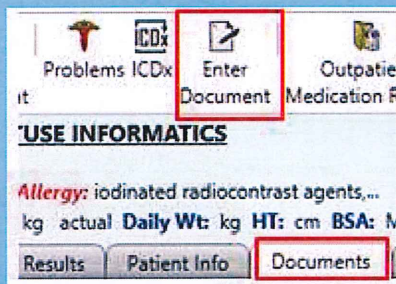
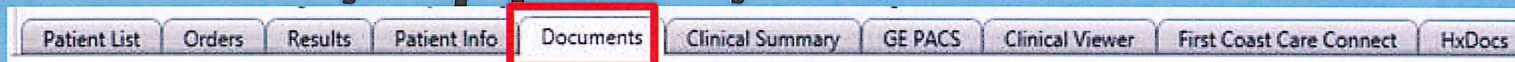
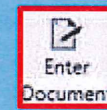
Issues with Citrix **log-on/Password**
Call Flagler IS **Helpdesk**
819-4475

After hours, weekends & Holidays
819-4347

Flagler Hospital Switchboard 904-819-4347

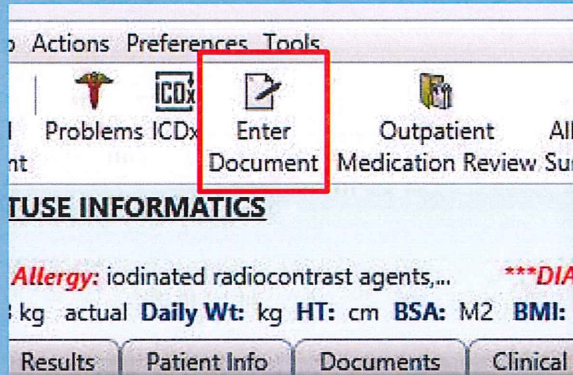
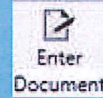


Enter Document Modified/Append/Cancel Documents



Enter Document from Top Toolbar

Enter Document Icon



Document Entry Worksheet - X5TEST, DONOTUSE INFORMATICS

Authored: Date Now 05 - 27 - 2018 (C)T Time: 16:55

Authored by: Me Other _____ Source: _____

Co-Signer(s): _____ _____

Mark Note As: Incomplete Results pending Priority

Personal Documents

tel _____

Document Name _____

TeleStroke Treatment _____

TeleStroke Treatment Note

Create Preview

Document Info

Sections

- ▼ **Chart Review
- ▼ Chart Review
 - Click Radio Buttons to Add Data
 - Data Display - View Only
- ▼ **Referral Information
 - Referral Source
- ▼ **Telemedicine Assessment
 - Telemedicine Assessment
 - ▶ NIHSS
 - ▶ Telestroke tPA Guidelines
 - Treatment Considerations
 - Past Medical History
 - Past Surgical History
 - ▶ Impression and Plan

Copy Forward
Refer to Note
Preview
Acronym Expansion
Orders
Care Providers

Chart Review

Click Radio Buttons to Add Data

service
 Lab Results
 Vital Signs
 I & O last 24 hrs
 Active Medications
 Active Antibiotics

Data Display - View Only

Service: TeleStroke
Hospital Day: #1, Hour # 1 (current date and time : 07-12-2018 1003)

Vital Signs-Last Charted:
No VS Observations found.

No Lab Results Reported.

Copy Forward
Refer to Note
Preview
Acronym Expansion
Orders

Referral Source

Referral Source Baptist ED Flagler Hospital ED Inpatient Stroke

Other (specify)

Reason for Referral possible CVA evaluation for tPA administration

wake stroke

Telemedicine Assessment

Neurological Consult

Done by Telemedicine -
Phone or in Person

Time Last Known Well

Date/Time (dd-mmm-
yyyy hh:mm)

Arrival/Assessment time yes no

Over 4.5 Hours Since
Last Known Well

NIHSS

Interval

- baseline
- 2 hrs posttreatment
- 24 hrs post onset of symptoms +/- 20 mins
- 7-10 days
- 3 mos

1a Level of Consciousness

- 0= alert; keenly responsive
- 1= not alert; arousable by minor stim to obey/answer/respo...
- 2= not alert; repeat stim to attend strong stim/pain to move
- 3= responds w/ reflex motor/autonomic effects or no respo...

1b. LOC Questions

- 0= Answers both questions corre
- 1= Answers one question correct
- 2= Answers neither question corr

TeleStroke Treatment Note

continued

<p>3. Visual</p> <p><input type="radio"/> 0= No visual loss</p> <p><input type="radio"/> 1= Partial hemianopia</p> <p><input type="radio"/> 2= Complete hemianopia</p> <p><input type="radio"/> 3= Bilateral hemianopia (blind including cortical blindness)</p>	<p>4. Facial Palsy</p> <p><input type="radio"/> 0= Normal symmetrical movements</p> <p><input type="radio"/> 1= Minor paralysis (flat nasolabial fold, smile asymmetry)</p> <p><input type="radio"/> 2= Partial paralysis (total/near total of lower face)</p> <p><input type="radio"/> 3= Complete paralysis of one or both sides</p>
<p>5a. Motor Arm, Left</p> <p><input type="radio"/> 0= No drift</p> <p><input type="radio"/> 1= Drift</p> <p><input type="radio"/> 2= Some effort against gravity</p> <p><input type="radio"/> 3= No effort against gravity</p> <p><input type="radio"/> 4= No movement</p> <p><input type="radio"/> UN= Amputation or joint fusion (explain)</p> <p><input type="text"/></p>	<p>5b. Motor Arm, Right</p> <p><input type="radio"/> 0= No drift</p> <p><input type="radio"/> 1= Drift</p> <p><input type="radio"/> 2= Some effort against gravity</p> <p><input type="radio"/> 3= No effort against gravity</p> <p><input type="radio"/> 4= No movement</p> <p><input type="radio"/> UN= Amputation or joint fusion (explain)</p> <p><input type="text"/></p>
<p>6a. Motor Leg, Left</p> <p><input type="radio"/> 0= No drift</p> <p><input type="radio"/> 1= Drift</p> <p><input type="radio"/> 2= Some effort against gravity</p> <p><input checked="" type="radio"/> 3= No effort against gravity</p> <p><input type="radio"/> 4= No movement</p> <p><input type="radio"/> UN= Amputation or joint fusion (explain)</p> <p><input type="text"/></p>	<p>6b. Motor Leg, Right</p> <p><input type="radio"/> 0= No drift</p> <p><input type="radio"/> 1= Drift</p> <p><input type="radio"/> 2= Some effort against gravity</p> <p><input type="radio"/> 3= No effort against gravity</p> <p><input type="radio"/> 4= No movement</p> <p><input type="radio"/> UN= Amputation or joint fusion (explain)</p> <p><input type="text"/></p>
<p>7. Limb Ataxia</p> <p><input type="radio"/> 0= Absent</p> <p><input type="radio"/> 1= Present in one limb</p> <p><input type="radio"/> 2= Present in two limbs</p> <p><input type="radio"/> UN= Amputation or joint fusion (explain)</p> <p><input type="text"/></p>	<p>8. Sensory</p> <p><input type="radio"/> 0= Normal; no sensory loss.</p> <p><input type="radio"/> 1= Mild-to-moderate sensory loss</p> <p><input type="radio"/> 2= Severe to total sensory loss</p>
<p>9. Best Language</p> <p><input type="radio"/> 0= No aphasia; normal</p> <p><input type="radio"/> 1= Mild-to-moderate aphasia</p> <p><input type="radio"/> 2= Severe aphasia</p> <p><input type="radio"/> 3= Mute, global aphasia</p>	<p>10. Dysarthria</p> <p><input type="radio"/> 0= Normal</p> <p><input type="radio"/> 1= Mild-to-moderate dysarthria</p> <p><input type="radio"/> 2= Severe dysarthria</p> <p><input type="radio"/> UN= Intubated or other physical barrier (explain)</p> <p><input type="text"/></p>
<p>11. Extinction and Inattention (formerly Neglect)</p> <p><input type="radio"/> 0= No abnormality</p> <p><input type="radio"/> 1= Visual, tactile, auditory, spatial, personal inattention</p> <p><input type="radio"/> 2= Profound hemi-inattention/extinction > 1 modality</p>	
<p>NIH Stroke Scale Total</p> <p><input type="text"/></p>	<p>NIHSS Results</p> <p><input type="radio"/> 0 (no Stroke)</p> <p><input type="radio"/> 1-4 (minor stroke)</p> <p><input type="radio"/> 5-15 (moderate stroke)</p>

Build Acronyms

Build a template if you Always say the same thing

From Enter Documents Icon

1- Goto **Notes** > click on **Acronyms Expansion**

The screenshot shows a software interface for creating acronyms. At the top, there is a toolbar with buttons for 'Copy Forward', 'Refer to Note', 'Preview', 'Modify Template', and 'Acronym Expansion' (which is highlighted with a red box). Below the toolbar is a 'CHART REVIEW' section with a list of radio buttons: 'Click in Sequence', 'service', 'LOS', 'Vital signs', 'Admission weight', 'Daily weight X 48 hrs', 'I & O last 24 hrs', and 'I & O SOC'. To the right of this list is a 'Data Display - DO NOT TYPE HERE' area with a toolbar containing icons for copy, paste, undo, redo, and search, along with a font dropdown set to 'Arial' and a size dropdown set to '10'. Below the data display, there is text: 'Service: General Practice', 'No LOS Data Available.', 'Vital Signs-Last Charted:', and 'No VS Observations found.'. A green starburst graphic with a blue border is overlaid on the right side of the interface, containing the text 'Need Help? Call 7070'.

2- Click **ADD** > Type **whatever you want to use**

.bye

Findings discussed with patient. All questions and concerns addressed. Appropriate medication usage and follow up instructions given to the patient. The patient demonstrates understanding of all instructions given and feels comfortable going home.

Acronym:

This example type **.bye** click enter & phrase appears

.bye

Expanded Text:

Findings discussed with patient. All questions and concerns addressed. Appropriate medication usage and follow up instructions given to the patient. The patient demonstrates understanding of all instructions given and feels comfortable going home.

Modified/Append/Cancel Document

From Documents Tab

Click on Documents Tab > Double Click Document to open

Options Panel

Chart Selection

This chart All available charts

Date Range

Authored Date

From: 05-15-2018

To:

Retain selections for next patient

Display Format

Date (Report)

Filters

Document Status/Priority: No Document Status/Priority Filter

Time	Document Name	Authored
13:58	Smart Progress Note, Adult-Hospitalist	Ibrahim, Y
12:43	Smart Progress Note, Adult-Cardiology	Crisco, La
12:03	Free Text Note, Nursing	Flynn, Lau
10:16	Smart Progress Note, Adult-Infectious Disea...	Ali, Syed V
03:45	Free Text Note, Nursing	Trimble, V
03:27	Smart Progress Note, Adult-Critical Care/Pu...	Thomas, E
03:22	Endotracheal Intubation, Procedure	Thomas, E
02:35	Smart Progress Note, Adult-Critical Care/Pu...	Thomas, E

View Document Details - X5TEST, DONOTUSE INFORMATICS

View Modify Append Corrections Annotations Status

Smart Progress Note, Adult-None [Charted Location: 16:29] for Visit: 2000761596, Incomplete, Entered, Sign

CHART REVIEW:

- Data Display - DO NOT TYPE HERE

Service: None
No LOS Data Available.

Vital Signs-Last Charted:

Need Help?

Left Upper Tabs: *View, Modify, Append*
Left Lower Corner: click **Red X to Cancel Document**

HxDocs (View ONLY: Current, Historical Documents & Procedures)

enlarged



- 1- Save Preferences
- 2- Restore Preferences
- 3- Select All
- 4- Clear All

Patient List | Orders | Results | Patient Info | Documents | Clinical Summary | GE PACS | Clinical Viewer | First Coast Care Connect | HxDocs



- Cath
- Echo
- Stress
- Vasc
- EKG
- Other C/P
- H & P
- D/C
- Consults
- Procedures
- OR Report
- Oncology
- Path
- Progress Notes
- ED
- SIS
- Nursing
- Pharm
- Other
- Discharge Instructions
- Monitor Strips

Date	Title
05/27/2018	Admission H-P Voice...
05/27/2018	Consultation Note Voi...
05/27/2018	Smart Progress Note,...
05/27/2018	Free Text Note, OT
05/27/2018	Free Text Note, PT
05/27/2018	Skin Care Note
05/27/2018	ED Disposition Summ...
05/26/2018	ED Nursing Reassessm...
05/26/2018	ED Nursing Reassessm...
05/26/2018	ED Provider Note
05/26/2018	Realtime Report
05/26/2018	ED Nursing Triage Note
05/26/2018	ED Lobbv Note
12/01/2015	Smart Progress Note,...
12/01/2015	Smart Consult Note, A...
12/01/2015	ED Provider Note
11/10/2015	Med Student Admissi...
11/10/2015	Smart Progress Note,...
10/24/2008	HISTORY AND PHYSIC...
10/24/2008	CONSULTATION REPO...
10/24/2008	DISCHARGE SUMMARY
12/14/2009	ER NURSING REPORT

Sort by Date, Title or Who
Click on Header to Sort

Red pencil = Incomplete Document

From Meditech

Admit Date: 05/26/2018 DOB: 08/23/1943
DATE OF CONSULTATION: 05/27/2018

CONSULTANT
[REDACTED]

HISTORY OF PRESENT ILLNESS
This patient is a 74-year-old white female, who at rest developed left-sided chest achiness going around to the back into the arm. She tried 1 nitroglycerin with perhaps minimal improvement. She said the discomfort lasted only 5-6 minutes. She has some belching. No nausea or vomiting. Mild dyspnea. Pain was nonpleuritic. She saw her chest wall was tender. She has not had any recent chest pain syndrome. She has known CAD with CABG x4 in 2011. At that time, she had LIMA to the LAD, saphenous vein graft to the right coronary artery, obtuse marginal 1 and 2 and TMP to the anterior wall.