

**Advanced Charting
Techniques for EpicCare
Physicians:**
Super Efficiency
with SuperPhrases
Revised Edition 2007

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All patient names mentioned in this book are fictitious, and all scenarios described are hypothetical. Any resemblance to real persons or circumstances is purely a coincidence.

This book is dedicated with great affection to my children, Sarah and Daniel,
whose love and support have sustained me and whose growth and evolving
wisdom are a constant joy.

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I would like to express my gratitude to the many wonderful colleagues and friends across the nation from multiple organizations who have helped shape this book through contributions of creative new SmartPhrases and SmartLink ideas, through editing and managing the content of those Phrases, and through their considerable software skills to generate the print and HTML versions of this text. Their personal insights and support during the past four years inspired me to create this third edition. I extend my deepest appreciation to them (listed alphabetically by first name):

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I have also had the opportunity to observe hundreds of EpicCare physicians and nurses in their daily work, and I learned a great deal from their workflows and documentation. I thank them for their contributions, which are reflected throughout the content of the SuperPhrase file.

And lest I forget them, let's commend the first medical center to go live with Legacy (forerunner of EpicCare) in 1993: the medical staff of the CIGNA Chandler HealthCare Center in Arizona. They were the original pioneers, and their fingerprints still linger on every page of this text.

Foreword

Implementing a complex and integrated electronic medical record (EMR) is not only technically difficult and operationally demanding, but it involves introducing a new documentation paradigm for clinicians. The great technical advance that the EMR has provided for Kaiser Permanente also presents a great challenge for documentation quality and efficiency as clinicians go from pencil and paper to keyboard data entry.

There are multiple documentation templates or “tools” in the armamentarium of the EpicCare Ambulatory application, but none as flexible and modifiable “on the fly” as SmartPhrases. Dr. Peter Churgin’s book on SuperPhrases is full of practical, highly efficient SmartPhrase aids to documentation.

EMR documentation requires combining our common words, medical terms, clinical scenarios, medication-use phrases, orderables terms, and SmartLinks. SuperPhrases conform to this purpose like no other documentation system, facilitating the documentation of the multi-concern visits so often seen in primary care or specialties.

In the examination room or office, complexity increases with individual needs. From each clinician and from each patient, the medical document needs to reflect information as it is discussed. This is possible with SmartPhrases and Peter’s SuperPhrases because they are fully malleable.

During our implementation, clinicians have used them mostly as written. Some they changed and conformed to their personal needs, and some they created from scratch. After working with the different tools in the EpicCare Ambulatory application, multiple clinicians continue to support the unique attractiveness and clinical power behind SuperPhrases.

Our application is fully implemented. Productivity is back to pre-implementation status. And most importantly, our clinicians would never go back to paper, because they could not accomplish the high-quality care achieved without this powerful documentation tool.

I strongly recommend this documentation system to anyone in the front line clinical practice, be it primary care or specialty.

Understanding the core syntax of the SuperPhrase names will unleash a dramatic potential in your clinical electronic documentation, the overall quality of your medical care, and your sense of accomplishment at the end of the office workday.

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Introduction

It is with great satisfaction that I write this third edition of what has become commonly known as “The Red Book.” The first edition was completed in early 2003, when Epic’s Hyperspace June 2002 version was current, many EpicCare versions ago. From February 2003 to December 2006 I worked exclusively with Kaiser Permanente, supporting their very large implementation of EpicCare. Hundreds of improvements were created during that implementation, and Kaiser Permanente has graciously agreed to share the resultant, improved “SuperPhrase” file on the Epic Community Library and via the publication of this third edition. Only a little of the content developed for Kaiser Permanente is unique to their environment (primarily SmartLinks with custom code). So with few exceptions this book represents the full library of the original SuperPhrase file plus new or revised SmartPhrases developed during my work at that organization. Some take advantage of newer functionality through the Epic Spring 2006 IU1 Version, and some relate to the newer, more complex practice settings today: Outpatient (OP) is now complemented by Inpatient (IP), Emergency Department (ED), and MyChart. I felt it important to capture these valuable additions not only for Kaiser Permanente users but for others who wish to upload Kaiser Permanente’s edited version of the original SuperPhrase file.

This book is intended mainly for those who are already using or about to go live with EpicCare in their daily practice, whatever the setting. While it is directed primarily toward physicians, it is equally applicable to non-physicians who use this software while seeing patients: nurse practitioners; physician assistants; nurse midwives; pharmacists; physical, speech, respiratory, or occupational therapists; social workers and psychologists; nurses; medical and clinical assistants; ancillary staff; and any other pro-

fessional members of the team providing medical care to patients through EpicCare clinical applications. Trainers, builders, administrative staff, and implementation team members will also gain helpful insight for training and supporting providers charting with Phrases. This book is not intended to replace training; it assumes that you have gone through training and have some experience using EpicCare. It assumes that you are already familiar with the basics of using the various charting tools, such as SmartPhrases, SmartLinks, SmartText, and SmartSets. For convenience, the term “physician” is generally used, rather than “clinician” or “provider.” Equally for convenience, the terms “Phrase” and “SmartPhrase” are interchanged.

The SuperPhrase file is separated into logical, comprehensible sections of Phrase types. I recommend reading all of chapters 1, 2, 42, and 43. Then read carefully the introductory remarks of the other chapters on specific Phrase types; Phrases in Part 2 with prefixes will be of highest immediate interest to most users. Over time and as your interest develops, peruse the content of those chapters, which are complete lists of all the related Phrases in that section. (If you have Web access, it is easy to review the actual SmartPhrases and with the SmartList content online. Go to the Epic Web site, <https://userweb.epicsystems.com>, and follow this path: Community Library > Downloadable Content Files > SmartPhrases.

Nurses and medical assistants will find valuable pertinent information throughout parts 3, 4, and 5, and in particular chapters 19, 26, and 27.

Parts 3 and 4 contain chapters of scenario-based Phrases (i.e., Phrases generally without a common prefix) that can benefit every user. These chapters are well worth reviewing carefully. The Phrases there have great usefulness in everyday charting notes, and most of them are used with high frequency. These

chapters divide Phrases roughly by their greatest functionality—such as Phrases for anatomy, disease and pathology, drugs and medication, common English words, common medical tests and procedures, etc.—though many can be used in more than one context.

Part 5 discusses the clinically relevant SmartLinks available in EpicCare ambulatory. Every user should master most of these powerful workflows. Part 5 includes a chapter on how your organization can customize SmartLinks using existing functionality. Part 6 offers tips on customizing Phrases, creating new Phrases yourself, and creating your own personal SmartLinks.

At the time of publication, Epic had just released its Spring 2006 version. However, many readers will be on earlier versions when they first use this material. Chapter 45 is for every reader who is using or is about to use the Spring 2006 version. Spring 2006 contains major improvements to all SmartPhrase-related workflows, which obviate some of the material elsewhere in this book. To learn about the excellent functionality within the new SmartPhrase master file (HH1) structure for building, editing, and sharing Phrases, please do review Chapter 45 as soon as you begin working in the Spring 2006 environment. Because HH1 was brand new at the time of publication, it is possible that some SmartPhrase workflows in subsequent Epic versions will differ from that described in Chapter 45.

For this edition of the book, it was decided that publishing a full appendix of all SmartLists (which would occupy nearly 100 pages of text) would increase the overall length and cost of the book with only minimal value to readers. Many SmartLists can be inferred,

and, of course, just trying a SmartPhrase in a progress note will demonstrate the SmartLists within it. You can view the Phrases and embedded SmartLists online, as mentioned above. At the end of this text, you will find an appendix of all SuperPhrase-related SmartLists by name and number. The numbers correspond to those found in this text: they are irrelevant to your specific organization, and they differ from the numbers posted on Epic's community Library. However, the SmartList names in this text are the same as those on the Library; they allow you to search for the List names in your environment or on the Epic Community Library. The SmartList numbers in the appendix are shown only as a cross-reference aid within this book.

Don't be daunted by the length of this book! While there is a lot to learn, it is mostly intuitive. Most of the book's length is the clinical content, itself. The smaller but more valuable portion is guidance on how best to study and use that content in your practice.

There is a Web version of this text that is easy to use for reference but, of course, not portable unless you are online. That version includes URL links from every SmartPhrase to every SmartList and sub-nested SmartList, so it is easier to glean their actual contents. You can access it at Epic's Community Library, <https://userweb.epicsystems.com>, using the menu sequence Community Library > Downloadable Content Files > SmartPhrases.

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Part 1

Preliminaries on SuperPhrases

1

Introduction to SmartPhrases and SmartLinks for Charting Efficiency

Someone has dropped a house on you, like Dorothy, challenging your already complex medical practice with a new-fangled computer system. *[Author's Note: Yep, some of this text is exactly like before in the previous Red Books . . . That wicked old witch is still lying under that house . . . and Dorothy is still lingering in the poppy fields . . .]* You've learned to use it; you can write orders, prescriptions, enter diagnoses, manage your Schedule and In Basket, but you are struggling with charting. You have lots of SmartText and SmartSets available, but they sometimes seem constraining and don't necessarily fit the complex multiply ill patients you see so often. You need tools that allow you to "go with the flow" of complex medical visits. Those tools are SmartPhrases and SmartLinks. (I will often refer to SmartPhrases simply as Phrases throughout this book.)

I, too, am a physician. I began using EpicCare in 1993 and have trained and supported thousands of physician users since that time. Far and away, the biggest challenge for physicians using EpicCare is charting: documenting OP, IP, or ED progress notes, procedure notes, telephone calls, letters, e-visits, secure messages, etc. There are many other important tools to support charting, such as Documentation Flowsheets, SmartForms, or the brand new Notewriter functions. Each user will discover his or her own most valuable workflows, which will sometimes depend upon setting (ambulatory vs. inpatient vs. emergency department; physician vs. nursing vs. technician workflow). However, most charting comes down to textual notes, and I fully believe that anyone can create a custom text-based progress note on the most complex patients with relative ease, with minimum typing and a few mouse clicks. Remember that computers are really, really good at memorizing and carrying out repetitive tasks at blazing speeds. But they are really lousy at reading your mind; you cannot (at least in 2007) project your thoughts onto the screen. Alas, therefore, you must personally interact with the computer (darn . . .). It is

not a secretary's job to use EpicCare for you. It is your job. Besides, you can't afford a secretary. So here's how to go about it . . .

Every SmartPhrase and most SmartLinks can be used in any practice setting. Throughout this text, I mostly refer to "office visit" as the setting/context, but please don't feel constrained by that particular setting as you learn and use these valuable tools.

Charting "Narrow" versus "Broad" Encounters

I find it useful to think in concepts of "narrow" versus "broad" patient visits. Narrow visits are those in which the doctor and patient follow a predictable, reasonably defined path—albeit with a degree of variability—primarily confined to a single subject matter. Narrow visits are not always "simple" or "easy" visits (though most simple visits are narrow). Examples of narrow-visit scenarios include simple illnesses, certainly, such as UTI, URI, influenza, well-baby/well-child, otitis media, and the like. Sometimes adult well-care can be narrow if the patient is truly "well." Sometimes I'll have a narrow Pap smear appointment. But quite often these expand during the encounter to a broader context. Asthma, while not at all simple, can be narrow in terms of charting, as the patient is likely to confine the visit agenda to the asthma and not go off on tangents. Almost all office procedures, even complex procedures, are usually narrow in spectrum. If you're doing a treadmill stress test or sigmoidoscopy on someone, the patient is less inclined to bring up unrelated "by the way, doc" complaints. Minor lacerations, sprains/strains, simple fractures, or routine postoperative care are usually narrow. (I don't pretend that all these scenarios are always narrow, but it's the usual course.) The narrow visits can be charted with SmartSets, SmartText or SmartPhrases, or with SmartForms or Documentation Flowsheets, if you have these available for the type of visit involved.

Non-face-to-face visits generally must be charted using Phrases. You are not likely to dictate telephone calls, or refills, or responses to incoming In Basket results. Letters may or may not be an exception in your organization, but they are very capably handled by SmartText combined with Phrases designed for letter encounters.

Broad visits comprise a great deal of our day in the office. For some of us, the majority of the day is broad. Broad visits involve multiply ill, often elderly patients with multiple legitimate visit agenda items. Sometimes these items are individually narrow, and the visit can be charted with a sequence of narrow tools. Sometimes these visits are truly “off the wall” and challenge us, even in the foregone days of our old comfortable Dictaphones, to put the salient features together in a coherent note. This is not common, but it happens to all of us. Broad visits inevitably do not fit into nice neat templates such as SmartText, and so they lead most physicians to complain, “My patients are too sick or too complex to use charting tools.” Wrong. Phrases are impressively fast and powerful and can work incredibly well for even the most complex multiply ill patients. However, you have to learn a system of Phrases and practice using them every day on every patient. And yes, you will have to type (we all hate that word) your Phrases. Nor will I deny that you will have to type some free text in some situations. There cannot be a Phrase for every possible situation. But we can absolutely minimize typing, I assure you. I will also admit that not every physician will adapt to the use of Phrases. But any physician can succeed with a willingness to learn, a willingness to create/customize Phrases to his or her own practice . . . and plenty of practice.

Make Repetition Work for You

Earlier I said that computers are “really, really good” at repetition. If you think about your hand-written or dictated notes over the years, whether narrow or broad cases, surely you will recognize the vast amounts of repetition within them. Not the entire note—that will often (not always) vary between patients—but the parts that make up the whole are extremely repetitive. You may have a patient with four major diseases, but you’ve seen the individual diseases hundreds of times. The diabetes comes with a repetitive, predictable set of questions and range of answers and a physical exam with a range of findings. The hypothyroidism,

the osteoarthritis, the COPD—the same. Each alone might fit into a well designed SmartText template but, strung together, they don’t fit into a template. Add to that the repetitive discussions of weight loss, exercise, quitting smoking, medication side effects, cast care, wound instructions, etc. You wish you could pull a magic string—like the ones on those talking dolls of childhood—and out would come not only the spiel for these vignettes but the documentation as well. (I don’t know the anatomical location of said string.)

And what about the very small words that make up the whole? What about words or medical/English phraseology we use over and over and over, terms such as “anterior,” “chest pain,” “wheezing,” “mother,” “left,” “right,” “nausea and vomiting,” “erythematous maculopapular rash”?

Now, if computers are really, really good at repetition, and you have really, really repetitive small (or even large) parts that make up a whole complex note, why not make the computer do all the work? You can’t use an entire visit template, because, indeed, this patient has multiple complaints, multiple diseases. But yet, even with that sick patient, the same repetitive concepts within concepts arise repeatedly . . . and thus we should be able to string together SmartPhrases to quickly and uniquely chart on our broad patients. It’s not complicated; it’s much less complicated than actually managing the patient.

Let’s do an example patient visit. Here is the scenario: you’re already a half hour behind, and our fictitious patient, Mrs. Edith Ztest, age 61, has a 15-minute appointment. You have to manage her hyperlipidemia and diabetes, and at the end of the visit she asks you about a lump on her wrist and, oh yes, this mole on her back that her husband noticed last week. And, doggone-it, she is a smoker, so you wish to influence her again to quit smoking, document this in your note, and provide some Patient Instructions on the After Visit Summary about how to do this (while your hand is already on the door to escape to go see Mr. R., who’s even worse). I certainly don’t have a template for her. Not a SmartText, not a SmartSet, not a SmartForm. But we don’t have to reach for the old crutch, the Dictaphone, or that obsolete pen and paper chart. Instead, recognize the scenarios within scenarios, the repetition, the small parts that make up the whole.

For her diabetes, you’ll be speaking of well defined, predictable topics such as her diet; home glucose monitoring; diabetic symptoms, such as polyuria

and polydipsia; when her last eye exam was; what her last lab results were; and reviewing any cardiovascular symptoms and medications and their side effects. You'll be examining her eyes, heart, lungs, feet, maybe abdomen or neck. You'll be advising her on diet, medication changes, lab results, and what labs to do before the next visit. The hyperlipidemia has somewhat similar predictable vignettes, basically looking at labs and reviewing medications and their side effects. In fact, you could make a nice template for the diabetes alone or the dyslipidemia alone, but patients seldom come in with isolated chronic diseases. The two last-minute complaints are not unusual, simply inconvenient. The lump and the skin lesion: they're either going to be nothing—in which case you'll reassure her and possibly schedule a minor surgery appointment—or they might be something requiring follow-up or a referral. Let's see what Phrases can do to chart these repetitive and predictable events within the whole, rather complex visit.

For the moment, let's not be concerned with the exact names of the Phrases below. We'll review in great detail a logical syntax to locate Phrases soon enough. Let me just show you how I might approach this patient with Phrases. I will use a total of seven Phrases as the structure of my note. Each of these will contain embedded SmartLists highly relevant to the subject matter. I may have to use other SmartPhrases to complete a few areas.

.IDPROB
.PROBDIABETES
.PROBLIPID
.QUICKGANGLION
.QUICKMOLE
.INTOBACCO
.AGREE

(You will recall that in EpicCare, a dot [period] precedes every SuperPhrase and SmartLink to signal the system to execute a shortcut workflow. Phrases and SmartLinks in this book will appear in **BOLD CAPITAL** letters. EpicCare does *not* require you to use capitals to invoke Phrases or Links, or to build them.)

The Phrase **.IDPROB** is actually a combination of SmartLinks that will display the patient's name, age, and sex and his or her Problem List and Medication List (assuming you and/or other users have entered accurate information on the Problem and Medication List [known as patient-level data], but that's another subject that I will address shortly). **.PROB-**

DIABETES brings up text and lists relevant to most diabetic patients. **.PROBLIPID** does the same for the hyperlipidemia aspects. (If the patient had GERD or hypertension, we could very quickly add in **.PROB-GERD** and **.PROBHTN** here.) These Phrases also bring in the relevant pieces of physical exam, lab analysis, and advice we'd give to the patient, all with appropriate choices for typical situations in those diseases. The **.QUICKMOLE** Phrase offers a brief history and skin exam for a quick "by-the-way" skin lesion. Ditto with the Phrase **.QUICKGANGLION**. There are many similar "quick" Phrases for these common visit add-ons that we all get saddled with.

Here is the initial output from using these Phrases (information on the SmartLists can be found at the end of this chapter).

Edith Ztest is a 61-year-old woman with the following Problems and Medications.
 Patient Active Problem List:
 HYPERTENSION [401.1]
 DIABETES TYPE II [250.00]
 HYPERLIPIDEMIA [272.2]

Current prescriptions:
 METFORMIN 500 MG TAB 1 PO BID for diabetes
 LOSARTAN 100 MG TAB 1 PO QD for hypertension
 SIMVASTATIN 20 MG TAB 1 PO QD for cholesterol

Diabetic ROS - {:15841}.
 New concerns: ***.
 Diabetic exam: {:15138}.
 Lab review: {:15731}.
 Assessment: Diabetes Mellitus: {:15147}.
 Plan: See orders for this visit as documented in the electronic medical record.
 Diabetic issues reviewed with her: {:15299}.

Cardiovascular risk analysis— 61-year-old female
 {:15734}.
 ROS: {:15727}.
 New concerns: ***.
 Exam: {:15726}.
 Lab review: {:15731}.
 Assessment: Hyperlipidemia {degree of control:15147}.
 Plan: {:15730}.

She has noted a lump on the dorsal {side:15002} wrist. It is usually asymptomatic other than appearance, but sometimes uncomfortable in certain positions. Exam

shows a typical ganglion, a firm mobile encapsulated cyst of size *** cm. She is reassured that this is a benign lesion which may safely be observed without treatment, but is amenable to various treatments such as aspiration or surgical removal should it become more symptomatic or dramatically larger.

She has noted some skin lesions she wants checked at this visit. Observations by patient are { :15422}. Exam of skin shows { :15286}. Patient is reassured these are benign lesions. Asymptomatic lesions can be observed for changes or symptoms over time. Symptomatic lesions can be treated if desired; to be scheduled at a later date. Sun protection to prevent skin cancer and the signs and symptoms of malignant skin lesions are reviewed with her today.

It is very important that she quit smoking. There are various alternatives available to help with this difficult task, but first and foremost, she must make a firm commitment and decision to quit. The nature of nicotine addiction is discussed. The usefulness of behavioral therapy is discussed and suggested. The correct use, cost and side effects of nicotine replacement therapy such as gum or patches is discussed. Bupropion and its cost (sometimes not covered fully by insurance) and side effects are reviewed. The quit rates are discussed. I recommend she not allow potential costs of treatment to deter her from using nicotine replacement therapy or bupropion, as the long term economic and health benefits are obvious.

The patient indicates understanding of these issues and agrees with the plan.

As an EpicCare user, you are already well aware that you will use the **F2** key (or your right mouse clicks) to complete each numbered SmartList, offering easy-to-follow sets of statements for you to choose to complete the charting. The three asterisks (***) allow a free-text fill-in-the-blank. This can be the fastest way to allow an extra comment or two in a less predictable situation. So . . . with a few keystrokes you can achieve charting on a rather complex “broad” patient.

The final note, with completed SmartLists, would look like the one below (depending on her responses, of course).

Edith Ztest is a 61-year-old woman with the following Problems and Medications.

Patient Active Problem List:

HYPERTENSION [401.1]

DIABETES TYPE II [250.00]

HYPERLIPIDEMIA [272.2]

Current prescriptions:

METFORMIN 500 MG TAB 1 PO BID for diabetes

LOSARTAN 100 MG TAB 1 PO QD for hypertension

SIMVASTATIN 20 MG TAB 1 PO QD for cholesterol

Diabetic ROS - medication compliance: compliant all of the time, diabetic diet compliance: compliant most of the time, home glucose monitoring: is performed sporadically, values are usually normal, further diabetic ROS: no polyuria or polydipsia, no chest pain, dyspnea or TIAs, no numbness, tingling or pain in extremities.

New concerns: none.

Diabetic exam: heart sounds normal rate, regular rhythm, normal S1, S2, no murmurs, rubs, clicks or gallops, feet: warm, good capillary refill and normal monofilament exam.

Lab review: labs are reviewed, up to date and normal.

Assessment: Diabetes Mellitus: well controlled, no significant medication side effects noted, needs to quit smoking.

Plan: See orders for this visit as documented in the electronic medical record.

Diabetic issues reviewed with her: foot care discussed and Podiatry visits discussed.

Cardiovascular risk analysis—61-year-old female LDL goal is under 80.

ROS: taking medications as instructed, no medication side effects noted, no TIAs, no chest pain on exertion, no dyspnea on exertion, no swelling of ankles.

New concerns: none.

Exam: BP noted to be well controlled today in office.

Lab review: labs are reviewed, up to date and normal.

Assessment: Hyperlipidemia well controlled, no significant medication side effects noted.

Plan: current treatment plan is effective, no change in therapy.

She has noted a lump on the dorsal right wrist. It is usually asymptomatic other than appearance, but sometimes uncomfortable in certain positions. Exam shows a typical ganglion, a firm mobile encapsulated cyst of size 1 cm. She is reassured that this is a benign lesion which may safely be observed without treatment, but is amenable to various treatments such as aspiration or surgical removal should it become more symptomatic or dramatically larger.

She has noted some skin lesions she wants checked at this visit. Observations by patient are history of lesion unknown, it has simply been noticed recently, spouse has noticed the lesion. Exam of skin shows seborrheic keratoses. Patient is reassured these are benign lesions. Asymptomatic lesions can be observed for changes or symptoms over time. Symptomatic lesions can be treated if desired; to be scheduled at a later date. Sun protection to prevent skin cancer and the signs and symptoms of malignant skin lesions are reviewed with her today.

It is very important that she quit smoking. There are various alternatives available to help with this difficult task, but first and foremost, she must make a firm commitment and decision to quit. The nature of nicotine addiction is discussed. The usefulness of behavioral therapy is discussed and suggested. The correct use, cost and side effects of nicotine replacement therapy such as gum or patches is discussed. Bupropion and its cost (sometimes not covered fully by insurance) and side effects are reviewed. The quit rates are discussed. I recommend she not allow potential costs of treatment to deter her from using nicotine replacement therapy or bupropion, as the long term economic and health benefits are obvious.

The patient indicates understanding of these issues and agrees with the plan.

Jumping the “Hurdles”

I do realize your potential objections. I have heard them voiced many times from physicians all across the country. They fall into four basic categories, and each is a legitimate concern:

1. Yes, but I still have to type.
2. Yes, but how on earth am I supposed to memorize these Phrases?
3. Yes, but that’s not exactly what I would have charted in my note.
4. Yes, but this won’t work for *my* patients; they’re too complex.

Let’s address each of these before we go on to learning more about Phrases.

Point 1: Typing. I agree. You do still have to type. The scale is a *magnitude* less than you would without the Phrases. You are eliminating 90-plus percent of keystrokes. It is imperfect but a vast improvement. Even if you used voice recognition for all office notes, you would still need to touch the keyboard constantly to check your In Basket, answer phone calls, review

the chart, write orders and order detail. So some “keyboard management” (my euphemism for “typing”) is part of using a computer, whether at home or at work. And I give you a personal guarantee: if you learn to use Phrases efficiently, you will move along faster than you could with dictation or speech recognition. That is inevitable. If I can replace 100 words with one word, it is always faster to type the one-word Phrase than to dictate the 100 words.

For what it’s worth, here is an analysis of the note above, which clearly supports a 99214 level of service. I did a computer count of the text in the note written above. The final note contains 553 words with 3,512 characters and spaces. Using SmartPhrases, I typed 85 characters, and used my mouse or F2 key 47 times to select text and navigate through my note. Adding the 85 plus 47 as the number of “keyboard interventions” performed to write the note, I typed (or “moused”) 132 times instead of 3,512 times, a savings of over 96 percent. Now, where else can you get a 96.5 percent discount on the price? A Lexus, instead of costing \$35,000, would cost around \$1,400 at this discount rate. (I’ll take two please, his and hers.)

I am well aware that voice recognition technology is useful to eliminate “keyboard management”; no doubt. For some physicians, after training the system properly it can be an effective answer and clearly is most flexible, since every note is individual without templates. In the best of hands, voice recognition can be 95 to 98 percent accurate. But the time taken to correct 2 to 5 percent of your text is significant and annoying, requires typing, and combined with the time taken to dictate, it cannot be as fast as efficient Phrases. There are other issues, such as machine access, multiple users on multiple machines, response time, cost, and ambient noise (i.e., a noisy environment, making it difficult to recognize your speech). Due to these issues, few physicians are using voice recognition, but some are using it successfully.

Point 2: Memorizing Phrases. Again, I agree with this concern. There is a certain amount of memorization involved in using Phrases. But SuperPhrases are highly organized, almost eliminating memorization. The rest of this book will teach you how to use the SuperPhrase system to your great advantage. These Phrases are carefully organized into a logical medical syntax that most physicians will find easy to learn and use without memorizing. There are more than 1,700 repetitive scenarios and vignettes in the SuperPhrase file. You saw some examples of SuperPhrases above

in the diabetic patient. Once you learn a *system* of Phrases, you will not be memorizing but acting from certain knowledge. The SuperPhrase file presents you with a ready-made system.

Point 3: Not your own words. Again, I agree. My purpose is not to argue with you but to persuade you to see a different viewpoint. While you and I may not agree on how to word a specific note about diabetes, we do agree we should use a SOAP format and we should address diet, weight, home glucose monitoring, diabetic symptoms, diabetic milestones like HBA1c and eye care; we should examine heart, lungs, feet, eyes, carotids, etc. We may not agree on how to word a note about a nice simple strep throat, but probably we do agree on the elements that comprise such a visit. So what you'll see with any set of charting tools—be they Phrases, SmartText, SmartSets, Documentation Flowsheets or SmartForms—is a reasonably complete real-world approach to getting the job done.

It is far easier to use an existing set of shortcuts than to invent all your own, since any set of charting tools will have much more in common than not. My experience working with EpicCare physicians around the country has taught me that it's easy for doctors to complain about existing tools but very hard (and very time consuming) for them to create their own. Hence, you are better advised to use what already exists as a “starter set” (a very robust starter set, at that). Then learn and grow from there.

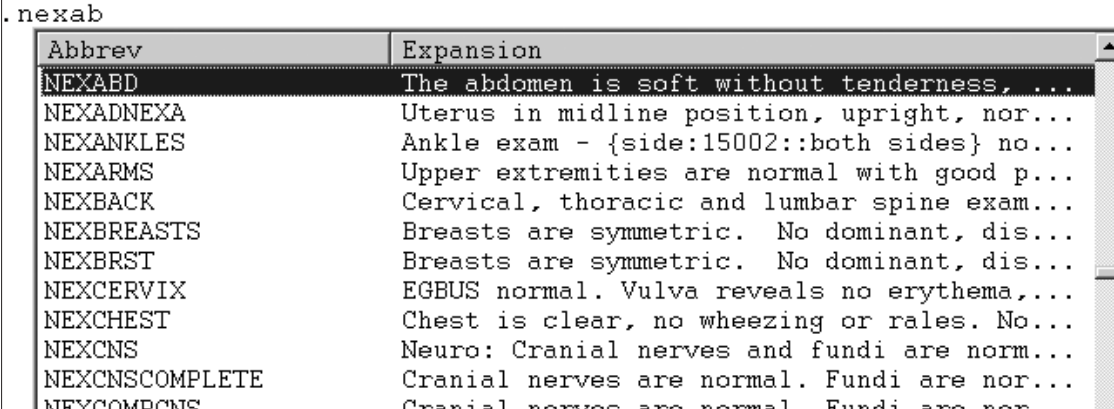
After you have used Phrases for even a little while, you will appreciate their advantages and their weaknesses, one of which indeed is that they are definitely not exactly your own words, though they do have considerable merit and medical accuracy. So after you find some shortcomings, you improve the tool by editing any Phrase to your own liking; henceforth, it will be your precise words. Imagine your most sage advice—a paragraph of text you say over and over—popping into your note with a three- or four-letter Phrase. For example, take the situation about the tobacco concerns in our example above. The Phrase **.INTOBACCO** was used to document your discussion and thought process in just six keystrokes: **.INTOB** (The Phrase Finder performs completion-matching as you type. Hence, typing just a few letters often matches to the exact Phrase you want, and you need not type the rest of the Phrase name to invoke it. See below for a full explanation.). You may not agree with the precise wording, though it is adequate, at least. But you will agree that you often must respond to a

patient's concern about her smoking. It's one of the pull-the-string speeches referred to earlier. So, after you use **.INTOBACCO** once or twice, you may well edit it to your precise liking, and even that takes only a few seconds. (Of course, you can easily create brand new personal SmartPhrases any time to fill in the gaps. See Chapter 43 for details on how to do this.)

Point 4: It doesn't work for my patients. Here, I disagree totally. Sorry, it very much will work for your patients. Remember computers are really, really good at repetition. And there is no medical specialty that does not involve a great deal of repetition.

It is simply a matter of flexibility . . . your flexibility. We physicians are obviously graced with pretty decent grey matter; we proved that we are able to learn by graduating medical school and entering successful medical practices. And we know that it's not cruel or unusual punishment to use a computer and keyboard. I know for an absolute certainty that your children are using computers every day to communicate with the Planet Earth and you have to beat them off the family computer with a stick just to get a few moments to do your bills or check your email. Therefore, “expecting” you to not merely learn but completely master this complex EMR software and . . . gasp! touch the infernal keyboard all the while . . . is not beyond your capacity. So, sorry, I can't accept any excuse that starts with, “I can't.” I ask you to acknowledge that it's more often, “I won't.” It's flexibility. We weren't taught to be flexible in our training; most often, inflexibility and rigorous demanding structure were how we were weaned. Orthopedic rounds at 5 a.m. were hardly “flexible.” So it's no surprise physicians don't generally excel in flexibility. That's why this is hard. Medicine needs the data, needs the safety, needs the quality offered by EMRs. We really can't fight it: EMRs are here to stay. So we need to be flexible enough to leverage this software to make us better, faster, leaner.

Flexibility will allow you to truly learn to use the system, especially for the challenge of charting. You can learn to recognize the repetitive elements in patients' histories. You can learn a systematic approach with Phrases. You can practice these Phrases many times, and you can learn to creatively edit existing Phrases (or write brand new ones as needed) on the fly. You can learn to completely customize your charting. Just as you learned how cardioselective beta blockers affect the autonomic nervous system and when to use them in clinical practice, you can learn to use Phrases by developing new synapses based on repetition. You will



Abbrev	Expansion
NEXABD	The abdomen is soft without tenderness, ...
NEXADNEXA	Uterus in midline position, upright, nor...
NEXANKLES	Ankle exam - {side:15002::both sides} no...
NEXARMS	Upper extremities are normal with good p...
NEXBACK	Cervical, thoracic and lumbar spine exam...
NEXBREASTS	Breasts are symmetric. No dominant, dis...
NEXBRST	Breasts are symmetric. No dominant, dis...
NEXCERVIX	EGBUS normal. Vulva reveals no erythema,...
NEXCHEST	Chest is clear, no wheezing or rales. No...
NEXCNS	Neuro: Cranial nerves and fundi are norm...
NEXCNSCOMPLETE	Cranial nerves are normal. Fundi are nor...
NEXCOMPCNS	Cranial nerves are normal. Fundi are nor...

Figure 1-1 The Phrase Finder

eventually be able to use Phrases so capably you will wonder why anyone would bother with a Dictaphone. And if you're really flexible and enjoy having a little fun while you document, you'll learn to use very personal Phrases to inject your bubbling personality into your notes (one of my favorites is **.CONGRATS**, which says, "He is heartily congratulated on an excellent job with lifestyle changes and successful management of his medical conditions.").

Some Handy Resources

EpicCare has an excellent Help tool for Phrases. As you begin typing a Phrase name, there's an instantaneous popup "Phrase Finder" box on your screen showing all Phrases that begin with the letters you've typed (Figure 1-1). You've probably seen it many times. Perhaps you've studied it; perhaps you've ignored it. It can be useful when searching for a Phrase. If there are several similar Phrases, or you just can't remember the ending of a Phrase, just look at the Phrase Finder box for a clue. This is handy if you know there are lots of Phrases beginning with a certain letter combination (like "NEX"), but you can't remember which one you need.

I typed three letters, "NEX," and the Phrase Finder instantaneously brought up all Phrases that begin with those letters. Many users will know their Phrases without looking at the Finder. But if necessary, a quick glance helps you find what you need immediately. If you wish, you can scroll through the related Phrases and choose one with the **Spacebar** or **Enter** keys or a double click.

You also have another ready reference, the "Red Book Online" on Epic's Community Library. It is the

electronic version of the SmartPhrase and SmartList content of this text. The electronic version is in many ways superior to this printed text. You can search electronically. All SmartLists are displayed as active hyperlinks that you can click to view their related Lists. As I said in the Introduction, while this book does contain a SmartList appendix, it is limited to the name and ID numbers, since it would take 100 pages of text to print the actual SmartList content. So to see it, you need to use the online Red Book. Or, if your organization has already downloaded this version of the SuperPhrase file, just try a SmartPhrase within EpicCare, and immediately you will be able to see and use its SmartLists. Access the online Red Book at Epic's Web site, <https://userweb.epicsystems.com>, following the path Community Library > Downloadable Content Files > SmartPhrases.

An Overview of SuperPhrases

The SuperPhrase file puts at your fingertips a huge pre-built set of SmartPhrases with a logical, consistent, and redundant syntax (For example, **.CVLOWBACKPAIN** or **.CVLBP** are synonyms to document a complete visit for a patient with low back pain. These two Phrases return exactly the same text.). Other physicians have developed their own systematic logical phrase files for use in their organizations. Thus, SuperPhrases are not the only example of a logical phrase file, nor do I suggest that SuperPhrases are "better" than anyone else's file.

If your organization uses an older version of the SuperPhrase file, some of the Phrase content you read in this text may not exist in your environment. Or, it may be worded differently from what you see while

A Few Introductory Words about SmartLists and SmartLinks in Phrases

It is appropriate here to comment briefly on the role of SmartLists and SmartLinks in Phrases (We'll go into much more depth on these later.). SmartLists are lists of choices that allow you to customize SmartPhrases appropriately. Throughout this book you will see SmartList names and numbers, such as **{side:10021}**, that invoke specific SmartLists. Your organization may be already using these SmartLists from earlier versions of the SuperPhrase file; you may be migrating to this newer version of the file, or you may be downloading this content from Epic's Model System for the first time. Depending on these factors, some or all of the SmartList numbers and names you see here may or may not be accurate in your environment. Your SmartLists may differ somewhat in content, too, depending on edits done since you downloaded the original file. Please contact your Epic representative to discuss migration from older versions of the SuperPhrase file.

SmartLinks work just like SmartPhrases but bring information directly from the record of the specific patient you are working with (or pull information from other parts of the EMR, such as date, time, or user's name). SmartLinks are remarkably useful in every note; you should really study these and learn the key SmartLinks relevant to your practice. (It is possible that some SmartLinks you see referenced in this text will perform slightly differently in your organization, depending on edits.) Many of them are embedded inside SmartPhrases. Part 5 (chapters 35 through 41) provides detailed instruction and documentation of the many clinically relevant SmartLinks. Note that SmartLinks are only as valuable as the quality of the data beneath them: the Problem List needs to be accurate for the SmartLink **.PROB** to provide you with quality output.

working with patients: this depends on how much editing was done by your organization or me before you downloaded it.

The SuperPhrase file is grouped into logical categories that make up the chapters in this book and in the online Red Book on Epic's Community Library. Types of SuperPhrases used in the typical progress note are reviewed below. They range from simple English and medical words like "headache" or "anterior" to history and physical scenarios, patient instructions, problem-oriented scenarios (such as we saw earlier), drug-related scenarios, and even complete visits that are similar to SmartText.

SuperPhrases for Common Words

There are some valuable standard Phrases I use in almost every note. They are **.S**, **.O**, **.A** and **.P**. They form the basis of my SOAP notes, returning in order:

SUBJECTIVE:
OBJECTIVE:
ASSESSMENT:
PLAN:

I use the combined SmartLink **.ID** (This SmartLink is actually a combination of three other Links: **.NAME** is a **.AGE .SEX**.) in almost all of my notes, along with **.S**, **.O**, **.A** and **.P**.

The simplest Phrases in the SuperPhrase file are for recurrent common English words or short word combinations that might be used in any clinical encounter. Examples are "with," "without," "right," "left," "brother," "sister," "repeat," "as soon as possible." You can probably guess the Phrases for these without much thought. In order, they are **.W**, **.WO**, **.R**, **.L**, **.BR**, **.SIS**, **.RPT**, **.ASAP**. They are not difficult to internalize. There are dozens more of these listed in Chapter 14. But the point is, you can often guess the correct Phrase without studying or memorizing. When using **.GF** for "grandfather" or **.GM** for "grandmother," are you memorizing or merely applying straightforward, instantaneous logic?

SuperPhrases for Common Medical Words

Next are the Phrases for recurrent common medical words or short word combinations that are used in a medical context in almost every patient encounter.

These may be simple anatomical expressions, as well. Examples are “the patient,” “complains of,” “symptoms,” “asymptomatic,” “abdominal pain,” “chest pain,” “shortness of breath,” “nausea and vomiting.” Again, I’m sure you could predict without much thought the following Phrases for the above words. In order they are **.PT**, **.CO**, **.SX**, **.ASX**, **.AP**, **.CP**, **.SOB**, **.NAV**. Refer to Chapter 16 for further details.

SuperPhrases for Simple Medical Terminology

There is a host of Phrases for simple specific medical terms or combinations, such as medical tests, diagnoses, pathology, drugs, anatomy, and medical specialties. You will often use these in charting. Again, they are so logical that they are easy to internalize. Examples: “Cardiology,” “Radiology,” “upper GI series,” “barium enema,” “echocardiogram,” and “chest X-ray.” The Phrases for these (you could guess by now) are, in order: **.CARD**, **.RAD**, **.UGI**, **.BE**, **.ECHO**, **.CXR**. There are Phrases for common anatomy (**.ANT** = anterior, **.POST** = posterior, etc.), common drugs (**.AA** = antacids, **.CCB** = calcium channel blocker, etc.), and common diseases and pathology (**.AAA** = abdominal aortic aneurysm, **.DM** = diabetes mellitus, **.HT** = hypertension).

SuperPhrases for Common Complex Medical Situations

Next consider Phrases for common but more complex or lengthier medical situations that are *predictable*. These may reflect typical history taking, physical examination findings, patient explanations, explanation of drug side effects, documentation of procedures done, or even entire visits reflecting a total SOAP note. These Phrases are powerful for capturing repetitive scenarios within even the most complex visits. Many have prefixes, such as “NEG” for “Negative history” or “NEX” for “Negative Exam.” These Phrases are reviewed in Part 2 of this book. The majority, however, have no prefixes; rather, they have a logical syntax to make them intuitive for exactly the right situation (e.g., explaining side effects of a common drug, documenting that you left a telephone message when the patient didn’t answer the phone, documenting that you alerted the patient to observe for worsening symptoms and to call if they occur, etc.—everyday, garden-variety scenarios.). These kinds of Phrases are found in Parts 3 and 4 of this book.

Let’s put together some progress notes to see exactly how this works in clinical situations.

Combining Phrases in your Progress Note

This powerful group of SuperPhrase workflows is best illustrated by clinical examples. First, let’s use a simple case of a female with an uncomplicated UTI and then do a more complex example. For the UTI, there will be predictable typical history with only minor variation from case to case. The physical exam is usually unremarkable. There is a standard set of orders and instructions for the patient. Phrases available to handle this situation can be isolated to just the history, just the physical, just the patient instructions . . . or can just as easily capture the entire office visit. We will use the following prefix Phrases in our UTI patient example:

- We create pertinent positive or negative history by naming the condition or anatomy and using a prefix of “POS” or “NEG” as appropriate (for *negative* history or *positive* history).
- We deal with pertinent positive or negative examination by naming the condition or anatomy preceded by “NEX” or “PEX” (for *negative exam* findings or *positive exam* findings).
- Patient instructions come in two flavors: those we document in the first person within our progress note, not destined for the After Visit Summary (AVS), and those intended for the patient, either as a printed AVS handout or in MyChart or both. We deal with patient instructions *within* the progress note by naming the condition preceded by the letters “IN” for “inform, influence, instruct.” For the AVS, your organization has likely developed its own custom SmartText or SmartLinks, and for that reason, this type of build is not included in the SuperPhrase file. When SmartPhrases or SmartLinks are created for patient instructions intended for AVS, I recommend the use of **.PI** as the prefix for “patient instructions.”
- We might handle the entire scenario by naming the condition preceded by a “CV” for “Complete Visit.”

It is worth mentioning again that obviously there are other equally logical syntax structures one could design—this syntax was chosen for simplicity and ease of use.

Example A: UTI Patient.

Using this logic for our UTI patient, we’ll deal with the history first. **.POSUTIFEMALE** returns, “She

complains of urinary frequency, urgency and dysuria, without flank pain, fever, chills, or abnormal vaginal discharge or bleeding.” This is typical and predictable but by no means universal for all patients presenting with UTI symptoms. If the patient in fact had fever and flank pain, this would have to be edited on the fly. (For comparison, **.NEGUTI** returns: “The patient denies dysuria, frequency or hematuria.” You might document this type of pertinent negative history five to 10 times a day, sometimes in the middle of a complex abdominal pain patient.)

The physical exam is generally easier than the history. **.NEXABD** returns, “The abdomen is soft, without tenderness, guarding, mass, rebound or organomegaly. Bowel sounds are normal. No CVA tenderness or inguinal adenopathy noted.”

Why do we have **.NEXABD** and not **.NEXUTI** here? Unlike *history*, which is *disease-* or *symptom-*directed, the physical exam is more often directed by *anatomy* (i.e., you would examine the abdomen in the same fashion, whether it’s a UTI or chest pain or vaginal discharge). Thus, it’s logical to have one single Phrase for a negative physical exam of each body system, named by anatomy rather than by disease. Because physical examination is most often normal, we have Phrases for negative exam throughout the body. Thus we have very common Phrases, such as **.NEXCVS**, **.NEXBREAST**, **.NEXCNS**, etc. There are times when there is in fact a specific disease-directed negative physical exam. For instance, **.NEXDVT** returns a leg exam specifically worded to document a negative exam for evidence of deep vein thrombosis: “Legs reveal no sign of DVT: calves and thighs are soft, without tenderness or swelling; Homan’s sign is negative.”

Having completed the H&P documentation, under our Plan we’re going to prescribe antibiotics and have the patient push fluids. The progress note patient instructions would be documented as **.INUTI**, which returns, “Push fluids, take antibiotics as directed, patient may use OTC pyridium as desired.” If we want, we could add **.PRN**, which I do after most visits: “Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.”

Here are the Phrases we’ve chosen:

.S.ID.POSUTIFEMALE

.O.WELL.NEXABD.UADIP

.A UTI (*I don’t have a Phrase for most three-letter words.*)

.P.INUTI.PRN

Here is the note the Phrases produce:

SUBJECTIVE: Edith Ztest is a 26-year-old female. She complains of urinary frequency, urgency and dysuria, without flank pain, fever, chills, or abnormal vaginal discharge or bleeding.

OBJECTIVE: She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section. The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. Bowel sounds are normal. No CVA tenderness or inguinal adenopathy noted. Urine dipstick shows {15374}.

ASSESSMENT: UTI

PLAN: Push fluids, take antibiotics as directed, patient may use OTC pyridium as desired. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.

Note again the important distinction between **.INUTI** and any UTI patient instructions intended for the After Visit Summary that you may have as Phrases or SmartLinks in your organization. The former (with an “IN” prefix) documents the clinician’s thought process and advice; the latter (for which I suggest a “PI” prefix) is intended for the patient to read on paper or online in AVS.

In case you’re still counting keystrokes, my computer tells me the above Phrases themselves took 57 keystrokes (including **Spacebar** and **F2** key to fill out the UA dipstick SmartList), whereas the paragraph would take 761 keystrokes. That’s a 92 percent reduction in typing. Yeah, but there is still some typing. Can we do anything about that? Well, guess what? The answer in this particular case is, “Yep.” Because an uncomplicated UTI is a “narrow” visit, it lends itself well to a SmartText or a SmartSet. We’re addressing the charting portion only at this time. I have found that searching for SmartText can be time-consuming, especially if there is a large library of Text on the system. Therefore, I learned long ago (long ago meaning, before I had to wear reading glasses to even find the darn keyboard) to convert my favorite SmartText into SmartPhrases, which are faster to use. (Learn how to do this in Chapter 43. For the Spring 2006 version, see Chapter 45, where this task is quite simplified.)

This entire note could be written using a SuperPhrase for a complete visit for UTI. Using **.CVUTI**, EpicCare returns:

SUBJECTIVE: Edith Ztest is a 26-year-old female who complains of urinary frequency, urgency and dysuria x 2 days, without flank pain, fever, chills, or abnormal vaginal discharge or bleeding.

OBJECTIVE: Appears well, in no apparent distress. Vital signs are normal. The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. No CVA tenderness or inguinal adenopathy noted. Urine dipstick shows positive for nitrates and positive for leukocytes.

ASSESSMENT: UTI uncomplicated without evidence of pyelonephritis.

PLAN: Treatment per orders - also push fluids, may use Pyridium OTC prn. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.

Now you've typed merely 13 keystrokes (including **F2** and mouse clicks) to chart this entire narrow visit of 700 characters. That's a savings of 98 percent of keystrokes. Using either method, the individual Phrases or the single CV Phrase, saves a great deal of time over any dictation system, plus it has immediate turnaround availability and zero cost. So there's no contest . . . if you are flexible enough to learn to use Phrases. So please, don't say, "I can't." Take that 99 percent discount to the bank and move forward! What a return on your personal investment to learn SmartPhrases!

Example B: Fatigue Patient.

Let's do another example with far more complexity and variability. The next patient complains of fatigue with a past history of remote breast cancer and hypothyroidism. There are no serious-sounding historical features, no weight loss, no fevers, no cold intolerance. But on review, there are a few other nonspecific symptoms, like headaches and low-back pain. It looks like nonspecific fatigue, but we will rule out recurrent neoplasm or increased hypothyroidism. We will reassure the patient and have her back after tests are done for follow-up. Here are the Phrases I might use (depending, of course, on the exact history and course of events during the visit).

.S *[Subjective]*

.ID.CO.FAT *[identify patient; complains of; fatigue]*

.PMH *[SmartLink to insert Past Medical History as recorded in EpicCare]*

ROS **.NEGGEN.NEGTHY.NEGCVS.NEGGI.**

Some mild **.HA** and **.LBP.IMT.** *[ROS; negative general; negative thyroid; negative CVS; negative GI; headache; low-back pain; intermittently]*

.O *[Objective]*

.WELL *[patient appears well]*

.NEXTHY *[negative exam thyroid]*

.PEXBRST *[because she's had a lumpectomy, it's not a "negative exam" but a "positive exam" finding; will have a list of choices to describe the breast, including status post mastectomy]*

.NEXCVS *[negative heart exam]*

.NEXGI *[negative abdominal exam]*

.A *[Assessment]*

.BN.FAT.RO.HTH or **.RECR.BCA.** *[benign; fatigue; rule out hypothyroidism; recurrent; breast cancer]*

.P *[Plan]*

.ENCORD *[SmartLink representing Encounter Orders, listing the orders you wrote; useful ONLY if you write and sign your orders before writing your progress note.]*

.REASS *[reassured patient]*

.FUV.AF tests. *[follow-up visit; after]*

The exact text returned in EpicCare is as follows (using **F2** to complete the abnormal but negative breast exam):

SUBJECTIVE:

Edith Ztest is a 61-year-old female who complains of fatigue.

Past Medical History:

HYPOTHYROIDISM

HX OF BREAST CA 1998

ROS: She denies constitutional symptoms of fatigue, weakness, weight loss or gain, fevers, night sweats. No symptoms of hypo or hyperthyroidism: no decreased or increased weight, no feeling cold/chilly or excessively warm, no diarrhea or constipation, no undue sweatiness, anxiety or palpitations. Patient denies any exertional chest pain, dyspnea, palpitations, syncope, orthopnea, edema or paroxysmal nocturnal dyspnea. The patient denies abdominal or flank pain, anorexia, nausea or vomiting, dysphagia, change in bowel habits or black or bloody stools or weight loss. She has some mild headache and low back pain intermittently.

OBJECTIVE: She appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section. Thyroid not palpable, not enlarged, no nodules detected. Breast exam: right breast normal without mass, skin or nipple changes or axillary nodes, post-mastectomy site well healed and free of suspicious changes, unchanged from previous exams. S1 and S2 normal, no murmurs, clicks, gallops or rubs. Regular rate and rhythm. Chest is clear; no wheezes or rales. No edema or JVD. The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. Bowel sounds are normal. No CVA tenderness or inguinal adenopathy noted.

ASSESSMENT: benign fatigue rule out hypothyroidism or recurrent breast cancer.

PLAN:
Orders Placed This Encounter:
TSH
MAMMOGRAPHY SCREENING UNILAT

The patient is reassured that these symptoms do not appear to represent a serious or threatening condition.

Follow-up visit after tests

Note that I also did some mouse work in EpicCare, the Phrase **.PEXBRST** giving me several choices of an abnormal exam, including, in this case, the post-surgical scar description. So, again, if you're counting (I promise to stop this counting business after this last time . . .), that was 200 keystrokes, including **F2** and mouse clicks—and the note has 1,772 keystrokes, another savings of 89 percent of your typing. This progress note is easily accomplished with SuperPhrases and offers adequate detail to support your higher level E&M coding.

The Point: A Faster Route to a Solid Medical Note

Yeah, but I had to type 200 characters anyway. Isn't that a lot? If you think it's a lot, then it's a lot. If I type a note to a colleague on email, 200 characters is about three typical sentences. That's a pretty routine communication. But I do understand and realize that there is typing. And unlike the uncomplicated UTI, I do not have a tidy little "Complete Visit" for patients with fatigue, previous cancer, and hypothyroidism.

This isn't a "narrow" visit, and I can't use a "narrow" charting tool. But, if I learn to string Phrases together to pick up the repetitive scenarios within scenarios, I save time, I type only the minimal amount possible, and yet I retain an individual, customized note. What was repetitive in this complex visit was the questioning about her thyroid, about her cardiopulmonary and GI status, the physical exam of various systems, and of course many little words, like "breast cancer," "hypothyroidism," "headache," and "low-back pain." These same topics come up over and over and over from one patient to the next; we are just picking out pieces to pop into our notes.

Charting with Phrases, even these more complex "broad" visits, remains much faster and cheaper than dictation, is legible, creates a decent note, and has zero turnaround time. "Yes, but it's not exactly what I might have said in the same situation." I agree and understand. It's not even precisely what I might have said if I were dictating (which I last did in 1993). But is it a good, solid complete medical note? I think it is, and clearly it is a reasonable and fair representation of what transpired during the visit. Will it work for you and your patients? I submit that with some flexibility on your part, it certainly should. It works for a large number of EpicCare-using physicians across the nation. I hope you agree, but I understand your concerns. Read on . . . and learn more about the many Phrases available to you in the SuperPhrase file.

A Solution for the Problem of Identical Phrase Names

Before moving on, let's consider the issue of conflicting Phrases, memorization, and customization again. You may have predicted **.GE** would be Gastroenterology. However, **.GE** returns "gastroenteritis" in our file, and **.GI** is "Gastroenterology." Sometimes there are logical conflicts, and you do actually have to remember nuances. I can give you many other examples. There can be no universal solution for every instance. Is **.HL** "hearing loss" or "hair loss"? Is **.IC** "intermittent claudication" or "interstitial cystitis"? Well, if you're in ENT, HL should be "hearing loss"; but in Dermatology, HL should be "hair loss." In Urology, IC should be "interstitial cystitis," but in many other specialties it should be "intermittent claudication." The real answer is, if you guess a Phrase and its return doesn't make clinical sense to your practice, please change that Phrase to what does make sense for *your* practice. In reality, we

can have it both ways. Dermatology can have a different **.HL** than Otolaryngology. Don't get frustrated when you come across these inevitable conflicts. You'll learn how to change or edit Phrases in Chapter 43 if you don't already know how.

A Closer Look at SmartLists in SuperPhrases

SmartLists are an integral part of any Phrase file. They offer you choices to fill in the blanks. The SmartLists used within the SuperPhrase file are, as mentioned, easier to review in the online version of this text. Within this book, while studying the SuperPhrases themselves, usually you will see only a SmartList reference number. You can use the online Red Book to cross-reference any list to see its contents. For instance, the Phrase **.PEXRECTAL** returns, "Rectal exam: { :15057 }." While you can intuitively understand what might be on List 15057, to see the available choices, use the online version to locate List 15057. It offers the following choices:

```
negative without mass, lesions or tenderness
deferred, not clinically indicated
declined by patient
tenderness noted ***
no tenderness noted
lesion noted ***
internal hemorrhoids noted
external hemorrhoids noted
thrombosed external hemorrhoids noted *** o'clock
anal fissure noted
rectal mass ***
sphincter tone normal
stool guaiac negative
stool guaiac positive
PROSTATE EXAM: { :10188 }
***
```

You will often see nested lists within lists, such as List 10188 (prostate exam, above). You can cross-reference that easily online: all SmartLists have active hyperlinks to view the detailed content. The nested list offers additional choices describing the prostate exam, but again you could infer that easily.

For illustration, at the end of this chapter, I include some of the SmartList contents for the example we did earlier, our 61-year-old diabetic patient. You can readily see why publishing 100 pages of these lists is simply not practical, nor particularly useful. To view

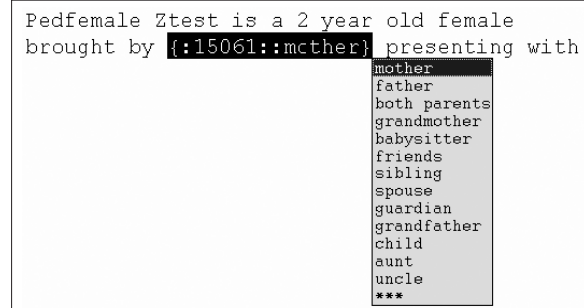


Figure 1-2 The Phrase **.BROUGHT** brings in SmartList 15061, with “mother” defaulted as the most common selection. Some SmartLists contain defaults if there is an obvious most likely choice; if necessary, you can de-select the default easily with a left mouse click.

this SmartList sampling, please flip to the end of this chapter. You can find all the SuperPhrase SmartLists in the appendix at the end of the book, by name and number, but not listing the full content, except of the single example referenced above.

You've noticed that SmartLists within Phrases are displayed inside curly brackets and preceded by a colon. Sometimes you will see a list description before the list number, but the description is optional. Only the number is required. Similarly, you may see a defaulted choice after the list number, preceded by two colons; this tells you what the default choice is, though not all defaults are displayed in the SuperPhrase file. Thus, { caregiver:15061::mother } refers to List 15061, which is a list of pediatric caregivers; “mother” is the defaulted choice. You could also see this list displayed as { :15061::mother } or simply { :15061 }. All are valid references. Figure 1-2 is an example of what you would see in EpicCare using the Phrase **.BROUGHT**, a Phrase for pediatricians describing who brought the patient to the clinic. Learn more advanced information about SmartLists in chapters 43 and 44.

More About SmartLinks in SuperPhrases

Before looking at the SuperPhrase file in more depth, you'll need to know a little more about SmartLinks. As I said earlier, SmartLinks provide automatic up-to-date information related to the patient, or sometimes information related to the user. They also allow use of appropriate pronouns and insertion of laboratory results. These are useful shortcuts when creating

charting tools for office visits. Part 5 of this text contains indispensable information about the power of SmartLinks, and it lists out all the common ones for you. Instead of frequent sentences that begin with “*The patient* complains of . . .,” you can use SmartLinks to place the appropriate pronoun, with initial capital letters where needed: “*He* (or *She*) complains of . . .” This makes for better looking, less repetitive text that appears less obviously “template” driven. Here is a list of some of the most common pronoun SmartLinks you’ll see in the SuperPhrase file. You can learn more about how to insert them into your own Phrases in chapters 35 and 36.

.CAPHE [*“He” or “She” with initial capital letter*]

.HE [*“he” or “she” without capitals*]

.CAPHIS [*“His” or “Her” with initial capital letter*]

.HIS [*“his” or “her” without capitals*]

.HIM [*“him” or “her”*]

There are also SmartLinks that automatically insert the patient’s laboratory results into your note or into a letter. These must be created by your organization but are very simple to build, and no implementation is complete without many such “LastLab” SmartLinks. Thus, your own implementation team will design appropriate SmartLinks for you to use. Depending on the build in your organization, here are some simple examples of LastLab SmartLinks that you might have available for daily use:

.LASTCBC [*patient’s most recent CBC results*]

.LASTLIPID [*patient’s most recent lipid panel results*]

.LASTTSH [*patient’s most recent TSH results*]

.LASTRENAL [*patient’s most recent electrolytes and renal functions*]

(Etc . . . You can use your imagination to see the potential of these.)

SmartLinks can display information relating to the patient’s current medication list; problem list; encounter diagnoses; orders written; past medical, surgical, family or social history; and much more. Examples are:

.PROB [*problem list*]

.CMED [*current medications*] or **.ACTMED** [*active medications*]

.ALLERGY [*allergy list*]

.PMH [*past medical history, as recorded in the History section*]

.PSH [*past surgical history, as recorded in the History section*]

.FAMHX [*family history, as recorded in the History section*]

SmartLinks can be used inside Phrases, SmartText, and even inside SmartLists. By way of example, let’s look at some SmartLinks on an EpicCare patient named Roger Ztest. Even though he is fictitious, the example serves to show how the various SmartLinks can populate your charting with incredible amounts of important information. You will be able to see LastLab Links as well. You may have seen such SmartLinks many times embedded into SmartText you use every day. These can also be used free-standing in any charting note. One note about SmartLinks: in various EpicCare fields they may format differently. Fields with rich-text format (RTF) often display SmartLinks in grids, whereas fields with plain-text format show the same information in text only. The information itself is exactly the same—only the formatting changes. So on your screen you may see a difference from what is displayed below. I have shown the plain-text view here.

To begin a note about Roger, we might use **.ID**, which returns:

Roger Hall is a 71-year-old male.

To note his current allergies, **.ALLERGY** returns this information:

Penicillin class – skin rash and/or hives

Bee stings – asthma and/or shortness of breath

Roger’s Problem List, **.PROB**, returns this:

Patient Active Problem List:

HYPERPARATHYROIDISM [252.00]

ASTHMA, PERSISTENT, MILD [493.90]

CALCULUS, KIDNEY [592.0]

Look at the difference with the SmartLink **.PROBL**. The “L” means the “long” version of the Problem List: it adds the Comments and date-onset. It is useful to store as Comments the details about how that problem evolves over time to be used creatively as the basis for a “plan of care” directly on the Problem List.

Patient Active Problem List:

HYPERPARATHYROIDISM [252.00]

Date Noted: 09/16/1997

Comment: chronic elevated calcium but asymptomatic since 1997

ASTHMA, PERSISTENT, MILD [493.90]

Date Noted: 05/04/2001

Comment: well controlled seasonally on inhaled steroids

CALCULUS, KIDNEY [592.0]

Date Noted: 04/28/2002

Comment: passed spontaneously, 95% calcium oxalate (psst . . . maybe that hyperparathyroidism isn't so asymptomatic . . .)

Roger's Current Medications: **.CMED**

Current outpatient prescriptions:

METFORMIN 850 MG OR TABS 1 PO BID

LEVOTHROID 100 MCG OR TABS 1 PO QD

LOSARTAN 50 MG OR TABS 1 PO QD

(Please ignore the fact that this fictitious person's medical data is non sequitur; this is poetic license on my part. There is no real patient information in this text, and often the actual data is not medically accurate.)

Roger's Past Medical History: **.PMH**

Past medical history:

ALLERGIC RHINITIS NOS

Comment: Late summer, early fall, presumed ragweed
IRRITABLE COLON

Comment: Primarily stress related, cramping, diarrhea
PULMON EMBOLISM/INFARCT 1994

Comment: discontinued anticoagulation 1995

Roger's Past Surgical History: **.PSH**

Past surgical history:

REMOVE TONSILS AND ADENOIDS Age 4

APPENDECTOMY Age 20

LAPAROSCOPIC CHOLECYSTECTOMY

Roger's Family History: **.FAMHX**

Review of patient's family history indicates:

Healthy Mother

Healthy Sister

Heart Disease Father

Comment: onset age 57

Alzheimer's Disease Grandmother

Roger's most recent diabetic test results,

.LASTDIABETES, returns:

GLUC	155	02/25/2004
HGBA1C %	9.	09/15/2004
MICROALB	56	05/10/2004

(This SmartLink is designed to pull the three most recent diabetic-related lab values, such as glucose, HgbA1c, and microalbumin. It is an example of

a configurable LastLab SmartLink; it may not exist or may look different in your organization.)

Roger's phone number, **.PH** (nurses use this frequently), returns:

510-213-5486 (home) 416-271-9900 (work)

SmartLinks also can enter information about YOU, the user, and the current time and date. **.ME** returns your own name (e.g., John Smith, MD). **.NOW** returns the current time, **.TD** returns today's date (e.g., 4:42 p.m.10/16/2006). Please take the time to review Part 5, which contains more information about the many clinically relevant SmartLinks in EpicCare, along with some advanced information on their use.

I must take a moment to get on the soapbox about the value of SmartLink data. Earlier I referred to "patient-level data." The above SmartLinks keenly illustrate this concept. The data must exist, and they must be accurate, up-to-date, and filed in the proper location within EpicCare. If the Problem List, Allergy List, Current Medication List, Past Medical History, etc. are incomplete, outdated, or not on file, then these SmartLinks will return inaccurate, outdated, or incomplete information (or, if no data is filed they literally return, "No information on file"). Hence, it should be everyone's responsibility to maintain this critical "patient-level" data at all opportunities. We all share the Problem List; everyone contributes to its accuracy. Encounter-level data is information that is relevant only within the context of a single encounter: the history of present illness, the physical exam, impression and orders (though some of this information may become promoted to patient-level data). Patient-level data transcends encounters over time (though, of course, it evolves over time); this type of data should be entered in the proper fields within the application. Then it is available for all users in predictable locations, and it can be accurately retrieved instantaneously with these simple, critical SmartLinks. Another way to say this is, "Garbage in, garbage out." If you have lousy Problem Lists, then viewing that Problem List and using SmartLinks to pull information from it will be low-quality, non-value-added activities that detract from medical quality and patient safety. Well maintained patient-level data provide tools for dependable, reliable, efficient information extraction, improving quality and safety. It's everyone's job.

Notes on Creative Ways to Invoke Phrases

Bringing Up a Phrase

All users should understand the various creative ways to “invoke” (or “use”) any Phrase. The available techniques are to start the Phrase with a dot (period), and after typing the Phrase, hit the **Spacebar** or the **Enter** key, or add punctuation. The progress note will retain whatever you actually type as the next character. *This is not trivial.* A frequent novice error is to continually hit the **Enter** key to invoke a Phrase. This is like hitting the carriage return bar on the typewriters we all grew up with (along with that familiar “ding,” which seemed really pleasing at the time): it goes to a new line (Today this is called a “hard return.”). Only use the **Enter** key to invoke a Phrase if you want to jump to a new line immediately after the Phrase. Hitting the **Spacebar** simply adds a space after the Phrase text. This is by far the most common sequence; when typing a sentence, you usually want to continue typing, in which case you want a space after the last word. However, you can invoke a Phrase by typing a comma or another period, punctuating your sentence. Experienced users learn to use this feature to avoid backspacing to punctuate, instead punctuating as they move along, saving keystrokes. (A question mark does *not* invoke your Phrase. It is seldom used in medical charting. Typing “<dot>?” will bring the entire system Phrase list to the screen. Typing “<dot>my?” will bring your personal user Phrases to the screen, instead of the entire system list.)

Using Asterisks as Placeholders and Checkbacks

Another important concept is the use of three asterisks (***) as a placeholder in EpicCare. As you are aware, the **F2** key will jump the cursor to any triple-asterisk character or any SmartList. Generally, *** is used to allow you to type free text (or use another Phrase). SmartLists and *** are known as “variables” and must be “resolved” before closing a progress note. You can’t close a note with *** remaining in it or with a SmartList lacking any selected choices. Note that you can use this feature to your advantage by purposefully inserting *** in your note if you are awaiting additional information, such as an X-ray result. It will serve as a reminder and will not allow you to close your own note until you have that additional information. Here’s an illustration: sometimes when I am ordering

a chest X-ray, for example, I might pre-complete my note as if the film is negative, which in most cases it is. This saves me time if, in fact, the film is negative. But I purposefully place *** in the sentence where I say the film is negative, thus not allowing myself to accidentally close my note with an inaccurate statement. I will amend the note if the film is abnormal. If it is normal, as I predicted, I simply use the **F2** key to jump to my asterisks and then hit the **Delete** key, removing them. Then I close my note.

You will notice this technique embedded into the SuperPhrase **.XR** which reads, “A ***Chest X-ray was ordered. My reading of this film is ***.” The first triple asterisk is to remind me that it might *not* be a *chest* film. It might be an ankle or a c-spine. But because over half of the films done in primary care are chest films, and not wanting to deal with a list every time I use this common Phrase, I simply put “chest” as the most likely choice, with an asterisk to force me to review it. If it was indeed a chest film, I simply hit **F2**, jump to the *** and hit the **Delete** key. If it was an ankle film, I hit **F2**, then type “ankle.” Then I hold the **Delete** key down until the word “chest” is deleted.

Another example of this logic is, “The patient had ***no loss of consciousness.” In this statement, which refers to a motor vehicle accident, most patients we see in an office setting did not lose consciousness from their injuries. Again wanting to avoid using a list of “did/did not” when the most common outcome is obvious, I find it faster to type that as the default, but place the triple-asterisk in front of the word “no” to force myself to look at it twice. If the statement is true (the patient did not lose consciousness), I hit **F2**, then delete the asterisks. If the statement is false (the patient did lose consciousness), I hit **F2**, type something appropriate, and delete the word “no.” You will see this logic in the SuperPhrase file and can use it when writing your own Phrases.

You may also see the triple-asterisk as the final choice in many SmartLists (depending on your organization’s build). It is for situations in which the physician needs to enter text that is not reflected in the other choices in that List. The user could select one or more appropriate choices from the SmartList and also select *** for additional free-text entry. This can be quite useful; it is often used purposefully during the design of SmartLists to keep them shorter and simpler. If we had to provide a choice for every possible situation, SmartLists would get too long and become inconvenient. Offering a shorter List covering the

more common situations (the old “80/20 rule”) and the *** at the end seems to be the most usable, efficient method. This is not a hard and fast rule. You will see complex and nested/sub-nested SmartLists, and you will see simpler SmartLists, but most contain *** as a final choice.

“Escaping” to Write Free Text

Here’s another useful concept: when you don’t like anything you see in a SmartList, if you hit the **Escape** key, the List disappears and the numerical/text reference to that list is highlighted in the note. Then just overtype it. Try this and you’ll see. Whenever any text is highlighted in a Windows environment such as EpicCare (or Office and other applications), you may overtype the text without hitting **Delete**.

In a SmartList, your overtype can include typing another Phrase. For example, in a chart note you come across this statement: “Pelvis: {:15055}.” You hit **F2**, and you see List 15055, but you realize the words you need are not there (hopefully, an uncommon event). Simply hit **Escape**, and the {:15055} is highlighted. Now type whatever you want: the text “{:15055}” disappears and is replaced by your free text. You can also hit the **Delete** key instead of **Escape**; the only difference is that the List text is deleted, rather than highlighted; but you can directly type ahead. Try these both and see which works best for you.

Extending Your Range with Phrases

What I have tried to demonstrate in this first chapter is that by using a logical set of phrases such as SuperPhrases, with relatively little typing you can document most medical encounters, including complex multiply ill patients. You have seen an overview of the logical syntax on which the SuperPhrase file is built, learned about SmartLinks and SmartLists, and reviewed creative ways to invoke Phrases. You now have the fundamentals to dive into the full details of SuperPhrases.

After study and practice you will be able to invoke Phrases easily, and in cases where you’re unsure if a Phrase exists for a specific situation, you’ll be able to make a professional educated guess of which Phrases might exist. You should be able to chart just about any

clinical visit with Phrases. You’ll also learn inventive ways to edit or create your own Phrases to supplement existing ones. As you’re already aware, many of the SuperPhrases are divided into logical “chunks” or categories, with prefixes such as NEG, NEX, POS, PEX, and CV. In fact, this book references more than 1,700 SmartPhrases, and about 70 critical Epic-built SmartLinks. Given this large amount of clinical content to learn, you should use this text exactly as it was designed. It is intended to offer you an effective methodology, justify that methodology, and organize carefully categorized clinical content with important tips and tricks. It does not require memorization of the content. I haven’t memorized these Phrases and SmartLinks, either. If there is a method to the madness, this is it: internalize this methodology and you will own the computer. If you learn how to use SuperPhrases and SmartLinks—including how to guess the content based on prior knowledge and, even more, how to edit and create your own personal SmartPhrases—you will never look back.

The chapters ahead provide an in-depth discussion of each category of Phrase, letting you know how and when to use them and listing all of the available Phrases in each category. Remember that all the prefixed Phrases can easily be reviewed directly in EpicCare by simply typing a particular prefix and looking at the Phrase Finder. (Users would not generally use this technique to review all the various Phrases but would use it occasionally when seeking similar Phrases that they know should be in that category.)

Following is a printout in numerical order of some of the SmartLists used in our charting example at the start of this chapter: Mrs. Edith Ztest’s visit. Printing an appendix of the full content of only the SmartLists used in this one example would take a half dozen pages. Publishing the contents of every existing clinical SmartList would consume about 100 pages. If you try flipping back and forth between the lists below and the example, you will probably agree that publishing a whole appendix is somewhat futile. Nevertheless, I realize that some readers will be disappointed, and I offer my apology to anyone who is unhappy with this decision.

List #	List Name	List Contents
15002	GEN LATERALITY	Right Left Bilateral Both both sides neither generalized lower upper ***
15138	PE DIABETES - EXAM	fundi {:15146} heart sounds {:15510} chest clear no hepatosplenomegaly no carotid bruits feet: {:15761} ***
15145	TEST HOME TESTING	is performed regularly is performed sporadically is not performed values are usually normal fasting values range *** nonfasting values range *** 2 hour post prandial values range *** ***
15146	PE EYE FUNDUS EXAM	A:V decreased AV Nicking discs sharp, no papilledema facial exudate present facial hemar. present grade *** diabetic retinopathy grade *** hypertensive changes normal no background diabetic retinopathy no hemorrhages or exudates no hypertensive retinopathy normal normal vessels not indicated papilledema noted poorly visualized VP s NI. ***

List #	List Name	List Contents
15147	GEN DISEASE CONTROL DEGREE	well controlled stable improved asymptomatic reasonably well controlled no significant medication side effects noted borderline controlled control uncertain poorly controlled loss of control due to intercurrent illness needs further observation needs improvement patient poorly compliant needs to quit smoking needs to follow diet more regularly ***

I hope you can see that if I included the content from all 600-plus SmartLists referenced in the SuperPhrase file, it would be a droning reference of some 100 additional pages (zzzz. . . wake up! . . .). But you can glean the exact content of any SmartLists by going online to Epic's Web site, where you have a Web version of the chapters that include hyperlinks to every SmartList available. There, you can click on hyperlinks to view any SmartList you like. At the end of this book, however, is a full index of SmartList numbers

and names (but no List content) used in the SuperPhrase file. The numbers on your system will vary, but if you have downloaded a recent version of this file, the names should be identical. It will serve as a handy cross reference for some readers. Here again is the path to all SuperPhrase-related content (and a full-text PDF version of this text): <https://userweb.epicsystems.com> > Community Library > Downloadable Content Files > SmartPhrases.

2

The Overture: Common Scenarios for Everyday Use of SmartPhrases

This chapter offers a simple approach to writing notes as you move through your clinical day. It is a light sampling of the multitude of chapters to follow, illustrating how they may be useful in your work. The Phrases in this chapter are all repeated or elaborated in another later chapter dealing with that specific category, but I include them here to illustrate an overall approach to certain very common workflows in my day, such as writing the Subjective portion of the note, the Objective, the Plan, and some telephone and letter workflows. I use these Phrases visit after visit. Be sure to note the liberal use of pronoun SmartLinks in many of these Phrases; you will remember, for example, that **.HE** and **.HIM** indicate the proper gender “he” or “she,” “him” or “her.” **.CAPHE** supplies a capital letter, as in “He” and “She.”

For convenience, this text now switches to using only bold capital letters to indicate a Phrase, eliminating the dot (period) before each Phrase. Remember, however, that in reality you must use the dot to call up or create a Phrase.

The Subjective/History Portion of the Note

Most of my notes begin with **S**, followed by **ID** or **IDILL**. I fill out the balance of the history using many common English and medical Phrases found in later chapters, particularly with **NEG** and **POS** Phrases, depending on the situation. I tend to use a lot of SmartLinks to bring into my history section medications, problem lists with comments, and latest lab results, as appropriate to the case. Below are some common examples of Phrases I use frequently.

ID NAME is a **AGE SEX**

IDILL NAME is a **AGE SEX** who presents with ***.

Symptom onset has been { :15708 } for a time period of ***

{ :15003 }. Severity is described as { :15014 }. Course of **HIS**

symptoms over time is { :15708 }.

IDPED NAME is a **AGE SEX** brought by { :15061 :: mother } presenting with

These Phrases are also useful:

BROUGHT The patient is brought to the clinic by **HIS** { :15061 }.

CO complains of

HEALTHY The patient has been in otherwise good general health in the past.

KNOWN who is well known to me from previous visits

I often use the Phrases **REV** and **REVNEG** (below) once I've reviewed the patient's relevant past history documented in EpicCare and updated it, if necessary. I want to document that I've done this to support my Level of Service billing. But to create a more succinct note, I use these Phrases to avoid printing into the note the same information already entered into the record elsewhere. (You can, however, easily print that information into your note using SmartLinks such as **PMH**, **PSH**, **FAMHX**, **CMED**, etc.).

REV I have reviewed the patient's medical history in detail and updated the computerized patient record.

REVNEG I have reviewed the patient's medical history in detail; there are no changes to the history as noted in the electronic medical record.

The Objective/Physical Portion of the Note

The Objective part of many of my notes begins with **WELL**. Thus, I don't repeat the vitals but achieve a general examination of the patient as a bullet point in coding. You can also use the SmartLink **VS** to place the vital signs at the beginning of your Objective section. I use the **NEX** Phrases to document most of my examinations (or **PEX** Phrases if appropriate). Here

are a few key physical exam Phrases I use in addition to the NEX and PEX Phrases:

WELL CAPHE appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.

VS [SmartLink to Vital Signs from your office encounter]

AO Patient is alert and oriented times three.

APPEARANCE Appearance: {:15021}.

NOEXAM Not otherwise examined today.

Assessment Portion of the Note

Mostly, I use Phrases for the various chronic diseases (See Chapter 18 for a full listing of pathology- and disease-related Phrases.). However, some common Phrases one would use frequently include the disease name, followed by a descriptive adjective for degree of control. You may want to write many more similar disease-related Phrases for your specialty. The Assessment section also lends itself well to the SmartLinks **DIAGX** and **DXC** if you have already filed your diagnoses before completing this portion of your note. Or, complete diagnosis and orders in a SmartSet or via the Order Entry screens before completing your Assessment and Plan portions of the progress note—a lot of users specifically do that so they can use these powerful SmartLinks. The SmartLink **DIAG** is an excellent alternative workflow that juxtaposes diagnoses *and* orders. Because it displays more than diagnoses, alone, it can be used to represent both the Assessment and Plan sections of your note. I highly recommend that you try this SmartLink if you have filed both diagnoses and orders before charting.

Here are some useful descriptives:

WC well controlled [e.g., **DM WC** diabetes mellitus well controlled]

UNC uncontrolled [e.g., **DM UC** diabetes mellitus uncontrolled]

OOC out of control [e.g., **DM OOC** diabetes mellitus out of control]

RES resolved [e.g., **PSVT RES** paroxysmal supraventricular tachycardia resolved]

IDIO Idiopathic [e.g., **IDIO HTU** idiopathic hematuria]

ASX Asymptomatic [e.g., **ASX AAA** asymptomatic abdominal aortic aneurysm]

CHR Chronic [e.g., **CHR MIG** chronic migraine headaches]

MULTI The patient is stable with multi-system diseases as per history noted above.

The Plan Portion of the Note

This is where I most often express my advice to the patient and document much of my thought process. There are a lot of useful Phrases for this part of the note, helpful in any specialty. Most of my notes contain the Phrases **AGREE** and **PRN** near the end. (You may, of course, use SmartLinks for displaying your recorded orders. Epic builds the framework for these as **ENCORD** [Encounter Orders with order detail], **ENCORDNM** [Encounter Orders, name only] and **ENCMED** [Encounter Medications]. But customer implementation teams often assign these links more intuitive names, such as “MyOrders,” “MyMeds,” etc. These vary by customer, so I cannot enumerate them in this text.)

AGREE The patient indicates understanding of these issues and agrees with the plan.

PRN Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.

These Phrases reflect your thinking about a patient or your advice to a patient. They represent typical end-of-visit statements we often make:

ALERT I have asked the patient to be on the alert for new or increasing symptoms such as *** and to call directly if such should occur.

AVOID The patient is advised to reduce or avoid {:15122}. [15122 offers such items as smoking, alcohol, caffeine, heavy lifting, etc.]

CONSIDER I have given due consideration to the possibility of ***, but I feel that diagnosis is unlikely, based on a careful history and physical examination. [I use this often when sending home a chest pain patient or in similar key situations to clearly indicate I have considered various dangerous diagnoses and ruled them out.]

CONTINUE The current medical regimen is effective; continue present plan and medications.

DECLINED I have recommended that this patient have a {:15376} but **HE** declines at this time. I have discussed the risks and benefits of this procedure with **HIM**. The patient verbalizes understanding.

DIET The patient is asked to make an attempt to improve diet and exercise patterns to aid in medical management of this problem.

DISC Discussed with the patient and all questioned fully answered. **CAPHE** will call me if any problems arise.

DOUBT I doubt this issue is of clinical significance but will follow over time. [typically a borderline test result or minor symptoms]

EXCUSE CAPHE is given a note for {excuse:15707::excuse from work}.

HEAT The patient is advised to apply heat intermittently (avoid sleeping on heating pad).

ICE The patient is advised to apply ice or cold packs intermittently as needed to relieve pain.

LONGDIS We had a prolonged discussion about these complex clinical issues and went over the various important aspects to consider. All questions were answered.

MDI The proper method of use, as well as anticipated side effects, of this metered-dose inhaler are discussed and demonstrated to the patient.

NEXT I asked that the patient see me for an immediate exam if there is another episode of this problem. *[For example, I often use this when seeing those many patients with intermittent bright red rectal bleeding that I need to examine during a bleeding episode ... oh, and* **IBRRB** *is intermittent bright red rectal bleeding, FYI.]*

OBSERVE The patient will observe these symptoms, and report promptly any worsening or unexpected persistence. If well, may return prn.

OTC Symptomatic therapy suggested: gargle for sore throat, use mist at bedside for congestion. Apply facial warm packs for sinus pain. May use {15012} prn.

REASS The patient is reassured that these symptoms do not appear to represent a serious or threatening condition.

SED Potential medication side effects were discussed with the patient; let me know if any occur.

TIME There are other unrelated non-urgent complaints, but due to the busy schedule and the amount of time I've already spent with **HIM**, time does not permit me to address these routine issues at today's visit. I've requested another appointment to review these additional issues.

Common Office Procedure Phrases

Here are some Phrases for office procedures I commonly perform during the course of a visit. These Phrases save me lots of time when these procedures come up. Similar Phrases can be found in Chapter 33 (PROC Phrases) and in Chapter 34. These are "normal" procedures in the course of events during a routine visit, such as application of liquid nitrogen, removal of ear wax, taking a pulse oximetry, reading an EKG, or looking at a stat X-ray.

SVN Small volume nebulizer treatment with {15249}.

PEAK Peak flow reading is ***, about *** % of predicted.

OX Pulse oximetry on room air is ***. *[You may also use SmartLink LastSaO2 to obtain most recent pulse ox readings.]*

EKG EKG: {15101}. *[List 15101 offers the most common EKG interpretations, such as "normal EKG, NSR," "non-specific ST and T wave changes," "unchanged from previous tracings," etc.]*

XR A ***Chest X-Ray was ordered. My reading of this film is ***. (No comparison films available: pending review by Radiologist.) *[Used to document your interpretation of an office X-ray, most of which are chest films. If it is not a chest X-ray I delete the word "chest" and substitute the appropriate word, like "C-spine," "wrist," etc.]*

WAX Ceruminosis is noted. Wax is removed by syringing and manual debridement. Instructions for home care to prevent wax buildup are given.

WOUNDCARE The wound is cleansed, debrided of foreign material as much as possible, and dressed. The patient is alerted to watch for any signs of infection (redness, pus, pain, increased swelling or fever) and call if such occurs. Home wound care instructions are provided. Tetanus vaccination status reviewed: {15746::tetanus re-vaccination not indicated}.

Common Telephone Phrases

Nurses, medical assistants, and physicians do a great deal of telephone work. Phrases make it easy to document this type of work, which is so repetitive. On the phone, you are often informing patients that their tests are normal, or to follow their cholesterol diet better, or to make a follow-up appointment to discuss abnormal but non-critical test results. Often you want to have a nurse or medical assistant do the actual call for you after you document some information. Quite often no one answers the phone, or you (or the nurse) get an answering machine. Read through these and see which ones best meet your style. You can easily write your own set of phone Phrases to augment them. Many of these Phrases are also used by nurses to communicate with you or your patients via a telephone encounter. There are later chapters devoted to nursing in the general sense and telephone workflows.

CALL I have attempted to contact this patient by phone with the following results: {15307}. *[This covers every situation: busy, wrong number, left message, will call again later, etc. You may prefer the Phrases below, which are specific instances of the general situation.]*

NOTHOME I have attempted to contact this patient by telephone, but there is no answer repeatedly. I will continue to try later.

CALLPRN Advised to call back directly if there are further questions, or if these symptoms fail to improve as anticipated or worsen.

INFORM Please inform the patient. [*Intent: physician writes out some instructions to tell the patient, but passes the call on to the nurse with this Phrase at the end.*]

LABNL I have reviewed all lab results which are normal or stable. Please inform the patient.

LABABNL I have reviewed all the lab results. There are some abnormalities that are not critical to the patient's health, but I would like to discuss these in person at an office appointment. Please ask **HIM** to schedule a follow up visit with me at **HIS** convenience.

MAKEAPPT Make a return appointment in about *** to {15323}. [*List 15323 offers "review this," "repeat the lab tests," "recheck the exam," "repeat the X-ray," "check progress on this."*]

This chapter has illustrated only a glimpse of what will follow—a wine-tasting before you buy the whole case, an overture before you enjoy the play. Please carry on to review the following chapters for an in-depth study of prefixed and scenario-based Phrases and SmartLinks.

Part 2

The Prefixed Superphrases

BLANK

3

NEG SuperPhrases— Negative Review of Systems

The NEG Phrases indicate Negative History - that is, a **NEG**ative functional inquiry or negative review of systems of a specific body part, body system, or often a disease with predictable symptoms. These Phrases offer few choices (i.e., rarely include lists) because they are basically negative reviews of systems; hence, they are simple to use. When taking a history, you will hear key words from a patient, such as “chest pain,” “headache,” “abdominal pain,” “fever,” etc. These key words, in turn, trigger your thought process to inquire about related systems or specific diseases. For instance, when a patient tells you she has lower abdominal pain, no doubt you will start thinking about the potential physiologic origins of her pain. Your questions will be designed to rule in or rule out UTI, gynecological disorders, or gastrointestinal disorders. You might use Phrases such as **NEGGI** to chart that there are no other specific GI symptoms, **NEGGYN** to denote no abnormal pelvic symptoms, or **NEGUTI** to denote no symptoms specific to UTI.

Usually, you don’t need to edit the NEG Phrases, but occasionally a NEG Phrase will return a statement that is *partially* incorrect. You can easily edit that sentence very quickly. This is an important concept for you in adapting to the use of SmartPhrases: they generally deal with the most common variant of a given scenario, and some editing must be done by the user. A SmartPhrase system cannot ever be perfect for any/ every situation. We would need endless SmartLists to account for every possibility. Less is more: a simpler user interface has more value and is more usable than a complex interface with excessive length or too many choices. Hence, a SmartPhrase may contain some information you need to discard, and discarding a little information is much faster than typing de-novo a “custom” paragraph.

For example, let’s say a patient has abdominal pain, but without other GI symptoms. You could use the SmartPhrase **NEGGI**, which returns, “The patient

denies abdominal or flank pain, anorexia, nausea or vomiting, dysphagia, change in bowel habits or black or bloody stools or weight loss.” Since this patient, in fact, has abdominal pain (but assuming everything else in the paragraph is correct), you would simply sweep with your mouse the words “abdominal or” and delete them, leaving the rest of the SmartPhrase intact to describe the clinical situation. That’s much quicker than trying to type a similar sentence that excludes only the words “abdominal pain.” It is more efficient to bring in most of the relevant text and “manage by exception.”

The NEG Phrases are comprehensive, indeed, and commonly used, especially to document negative inquiry of systems after a chief complaint. These Phrases make significant use of synonyms, so **NEGDIABETES = NEGDM**, **NEGBREAST = NEGBRST**, **NEGCVS = NEGHEART**, **NEGGI = NEGABD**, etc. You will find these useful, so review them carefully and use them regularly. You can often guess the correct NEG Phrases (or NEX, POS, or PEX), which is one of the major goals of the SuperPhrase design. Some are anatomical: **NEGARMS** (no arm pain, numbness, weakness), **NEGBACK** (no back pain), or **NEGEYES** (no eye symptoms). Some are disease-oriented, like **NEGBPH** (no BPH symptoms), **NEGCOUMADIN** (no bleeding, taking Coumadin, having therapeutic INRs), or **NEGDIABETES** (no diabetic symptoms). Some are physiological: **NEGCVS** (negative CVS inquiry) or **NEGCNS** (negative CNS inquiry). Some are complete body negative ROS (**NEGROSM** and, **NEGROSF** for male and female, and even **NEGROSPMP** for postmenopausal females). As with any of these Phrases, once you learn the “system” and use them, you will be amazed at how fast and how far you can go. If you find you need additional NEG (or NEX or any other category) Phrases, you can easily write your own to suit your practice or your specialty. Chapter 13 contains a related system

of SuperPhrase workflows for documenting review of systems and physical examination, without using the NEG, NEX, POS, and PEX Phrases. It is primarily mouse-driven and utilizes nested SmartLists, allowing you to choose which body systems you reviewed

or examined and click to document your findings. As an alternative workflow, it is worth reviewing Chapter 13 to compare and decide which documentation style best suits your personal needs.

The NEG Phrases are:

BOLD CAPS appearing in Column 3 (“SmartPhrase Text”) of this and all other tables indicate a SmartLink embedded in the Phrase text.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEGABD	NEGGI	The patient denies abdominal or flank pain, anorexia, nausea or vomiting, dysphagia, change in bowel habits or black or bloody stools or weight loss.
NEGARMS	NEGUE	The patient denies pain, swelling, numbness, tingling or weakness in the upper extremities.
NEGBACK	NEGLBP NEGLOWBACKPAIN	Patient denies low back pain or painful or reduced range of motion of the back.
NEGBLEED		The patient denies abnormal bruising or abnormal bleeding from any body orifice such as bleeding from nose or gums, blood in urine or stool, or melena, hemoptysis or hematemesis.
NEGBPH		The patient denies urinary hesitancy, nocturia, frequency or incomplete voiding.
NEGBREAST	NEGBRST	There is no personal or family history of breast cancer. She denies finding new breast lumps, breast pain or nipple discharge.
NEGCNS	NEGNEURO	The patient denies any symptoms of neurological impairment or TIA's; no amaurosis, diplopia, dysphasia, or unilateral disturbance of motor or sensory function. No loss of balance or vertigo.
NEGCOLON		No personal or family history of colon cancer or colon polyps.
NEGCOLOR		The patient denies changes to the color of skin, eyes, stool or urine.
NEGCOUGH		The patient denies hemoptysis, dyspnea or wheezing.
NEGCOUMADIN		The patient denies abnormal bruising or abnormal bleeding from any body orifice such as bleeding from nose or gums, blood in urine or stool, or melena, hemoptysis or hematemesis. CAPHE has been having the INR drawn regularly and it has been in therapeutic range.
NEGCVS	NEGHEART	Patient denies any exertional chest pain, dyspnea, palpitations, syncope, orthopnea, edema or paroxysmal nocturnal dyspnea.
NEGDIABETES	NEGDM	No polyuria, polydipsia, blurry vision, chest pain, dyspnea or claudication. No foot burning, numbness or pain. Taking medication compliantly without noted sided effects. Follows diet fairly well. Home glucose monitoring in the range of ***. Has seen diabetic educator. Last eye exam ***within the year was reportedly negative. Last foot exam negative within the past year.
NEGDVT		Denies new swelling or pain in the legs or calves.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEGGEAR		CAPHE denies a history of hearing loss, ear pain, tinnitus or aural discharge.
NEGELBOW		No pain, swelling or difficulty or restriction in movement of the elbows.
NEGEXTREM		The patient denies swelling, numbness, tingling or weakness in the extremities.
NEGEYES		The patient denies changes in visual acuity, diplopia or amaurosis, no discharge, matting, redness, tearing or eye pain.
NEGFAMILYHX	NEGFH	Family History: negative for cancer, heart disease, stroke, hypertension, diabetes.
NEGFEET	NEGFOOT	Patient denies foot pain or swelling, foot lesions, numbness, burning, injuries or infections.
NEGGEN		CAPHE denies constitutional symptoms of fatigue, weakness, weight loss or gain, fevers, night sweats.
NEGGUFEMALE		She denies abnormal vaginal bleeding, discharge or unusual pelvic pain, no dysuria, frequency or hematuria.
NEGGYN		She has normal menstrual cycles, and denies abnormal vaginal bleeding, discharge or unusual pelvic pain.
NEGHANDS		Denies difficulty in use of hands, stiffness, swelling or pain in hands or fingers. No numbness, tingling or weakness in the hands.
NEGHIPS		CAPHE has no hip pain or restriction in motion of the hips.
NEGHIV		CAPHE denies any specific risk factors for contracting HIV infection; no history of sex with HIV positive persons, high risk heterosexual or homosexual behaviors or IV drug abuse or transfusions or tattoos.
NEGHRT		The patient is having no problems with her hormonal replacement therapy; no abnormal or unexpected bleeding. ***Normal withdrawal cycles only.
NEGHYPERTENSION	NEGHTN	The patient is taking hypertensive medications compliantly without side effects. Denies chest pain, dyspnea, edema, or TIA's.
NEGHYST		She is post hysterectomy and notes no vaginal bleeding, discharge or unusual pelvic pain.
NEGINJURY		CAPHE denies any history of recent or remote injury that might have caused or be related to these current symptoms.
NEGJOINTS		CAPHE denies symptoms of joint pain, swelling, myalgias or back pain.
NEGKNEES		CAPHE has no knee pain, swelling or restriction in motion of the knees.
NEGLEGS		No tingling, numbness or weakness in the lower extremities or new swelling or pain in the legs or calves.
NEGLYMPH		CAPHE has noted no swollen glands in neck, axillary or inguinal areas, no fevers, weight loss, night sweats or pruritus. There is no family history of lymphoreticular neoplasia.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEGMALE		He denies urethral discharge, dysuria, hematuria or sores on the genitals. No lumps or pain in the testicles.
NEGMP	NEGMPM	She is post menopausal and reports no vaginal bleeding, discharge or pelvic pain. No hot flashes.
NEGNECK		No pain or swelling in the neck. No swollen glands. No pain with motion of the neck.
NEGNOSE		CAPHE has no nasal stuffiness, discharge, coryza or bleeding. No sinus pain.
NEGPMH		PMH: No history of hypertension, diabetes, hyperlipidemia, heart disease or rheumatic fever, neurological diseases or stroke, cancers, kidney or liver diseases, ulcer, gallstone, colon polyps, asthma, TB, blood clots or thyroid disease.
NEGRESP	NEGPULM	The patient denies cough, chest pain, dyspnea, wheezing or hemoptysis.
NEGROSF		ROS: No TIA's or unusual headaches, no dysphagia. No prolonged cough. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. No new or unusual musculoskeletal symptoms. Norm
NEGROSFHYST	NEGROSHYST	ROS: No TIA's or dysphagia. No prolonged cough. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. She is post hysterectomy. No abnormal vaginal bleeding, discharge or unexpected pelvic pain. No new breast lumps, breast pain or nipple discharge.
NEGROSFMP	NEGROSPMP	ROS: No TIA's or dysphagia. No prolonged cough. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. She is post menopausal. No hot flashes, abnormal vaginal bleeding, discharge or unexpected pelvic pain. No new breast lumps, breast pain or nipple discharge.
NEGROSM		ROS: No TIA's or unusual headaches, no dysphagia. No prolonged cough. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract or BPH symptoms. No new or unusual musculoskeletal symptoms.
NEGSHOULDER		No pain, swelling or difficulty or restriction in movement of the shoulders.
NEGSINUS		CAPHE has no nasal stuffiness, discharge, coryza or bleeding. No sinus pain or post nasal drip.
NEGSKIN		No personal or family history of skin cancers or melanoma.
NEGSOC		The patient is a non-smoker, and uses minimal alcohol.
NEGSTATIN		CAPHE has been taking HIS statin cholesterol medication regularly without side effects such as myalgias or upper abdominal pain, nausea or jaundice.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEGSTD		CAPHE denies any new or unusual sexual contacts nor symptoms of sexually transmitted diseases such as genital sores or genital discharge.
NEGTHROAT		Patient denies sore throat, dental pain, hoarseness, dysphagia, oral or tongue lesions.
NEGTHYROID		No symptoms of hypo or hyperthyroidism: no decreased or increased weight, no feeling cold/chilly or excessively warm, no diarrhea or constipation, no undue sweatiness, anxiety or palpitations.
NEGURI		The patient denies ear pain, sore throat, nasal or sinus congestion or cough.
NEGUTI		The patient denies dysuria, frequency or hematuria.
NEGWRISTS	NEGCTS	No pain, swelling or difficulty or restriction in movement of the wrists. No carpal tunnel symptoms such as pain or numbness into the hands.

4

NEX SuperPhrases – Negative Physical Exam

The NEX Phrases indicate a **N**egative physical **EX**am of a specific body part, body system (e.g., CVS, GI), or review of a disease that might have a predictable physical exam (diabetes, low back pain). Like the NEG Phrases, because they refer to negative findings you won't find a lot of SmartLists, just generally a negative exam of the part or system. There are exceptions: a "normal" breast, pelvic, or rectal exam can still vary by the age or post-surgical status of the patient. A negative, or normal, pelvic exam of a woman with a uterus is different from that of a woman post-hysterectomy. Thus, some list choices are offered for a few NEX Phrases, but most have no Lists and so are quick and easy to use (examples: **NEXARMS** [normal neurovascular exam of arm], **NEXGI** [negative exam of abdomen]). Because a head, neck, and chest exam combination is so common in primary care, I've abbreviated those as **NEXHN** (HN for head/neck) and **NEXHNC** (HNC for head/neck/chest). If you've done a general negative exam for a "physical" you can use **NEXM** (complete negative exam of a male, including Lists describing rectal exam), **NEXF** (ditto for female, including Lists for variations of normal breast/pelvic findings).

NEX Phrases also include disease-directed Phrases for negative physical exams. **NEXDVT** describes specifically a negative Homan sign, soft calves and thighs, etc. **NEXLBP** describes negative findings for a patient with low back pain (compare with **PEXLBP**). **NEXCTS** describes negative findings for carpal tunnel syndrome, negative Phalen/Tinel.

Because most physical examinations are normal, these Phrases are comprehensive. You can often guess the correct Phrase. As with many SuperPhrases, redundancy is built in with synonyms to help you (**NEXDM** = **NEXDIABETES**, **NEXGI** = **NEXABD**, **NEX-BREAST** = **NEXBRST**, etc.). You should become familiar with both NEG and NEX Phrases. You can modify existing Phrases or create your own any time.

One simple trick for a complete physical on a truly healthy person is to combine a few of the common NEG/NEX Phrases, as follows:

S

ID for **CPE REV**

NEGROSF [*or, for a male, NEGROSM*]

O

WELL

NEXF [*or, for a male, NEXM*]

A

WW [*or WM for well male*]

P

ENCORD [*or variant names, such as "MYORDERS," which may be available in your organization*]

These shortcuts for a healthy 35-year-old man return the following at a keystroke savings rate of 95 percent. (Oops, I said I'd cut that out . . . Sorry.)

SUBJECTIVE:

Roger Ztest is a 35-year-old male for complete physical examination.

I have reviewed the patient's medical history in detail and updated the computerized patient record.

ROS: No TIAs or unusual headaches, no dysphagia. No prolonged cough. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract or BPH symptoms. No new or unusual musculoskeletal symptoms.

OBJECTIVE:

He appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as noted by the nurse.

The physical exam is generally normal. He appears well, alert and oriented x 3, pleasant and cooperative. Vitals as noted by nurse. ENT normal, neck supple and free of adenopathy, or masses. No thyromegaly or carotid bruits. Cranial nerves and fundi normal. Chest is clear to IPPA. Heart sounds are normal, no murmurs, clicks,

gallops or rubs. Abdomen is soft, no tenderness, masses or organomegaly. Extremities, peripheral pulses and reflexes are normal. Testes are normal without masses, no hernias noted. Phallus normal. Rectal: {5057}. Screening neurological exam is normal without focal findings. Skin is normal without suspicious lesions.

ASSESSMENT:

Well male

PLAN:

ENCORD *[SmartLink will automatically list your*

actual orders, for example]

CBC

LIPID PANEL

ELECTROCARDIOGRAM

URINALYSIS

Remember that Chapter 13 contains a related system of mouse-driven SuperPhrase workflows to document review of systems and physical examination without using the NEG, NEX, POS, and PEX Phrases.

The NEX Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXABD	NEXGI	The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. Bowel sounds are normal. No CVA tenderness or inguinal adenopathy noted.
NEXANKLES		Ankle exam - {side:15002::both sides} normal; full range of motion, no pain on motion, no effusion, tenderness, ligamentous instability or deformity noted.
NEXARMS		Upper extremities are normal with good pulses, normal reflexes, motor strength and sensation.
NEXBREASTS	NEXBRST	Breasts are symmetric. No dominant, discrete, fixed or suspicious masses are noted. No skin or nipple changes or axillary nodes.
NEXCERVIX		EGBUS normal. Vulva reveals no erythema, lesions or atrophic changes. Vagina normal, no lesions, polyps or discharge. Cervix is normal, smooth pink mucosa, no friability, nontender, no CMT, no lesions, no polyps. Cervical ectropion {15050::absent}, stenosis {15050::absent}, Nabothian cysts {15050::absent}.
NEXCNS	NEXNEURO	Neuro: Cranial nerves and fundi are normal. PERLA. EOM's intact. No papilledema. Neck supple. No bruits. Normal deep tendon reflexes.
NEXCNSCOMPLETE	NEXCOMPCNS NEXNEUROCOMPLETE	Cranial nerves are normal. Fundi are normal with sharp disc margins, no papilledema, hemorrhages or exudates noted. PERLA. EOM's intact. Neck supple. No cranial or carotid bruits. Good carotid upstroke. DTR's, motor power and sensation normal and symmetric. Babinski sign absent. Mental status normal. Gait and station normal. Cerebellar function is normal.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXCOMPFEM	NEXF	The physical exam is generally normal. Patient appears well, alert and oriented x 3, pleasant, cooperative. Vitals are as noted. Neck supple and free of adenopathy, or masses. No thyromegaly. PERLA. Ears, throat are normal. Lungs are clear to auscultation. Heart sounds are normal, no murmurs, clicks, gallops or rubs. Abdomen is soft, no tenderness, masses or organomegaly. Breasts: {:15056}. Self exam is encouraged. Pelvis: {:15900}. Exam chaperoned by female assistant. Extremities are normal. Peripheral pulses are normal. Screening neurological exam is normal without focal findings. Skin is normal without suspicious lesions noted.
NEXCOMPMALE	NEXM	The physical exam is generally normal. He appears well, alert and oriented x 3, pleasant and cooperative. Vitals as noted. ENT normal, neck supple and free of adenopathy, or masses. No thyromegaly or carotid bruits. Cranial nerves and fundi normal. Lungs are clear to auscultation. Heart sounds are normal, no murmurs, clicks, gallops or rubs. Abdomen is soft, no tenderness, masses or organomegaly. Extremities, peripheral pulses and reflexes are normal. Testes are normal without masses, no hernias noted. Phallus normal. Rectal: {:15057}. Screening neurological exam is normal without focal findings. Skin is normal without suspicious lesions.
NEXCSPINE		Cervical spine shows full range of motion without pain, no local tenderness or masses.
NEXCTS		Exam for Carpal Tunnel syndrome shows {side:15002::both sides} negative - Tinel and Phalen tests are negative, normal sensation, no atrophy.
NEXCVS	NEXHEART	S1 and S2 normal, no murmurs, clicks, gallops or rubs. Regular rate and rhythm. Chest is clear; no wheezes or rales. No edema or JVD.
NEXCXR		Chest X-Ray is obtained and appears normal.
NEXDIABETES	NEXDM	Fundi normal without visible background diabetic retinopathy; heart sounds normal, chest clear. Liver and spleen not enlarged. Peripheral pulses normal, color and temperature of feet normal, sensation in feet normal as tested by microfilament.
NEXDVT		Lower extremities reveal no signs of deep venous thrombosis; calves and thighs are soft without swelling, induration or tenderness, Homan's sign is negative.
NEXEARS		Ear exam - {side:15002::both sides} normal, TM intact without perforation or effusion, external canal normal. No significant ceruminosis noted.
NEXEDEMA		No peripheral edema noted on exam.
NEXEGBUS	EGBUS	External genitalia, Bartholin's glands, Skene's glands, urethra and urethral glands are normal.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXELBOWS		Elbow exam - {side:15002::both sides} normal, full range of motion, no swelling, bursal effusion, tenderness or deformities, no tenderness of epicondyles.
NEXERD	NEXIMPOTENCE NEXSEXUALDYSFUNCTION NEXVIAGRA	Exam is negative. Both testicles are normal in size without masses. Normal male secondary sexual characteristics. No gynecomastia. Pedal pulses and sensation are normal and DTR's are normal in both lower extremities.
NEXEXTREM		Extremities: { :15109 }.
NEXEYEL		Left eye normal, pupil reactive, normal conjunctiva, normal fundus, normal cornea.
NEXEYER		Right eye normal, pupil reactive, normal conjunctiva, normal fundus, normal cornea.
NEXEYES		Eye exam is normal - { :15133 }.
NEXFEET	NEXFOOT	Foot exam - {side:15002::both sides} normal; no swelling, tenderness or skin or vascular lesions. Color and temperature is normal. Sensation is intact. Peripheral pulses are palpable. Toenails are normal.
NEXFIBROCYSTIC	NEXFCBD	Breasts reveal mild symmetric fibrocystic densities noted in the upper outer quadrants, but there are no dominant, discrete, fixed or suspicious masses found. Self exam is taught and encouraged.
NEXFINGERS		Fingers are normal showing no evidence of deformity or arthritis, full range of motion without pain, full functionality of all tendons, normal microcirculation, no lesions, normal nails, normal color and temperature.
NEXFUNDI		Fundi are normal, no papilledema, hemorrhages or exudates. No AV crossing changes are noted.
NEXGUFEMALE	NEXGYNE NEXPELVIC NEXPELVIS	Vagina and vulva are normal; no discharge is noted. Cervix normal without lesions. Uterus anteverted and mobile, normal in size and shape without tenderness. Adnexa normal in size without masses or tenderness. Pap Smear - {status:15706}. Exam chaperoned by female assistant.
NEXGUMALE	NEXMALE	Genitals normal; both testes normal without tenderness, masses, hydroceles, varicoceles, erythema or swelling. Shaft normal, { :15705 }, meatus normal without discharge. No inguinal hernia noted. No inguinal lymphadenopathy.
NEXHANDS		Hand exam - {side:15002::both sides} normal, full range of motion of all joints, no swelling, tenderness or deformities. There is normal motor, sensory, vascular and tendon function.
NEXHERNIA		No inguinal, femoral or abdominal wall hernias are found on exam.
NEXHIPS		Hip exam - {side:15002::both sides} normal; full range of motion, no pain on motion, no effusion, tenderness, masses, contracture or deformity noted.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXHN		Ears normal. Throat and pharynx normal. Neck supple. No adenopathy or masses in the neck or supraclavicular regions. Sinuses non tender.
NEXHNC		Ears normal. Throat and pharynx normal. Neck supple. No adenopathy or masses in the neck or supraclavicular regions. Sinuses non tender. The chest is clear, without wheezes, rhonchi or rales.
NEXHS		HS normal, without murmur or gallop, regular rhythm. Chest is clear.
NEXHTN	NEXHYPERTENSION	Fundi are normal without hypertensive retinopathy. Chest is clear. Heart sounds normal, no gallop or murmur. No hepato-splenomegaly or pedal edema.
NEXINJURY		The prior injury has fully healed, no residual tenderness, instability or swelling and HE has regained full functionality and range of motion.
NEXJOINTS		A general joint exam is normal with full range of motion of spine, shoulders, elbows, wrists, fingers, hips, knees and ankles; no active swelling, tenderness or synovitis at any joint. No soft tissue nodules.
NEXKNEES		Knee exam - {side:15002::both sides} normal; full range of motion, no pain on motion, no effusion, tenderness, masses, ligamentous instability or deformity noted.
NEXLARYNX	NEXLX	Laryngoscopy with fiberoptic scope: excellent visualization of the hypopharynx, supraglottic and laryngeal area including cords is obtained; this is normal, both cords move to midline. No masses seen.
NEXLEGS		The lower extremities are normal and reveal no sign of DVT. Calves and thighs are soft and non tender, color is normal, no swelling or redness. Homan's sign is negative. Pedal pulses are normal.
NEXLIVER		The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. No cutaneous stigmata of chronic liver disease. No neck or inguinal nodes. No ascites.
NEXLOWBACKPAIN	NEXLBP	Lumbosacral spine area reveals no local tenderness or mass. Full and painless lumbosacral range of motion is noted. Straight leg raise is negative at 90 degrees on both sides. DTR's, motor strength and sensation normal, including heel and toe gait. Peripheral pulses are palpable. Hips and knees have full range of motion without pain. No abdominal tenderness, mass or organomegaly.
NEXLSPINE		Lumbar spine has full painless range of motion without local tenderness or masses. SI joints nontender. Straight leg raise negative bilaterally.
NEXLYMPH		No lymphadenopathy in the anterior or posterior neck, supraclavicular, axillary or inguinal areas. No hepato-splenomegaly noted.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXMASTECTOMY		Mastectomy site examined carefully, scars well healed, no palpable abnormality or masses, no axillary or supraclavicular lymphadenopathy.
NEXMENTALSTATUS	NEXMOOD	Mental status exam; HE is alert, orient to time, person and place. Normal thought content, speech, affect, mood and dress are noted.
NEXMONOFIL	MONOFIL	Sensory exam of the foot is normal, tested with the monofilament. Good pulses, no lesions or ulcers, good peripheral pulses.
NEXNAILS		Fingernails and toenails are normal, no deformities, ridging, clubbing, discoloration or pitting, no fungal infection or ingrown nails.
NEXNECK		The neck is supple and free of adenopathy or masses, the thyroid is normal without enlargement or nodules.
NEXNOSE		Nasal exam; septum midline, no deformities, nares patent, normal mucosa without swelling, no polyps, no bleeding.
NEXOVARY	NEXUTERUS NEXADNEXA	Uterus in midline position, upright, normal size, shape and consistency without masses or tenderness. Adnexal exam WNL, no masses or tenderness.
NEXPARKINSON		Exam is negative for the typical Parkinsonian features. Intention tremor is {present/absent:15050}. There is no significant resting tremor. Muscle tone normal without cogwheeling, rigidity. Gait and facies are normal.
NEXPOSTOPANKLE	NEXPOSTOPFOOT	Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of Motion {ROM:31370}.
NEXPOSTOPELBOW		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:21819}.
NEXPOSTOPHAND	NEXPOSTOPWRIST	Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:17472}.
NEXPOSTOPHIP		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. {ROM/Gait/LLD/Calf tenderness:32322}
NEXPOSTOPKNEE		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. {ROM/Gait/Strength/Calf Tenderness:32323}
NEXPOSTOPSHOULDER		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:18711}.
NEXPROST		Rectal normal without masses, negative guaiac. Prostate normal in size, smooth and symmetric without nodules or tenderness.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXRASH		Exam of the skin shows no discernible active dermatitis, erythema, urticaria or inflammatory process.
NEXRECTAL		Rectum normal without masses, negative guaiac.
NEXRESP	NEXLUNGS NEXPULMONARY NEXCHEST	Chest is clear, no wheezing or rales. Normal symmetric air entry throughout both lung fields. No chest wall deformities or tenderness.
NEXSCALP	NEXHAIR	Hair and scalp exam show hair growth appears normal, no significant localized or diffuse alopecia or thinning, no scalp lesions or scalp dermatitis.
NEXSHOULDERS		Shoulder exam - {side:15002::both sides} normal; full range of motion, no pain on motion, no tenderness or deformity noted.
NEXSINUS		Paranasal sinuses are normal. No tenderness to the maxillary, frontal, ethmoids or mastoids. Transillumination of the maxillary sinuses is normal.
NEXSKIN		I note only benign skin findings. No unusual rashes or suspicious skin lesions noted. Nails appear normal.
NEXSPINE	NEXBACK	Cervical, thoracic and lumbar spine exam is normal without tenderness, masses or kyphoscoliosis. Full range of motion without pain is noted.
NEXTHROAT	NEXMOUTH	Throat exam normal. Oral cavity, tongue, pharynx and palate have no inflammation or suspicious lesions. Tonsils - {15704}. Teeth normal without tenderness.
NEXTHYROID		Thyroid not palpable, not enlarged, no nodules detected.
NEXTOES		Exam of the toes is normal, no tinea, ingrown nails or fungus; normal circulation, normal sensation, no deformities.
NEXTREMOR		Exam is negative for the typical Parkinsonian features. No intention tremor is noted. There is no significant resting tremor. Muscle tone normal without cogwheeling, rigidity. Gait and facies are normal.
NEXTSPINE		Thoracic spine is noted to be normal with full painless range of motion, no local tenderness or masses.
NEXVAGINA		EGBUS normal. Vulva reveals no erythema, lesions or atrophic changes. Vagina normal, with normal rugae, no lesions, polyps or discharge. Cervix appears normal without lesions.
NEXVASCULAR		Vascular exam is normal. Good carotid upstrokes, no carotid bruits. Peripheral pulses normal both hands and both feet. Normal femoral pulses. No vascular trophic changes in the extremities. No venous stasis or varicosities noted. Aortic size not enlarged
NEXVULVA		External genitalia, Bartholin's glands, Skene's glands, urethra and urethral glands are normal. Vulva and labia reveal no erythema, lesions or atrophic changes.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXWOUND		The wound is well healed without signs of infection, no erythema, tenderness or discharge.
NEXWRISTS		Wrist exam - {side:15002::both sides} normal, full range of motion, no swelling, tenderness or deformities. Normal radial pulse. Negative Phalen/Tinel signs.

5

POS Superphrases – Positive Review of Systems

The POS Phrases indicate a **POS**itive history or review of systems of a specific body part or body system, or often a disease with predictable symptoms. In taking a review of systems, most often we obtain negative history, but sometimes there are predictable positives, especially for diseases such as GERD, UTI, BPH, Monilia vaginitis, etc. There are POS Phrases for physiological systems, such as cardiovascular and thyroid disease (**POSCVS** and **POSTHY**—compare with **NEGCVS** and **NEGTHY**), but not for every system because it is simply too complex and variable. Creating that many Phrases wouldn't fit into our important "less is more" scheme. There is a nice POS Phrase for diabetes (**POSDM**), though it is somewhat more complex. That Phrase offers text for history of diet, home glucose monitoring, and diabetic symptoms (Compare this with **NEGDM**).

Most POS Phrases contain SmartLists to allow you to choose from among many related symptoms (e.g., **POSCVS**). Some are defaulted because the symp-

toms are so predictable (e.g., **POSUTIFEMALE** or **POSGERD**).

As with all the SuperPhrases, these are designed to let you learn the system, then guess correct Phrases; they contain a lot of synonym redundancy, as you've seen previously, so **POSCVS = POSHEART, POS-DIABETES=POSDM, POSLBP=POSBACKPAIN = POSLOWBACKPAIN**. There are many fewer POS Phrases than NEG Phrases. Depending on your specialty, you may wish to write more POS-type Phrases to deal with frequent predictable situations in your practice. Many of those you write will need SmartLists embedded to offer appropriate choices. This will be discussed in Chapter 43.

As stated earlier, in Chapter 13 you'll find a related system of mouse-driven SuperPhrase workflows for documenting review of systems and physical examination, without using the NEG, NEX, POS, and PEX Phrases.

Here are the POS Phrases:

SmartPhrase Name	Synonyms	SmartPhrase Text
POSANKLEPAIN	HXANKLEPAIN	The patient complains of {side:17553} ankle pain for *** {time:11651}. Patient reports: {history:30593}
POSBPH		He complains of urinary hesitancy, weak stream, double and incomplete voiding, intermittent urinary frequency and nocturia times ***. AUA Bother Score is ***.
POSBPH		He complains of urinary hesitancy, weak stream, double and incomplete voiding, intermittent urinary frequency and nocturia times ***. AUA Bother Score is ***.
POSBRONCHITIS	POSCOUGH POSLRI	The patient complains of cough { :15714 } for *** { :15003:: days }.
POSCTS		NAME is a AGE SEX who complains of numbness of lateral aspect of { :15002 } hand, especially with use of the hand and at night.
POSCVS	POSHEART	CVS ROS: { :15918 }.

SmartPhrase Name	Synonyms	SmartPhrase Text
POSDIABETES	POSDM	Diabetic Review of Systems - {15841}.
POSELBOWPAIN	HXELBOWPAIN	The patient complains of {side:17553} elbow pain for *** {time:11651}. Patient reports: {history:21805}
POSFOOTPAIN	HXFOOTPAIN	The patient complains of {side:17553} foot pain for *** {time:11651}. Patient reports: {history:31108}
POSGERD	POSREFLUX	The patient complains of typical reflux symptoms: burning sensation after heavy meals, especially when lying down, sometimes with true water brash. Denies dysphagia, black or bloody stools or abdominal pain.
POSHANDPAIN	HXWRISTPAIN POSWRISTPAIN HXHANDPAIN	The patient complains of {side:17553} {body part:15524} {hand symptoms:15523} for *** {time:11651}. Patient reports: {history:18444}
POSHEMATURIAFEMALE	HXHEMATURIAFEMALE	SUBJECTIVE: NAME is a AGE SEX who presents with {presenting symptoms:12321}. Hematuria has been documented on *** previous urinalyses. Patient also presents with {add'l symptoms:12325}. Patient has {past urol hx:11750}. On lab examination, HE has
POSHEMATURIAMALE	HXHEMATURIAMALE	SUBJECTIVE: NAME is a AGE SEX who presents with {presenting symptoms:11744}. Hematuria has been documented on {frequency:11745} previous urinalyses. Patient also presents with {add'l symptoms:11842}. Patient has {past urol hx:11750}. On lab examina
POSHIPPAIN	HXHIPAIN	The patient complains of {side:17553} hip pain for *** {time:11651}. Patient reports: {history:22438}
POSKNEEPAIN	HXKNEEPAIN	The patient complains of {side:17553} knee pain for *** {time:11651}. Patient reports: {history:18443}
POSLOWBACKPAIN	POSLBP POSBACKPAIN	CAPHE complains of low back pain for *** {duration:15003}, positional with bending or lifting, {w-w/o:15700} radiation down the legs. Precipitating factors: {15284}. Prior history of back problems: {15285}. There {15283::is no} numbness or weakness i
POSUTS	HXLUTS	SUBJECTIVE: NAME is a AGE SEX who presents with {reason for consult:11565}. CAPHE presents with a history of voiding problems for *** {days/wks/mos/hrs:11651}. Patient complains of {prostate symptoms:11566}. Patient denies {voiding symptoms:11656}
POSMONILIA	POSYEAST YEAST	She complains of vaginal discharge for *** days; described as itchy, white, non bloody, without pelvic pain or abnormal vaginal bleeding.

SmartPhrase Name	Synonyms	SmartPhrase Text
POSPSAELEVATED	HXPSAELEVATED HXELEVPSA	SUBJECTIVE: NAME is a AGE SEX who presents with {reason for consult:11852}. Patient complains of {prostate symptoms:11566}. Patient denies {voiding symptoms:11656}. CAPHE {has/has no:11912} history of an elevated PSA. Prior prostate biopsy: { :126}
POSSHoulderPAIN	HXSHoulderPAIN	The patient complains of {side:17553} shoulder pain for *** {time:11651}. Patient reports: {history:18695}
POSSTONESFEMALE	HXSTONESFEMALE	SUBJECTIVE: NAME is a AGE SEX who presents with {pain onset:11352} onset of {pain quality:11353} pain that is described as {pain character:11359}. Pain is located in the {left/right:11354} {location:11355} and has been present for*** {days/wks/mos:1}
POSSTONESMALES	HXSTONESMALE	SUBJECTIVE: NAME is a AGE SEX who presents with {pain onset:11352} onset of {pain quality:11353} pain that is described as {pain character:11359}. Pain is located in the {left/right:11354} {location:11634} and has been present for*** {days/wks/mos:1}
POSTHY		The patient complains of {Thyroid Sx:15703}.
POSURI		The patient complains of typical URI symptoms; coryza, nasal stuffiness, congestion, postnasal drip, sore throat, malaise, and dry cough, non-productive.
POSUTIFEMALE	POSUTI	She complains of urinary frequency, urgency and dysuria, without flank pain, fever, chills, or abnormal vaginal discharge or bleeding.
POSUTIMALE		He complains of urinary frequency, urgency and dysuria, without flank pain, fever, chills, or urethral discharge or penile lesions.

6

PEX Superphrases – Positive Physical Exam

The PEX Phrases indicate a **P**ositive (or abnormal) physical **E**Xam of a specific body part or body system, or often a disease with predictable physical findings. These findings don't always have to be pathological, but simply varying from normal. For example, compare:

PEXSKIN Skin exam – {15960} [*The SmartList offers relatively comprehensive nested choices of multiple pathological skin findings.*]

PEXSKINBENIGN Complete skin exam shows lesions, but these are all benign findings, {15286} [*The SmartList offers minor skin findings one sees on every human being.*]

PEXRASH Exam of the skin shows an active dermatitis; {15763} [*The SmartList offers descriptions of the common dermatitides.*]

Almost all PEX Phrases contain SmartLists to allow you to choose from among many related findings (e.g., **PEXCVS**, positive exam cardiovascular system, which has many variables). A few are defaulted because the physical findings are so predictable (e.g., **PEXCTS**,

positive exam of carpal tunnel syndrome, which is fairly predictable). There are synonyms available, as always (**PEXCVS** = **PEXHEART**, **PEXBREASTS** = **PEXBRST**, etc.). Many, but not all, anatomical or physiologic systems are represented by PEX Phrases, so look through these and try them out. They'll really help.

Remember, for a straight normal exam of a body part or system or disease, use NEX Phrases, which have very few lists or choices. PEX is for use when you find variability from what is normal. **NEXCVS** says no murmur, no gallop, no rubs, clear chest, no edema; **PEXCVS** offers many choices to document various murmurs, gallops, rubs, rales, JVD, edema, etc.

Again, I remind you that Chapter 13 contains a related system of mouse-driven SuperPhrase workflows for documenting review of systems and physical examination, without using the NEG, NEX, POS, and PEX Phrases.

The PEX Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXABDOMEN	PEXGI	Abdominal exam: {15920}.
PEXALLERGIES		Patient appears well. Afebrile. Eyes; very mild allergic conjunctivitis noted with mild infraorbital swelling. Nose; nasal pallor and congestion noted. Ears are normal. Throat unremarkable. Neck without significant lymphadenopathy. Lungs are clear to auscultation.
PEXANKLEORTHO		A {side:10021} ankle exam was performed. {31345}
PEXANKLESPRAIN		Exam of the injured ankle reveals swelling and tenderness over the lateral malleolus. No tenderness over the medial aspect of the ankle. The fifth metatarsal is not tender. The ankle joint is intact without excessive opening on stressing. X-Ray shows fracture to be {15050::absent}. The rest of the foot, ankle and leg exam is normal.

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXAPPEAR	PEXGENERAL	General appearance: {:15021}.
PEXASTHMA		The patient appears {:15021}. ENT: {:15032}. Chest: {:15033}. Heart sounds are normal. Abdomen soft, nontender, no masses or organomegaly.
PEXBPH		Prostate is enlarged ***, soft, symmetric without nodules. Rectal exam otherwise negative, stool is guaiac negative.
PEXBREASTS	PEXBRST BREAST	Breast exam: {:15056}.
PEXCHEST		Chest: {:15033}.
PEXCNS	PEXNEURO	Neurological exam reveals {:15902}.
PEXCTS		Exam reveals positive Phalen and Tinel sign on {side:15002}. There is no muscle atrophy noted.
PEXCVS	PEXHEART SEM HEART	CVS exam: {:15510}.
PEXCXR		Chest X-Ray is obtained; result - {:15343}.
PEXDIABETES	PEXDM	Diabetic exam: {:15138}.
PEXDOWNNS	DOWNEXAM	The typical features of Down Syndrome are present including brachycephaly, flat facial profile, up-slanted palpebral fissure, epicanthal folds, over- folded helices, small nose, tongue protrusion, redundant neck skin, clinodactyly, single crease, sandal gap deformity, and hypotonia. Other findings ***.
PEXEARS		Ears - {:15207}.
PEXELBOWORTH		A {side:10021} elbow exam was performed. {pe:22360}
PEXENT		ENT exam reveals - {:15032}.
PEXEPIG		Mild epigastric tenderness noted, abdomen otherwise normal, no other tenderness, organomegaly, mass or rebound.
PEXEXTREMITIES		Exam of extremities: {:15109}
PEXEYES		Eye exam - {:15209}.
PEXFEET	PEXFOOT	Examination of the feet reveals {:15761}.
PEXFEMALEADULTCOMPLETE		General appearance - {:15021} Mental Status - {:13008} Eyes - {:15209} Ears - {:15207} Nose - {:15325} Sinuses - {:15212} Throat - {:15326} Neck - {:15327} Thyroid - {:15702} Chest - {:15033} (Continued on next page.)

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXFEMALEADULTCOM PLETE (Continued)		Heart - {:15510} Abdomen - {:15920} Breasts - {:15056} Pelvic - {:15900} Rectal - {:15057} Back exam - {:15940} Neurological - {:15902} Musculoskeletal - {:15950} Extremities - {:15109} Skin - {:15960}
PEXFIBROCYSTIC	PEXFCBD	Mild fibrocystic densities are noted symmetrically in both upper outer quadrants. The breast exam is otherwise normal without discrete, dominant or suspicious masses, nor skin or nipple change or axillary lymphadenopathy.
PEXFINGERS		Examination of the fingers shows {:15760}.
PEXFOOTORTHO	PEXORTHOFOOT	A {side:10021} foot exam was performed. {:31345}
PEXFUNDI	FUNDI	Fundi: {:15146}
PEXGUFEMALE	PELVIS PEXFEMALEGU PEXPELVIC PEXPELVIS PELVIC	Pelvic exam: {:15900}.
PEXGUMALE	PEXMALEGU	GU Male exam: {:10182}.
PEXHANDINJURYORTHO	PEXHANDPOSTOP PEXWRISTINJURYORTHO PEXWRISTPOSTOP	A {side:10021} {body part:15524} exam was performed. {pe hand/wrist:17464}
PEXHANDORTHO	PEXWRISTORTHO	A {side:10021} {body part:15524} exam was performed. {pe wrist and hand:32170}
PEXHANDS		Examination of the hands - {:15760}.
PEXHEADNECK	PEXHN	Head; normocephalic, atraumatic. PERLA. ENT- {:15032}.
PEXHERNIA		Examination for hernias: {:10178}.
PEXHIPORTHO		A {side:10021} hip exam was performed. {pe lower extremity:22453}
PEXHYST	NEXHYST	Pelvic reveals surgically absent uterus, tubes and ovaries, the vaginal cuff is well healed. No masses or tenderness.
PEXKNEEINJURY		Knee exam: the injured knee reveals {:15766}. X-ray is negative for fracture.
PEXKNEEOA		Knee exam: {:15002} positive for moderate crepitations, some mild tenderness and pain on range of motion, no*** effusion is present, no*** pseudo laxity noted.
PEXKNEEORTHO		A {side:10021} knee exam was performed. {pe lower extremity:18543}

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXL0M		The left tympanic membrane is red, dull and has decreased mobility. The right is normal. Perforation is not noted. External canals are normal.
PEXL0WBACKPAIN	PEXLBP	Lumbosacral spine area reveals { :15014 } tenderness and { :15014 } spasm. Painful and reduced LS ROM noted. Straight leg raise is { :15050::negative } at *** degrees on { :15002::both sides }. DTR's, motor strength and sensation normal, including heel and toe gait. Peripheral pulses are palpable. Hips and knees have full range of motion without pain. No abdominal tenderness, mass or organomegaly.
PEXMALEADULT COMPLETE		General appearance - { :15021 } Mental Status - { :13008 } Eyes - { :15209 } Ears - { :15207 } Nose - { :15325 } Sinuses - { :15212 } Throat - { :15326 } Neck - { :15327 } Thyroid - { :15702 } Chest - { :15033 } Heart - { :15510 } Abdomen - { :15920 } GU Male - { :10182 } Rectal - { :15057 } Back exam - { :15940 } Neurological - { :15902 } Musculoskeletal - { :15950 } Extremities - { :15109 } Skin - { :15960 }
PEXMENTALSTATUS		Mental Status: { :13008 }.
PEXMSK	PEXMUSCULOSKELETAL	Musculoskeletal exam: { :15950 }.
PEXNAILS		Nail exam reveals { :15758 }.
PEXNECK		Neck exam - { :15327 }.
PEXNOSE	PEXNASAL	Nasal exam - { :15325 }.
PEX0BP0ELVISLABOR		Pelvic Exam: { :14520 }
PEX0BP0ELVISPP		Pelvic Exam: { :14541 }
PEX0BP0ELVISPRENATAL		Pelvic Exam: { :14539 }
PEX0TITISEXTERNA	PEX0E	Ears; note { :15002 } external canal - tenderness, inflammation, edema, debris. TM's partly visualized and normal as seen. No significant neck lymphadenopathy. Patient nontoxic, afebrile. Throat clear. Chest clear.
PEX0TITISMEDIA	PEX0M PEX0B0M	Both tympanic membranes show evidence of otitis media with erythema, dullness and decreased mobility. Perforation is not noted. External canals are normal.

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXPARKINSON		Parkinsonian features are noted. Tremor is present and observed to be {15741}. Additional neuromuscular exam discloses {15742}.
PEXPEDSCOMPLETE		GENERAL ASSESSMENT: {15021} SKIN EXAM: {10167} HEAD: {10326} EYES: {10330} EARS: {10331} NOSE: {10339} MOUTH: {15326} NECK: {10343} HEART: {10342} BREAST: {10513} CHEST: {10514} ABDOMEN: {10517} MALE GENITALIA: {10518} FEMALE GENITALIA: {10520} BACK: {15940} EXTREMITIES: {10552} NEURO: {15902}
PEXPENIS		Penile exam: {10144}.
PEXPLANTARFASCIITIS	PEXPLF PEXPf	Exam shows tenderness to the inferomedial aspect of the heel {15002}.
PEXPROSTATE		Prostate exam: {10188}.
PEXPVC		Rare to occasional premature beat is felt at pulse and audible on auscultation.
PEXRASH		Exam of the skin shows an active dermatitis; {15763}.
PEXRECTAL	RECTAL	Rectal exam: {15057}.
PEXRESP	PEXPULM PEXLUNGS	Chest: {15033}.
PEXROM		The right tympanic membrane is red, dull and has decreased mobility. The left is normal. Perforation is not noted. External canals are normal.
PEXSCALP	PEXHAIR	Hair and scalp exam shows {15757}.
PEXSCROTUM		Scrotal exam - {10183}.
PEXSHOULDERORTHO		A {side:10021} shoulder exam was performed. {pe shoulder:19600}
PEXSHOULDERS	PEXIMPINGEMENT	Shoulder exam shows positive impingement signs are present with pain at high arc of abduction and forward flexion on {Side:15002}. There is tenderness of the ***.
PEXSINUS		Paranasal sinus exam - {15212}.

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXSINUSITIS		Patient appears mildly ill, temp as noted above. Ears are normal. Throat normal. Nasal passages are congested. Mild to moderate maxillary sinus tenderness is noted. No significant neck adenopathy. Lungs are clear to auscultation. No rashes noted.
PEXSKIN	PEXDERM	Skin exam - {:15960}.
PEXSKINBENIGN		Complete skin exam shows lesions, but these are all benign findings, {:15286}.
PEXSPINE	PEXBACK	Back exam: {:15940}.
PEXSTREP	STREP	Patient appears moderately ill. Temp as noted above. Exudative pharyngo-tonsillitis is noted. Anterior cervical nodes are present. Ears are normal, chest is clear. Rapid strep test is positive. No rashes. No hepatosplenomegaly.
PEXTESTES	PEXTESTICLES	Testicular exam: {:10184}.
PEXTHROAT	PEXORAL PEXMOUTH	Oropharyngeal exam - {:15326}.
PEXTHY		Thyroid exam reveals {:15702}.
PEXTOES		Examination of the toes shows {:15759}.
PEXTREMOR	TREMOR	Tremor is present and observed to be {:15741}. Additional neuromuscular exam discloses {:15742}.

7

CV SuperPhrases – Complete-Visit Phrases

The Complete Visit (CV) Phrases each return a full SOAP note for a reasonably predictable clinical scenario. They are superb for quickly documenting medical visits, including most “narrow” scenarios, plus many chronic diseases such as diabetes, asthma, hypertension, hyperlipidemia, GERD, etc. CV Phrases are essentially SmartTexts that have been converted to Phrases. (See Chapter 43—or for the Spring 2006 version, see Chapter 45—to learn to do this yourself.) Once you learn the system, CV Phrases are much faster to bring up than the corresponding SmartTexts because you simply need to type a few characters (as opposed to clicking the SmartText icon, then scrolling or hunting for the Text you want, assuming you remember its name. Sometimes organizations do accumulate large amounts of SmartText, making this task difficult; thus, CV Phrases can be invaluable.).

There are synonyms in this category, as you’ve seen in other chapters (**CVLBP = CVLOWBACKPAIN**, etc.). As with any of these categorized Phrases that begin with the same prefix, it is best to start by typing “CV,” because that also allows you to use the Phrase Finder to look at similar CV choices to apply in the future. Use one, learn two; amplify your knowledge over time.

CV notes typically begin with “**NAME** is a **AGE SEX** who complains of . . .” If the patient has additional unrelated issues, they can be nimbly handled by using other Phrases to augment your note (much

more on this later). However, if you wish to string two or more CV Phrases (or SmartTexts) together, it may be redundant to have “**NAME** is a **AGE SEX**” appear more than once in the same note. In that case, the PROB Phrases (Chapter 11) work even better. You can use the PROB Phrases to string together multiple chronic problems without the redundancy. So for a patient with hypertension, GERD, and BPH, use **PROBHTN**, **PROGERD**, and **PROBBPH** in sequence (showing no redundancies), instead of **CVHTN**, **CVGERD**, and **CVBPH**, which would work fine but be redundant. Better yet, if you have patients with multiple related chronic cardiovascular conditions (combinations of conditions like diabetes, hypertension, hyperlipidemia, TIAs and CAD), you can even more nimbly use the **PROBCVS** Phrase.

Note the special CV Phrase **CVLESION**. It is designed to describe as many skin lesions as necessary during a visit. To use this Phrase correctly, you may have to type **LESION** several times in the text to bring up descriptors for more than one lesion. The Phrase contains instructions in it, stating, “DOCTOR USE <DOT> LESION REPEATEDLY TO DESCRIBE AS MANY LESIONS AS NEEDED. THEN DELETE THIS TEXT.”

Following are the CV Phrases, with the exception of those specific to Pediatrics. For them, please see Chapter 27.

SmartPhrase Name	Synonyms	SmartPhrase Text
CVACNE	ACNECV	<p>S: AGE SEX presents to discuss acne. CAPHE has had acne for *** { :15003::years}. Current and past treatments used: {ACNE TREATMENTS:15289}.</p> <p>O: Patient appears well, vital signs normal. Skin: { :15014::moderate} {ACNE DESCRIPTION:15290} acne is noted on the {BODY PART:15261::face}.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVANKLESPRAIN		<p>S: NAME is a AGE SEX who complains of inversion injury to the { :15002 } ankle *** { :10041 } ago. There is pain and swelling at the lateral aspect of that ankle. The patient { :15283 ::was } able to bear weight directly after the injury.</p> <p>O: CAPHE appears well, vital signs are normal. There is swelling and tenderness over the lateral malleolus. No tenderness over the medial aspect of the ankle. The fifth metatarsal is not tender. The ankle joint is intact without excessive opening on stressing. X-Ray shows fracture to be { :15050 ::absent }. The rest of the foot, ankle and leg exam is normal.</p> <p>A: Sprain of ankle</p> <p>P: Rest and elevate the injured ankle, apply ice intermittently. Use crutches without weight bearing until able to comfortably bear partial weight, then progress to full weight bearing as tolerated. ACE bandage applied. Dynamic ankle splint dispensed. See prn.</p>
CVASTHMA	ASTHMACV	<p>SUBJECTIVE: NAME is a AGE SEX seen urgently with exacerbation of asthma for *** days. Wheezing is described as { :15014 }. Associated symptoms: { :15001 }. Current asthma medications: { :15128 }. Patient { :15300 } smoke cigarettes.</p> <p>OBJECTIVE: The patient appears { APPEARANCE:15021 }.</p> <p>ENT: { :15032 }</p> <p>CHEST: { :15033 }</p> <p>ASSESSMENT: Asthma - acute exacerbation</p> <p>PLAN: { Office Asthma Tx:15255 }</p> <p>RX per orders - Use bronchodilator MDI 2 puff q4h prn, steroid MDI regularly to prevent asthma and oral steroid taper.</p> <p>Additional suggestions to patient: { :15011 }.</p>
CVBPH	BPHCV	<p>SUBJECTIVE: AGE complains of urinary symptoms - { :15752 } for *** { duration:15003 }, { :15708 } over time. ROS: patient denies { :15752 }. Social history: { :15749 }. Past GU history is negative for BPH, UTI, stones or other renal diseases. The AUA Bother Score today is ***.</p> <p>CMED</p> <p>OBJECTIVE: Appears well, alert and oriented x 3, pleasant cooperative in NAD. Anicteric. Vitals as noted. Abdomen and prostate exam - { :15259 }.</p> <p>ASSESSMENT: BPH</p> <p>PLAN: The treatment options for BPH are discussed: observation over time with prn avoidance of alcohol/cafeine; herbal remedies such as Saw palmetto, versus medical treatment with hytrin, flomax or proscar versus TURP surgery. The side effects of hytrin and flomax are discussed especially fatigue, drowsiness and dizziness. Orders for today's visit - { :15753 }.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVBRONCHITIS	BRONCHITISCV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of { :15001 } for *** days. CAPHE denies a history of { :15009 }.</p> <p>CAPHE { :15300::denies } a history of asthma. Patient { :15300::does not } smoke cigarettes.</p> <p>OBJECTIVE: Vitals as noted above.</p> <p>Appearance: { :15021 }.</p> <p>ENT- { :15032:a:ENT exam normal, no neck nodes or sinus tenderness }.</p> <p>Chest - { :15033 }.</p> <p>ASSESSMENT: { :15273::bronchitis }</p> <p>PLAN: Symptomatic therapy suggested: { :15236 }. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVBURN	BURNCV	<p>SUBJECTIVE: AGE SEX suffered a burn of *** ago.</p> <p>Mechanism of burn: ***.</p> <p>OBJECTIVE: CAPHE appears well, vitals are normal. Burn description: ***.</p> <p>ASSESSMENT: { :15315 } degree burn</p> <p>PLAN: TThe burn is cleansed with sterile saline, and debrided. Silvadene, Telfa and Kling dressing are applied. Follow up visit as noted in disposition.</p>
CVCELLULITIS	CELLULITISCV	<p>Reviewed intake note.</p> <p>SUBJECTIVE: FNAME is a AGE SEX who presents with { :11055::erythema }.</p> <p>Location: ***</p> <p>Onset: { :15708 }</p> <p>Duration: { :15044 } { :10041 } and symptoms { GEN</p> <p>COURSE:10504::are worsening }</p> <p>Associated symptoms: { :11056 }</p> <p>Recent treatment: { :11059::none }</p> <p>Functional status affected: { :10494::no }</p> <p>***</p> <p>Allergies: ALG</p> <p>PROB</p> <p>OBJECTIVE:</p> <p>APPEARANCE: { :10568 }</p> <p>CARDIOVASCULAR: { :10035 }</p> <p>RESPIRATORY: { :10571 }</p> <p>LESION SIZE/LOCATION: ***</p> <p>LESION DESCRIPTION: { :11057::erythema }</p> <p>ASSOCIATED SIGNS: { :11056::none }</p> <p>SYSTEMIC SYMPTOMS: { :11058 }</p> <p>PULSES: { :23011 }</p> <p>CAPILLARY REFILL: { :10235 }</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVCHOLESTEROL	CVHYPERCHOLESTEROLEMIA CVHYPERLIPIDEMIA CVLIPID	<p>Subjective: NAME is a AGE SEX with hyperlipidemia.</p> <p>CMED Cardiovascular risk analysis - AGE SEX {:15734}.</p> <p>ROS: {:15727}.</p> <p>New concerns: ***.</p> <p>Objective:</p> <p>VS</p> <p>Appearance {:15021}.</p> <p>General exam {:15726}.</p> <p>Lab review: {:15731}.</p> <p>Assessment:</p> <p>Hyperlipidemia {degree of control:15147}.</p> <p>Plan: {:15730}.</p>
CVCONJ	CONJCV	<p>SUBJECTIVE: AGE SEX with burning, redness, discharge and mattering in {:15317} for *** days. No other symptoms. No significant prior ophthalmological history. No change in visual acuity, no photophobia, no severe eye pain.</p> <p>OBJECTIVE: Patient appears well, vitals signs are normal. Eyes: {:15317} with findings of typical conjunctivitis noted; erythema and discharge. PERRLA, no foreign body noted. No periorbital cellulitis. The corneas are clear and fundi normal. Visual acuity normal.</p> <p>ASSESSMENT: Conjunctivitis - probably bacterial</p> <p>PLAN: Antibiotic drops per order. Hygiene discussed. If other family members develop same condition, may use same medication for them if they are not known to be allergic to it. Call prn.</p>
CVCORNEA	CORNEACV	<p>SUBJECTIVE: The patient suffered a {:15002} corneal abrasion *** {:15003} ago. Mechanism of injury: ***.</p> <p>OBJECTIVE: CAPHE appears well, vitals are normal. Corneal abrasion noted {:15002} eye, ***. PERLA, fundi normal. Visual acuity as noted.</p> <p>ASSESSMENT: Corneal abrasion</p> <p>PLAN: *** ointment inserted, eye is patched, follow up appointment given in 24 hours for re-examination of the injury.</p>
CVCROUP	CROUPCV	<p>SUBJECTIVE: AGE SEX brought by {:15061} with *** days history of barking cough.</p> <p>Stridor has been {:15050::absent}. Temperature has been {:15088} at home.</p> <p>OBJECTIVE:</p> <p>GEN: WDOWN, barking cough observed.</p> <p>EARS: Right TM normal with no infection</p> <p>Left TM normal with no infection</p> <p>NOSE: Clear rhinorrhea</p> <p>OROPHARYNX: Clear</p> <p>NECK: Supple without lymphadenopathy</p> <p>RESP: clear to auscultation bilaterally</p> <p>CV: RR without murmur</p> <p><i>(Continued on next page.)</i></p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVCROUP (Continued)	CROUPCV	<p>ABD: Soft</p> <p>ASSESSMENT:</p> <p>Laryngotracheobronchitis (Croup)</p> <p>PLAN:</p> <p>Discussion regarding the viral etiology and course of the illness, as well as helpful treatments, including use of a vaporizer, steamed bathroom, or outdoor air. Croup instruction sheet given. Tylenol for fever. Additional medications, if any, per orders.</p>
CVCTS	CTSCV	<p>S: NAME is a AGE SEX who complains of numbness of lateral aspect of { :15002 } hand, especially with use of the hand and at night.</p> <p>O: CAPHE appears well, vitals are normal. Hand exam revealed bilaterally normal motor power and no atrophy.</p> <p>RIGHT hand: Phalen's sign { :15050 } - Tinel's sign is { :15050 }.</p> <p>LEFT hand: Phalen is { :15050 } - Tinel is { :15050 }.</p> <p>A: Carpal tunnel syndrome.</p> <p>P: Explanation of median nerve entrapment is given. A wrist splint is provided for prn use, especially at night. The treatment spectrum is discussed, including possible surgical release if the symptoms are persistent and severe. Return as needed for this problem.</p>
CVDIABETES	CVDM DIABETESC	<p>SUBJECTIVE: AGE SEX for follow up of diabetes. Diabetic Review of Systems - { :15841 }. Other symptoms and concerns: ***.</p> <p>CMED</p> <p>OBJECTIVE: Appearance: { :15021 }.</p> <p>VS</p> <p>Exam: { :15138 }</p> <p>ASSESSMENT: Diabetes Mellitus: { :15147 }</p> <p>PLAN: See orders for this visit as documented in the electronic medical record.</p> <p>Issues reviewed with HIM: { :15299 }.</p>
CVGASTRO	CVGE CVVGE GASTROCV	<p>(S) NAME is a AGE SEX with complaint of gastrointestinal symptoms of { gi sx:15324 } for *** days. No blood in stool.</p> <p>(O) Physical exam reveals the patient appears well. Hydration status: { :15166 }. Abdomen: { ABD EXAM:15259 }.</p> <p>(A) Viral Gastroenteritis</p> <p>(P) I have recommended { :15316 }. Return office visit if symptoms persist or worsen; I have alerted the patient to call if high fever, dehydration, marked weakness, fainting, increased abdominal pain, blood in stool or vomit.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVGERD	CVREFLUX GERDCV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of GERD type symptoms. CAPHE has been experiencing {:15747} for many {duration:15003}, {:15708} over time. ROS: patient denies {:15748}. Social history: {:15749}.</p> <p>CMED</p> <p>OBJECTIVE: Appears well, alert and oriented x 3, pleasant cooperative in NAD. Anicteric. Vitals as noted. Neck free of lymphadenopathy or mass. Abdomen - {:15259}.</p> <p>ASSESSMENT: GERD</p> <p>PLAN: The pathophysiology of reflux is discussed. Anti-reflux measures such as raising the head of the bed, avoiding tight clothing or belts, avoiding eating late at night and not lying down shortly after mealtime and achieving weight loss are discussed. Avoid ASA, NSAID's, caffeine, peppermints, alcohol and tobacco. OTC H2 blockers and/or antacids are often very helpful for PRN use. However, for persisting chronic or daily symptoms, prescription strength H2 blockers or a trial of PPI's are often used. Further recommendations to HIM: {:15750}. CAPHE should alert me if there are persistent symptoms, dysphagia, weight loss or GI bleeding. FUV is scheduled.</p>
CVHEADACHE	HEADACHECV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of headaches for *** {Duration:15003}. Description of pain: {HEADACHE LOCATION:15282}. Duration of individual headaches: *** {:15003}, frequency {:15330}. Associated symptoms: {:15274}. Pain relief: {:15277}. Precipitating factors: {:15279}. CAPHE {:15300::denies} a history of recent head injury.</p> <p>Prior neurological history: negative for {:15716}.</p> <p>Neurologic Review of Systems - {:15740}.</p> <p>CMED</p> <p>OBJECTIVE: Appearance: {:15021}.</p> <p>Neurological Exam: {:15902}.</p> <p>ASSESSMENT: {HEADACHE DX:15280}.</p> <p>PLAN: Recommendations: {:15281}.</p> <p>See orders for this visit as documented in the electronic medical record.</p>
CVHYPERTENSION	HTNCV HYPERTENSIONCV CVHTN	<p>SUBJECTIVE: NAME is a AGE SEX with hypertension.</p> <p>CMED</p> <p>Hypertension ROS: {:15727}.</p> <p>New concerns: ***.</p> <p>Objective:</p> <p>VS</p> <p>Appearance {:15021}.</p> <p>General exam {:15726}.</p> <p>Lab review: {:15731}.</p> <p>Assessment: Hypertension {degree of control:15147}.</p> <p>Plan: {:15730}.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVINFLUENZA	FLUCV INFLUENZACV CVFLU	<p>SUBJECTIVE: NAME is a AGE SEX who present complaining of flu-like symptoms: fevers, chills, myalgias, congestion, sore throat and cough for *** days. Denies dyspnea or wheezing.</p> <p>OBJECTIVE: Appears moderately ill but not toxic; temperature noted in vitals. Ears normal. Throat and pharynx normal. Neck supple. No adenopathy in the neck. Sinuses non tender. The chest is clear.</p> <p>ASSESSMENT: Influenza</p> <p>PLAN: Symptomatic therapy suggested: {:15521}. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVLABYRINTH	LABYCV LABYRINTHCV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of new onset positional vertigo for *** days. Has ***not had this in the past. The patient denies any other symptoms of neurological impairment or TIA's; no amaurosis, diplopia, dysphasia, or unilateral disturbance of motor or sensory function. No headaches. No hearing loss or tinnitus, nor head injury. No palpitations or syncope. Healthy in the past.</p> <p>OBJECTIVE: Appears well, in no apparent distress. Vitals normal. Ears normal. Neck supple. No adenopathy or masses in the neck or supraclavicular regions. Cranial nerves are normal. Fundi are normal with sharp disc margins, no papilledema, hemorrhages or exudates noted. PERLA. EOM's intact. DTR's normal and symmetric. Mental status normal. Gait and station normal. Romberg negative. Cerebellar function is normal. No internuclear ophthalmoplegia. Pulse regular. Rapid changes in position during the exam do precipitate brief dizziness with*** nystagmus.</p> <p>ASSESSMENT: Acute labyrinthitis (vestibular neuronitis)</p> <p>PLAN: The patient is reassured that these symptoms do not appear to represent a serious or threatening condition. This is generally a self-limited temporary but uncomfortable situation. Rest, avoid potentially dangerous activities(such as driving or working with machinery or at heights), use OTC Meclizine prn. Asked to call if develops other symptoms, such as alterations of speech, swallowing, vision, motor or sensory systems, or if dizziness persists or worsens.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVLACERATION	LACCV LACERATIONCV PROCLACERATION	<p>SUBJECTIVE: AGE SEX sustained laceration of {BODY PART:15261} { :15044} hours ago. Nature of injury: ***. Tetanus vaccination status reviewed: { :15746::tetanus re-vaccination not indicated}.</p> <p>OBJECTIVE: Patient appears well, vitals are normal. Laceration { :15044} cm noted. Description: { :15260}. Neurovascular and tendon structures are intact.</p> <p>ASSESSMENT: Laceration as described.</p> <p>PLAN: Anesthesia with 1% Lidocaine {w-w/o:15700::with} Epinephrine. Wound cleansed, debrided of visible foreign material and necrotic tissue, and sutured. Antibiotic ointment and dressing applied. Wound care instructions provided. Observe for any signs of infection or other problems. Return for suture removal in { :15044} days.</p>
CVLATEPI	LATEPICV	<p>SUBJECTIVE: AGE SEX complains of { :15002} lateral epicondylar pain for *** months. Occurs while lifting or gripping or otherwise using the extremity. Precipitating factors: no direct injury, but uses arm a lot for ***.</p> <p>OBJECTIVE: CAPHE appears well with normal vitals signs as noted.</p> <p>Point tenderness over { :15002} lateral epicondyle with positive Cozen's test. Elbow, wrist and hand otherwise normal.</p> <p>ASSESSMENT: Lateral epicondylitis</p> <p>PLAN: This condition has been fully explained to the patient, who indicates understanding. Treatment plan: tennis elbow splint recommended; rest the arm as much as practical; use of heat and/or ice may be helpful prn; NSAID's given as trial today; consider steroid injection. If not improved call as needed.</p>
CVLOWBACKPAIN	CVLBP CVBACKPAIN	<p>SUBJECTIVE: NAME is a AGE SEX who complains of low back pain for {#:15044} { :15003}, positional with bending or lifting, {w-w/o:15700} radiation down the legs. Precipitating factors: {BACK PAIN PPT FACTOR:15284}. Prior history of back problems: {PRIOR HX:15285}. There { :15283} numbness in the legs.</p> <p>OBJECTIVE:</p> <p>VS</p> <p>Patient appears to be in mild to moderate pain, antalgic gait noted. Lumbosacral spine area reveals no local tenderness or mass. Painful and reduced LS ROM noted. Straight leg raise is { :15050} at *** degrees on { :15002}. DTR's, motor strength and sensation normal, including heel and toe gait. Peripheral pulses are palpable. X-Ray: { :15769}.</p> <p>ASSESSMENT: {Pain Dx:15351::lumbar strain}</p> <p><i>(Continued on next page.)</i></p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVLOWBACKPAIN (Continued)	CVLBP CVBACKPAIN	<p>PLAN: For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended. Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exercise routine. Proper lifting with avoidance of heavy lifting discussed. Consider Physical Therapy and XRay studies if not improving. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVMIGRAINE	MIGRAINECV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of migraine headache for {#:15044} {/:15003}. CMED has a well established history of recurrent migraines.</p> <p>Description of pain: {HEADACHE LOCATION:15282}.</p> <p>Associated symptoms: {HEADACHE ASST'D SX:15274}.</p> <p>Patient has already taken *** for this headache without relief.</p> <p>CMED</p> <p>There are no associated abnormal neurological symptoms such as TIA's, loss of balance, loss of vision or speech, numbness or weakness on review. Past neurological history: negative for stroke, MS, epilepsy, or brain tumor.</p> <p>OBJECTIVE: Patient appears in pain, preferring to lie in a darkened room. CAPHIS vitals are normal.</p> <p>Alert and oriented x 3. Ears and throat normal. Neck fully supple without nodes. Sinuses non tender. Cranial nerves are normal. Fundi are normal with sharp disc margins, no papilledema, hemorrhages or exudates noted. DTR's normal and symmetric. Babinski sign absent. Mental status normal. Cerebellar function normal.</p> <p>ASSESSMENT: Migraine headache</p> <p>PLAN: Treatment today - see orders as documented in the electronic medical record.</p> <p>ROV prn if pain does not resolve after treatment.</p>
CVMVANECK	MVANECKCV	<p>SUBJECTIVE: NAME is a AGE SEX who was in a motor vehicle accident *** {/:15003} ago; HE was {/:15320}. Description of impact: {/:15321}. The patient was tossed forwards and backwards during the impact. The patient denies a history of loss of consciousness, head injury, striking chest/abdomen on steering wheel, nor extremities or broken glass in the vehicle. Has complaints of pain at back of neck and ***. The patient denies any symptoms of neurological impairment or TIA's; no amaurosis, diplopia, dysphasia, or unilateral disturbance of motor or sensory function. No severe headaches or loss of balance. Patient denies any chest pain, dyspnea, abdominal or flank pain.</p> <p>(Continued on next page.).</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVMVANECK (Continued)	MVANECKCV	<p>OBJECTIVE: Appears well, in no apparent distress. Vital signs are normal</p> <p>No ecchymoses or lacerations noted.</p> <p>Patient is alert and oriented times three. HS normal without murmur. Chest clear. Abdomen soft without tenderness.</p> <p>Neck: decreased range of motion all directions, tenderness over lower cervical spine. Cranial nerves are normal. Fundi are normal with sharp disc margins, no papilledema, hemorrhages or exudates noted. DTR's, motor power normal and symmetric. Mental status normal. Gait and station normal. A cervical spine X-Ray was ordered. My reading of this film is ***. (No comparison films available: pending review by Radiologist.)</p> <p>ASSESSMENT: Motor vehicle accident with cervical hyperextension strain, no other direct injuries observed</p> <p>PLAN: Rest, apply ice prn; use extra-strength Tylenol 1-2 tabs po q4h prn; may try advil. Expect some increased pain for 1-3 days, then a decrease. Have asked the patient to be alert for new or progressive symptoms such as changing level of consciousness, persistent tingling or weakness in extremities or other unexplained symptoms. Return prn.</p>
CVNAIL	NAILCV	<p>SUBJECTIVE: NAME is a AGE SEX who presents with acutely ingrown { :15002 } 1st toenail. Has pain and tenderness at the area without fever.</p> <p>OBJECTIVE: Patient appears well, normal vital signs. { :15607 } 1st toenail reveals ingrown edge with erythema, pus and tenderness.</p> <p>ASSESSMENT: ingrown toenail</p> <p>PLAN: Soaks several times daily, antibiotics per orders, return for palliative wedge resection in a few days. Nail care/trimming advised for future prevention.</p>
CVOMFU	OMFUCV	<p>SUBJECTIVE: AGE SEX brought by { :15061 } for follow up of otitis media. Has finished medication. Currently no fever or fussiness.</p> <p>OBJECTIVE: Patient appears well. Afebrile.</p> <p>LEFT TM: normal, no infection, no fluid</p> <p>RIGHT TM: normal, no infection, no fluid</p> <p>NECK: no adenopathy.</p> <p>THROAT: clear.</p> <p>RESP: Clear to auscultation</p> <p>ASSESSMENT: Resolved Otitis Media</p> <p>PLAN: Follow up as needed.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVOTITISEXT	OECV OTITISEXTCV CVOE	<p>(S) AGE SEX complains of pain in { :15318 } for *** days. No fever or URI symptoms. Has been swimming.</p> <p>(O) CAPHE appears well, afebrile. { :15607 } ear reveals tenderness of the tragus; debris and inflammation in external canal. TM is not well seen due to debris, but visualized aspects appear normal.</p> <p>(A) Otitis Externa</p> <p>(P) Instructed to keep ear dry until better; eardrops per orders, call if persistent pain, swelling or fever, FUV prn.</p>
CVOTITISMEDIA	OMCV OTITISCV CVOM	<p>SUBJECTIVE: NAME is a AGE SEX brought by { :15061 } with { #:15044 } { :15003::days } history of pain and pulling at { :15318 }, and { :15001::coryza }. Temperature { :15088 } at home.</p> <p>OBJECTIVE:</p> <p>VS</p> <p>General appearance: { appearance:15021 }.</p> <p>Ears: { Ears Normal/Abn:15207 }</p> <p>Nose: { Nose:15325::clear rhinorrhea }</p> <p>Oropharynx: { O/P:15326::normal }</p> <p>Neck: { Neck:15327 }</p> <p>Lungs: { Lungs:15033 }</p> <p>ASSESSMENT: Otitis Media</p> <p>PLAN: 1) See orders for this visit as documented in the electronic medical record. 2) Symptomatic therapy suggested: use { OTC:15012 } prn. 3) Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVPLANTARFASCIITIS	PFCV PLFCV CVPF	<p>SUBJECTIVE: NAME complains of localized { :15002 } heel pain for *** { :15003 }. This hurts first thing in the morning immediately upon weight bearing, less so throughout the day. The patient denies a history of injury.</p> <p>OBJECTIVE: Patient appears well, vital signs are normal. Foot exam reveals minimal point tenderness over the inferior aspect of { :15002 } heel, without masses, deformity or edema. The rest of the foot and ankle exam is normal. Color and temperature of the feet is normal. Peripheral pulses are normal.</p> <p>ASSESSMENT: Plantar fasciitis</p> <p>PLAN: This has been fully explained to the patient, who indicates understanding. I recommended NSAID's and application of cold packs prn to treat or prevent pain; side effects of NSAID's are explained. Try to reduce walking on hard surfaces. Pick up some Spenco arch supports. If not greatly improved over the next 1-2 weeks, call and will consult with Podiatry for further care such as orthotics or steroid injections.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVSKINLESION	LESIONCV SKINCV SKINLESIONCV CVLESION	<p>SUBJECTIVE: NAME is a AGE SEX who would like a complete skin check today. There {15283:: is no} personal history of {15754::skin cancer}. There {15283:: is no} family history of skin cancer. See below for history and description of each lesion.</p> <p>OBJECTIVE: Appears well, alert, oriented, pleasant and cooperative. Vitals are as noted. Complete skin exam is performed. Lesion on *** with patient's observations stated as {15422}, exam of this area shows {15286}.</p> <p>DOCTOR USE <DOT> LESION REPEATEDLY TO DESCRIBE AS MANY LESIONS AS NEEDED THEN DELETE THIS TEXT.</p> <p>ASSESSMENT: {15286}</p> <p>PLAN: {15755}.</p> <p>Asymptomatic benign lesions can be observed for changes or symptoms over time. Symptomatic lesions can be treated if HE desires; to be scheduled at a later date. Sun protection with sunscreens and clothing to prevent skin cancer is discussed. The signs and symptoms of malignant skin lesions are reviewed with HIM today.</p>
CVSTREP		<p>SUBJECTIVE: AGE SEX with sore throat, myalgias, swollen glands, headache and fever for *** days. No history of rheumatic fever. Other symptoms: {15001}.</p> <p>OBJECTIVE: Vitals as noted above.</p> <p>Appears {15021::moderately ill}.</p> <p>Ears: {15207::normal}</p> <p>Oropharynx: {15326}</p> <p>Neck: {15327}</p> <p>Lungs: {15033}</p> <p>Rapid Strep test is {15050::positive}</p> <p>ASSESSMENT: Streptococcal pharyngitis</p> <p>PLAN: Per orders. Gargle, use acetaminophen or other OTC analgesic, and take Rx fully as prescribed. Call if other family members develop similar symptoms. See prn.</p>
CVSTYE	STYECV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of a {15780} stye for *** {time:15003}. No fever, chills, no URI symptoms, no history of foreign body in the eye. Vision has been normal.</p> <p>OBJECTIVE: CAPHE appears well, vitals are normal. Hordeolum noted {15780}. PERLA, fundi normal. Visual acuity as noted. Ears, throat normal, no periorbital cellulitis, no neck lymphadenopathy.</p> <p>ASSESSMENT: stye/hordeolum</p> <p>PLAN: Frequent warm soaks, use antibiotic ophthalmic ointment as prescribed, and follow up if symptoms persist or worsen. It may take several days for this to resolve. Rarely, these persist or enlarge and in that event, HE will need to see an Ophthalmologist. Patient agrees with the medical treatment plan.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVSUTUREREMOVAL	SUTREM	Patient presents for suture removal. The wound is well healed without signs of infection. The sutures are removed. Return prn.
CVTHYROID	CVHYPOTHYROID	<p>SUBJECTIVE: NAME is a AGE SEX here for follow up of {thyroid disease:10574::hypothyroidism}.</p> <p>CMED</p> <p>LASTTSH</p> <p>Thyroid ROS: {15703}.</p> <p>OBJECTIVE: Exam: {15702}.</p> <p>ASSESSMENT: {disease:10574::hypothyroidism} {degree of control:15147::well controlled}.</p> <p>PLAN: {plan:10573}.</p>
CVTINEAVERS	CVTV TINEAVERSCV TVCV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of abnormally colored flat skin lesions for *** {15003}, worst in the summer.</p> <p>OBJECTIVE: Appears well, in no apparent distress. Vital signs are normal. Classic tinea versicolor lesions primarily on anterior chest ***, rest of skin is clear.</p> <p>ASSESSMENT: Classic Tinea Versicolor</p> <p>PLAN: Explained chronic and relapsing nature of this problem. Selsun shampoo 2.5% applied to areas with lesions, left on overnight, wash off next morning; repeat weekly until clear; repeat monthly as prophylaxis. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVTMJS	TMJCV TMJSCV	<p>SUBJECTIVE: The patient has a *** {15003} history of recurrent *** jaw pain and clicking while chewing or opening mouth.</p> <p>CAPHE denies a history of injury to this area.</p> <p>OBJECTIVE: Appears well, in no apparent distress. Vital signs are normal. Ears normal. Throat and pharynx normal. Neck supple. No adenopathy or masses in the neck or supraclavicular regions. Sinuses non tender. The left temporomandibular joint reveals {15313} with opening. The right temporomandibular joint reveals {15313} with opening. Teeth are non tender.</p> <p>ASSESSMENT: TMJ syndrome</p> <p>PLAN: Recommended a soft diet, prn NSAID's and Dental consult. Explained nature of TMJ syndrome, treatment modalities and insurance coverage issues.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVTOBACCOVISIT	TOBVISIT	<p>Subjective: Reviewed intake note: { :10091::yes}</p> <p>FNAME is a AGE SEX who has been smoking *** cigarettes per day for the past *** years. There has/have been *** attempts to quit and *** successes.</p> <p>QUIT DATE: ***</p> <p>CAPHE is currently on { :11107}.</p> <p>The following triggers has/have been identified: { :11123 }</p> <p>Identified withdrawal symptoms: { :11124}.</p> <p>CAPHE rates HIS stage of change as: { :10751}.</p> <p>Subjective findings:</p> <p>***</p> <p>ASSESSMENT: Patient's stage of change (readiness scale): { :10751}</p> <p>Behavior change readiness assessment:: { :10749}</p> <p>PLAN: Advice given to stop smoking</p> <p>Referral to Smoking cessation program</p>
CVURI	CVCOLD URICV COLD CV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of { :15001} for *** days. CAPHE denies a history of { :15009} and { :15300} a history of asthma. Patient { :15300} smoke cigarettes.</p> <p>OBJECTIVE: CAPHE appears well, vital signs are as noted. Ears normal. Throat and pharynx normal. Neck supple. No adenopathy in the neck. Nose is congested. Sinuses non tender. The chest is clear, without wheezes or rales.</p> <p>ASSESSMENT: { :15273::viral upper respiratory illness}</p> <p>PLAN: Symptomatic therapy suggested: { :15236}. Lack of anti-biotic effectiveness discussed with HIM. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVUTI	UTICV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of urinary frequency, urgency and dysuria x *** days, without flank pain, fever, chills, or abnormal vaginal discharge or bleeding.</p> <p>OBJECTIVE: Appears well, in no apparent distress. Vital signs are normal. The abdomen is soft without tenderness, guarding, mass, rebound or organomegaly. No CVA tenderness or inguinal adenopathy noted. Urine dipstick shows { :15113}. Micro exam: { :15114}.</p> <p>ASSESSMENT: UTI uncomplicated without evidence of pyelonephritis</p> <p>PLAN: Treatment per orders - also push fluids, may use Pyridium OTC prn. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVVAGINITIS	VAGINITISCV	<p>SUBJECTIVE: AGE female complains of { :15065 } vaginal discharge for *** { :15003 }.</p> <p>Denies abnormal vaginal bleeding or significant pelvic pain or fever. No UTI symptoms. Denies history of known exposure to STD.</p> <p>LMP</p> <p>OBJECTIVE: She appears well, afebrile.</p> <p>Abdomen: benign, soft, nontender, no masses.</p> <p>Pelvic Exam: { :15900 }.</p> <p>Urine dipstick: { :15113 }.</p> <p>ASSESSMENT: { VAGINITIS TYPE:15262 }</p> <p>PLAN: GC and chlamydia DNA probe sent to lab.</p> <p>Treatment: { VAGINITIS TREATMENT:15263 }</p> <p>ROV prn if symptoms persist or worsen.</p>
CVWART	WARTCV	<p>S: The patient complains of warts on the *** present for *** { :15003 }.</p> <p>O: Exam discloses typical warts on ***.</p> <p>A: Viral warts</p> <p>P: The treatments, side effects and failure rates are discussed. Liquid nitrogen was applied to each wart. The expected skin reaction including erythema, pain, scabbing, blistering and hypopigmented scar formation was discussed. See at intervals until warts resolved.</p>
CVWARTFU	WARTFUCV	<p>S: The patient is here for follow up of warts.</p> <p>O: Exam discloses wart(s) on the *** decreased in size.</p> <p>A: Warts, improved, not yet resolved</p> <p>P: Repeat Liquid Nitrogen was applied; continue to see at intervals until resolved.</p>
CVWELLADOL	CVSCHOOL CVSPORTS SCHOOLCV SPORTSCV WELLADOLCV CVADOL	<p>SUBJECTIVE: NAME is a AGE SEX presenting for well adolescent and school/sports physical. CAPHE is seen today {with parent or alone:15710}.</p> <p>PMH: No asthma, diabetes, heart disease, epilepsy or orthopedic problems in the past.</p> <p>ROS: {ADOL ROS:15265}</p> <p>No problems during sports participation in the past.</p> <p>Social History: Denies the use of tobacco, alcohol or street drugs.</p> <p>Sexual history: {SEXUAL:15163}</p> <p>Parental concerns: ***</p> <p>OBJECTIVE: General appearance: WDOWN SEX.</p> <p>ENT: ears and throat normal</p> <p>Eyes: Vision : 20/** {w-w/o:15700} correction</p> <p>PERRLA, fundi normal.</p> <p>Neck: supple, thyroid normal, no adenopathy</p> <p>Lungs: clear, no wheezing or rales</p> <p><i>(Continued on next page.)</i></p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVWELLADOL (Continued)	CVSCHOOL CVSPORTS SCHOOLCV SPORTSCV WELLADOLCV CVADOL	Heart: no murmur, regular rate and rhythm, normal S1 and S2 Abdomen: no masses palpated, no organomegaly or tenderness Genitalia: {ADOL GU EXAM:15266} Spine: normal, no scoliosis Skin: Normal with {15014} acne noted. Neuro: normal Extremities: normal ASSESSMENT: Well adolescent SEX PLAN: Counseling: nutrition, safety, smoking, alcohol, drugs, puberty, peer interaction, sexual education, exercise, pre-conditioning for sports. Acne treatment discussed. Cleared for school and sports activities
CVWELLBABY	WELLBABYCV	SUBJECTIVE: AGE SEX brought in by {15061} for routine check up. Diet: {15094} Development: {15096}. Parental concerns: ***. OBJECTIVE: GENERAL: well-developed, well-nourished infant HEAD: normal size/shape, anterior fontanel flat and soft EYES: red reflex present bilaterally ENT: TMs gray, nose and mouth clear NECK: supple RESP: clear to auscultation bilaterally CV: regular rhythm without murmurs, peripheral pulses normal, no clubbing, cyanosis, or edema. ABD: soft, non-tender, no masses, no organomegaly. GU: {15099} MS: No hip clicks, normal abduction, no subluxation SKIN: normal NEURO: intact Growth/Development: normal ASSESSMENT: Well Baby PLAN: Immunizations reviewed and brought up to date per orders. Counseling: {15092}. Follow up in *** months for well care.

SmartPhrase Name	Synonyms	SmartPhrase Text
CVWELLCHILD	WELLCHILDCV	<p>SUBJECTIVE: NAME is a AGE SEX who presents to the office today with {:15061} for routine health care examination.</p> <p>PMH: essentially negative</p> <p>FH: noncontributory</p> <p>SH: presently in grade {:15044}; doing well in school.</p> <p>ROS: No unusual headaches or abdominal pain. No cough, wheezing, shortness of breath, bowel or bladder problems. Diet is good.</p> <p>OBJECTIVE:</p> <p>GENERAL: WDOWN SEX</p> <p>EYES: PERRLA, EOMI, fundi grossly normal</p> <p>EARS: TM's gray</p> <p>VISION and HEARING: Normal.</p> <p>NOSE: nasal passages clear</p> <p>NECK: supple, no masses, no lymphadenopathy</p> <p>RESP: clear to auscultation bilaterally</p> <p>CV: RRR, normal S1/S2, no murmurs, clicks, or rubs.</p> <p>ABD: soft, nontender, no masses, no hepatosplenomegaly</p> <p>GU: {:15099}</p> <p>MS: spine straight, FROM all joints</p> <p>SKIN: no rashes or lesions</p> <p>ASSESSMENT: Well Child</p> <p>PLAN: Plan per orders.</p> <p>Counseling regarding the following: {:15264}.</p> <p>Follow up as needed.</p>
CVWELLMALE	CVWM WELLMALECV WMCV	<p>SUBJECTIVE: NAME is a AGE male presenting for his annual checkup.</p> <p>CMED</p> <p>Allergies: ALG</p> <p>ROS: Feeling well. No dyspnea or chest pain on exertion.</p> <p>No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract or prostatic symptoms. No neurological complaints.</p> <p>OBJECTIVE: The patient appears well, alert, oriented x 3, in no distress.</p> <p>VS</p> <p>ENT normal. Neck supple. No adenopathy or thyromegaly.</p> <p>PERLA. Lungs are clear, good air entry, no wheezes, rhonchi or rales. S1 and S2 normal, no murmurs, regular rate and rhythm.</p> <p>Abdomen is soft without tenderness, guarding, mass or organomegaly. GU exam: {:10182}. Extremities show no edema, normal peripheral pulses. Neurological is normal without focal findings.</p> <p>ASSESSMENT: healthy adult male</p> <p>PLAN: {plan:15251::return for routine annual checkups}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVWELLWOMAN	CVWW WELLWOMANCV WWCV	<p>SUBJECTIVE: AGE female for annual routine Pap and checkup.</p> <p>CMED</p> <p>Allergies: ALG</p> <p>LMP</p> <p>ROS: Feeling well. No dyspnea or chest pain on exertion. No abdominal pain, change in bowel habits, black or bloody stools. No urinary tract symptoms. GYN ROS: {:15267}. No neurological complaints.</p> <p>OBJECTIVE: The patient appears well, alert, oriented x 3, in no distress.</p> <p>VS</p> <p>ENT normal. Neck supple. No adenopathy or thyromegaly.</p> <p>PERLA. Lungs are clear, good air entry, no wheezes, rhonchi or rales. S1 and S2 normal, no murmurs, regular rate and rhythm. Abdomen soft without tenderness, guarding, mass or organomegaly. Extremities show no edema, normal peripheral pulses. Neurological is normal, no focal findings.</p> <p>BREAST EXAM: {BREAST:15056}</p> <p>PELVIC EXAM: {PELVIC:15900}</p> <p>ASSESSMENT: {:15268}</p> <p>PLAN: {:15269}</p>
CVZOSTER	ZOSTERCV	<p>SUBJECTIVE: The patient has a *** day history of a painful rash on the ***. PMH: generally healthy. Has not had herpes zoster in the past.</p> <p>OBJECTIVE: Vital signs are normal, HE appears well. Typical zoster lesions noted; vesicles on erythematous bases in clusters on the *** in a dermatomal pattern.</p> <p>ASSESSMENT: Herpes Zoster (shingles)</p> <p>PLAN: The nature of herpes zoster is explained carefully. Lesions should be compressed/soaked with saline, topical antibiotic ointment to any infected lesions; Aloe Vera cream may help minor local pain. Intervention with antiviral agents is extremely helpful early in the course of the disease, less helpful after 2-3 days of symptoms. Postherpetic neuralgia is explained; this may occur especially in the elderly despite every attempt at prevention. Prescription for {herpes drug:15745}, which may shorten the course of acute symptoms and reduce the incidence of later neuralgia. The patient understands these issues, and will call as needed for further care.</p>

8

ALSO or QUICK Superphrases

(“By the way, Doc, I’ve also got a . . .”)

After years of using EpicCare, I designed special Phrases to deal with the very many “Oh, by the way doctor . . .” complaints. (Some of my friends call these “Ya-but” complaints, as in, “Yeah, but what about this lump on my wrist?”) These are the inevitable, almost expected last-minute add-in complaints that my patients bring up after I’ve completed a complex visit for other reasons. Earlier in my career, I used to resent these issues, and sometimes, frankly, I still do, but I have learned that these not only represent normal human/patient behavior, but are a patient’s way of “thanking” us for our concern and care. It is not reasonable for me, as a primary care physician, to decline or defer evaluation of these complaints (within sensible limits, of course), but it *is* reasonable for me to do a relatively cursory evaluation and treatment plan, possibly bringing the patient back at a later date to more fully address the issue, if it persists. In this spirit, the ALSO/QUICK Phrases were developed. Busy physicians need a way to do similar cursory documentation, yet address the issue—and while at it, often be able to upcode the visit in documenting additional history, physical, and medical decision making.

ALSO Phrases are each available as synonyms beginning with “QUICK” followed by the complaint.

They deal with very common complaints that might occupy an entire visit at another time, if they were the chief complaint. They’re designed to be added at the end of an existing note without redundancy, though they could be placed in the middle of a note. They allow a brief history of the complaint; a very brief physical, if any; and a similarly brief assessment and plan. They cover everything from add-on URI symptoms to fatigue to mole checks, minor aches or pains, GERD, headaches, plantar fasciitis, fungal toenails, or even requests for Viagra (Viagra always seems to creep in at the very end!). Again, they include redundancy/synonyms: **QUICKURI = QUICKCOLD = ALSOURI = ALSOCOLD; QUICKFATIGUE = QUICKTIRED; QUICKVIAGRA = QUICKERD.** I tried to build these to be easy to remember by any of several names and easy to use without the detail needed if they were instead the chief complaint. Note also that these Phrases nicely document additional clinical activity and support your legitimate increase in Level of Service E/M coding. These Phrases are primary-care-oriented, and you specialists may want to adapt the same format for creating your own ALSO/QUICK-scenario Phrases.

SmartPhrase Name	Synonyms	SmartPhrase Text
ALSO		Also, HE has additional complaints of ***.
ALSOALLERGIC-RHINITIS	ALSOALLERGIES ALSOAR QUICKALLERGIC-RHINITIS QUICKALLERGIES QUICKAR	CAPHE also complains of increased allergy symptoms. Frequency of symptoms: { :12174}. EYES: no redness, no discharge EXTERNAL EAR CANALS: normal RIGHT TM: normal color, normal landmarks, normal light reflex LEFT TM: normal color, normal landmarks, normal light reflex NOSE: clear discharge, pale boggy mucosa MOUTH/THROAT: moist mucous membranes, no erythema, no exudate Assessment: { :12212} Plan: ***

SmartPhrase Name	Synonyms	SmartPhrase Text
ALSOBPH	QUICKBPH	He also mentions some urinary symptoms; {15752}. Prostate exam is deferred due to other issues at today’s visit. He is told these symptoms are probably related to BPH. He is given an AUA Bother Score form, and advised to reduce caffeine and alcohol, try some Sitz baths, possibly some Saw palmetto, and make a specific follow up appointment for a prostate exam and further treatment of this issue. He should alert me if there are progressive symptoms.
ALSOFATIGUE	ALSO TIRED QUICKFATIGUE QUICKTIRED	CAPHE also notes mild generalized fatigue, somewhat chronic. There’s been no weight loss or fever or other localizing symptoms. Exam shows no specific findings to suggest a clear cause. No fever, no lymphadenopathy. Normal heart, lungs, abdomen. Patient is reassured that fatigue is common and does not always represent an active disease process. It may be related to {15720}. I have suggested {15721}. CAPHE will follow up if symptoms persist or worsen.
ALSOGANGLION	QUICKGANGLION	CAPHE has noted a lump on the dorsal {side:15002} wrist. It is usually asymptomatic other than appearance, but sometimes uncomfortable in certain positions. Exam shows a typical ganglion, a firm mobile encapsulated cyst of size *** cm. CAPHE is reassured that this is a benign lesion which may safely be observed without treatment, but is amenable to various treatments such as aspiration or surgical removal should it become more symptomatic or dramatically larger.
ALSOGERD	QUICKGERD	CAPHE also complains of intermittent heartburn at today’s visit. Describes fullness, belching, burning after heavier meals, especially if lying down shortly after eating. No dysphagia. Exam shows no abdominal tenderness or mass. This is intermittent GERD. The pathophysiology of reflux is discussed; anti-reflux measures such as raising the head of the bed, and avoiding lying down after meals are suggested. Try to avoid ASA, NSAID’s, caffeine, peppermints, alcohol and tobacco. OTC H2 blockers and/or antacids are often very helpful for PRN use. Prescription drugs are of course available and CAPHE should see me for a specific visit for this problem if there are persistent symptoms despite the above.
ALSOHEADACHE	QUICKHEADACHE	CAPHE also mentions an ongoing headache, described as mild to moderate pain on {15002} for *** days. No associated fever, trauma, URI symptoms or neurological symptoms. Past history is negative for CNS problems or migraines. Exam shows HE is alert, oriented, PERLA, normocephalic, head is nontender. No sinus tenderness. ENT negative. Neck supple without lymphadenopathy. DTR’s normal. This is likely an ongoing muscle contraction/tension type headache from the benign history and negative neurological exam. I recommended analgesics, cold packs and ***.

SmartPhrase Name	Synonyms	SmartPhrase Text
ALSOLESION	ALSMOLE ALSOSKIN QUICKLESION QUICKMOLE QUICKSKIN	CAPHE has noted some skin lesions HE wants checked at this visit. Observations by patient are { :15422}. Exam of skin shows { :15286}. Patient is reassured these are benign lesions. Asymptomatic lesions can be observed for changes or symptoms over time. Symptomatic lesions can be treated if desired; to be scheduled at a later date. Sun protection to prevent skin cancer and the signs and symptoms of malignant skin lesions are reviewed with HIM today.
ALSOMIGRAINE	QUICKMIGRAINE	Patient complains of recurrent headaches. Onset: *** { :11651} Frequency: { :15330} Description of headache: { :10323} Associated Symptoms { :11980} Patient advised to schedule an appointment for further workup and to keep a Headache Diary including time of day, triggers, level of pain, how long headache lasted, and what helped relieve the symptoms.
ALSOONYCHO	CVONYCHOMYCOSIS QUICKONYCHO	CAPHE complains of thickened toenails and wonders about available treatments. Exam reveals typical thickened discolored fungal infected toenails *** {side:15002}. This is onychomycosis of the toenails. We had a discussion about this diagnosis and went over the various aspects to consider. Any treatment is optional. Itraconazole (Sporanox) and terbinafine (Lamisil) are effective, expensive, may have liver toxicity, and are sometimes not covered by insurance for this indication. Discussed griseofulvin also which is inexpensive but much less effective and must be taken for up to 18 months with a very high recurrence rate, and alternative of no treatment for this benign but unsightly condition. After discussion the patient has decided to { :15715}.
ALSOPAIN	ALSOJOINT QUICKARTHRITIS QUICKJOINT QUICKPAIN ALSOARTHRITIS	CAPHE wishes to also address some pain in the {site:15717} at today’s visit. These have been mild-to-moderate in nature, gradual in onset. Exam shows { :15719}. These pains seem benign and are likely related to {Dx:15718}. OTC or prescription NSAID’s are recommended for PRN use, side effects are discussed. Return for further discussion if these persist or worsen.
ALSOPF	QUICKPF	CAPHE complains of localized { :15002} heel pain for *** { :15003}. This hurts first thing in the morning immediately upon weight bearing, less so throughout the day. The patient denies a history of injury. Exam of the foot reveals minimal point tenderness over the inferior aspect of { :15002} heel, without masses, deformity or edema. The rest of the foot and ankle exam is normal. Color and temperature of the feet is normal. Peripheral pulses are normal. This is plantar fasciitis. This has been fully explained to the patient, who indicates understanding. I recommended NSAID’s and application of cold packs prn to treat or prevent pain; side effects of NSAID’s are explained. Try to reduce walking on hard surfaces. Pick up some Spenco arch supports. If not greatly improved over the next 1-2 weeks, call and will consult with Podiatry for further care such as orthotics or steroid injections.

SmartPhrase Name	Synonyms	SmartPhrase Text
ALSOREFERRAL	QUICKREFERRAL	CAPHE requests a referral to *** which is unrelated to today’s medical evaluation. This was addressed for the patient’s convenience; after brief review with HIM , it is felt this referral is {referral:10575::appropriate}.
ALSOREFILL	QUICKREFILL	CAPHE requests refills of current medications unrelated to today’s medical evaluation. These medications and related lab tests were reviewed with HIM and refilled.
ALSOURI	ALSORESP QUICKCOLD QUICKRESP QUICKURI ALSOCOLD	The patient also wishes to address some mild URI symptoms of congestion, nasal stuffiness, cough for the past few days without fever. Exam shows normal ENT, normal chest. This is likely a viral URI. Lack of antibiotic effectiveness discussed. Allergies are a consideration if symptoms persist. I recommended {advice:15724} and to call if symptoms do worsen or persist or develops high fevers.
ALSOVIAGRA	QUICKERD QUICKVIAGRA ALSOERD	The patient also wishes to address some reduction in erectile function, and wants to know about Viagra and related medications. Exam {15722}. He is reassured that erectile dysfunction is very common, often temporary. This group of medications is usually effective and generally safe, but expensive and sometimes not covered by insurance. Side effects are discussed. He does not have heart disease, does not seem at risk for CAD, and is not using nitrates. He is informed deaths have occurred in men taking Viagra concurrently with nitrates and he should avoid that combination at any time. Brief sexual counseling is provided. The proper use is discussed. He will return for specific follow up of this problem as needed if symptoms persist or he doesn’t respond to the medication. Further suggestions to him today include {15723}.

9

IN SuperPhrases – Inform, Influence, Inspire (Documenting Your Instructions in Your Progress Note)

The Phrases for **IN**structions to the patient are used to document in your progress note your specific advice to patients about various common conditions. These are *not* intended for the Patient Instruction section of Visit Navigator. These Phrases are written in the first or third person: “*The patient is advised* to quit smoking . . .” or “*I advised* the patient to quit smoking . . .” Formal Patient Instructions intended for the After Visit Summary (AVS) are in the second person (“What *you can do* to stop smoking . . .”).

This group of Phrases is fairly extensive, offering instructions from allergy care to hernias, gout, diabetes, and varicose veins. These are helpful Phrases, since we tend to put these kinds of statements in most medical notes. Some of the innocuous-looking Phrases are quite useful. **INLIFE** offers general advice/admonitions to diet or lose weight, quit smoking, avoid caffeine or alcohol or stress, etc. **INRESP**, **INMSK**, and **INGI** offer similar choices of general advice for respiratory, musculoskeletal, and gastrointestinal maladies. These

Phrases are useful in both office and telephone notes and are used by both doctors and nursing staff. They contain synonyms as well; **INNICOTINE** is the same as **INTOBACCO** and **INSMOKING**.

These Phrases contain liberal use of the pronoun SmartLinks to customize your notes and avoid repetition. Depending on your specialty, you may, of course, want an entirely different set of IN Phrases (for example, post-operative instructions, cast-care instructions, pre-procedure instructions). Once you learn the system of using Phrases, writing your own will continue to save you tremendous amounts of time.

Remember that you don’t have to complete a pattern match to invoke the Phrase. For example, the Phrase **INDIVERTICULOSIS** was written to document instructions for patients with diverticula. You can invoke that Phrase by simply typing “INDIV” and hitting the **Spacebar**, as you will see if you are watching the Phrase Finder window.

The IN Phrases follow.

SmartPhrase Name	Synonyms	SmartPhrase Text
INALLERGY	INSAR INALG INALLERGIES	The causes and treatment of seasonal allergic rhinitis are discussed in detail. Allergen avoidance, use and side effects of OTC and prescription antihistamine decongestant products, and the use and side effects of inhaled nasal corticosteroids is reviewed. Allergy desensitization shots are reserved for severe and refractory cases.
INASTHMA		The pathophysiology of asthma is explained. We’ve discussed the importance of compliance with medical regimen, and various treatment modalities such as beta agonists and inhaled steroids. The concepts of prophylactic and episodic or ‘rescue’ therapy has been discussed. The use of peak flow meters to monitor progress, annual flu shots, and attending Asthma Education class has been discussed. The patient indicates understanding of these issues and knows when to call this office for help in treatment of asthma.

SmartPhrase Name	Synonyms	SmartPhrase Text
INBPH		The treatment options for BPH are discussed: observation over time with prn avoidance of alcohol/caffeine; herbal remedies such as Saw Palmetto, versus medical treatment with Hytrin, Flomax, Cardura or Proscar versus TURP surgery. The side effects of these are discussed especially fatigue, drowsiness and dizziness. His AUA Bother Score is given to HIM today for future reference.
INCHOL	INLIPID	The nature of cardiac risk has been fully discussed with this patient. I have made HIM aware of HIS LDL target goal given HIS cardiovascular risk analysis. I have discussed the appropriate diet. The need for lifelong compliance in order to reduce risk is stressed. A regular exercise program is recommended to help achieve and maintain normal body weight, fitness and improve lipid balance. A written copy of a low fat, low cholesterol diet has been given to the patient.
INCHOLE		The pathophysiology of cholelithiasis is explained with words and pictures. A low fat diet is recommended, and surgical alternatives are reviewed. The patient is referred to General Surgery for evaluation. If there is any prolonged abdominal pain with nausea and vomiting, fever or yellow jaundice, it may be a surgical emergency; HE is instructed to call immediately or go to the ED in that case.
INCLEARFLUIDS	FLUIDS INCF INFLUIDS CLEARFLUIDS	Maintain hydration by drinking small amounts of clear fluids frequently, then soft diet, and then advance diet as tolerated. May use OTC Imodium if desired for any diarrhea. Call if symptoms worsen, high fever, severe weakness or fainting, increased abdominal pain, blood in stool or vomit, or failure to improve in 2-3 days.
INCMP		Explained temporary/benign nature of chondromalacia patella; avoid deep squatting exercises. Knee-extension and terminal quads range of motion exercise program was explained. When it hurts, the use of OTC Ibuprofen and cold packs is appropriate. Call if pain generally increased, or associated with swelling or limiting of activities.
INCONSTIP		For the constipation, push fluids, use Dulcolax oral and/or suppository until bowel movement occurs, then Colace or Surfak bid-tid to maintain soft bowel movement until normal pattern ensues. Maintain a high fiber diet with plenty of roughage, and 6-8 large glasses of water daily to avoid constipation in the future. Timing elimination to occur after meals, or after a hot drink, can also improve the situation long term. 1 or 2 Fleet enemas may be necessary. Call if symptoms persist or worsen.
INCONTRACEPTION	INFAMILYPLANNING INFAMPLAN	Full counseling on the many choices of family planning methods including {15051} is provided, and all questions answered. Compliance is strongly emphasized
INDIABETES	INDM	I have recommended the following steps for improving diabetic care and outcome to HIM : {15299}. A followup visit will be scheduled in the near future to review and reinforce the importance of careful diabetic control to improve long term outcomes.

SmartPhrase Name	Synonyms	SmartPhrase Text
INDIVERTICULOSIS		We've fully discussed the nature of diverticulosis and diverticulitis, and the difference between the two. Diverticulosis is an extremely common and benign condition present in many persons above the age of 50. The patient should promptly seek medical attention for prolonged lower left abdominal pains especially if fever or rectal bleeding occur. Avoid seeds, nuts, kernels and popcorn to reduce the likelihood of getting acute diverticulitis.
INDIZZY	INLABYRINTHITIS	Avoid driving, heights, operating machinery until better. I recommended over the counter meclizine, dramamine or bonine, and resting in a quiet environment until better. Call if symptoms persist or worsen or develops new CNS symptoms.
INDRYSKIN	INMOISTURIZERS	Use skin moisturizers such as Cetaphil, Eucerin and Lubriderm or bath additives such as Aveeno or AlphaKeri. Avoid excessive soap and water which may dry the skin.
INFASTING		This lab test requires you to be fasting. Please arrive at the lab 10 hours or more after your last meal. You may drink water, coffee (without cream or sugar), tea (without cream or sugar) or diet soda.
INFIBER	FIBER	A high fiber diet with plenty of fluids (up to 8 glasses of water daily) is suggested to relieve these symptoms. Metamucil, 1 tablespoon once or twice daily can be used to keep bowels regular if needed.
INFOLLOWUP		The patient is advised to {15235}.
INGALLBLADDER	INGB	I explained with pictures and words the pathophysiology of cholelithiasis and the reason to stay on a very low fat diet until the situation is elucidated. An abdominal ultrasound is ordered as soon as possible. If the patient does get more severe pain in the interim, may need a return visit to an urgent care center or emergency department. If the abdominal ultrasound is positive for cholelithiasis, will be referred to General Surgery for cholecystectomy.
INGE		CAPHE is instructed to push clear fluids, small amounts frequently until improving, then advance diet as tolerated. May use Pedialyte for rehydration. May use BRAT diet. Imodium OTC prn for diarrhea. Call or office visit prn if symptoms not responding as expected or develops high fever, significant abdominal pain, bloody stool.
INGERD	INREFLUX	The pathophysiology of reflux is discussed. Anti-reflux measures such as raising the head of the bed, avoiding tight clothing or belts, avoiding eating late at night and not lying down shortly after mealtime and achieving weight loss are discussed. Avoid ASA, NSAID's, caffeine, peppermints, alcohol and tobacco. OTC H2 blockers and/or antacids are often very helpful for PRN use. For persisting chronic or daily symptoms, prescription strength H2 blockers or PPI's may be used. CAPHE should alert me if there are persistent symptoms, dysphagia, weight loss or GI bleeding.
INGI		The patient is advised to {15143}.

SmartPhrase Name	Synonyms	SmartPhrase Text
INGOUT	GOUT	The nature of gout is fully explained, including dietary relationship, acute and interval phase and treatment of both. Long term complications such as kidney stones, tophi and arthritis are discussed. Avoidance of alcohol recommended, and written literature is given along with a low purine diet. Indications for the use of allopurinol for prophylaxis and the use of colchicine to prevent or treat flare-ups is also discussed. Proper use of indomethacin for acute attacks discussed, and its side effects. Call if further attacks occur, or this one does not resolve promptly.
INGRAPEFRUIT	GRAPEFRUIT	Grapefruit juice may increase the blood levels and side effects of various drug metabolized by the cytochrome-P450 system - this includes dihydropyridine calcium channel blockers (verapamil, plendil, adalat, procardia, norvasc and others), some HMG Co-A reductase inhibitors (Zocor, Lipitor, Mevacor but not Pravachol or Lescol) and some other drugs as well. I have asked HIM to avoid grapefruit juice while taking this drug.
INHEADINJURY		Patient is given head injury protocol instructions including frequent awakenings to check pupils, speech, motor and sensorium. Call if increased head pain, repeated vomiting, change in neurological status. If patient is stable for 48 hours, improving and without adverse neurological changes, head injury checks may be stopped at that point.
INHERNIA		The signs and symptoms of a strangulated hernia are explained. Call STAT if such should occur. Avoid heavy lifting, and consider wearing a truss to reduce bulging while waiting for surgical consultation and repair.
INHERPES		The nature of herpes genitalis is fully explained. It is an incurable recurrent disease, which is generally benign, and treatable with medications such as Zovirax, Famvir or Valtrex. It is rare, but not impossible, to transmit the virus while in an asymptomatic stage; but highly likely to transmit during acute symptoms; thus avoidance of sex during symptomatic phases is best. The use of a condom between spouses during asymptomatic phases is a personal but not mandatory choice. The patient indicates understanding of these issues.
INHIV	HIV	The patient denies specific risk factors for HIV infection such as contact with known HIV positive persons, high risk heterosexual or homosexual behaviors or IV drug usage, but requests an HIV blood test for reassurance. CAPHE denies ongoing symptoms of AIDS such as unexplained weight loss, fevers, severe diarrhea, unusual skin lesions or lymphadenopathy. The significance and meaning of a true or false positive and a true or false negative test has been explained. The window period has been discussed; and if it seems appropriate, this patient may decide to repeat this test in several months. State laws regarding disclosure of positive results to the State are discussed. Counseling is provided as to both the means of transmission of HIV and the prevention of HIV infection. The patient will sign the consent form prior to testing. If possible, the patient will return in 2-3 days for results in person, otherwise we've agreed to speak by phone.

SmartPhrase Name	Synonyms	SmartPhrase Text
INHIVES	HIVES	Hives are generally idiopathic; possibly related to foods, sun, heat, cold or viruses. Use OTC benadryl, call if symptoms persist or worsen. Can try other antihistamines or possibly H2 blockers later prn.
INHPV		The patient is given a full explanation of the ubiquitous nature of HPV, and the fact that many monogamous couples have it without extramarital relationships being part of the picture. It is not productive to have chronic anxiety or injure a marital relationship just because one or both partners have HPV. This is a common scenario in medicine. Nor can HPV be 'cured'. No need for condoms, as long as they remain monogamous. She needs vigilant Pap smears because of association with cancer of the cervix. If Pap is abnormal, will refer back to Gynecology.
INHRT		A full discussion of the benefit-risk ratio of hormonal replacement therapy was carried out. Improvement in vasomotor and other climacteric symptoms is discussed, including possible improvements in sleep and mood. Reduction of risk for osteoporosis was explained. We discussed the study data showing increased risk of thrombo-embolic events such as myocardial infarction, stroke and also breast cancer after 4 or more years exposure to certain forms of estrogen replacement, and how this might affect her. The range of side effects such as breast tenderness, weight gain and including possible increases in lifetime risk of breast cancer and possible thrombotic complications was discussed. Alternative such as herbal and soy-based products were reviewed. All of her questions about this therapy were answered.
INHYPERTENSION	INHTN	Discussed sodium restriction, maintaining ideal body weight and regular exercise program as physiologic means to achieve blood pressure control. The patient will strive towards this. Meanwhile, it is appropriate to lower BP with medications, while observing for therapeutic effect and if appropriate later, can discontinue medications if physiologic methods appear to be effective. The patient indicates understanding of these issues and agrees with the plan. The various types of antihypertensives are discussed fully. See orders for this visit as documented in the electronic medical record. Side effects explained in detail. Continue home readings and see me for followup as scheduled.
INIH		The signs and symptoms of an obstructed inguinal hernia are explained; if this occurs, call immediately or go the ED. Elective consult to General Surgery written.
ININSOMNIA	INSLEEP SLEEP	The problem of recurrent insomnia is discussed. Avoidance of caffeine sources is strongly encouraged. Sleep hygiene issues are reviewed. The use of sedative hypnotics for temporary relief is appropriate; we discussed the addictive nature of these drugs, and a one-time only prescription for prn use of a hypnotic is given, to use no more than 3 times per week for 2-3 weeks.
INKST	INSTONE	For the potential kidney stone, I recommended pushing plenty of fluids, 2 quarts daily, straining the urine (and bring in the stone if it passes) and analgesics per orders. An IVP will be scheduled, then see the patient for return office visit. Call if severe pain, fever, vomiting, gross hematuria or dysuria

SmartPhrase Name	Synonyms	SmartPhrase Text
INLACTOSE	INLF	A lactose free diet is recommended. Lactaid is discussed. It can be purchased at any grocery store. CAPHE may be able to tolerate small amounts of lactose with few symptoms.
INLIFE	LIFE	The patient is advised to {Lifestyle:15251}.
INMAMMO	INMGM	A mammogram has been ordered; the patient has been advised to schedule a breast exam prior to the test. The recommended mammography screening schedule has been discussed with her.
INMDI	MDI	The proper method of use, as well as anticipated side effects, of this metered-dose inhaler are discussed and demonstrated to the patient.
INMIGRAINE		The nature of migraine has been discussed. Various episodic and prophylactic choices have been explained. Neurodiagnostic studies have been discussed. Recommendations: {15281}.
INMSK	REST	The patient is advised to {15221}.
INONYCHO		We had a lengthy discussion about this diagnosis and went over the various aspects to consider. Any treatment is optional. Itraconazole (Sporanox) and terbinafine (Lamisil) are effective, expensive, may have liver toxicity, and are sometimes not covered by insurance for this indication. Discussed griseofulvin also which is inexpensive but much less effective and must be taken for up to 18 months with a very high recurrence rate, and alternative of no treatment for this benign but unsightly condition. After discussion the patient has decided to {15715}.
INOSA		The patient's symptoms suggest the possibility of obstructive sleep apnea. The pathophysiology of snoring and apnea is discussed as well as the long term need for significant weight loss. A formal Sleep Study followed by a consultation is requested from Pulmonology. The use of Breathe-Right nasal strips may provide some benefit. Did discuss UPPP and CPAP as potential treatments if this is confirmed.
INPERIMP		The climacteric period is discussed in detail. Symptoms can include vasomotor instability - hot flashes - emotion lability, sleep disorders, mood swings, headaches, myalgias, loss of libido, depression, abnormal bleeding and genital atrophy. The use of hormonal replacement therapy is reviewed, including side effects and withdrawal bleeding. OTC products such as black cohosh, vitamin E and evening primrose oil are reasonable alternative therapies. All questions were answered.
INPSA	PSA	The natural history of prostate cancer and ongoing controversy regarding screening and potential treatment outcomes of prostate cancer has been discussed with the patient. The meaning of a false positive PSA and a false negative PSA has been discussed. He indicates understanding of the limitations of this screening test and wishes *** to proceed with screening PSA testing.
INRESP		The patient is advised to {15236}.
INSBE	SBEPROPH SBERX	Discussed the use of prophylactic antibiotics before dental work and other surgeries. Prescription given for {15765}.

SmartPhrase Name	Synonyms	SmartPhrase Text
INSHOULDER		For the shoulder problem, HE is asked to apply heat for 10-15 minutes qid followed by passive pendulum range of motion exercises. CAPHE may use small weight in the hand if desired and tolerated. In the future, warm up and stretch the shoulder prior to exercising in a similar fashion.
INSICKDAY	SICKDAY NSGSICKDAY	The diabetic Sick Day rules are reviewed with HIM verbally and in writing. If following usual diet, stay on same dose of diabetic medication, maintain high fluid intake, and perform home glucose monitoring QID. If not able to maintain normal diet due to illness {:15298}.
INSINUSITIS		Discussed with HIM that most cases of acute sinusitis resolve without antibiotic therapy.
INSLIDE	SLIDE	Institute a 10% insulin sliding scale as follows: on a QID schedule, subtract 200 from glucose value, and administer 10% of that number as additional units of regular insulin. Call physician if glucose is over 400. (eg: glucose= 280, subtract 200 giving 80, take 10% of 80 giving 8 Units additional regular insulin).
INSMOKING	INSMOKER INTOBACCO NICOTINE INNICOTINE	It is very important that HE quit smoking. There are various alternative available to help with this difficult task, but first and foremost, HE must make a firm commitment and decision to quit. The nature of nicotine addiction is discussed. The usefulness of behavioral therapy is discussed and suggested. The correct use, cost and side effects of nicotine replacement therapy such as gum or patches is discussed. Zyban and its cost (sometimes not covered by insurance) and side effects are reviewed. The quit rates are discussed. I recommend HE not allow potential costs of treatment to deter HIM from using nicotine replacement therapy or bupropion, as the long term economic and health benefits are obvious.
INSNORE	SNORE	The patient has socially disruptive snoring, but it doesn't sound like there's significant obstructive sleep apnea. ENT can do palatal surgery such as UPPP or radiofrequency somnoplasty, which is a brief office procedure, however, the cost may not be covered by insurance. Sometimes, there is a degree of sleep apnea not apparent from the history; in those cases, Pulmonary medicine can perform a sleep study to document that, and if that is the case, the treatment may be medically covered.
INSUN	SUN	The nature of sun-induced photo-aging and skin cancers is discussed. Sun avoidance, protective clothing, and the use of 30-SPF sunscreens is advised. Observe closely for skin damage/changes, and call if such occurs.
INTERP		Due to language barrier, an interpreter was present during the history-taking and subsequent discussion (and for part of the physical exam) with this patient.
INTRACTION	TRACTION	A home cervical traction device is recommended; use 6-10 lbs qid for 15-20 minutes with heat prn neck pain.
INURI		Lack of antibiotic effectiveness discussed with HIM . Symptomatic therapy suggested: gargle for sore throat, use mist at bedside for congestion. Apply facial warm packs for sinus pain. May use {:15012} prn.

SmartPhrase Name	Synonyms	SmartPhrase Text
INUTI		Push fluids, take antibiotics as directed, patient may use OTC pyridium as desired.
INVASECTOMY		He is reminded that vasectomy is permanent sterilization. Reversal is very difficult, often unsuccessful, expensive and usually not covered by insurance. The risks and success/failure rates of the procedure are discussed. Complication rate is low. Alternative of reversible contraception and female sterilization are reviewed. He has no contraindications to this procedure. Referral to Urology is given.
INVIAGRA		<p>The patient desires Viagra to treat his erectile dysfunction. History and physical exam has not disclosed any obvious treatable cause of this complaint. He is informed that Viagra is sometimes not covered by insurance and is relatively expensive. He can start with 50 mg dose, and increase to 100 mg if necessary. The method of use 1 hour prior to anticipated intercourse is explained. He should not use any more than one tablet in a 24 hour period. The side effects of possible headache, flushing, dyspepsia and transient changes in vision have been explained. Samples are ***given.</p> <p>The patient is not taking nitrates, and denies he has access to nitrates in any form at any time. I have counseled him that taking Viagra with nitrates of any form can cause death. Additionally, Viagra serum concentrations can be increased by the following: cimetidine, erythromycin, itraconazole or ketoconazole. This patient does not take these drugs, but I have counseled him to avoid Viagra if he does take any of these.</p> <p>We have also discussed the fact that there have been some deaths in patients after taking Viagra, felt due to the exertion of intercourse rather than the drug itself. The patient is aware of this, and accepts whatever unknown degree of risk there is in this aspect.</p>
INVV		The genesis and treatment of varicose veins is fully explained. I recommend 2-3 periods of 10 minutes each of leg elevation, avoiding prolonged standing, and the use of support stockings. Vein stripping surgery is discussed, but reserved for very severe cases only.
QSM		The patient is sincerely urged to quit smoking. The numerous direct health benefits are discussed. If HE decides to quit, there are a number of helpful adjunctive aids, and HE can see me to discuss nicotine replacement therapy and Zyban anytime in the future.

10

INJURY SuperPhrases— Primary Care Musculoskeletal Injuries

These SmartPhrases are special instances of CV Phrases. They all relate to the primary care of common orthopedic injuries to extremities and the spine. They each have synonyms beginning with **INJURY** and also the name of the primary joint, such as **KNEE** or **ANKLE**. Otherwise, they're similar to the CV Phrases and require no further explanation. These Phrases have organized synonyms to help you find them; each is "triplicated," as in **CVKNEEINJURY**, **KNEEIN-**

JURYCV, and **INJURYKNEECV**. So you can type "injury(joint)" or "CV(joint)" or "(joint)injury," whichever is easiest for you to remember. Personally, I like typing "(joint)inj," as in **KNEEINJ**. In Chapter 29 you will find a more in-depth group of Orthopedics-related history, physical, and post-operative SuperPhrases for joint diseases and extremity injuries.

The INJURY Phrases:

SmartPhrase Name	Synonyms	SmartPhrase Text
INJURYANKLECV	ANKLEINJURYCV CVANKLEINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who complains of inversion injury to the {side:15002} ankle *** {time:15003} ago. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems: {15768}. There is pain and swelling at the lateral aspect of that ankle.</p> <p>OBJECTIVE: CAPHE appears well, vital signs are normal. There is swelling and tenderness over the lateral malleolus. No tenderness over the medial aspect of the ankle. The fifth metatarsal is not tender. The ankle joint is intact without excessive opening on stressing. X-ray: {15769} The rest of the foot, ankle and leg exam is normal.</p> <p>ASSESSMENT: Ankle {15770::sprain}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>
INJURYELBOWCV	ELBOWINJURYCV CVELBOWINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} elbow injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems: {15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {15021::in no apparent distress}.</p> <p>Elbow exam: {15776}.</p> <p>X-ray: {15769}.</p> <p>ASSESSMENT: elbow {15770}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
INJURYFINGERCV	FINGERINJURYCV CVFINGERINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} finger injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems:{15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {15021::in no apparent distress}.</p> <p>Hand exam: {15772}.</p> <p>X-ray: {15769}.</p> <p>ASSESSMENT: Finger {15770}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>
INJURYFOOTCV	FOOTINJURYCV CVFOOTINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} foot injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems: {15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {15021::in no apparent distress}.</p> <p>Foot/ankle exam: {15774}.</p> <p>X-ray: {15769}.</p> <p>ASSESSMENT: foot {15770}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>
INJURYHANDCV	HANDINJURYCV CVHANDINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} hand injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems: {15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {15021::in no apparent distress}.</p> <p>Hand exam: {15772}.</p> <p>X-ray: {15769}.</p> <p>ASSESSMENT: hand {15770}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>
INJURYKNEECV	KNEEINJURYCV CVKNEEINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} knee injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {15767}. Symptoms have been {15708} since that time. Prior history of related problems: {15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {15021::in no apparent distress}.</p> <p>Knee exam: {15766}.</p> <p>X-ray: {15769}.</p> <p>ASSESSMENT: Knee {15770}</p> <p>PLAN: {15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
INJURYLOWBACKCV	CVBACKINJURY INJURYBACKCV BACKINJURYCV	<p>SUBJECTIVE: NAME is a AGE SEX who complains of an injury causing low back pain *** {time:15003} ago. The pain is positional with bending or lifting, {w-w/o:15700} radiation down the legs. Mechanism of injury: ***. Symptoms have been { :15708} since that time. Prior history of back problems: {PRIOR HX:15285}. There { :15283} numbness in the legs.OBJECTIVE: Vital signs as noted above. Patient appears to be in mild to moderate pain, antalgic gait noted. Lumbosacral spine area reveals no local tenderness or mass. Painful and reduced LS ROM noted. Straight leg raise is { :15050} at*** degrees on { :15002}. DTR's, motor strength and sensation normal, including heel and toe gait. Peripheral pulses are palpable. Lumbar spine X-Ray: { :15769}.</p> <p>ASSESSMENT: {Pain Dx:15351::lumbar strain}</p> <p>PLAN: For acute pain, rest, intermittent application of cold packs (later, may switch to heat, but do not sleep on heating pad), analgesics and muscle relaxants are recommended. Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exercise routine. Proper lifting with avoidance of heavy lifting discussed. Consider Physical Therapy and XRay studies if not improving. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
INJURYNECKCV	NECKINJURYCV CVNECKINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who complains of an injury causing neck pain *** {time:15003} ago. The pain is positional with movement of neck {w-w/o:15700} radiation of pain down the arms. Mechanism of injury: ***. Symptoms have been { :15708} since that time. Prior history of neck problems: { :15777}. There { :15283::is no} numbness, tingling, weakness in the arms.</p> <p>OBJECTIVE: Vital signs as noted above. Patient appears to be in mild to moderate pain.</p> <p>Neck exam: { :15778}.</p> <p>X-Ray: { :15769}.</p> <p>ASSESSMENT: { :15770::cervical strain}</p> <p>PLAN: { :15771}</p> <p>Consider Physical Therapy and XRay studies if not improving. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
INJURYSHOULDERCV	SHOULDERINJURYCV CVSHOULDERINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} shoulder injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: { :15767}. Symptoms have been { :15708} since that time. Prior history of related problems: { :15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: { :15021::in no apparent distress}.</p> <p>Shoulder exam: { :15773}.</p> <p>X-ray: { :15769}.</p> <p>ASSESSMENT:Shoulder { :15770}</p> <p><i>(Continued on next page.)</i></p>

SmartPhrase Name	Synonyms	SmartPhrase Text
INJURYSHOULDERCV (Continued)	SHOULDERINJURYCV CVSHOULDERINJURY	<p>PLAN: {:15771}</p> <p>See orders for this visit as documented in the electronic medical record. who sustained a {side:15002} shoulder injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {:15767}. Symptoms have been {:15708} since that time. Prior history of related problems: {:15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {:15021::in no apparent distress}.</p> <p>Shoulder exam: {:15773}.</p> <p>X-ray: {:15769}.</p> <p>ASSESSMENT: Shoulder {:15770}</p> <p>PLAN: {:15771}</p> <p>See orders for this visit as documented in the electronic medical record</p>
INJURYTOECV	TOEINJURYCV CVTOEINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} toe injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {:15767}. Symptoms have been {:15708} since that time. Prior history of related problems: {:15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {:15021::in no apparent distress}.</p> <p>Foot exam: {:15774}.</p> <p>X-ray: {:15769}.</p> <p>ASSESSMENT: Toe {:15770}</p> <p>PLAN: {:15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>
INJURYWRISTCV	WRISTINJURYCV CVWRISTINJURY	<p>SUBJECTIVE: NAME is a AGE SEX who sustained a {side:15002} wrist injury *** {time:15003} ago. Mechanism of injury: ***. Immediate symptoms: {:15767}. Symptoms have been {:15708} since that time. Prior history of related problems: {:15768}.</p> <p>OBJECTIVE: Vital signs as noted above.</p> <p>Appearance: {:15021::in no apparent distress}.</p> <p>Wrist exam: {:15772}.</p> <p>X-ray: {:15769}.</p> <p>ASSESSMENT: wrist {:15770}</p> <p>PLAN: {:15771}</p> <p>See orders for this visit as documented in the electronic medical record.</p>

11

PROB SuperPhrases— Problem-Oriented Phrases

These **PROBLEM**-oriented Phrases are special forms of CV Phrases intended to deal sequentially with multiple common medical problems, such as diabetes, hypertension, hyperlipidemia, GERD, or BPH, without repeatedly placing the patient's name, age, sex, and other SmartLinks into the text. They offer a SOAP note in one paragraph for that one medical condition, intending the next paragraph to deal with a separate issue. By combining several of these Phrases, you have a note of sequential paragraphs, each with a history, physical, lab review, assessment, and plan for each particular disease, but with minimal redundancy.

PROB Phrases are best used by starting a note with **IDPROBLEM**, which will say, "Joe Ztest is a 72-year-old male with the following Problem List and Medications:" and then display all the problems on his Problem List, plus his Current Medication List. You would follow with sequential PROB Phrases to deal capably with multiple illnesses.

Use the letters PROB followed by the name of the disease or abbreviation of the disease, (e.g., **PROBHTN** is the same as **PROBHYPERTENSION**). Although the Phrases are short, they offer a fairly comprehensive set of SmartLists for history, physical, assessment, and plan, dealing with the SOAP aspects of each problem. These PROB Phrases are generally best for the reasonably stable chronic-disease patient. You can easily string them together to make a nice note about several stable ongoing problems.

For the many patients you have with multiple, related chronic cardiovascular conditions, there is a special Phrase **PROBCVS** (same as **PROBMULTIPLE-**

CVS). These patients have a combination of two or more chronic conditions, such as diabetes, hypertension, hyperlipidemia, TIAs, and CAD. This Phrase offers the most flexibility and the least redundancy and can be used successfully to chart these complex cases. The SmartLists are fairly extensive but quite practical.

The PROB Phrases allow moderate flexibility for charting ongoing symptoms without much editing. If your patient has a lot of unstable new symptoms, the PROB Phrases as they stand are not as likely to be complete. You could still use the correct PROB Phrase as a framework and embellish the history by adding other Phrases as needed to complete the story.

One PROB Phrase to take note of is **PRO-BARTHRITIS**, with its synonyms **PROBOA** and **PROBPAIN**. These Phrases are intended for a patient with chronic joint pain on NSAIDs who is stable or has only moderate new symptoms. The **PROBTHYROID** (= **PROBHYPOTHYROID**) Phrase is intended for hypothyroidism.

At this time, only a moderate number of PROB Phrases have been written. You may wish to write your own, depending on what you see in your office. Remember these are *not* the same as CV Phrases. PROB Phrases are meant to be strung together in sequence, whereas CV Phrases generally involve one disease at one visit. There are *many* more CV Phrases than PROB Phrases. You can copy and edit any CV Phrase into a similar PROB Phrase, if you want.

The PROB Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text
IDPROBLEM		NAME is a AGE SEX with the following Problems and Medications. PROB
PROBALLERGY	PROBALLERGIES	Allergy ROS: {:15781}. New concerns: ***. Exam: {:15782}. Assessment: Allergic Rhinitis {degree of control:15147::well controlled}. Plan: {:15783}.
PROBARTHRITIS	PROBOA PROBPAIN	Rheumatological ROS: {:15784}. New concerns - ***. Exam: {:15719}. Assessment: {MSK DX:15718::osteoarthritis} {degree of control:15147::stable}. Plan: {:15783}.
PROBASTHMA		Asthma ROS: {:15781}. New concerns: ***. Exam: {:15782}. Assessment: Asthma {degree of control:15147::well controlled}. Plan: {:15783}.
PROBBPH		He has known BPH and is taking ***. His symptoms of {:15752} are now {:15147::well controlled}. Exam - abdomen soft without masses or tenderness, no suprapubic tenderness. Prostate exam is not repeated today. LASTPSA. Plan - {:15751}. He should alert me if there are persistent or progressive symptoms.
PROBCOPD		COPD ROS: {:15781}. New concerns: ***. Exam: {:15782}. Assessment: COPD {degree of control:15147::stable}. Plan: {:15783}.
PROBCVS	CVSCOMBO PROBMULTIPLECVS COMBOCVS	SUBJECTIVE: NAME is a AGE SEX seen for a follow up visit; HE has {disease:15736}. CMED PROB System Review: {Disease-related ROS:15737}. New concerns: ***. OBJECTIVE: VS Appearance: {:15021}. General exam: {disease-related exams:15738}. Lab review: {disease-related labs:15731}. ASSESSMENT: {disease state of control:15743}. PLAN: {disease-related:15730}.

SmartPhrase Name	Synonyms	SmartPhrase Text
PROBDIABETES	PROBDM	<p>Diabetic ROS - { :15841}.</p> <p>New concerns: ***.</p> <p>Diabetic exam: { :15138}.</p> <p>Lab review: { :15731}.</p> <p>Assessment: Diabetes Mellitus: { :15147}.</p> <p>Plan: See orders for this visit as documented in the electronic medical record.</p> <p>Diabetic issues reviewed with HIM: { :15299}.</p>
PROBGERD	PROBREFLUX	<p>CAPHE had been experiencing GERD and is now on ***. CAPHIS reflux symptoms are { :15147::well controlled}.</p> <p>ROS: patient denies { :15748}.</p> <p>Exam: Abdomen - soft, nontender, no organomegaly or masses.</p> <p>Assessment: GERD { :15147::well controlled}.</p> <p>Plan: { :15751}.</p> <p>CAPHE should alert me if there are persistent symptoms, dysphagia, weight loss or GI bleeding.</p>
PROBHYPER-LIPIDEMIA	PROBLIPID PROBCHOL	<p>Cardiovascular risk analysis - AGE SEX { :15734}.</p> <p>ROS: { :15727}.</p> <p>New concerns: ***.</p> <p>Exam: { :15726}.</p> <p>Lab review: { :15731}.</p> <p>Assessment: Hyperlipidemia {degree of control:15147}.</p> <p>Plan: { :15730}.</p>
PROBHYPER-TENSION	PROBHTN	<p>Hypertension ROS: { :15727}.</p> <p>New concerns: ***.</p> <p>Hypertension Exam: { :15726}.</p> <p>Lab review: { :15731}.</p> <p>Assessment: Hypertension {degree of control:15147}.</p> <p>Plan: { :15730}.</p>
PROBTHYROID	PROBHYPOTHYROID	<p>Thyroid ROS: { :15703}.</p> <p>LASTTSH</p> <p>Exam: { :15702}.</p> <p>Assessment: {disease:10574::hypothyroidism} {degree of control:15147::well controlled}.</p> <p>Plan: { :10573}.</p>

12

SM SuperPhrases for Secure Messaging in MyChart

Here is a useful Phrase starter set for responding to a patient's secure message via MyChart. These were written at Kaiser Permanente to help standardize physicians' responses to common types of secure mes-

sages from patients. You may wish to write your own personal set (or your organization may wish to). An example is **SMCONSULT** (I will consult a specialist about your concern and will send you a message after I hear back.).

SmartPhrase Name	Synonyms	SmartPhrase Text
SMCHART		I have ordered your chart and will send you a reply as soon as I have reviewed it.
SMCONSULT		I will consult a specialist about your concern and will send you a message after I hear back.
SMDENY		Thanks for your email. I really want to provide you with the best possible medical care. I realize that you feel that *** will be helpful for you. I am not able to fulfill your request because ***. I'm confident that we can explore other options.
SMDISCUSS		Thank you for your message. I'd like to recommend that we discuss your concerns {contact choices: 29868}
SMHIPAA		Thank you for your message. Please remember that all messages automatically become part of your personal health record. For that reason, please do not ask questions about someone other than yourself, because I am prohibited from discussing even family members by the Patient Privacy Act.
SMINAPPROPRIATE		Thank you for your message. Please remember that all messages automatically become part of your personal health record. For that reason, please do not send jokes, articles, or other materials that don't belong in your record.
SMLABABNL		I will give you a call to talk about your lab results.
SMLABNL		I have reviewed your test results, the results are normal. I encourage you to learn more about each test by accessing the great resources available through MyChart. Click on the test name if you would like to see a description of the test. I hope this information is useful for you. Please feel free to contact me again if you have additional questions after reviewing the material on the website.
SMLATER		I wanted to let you know that I have read your message and will send you a reply by ***.

SmartPhrase Name	Synonyms	SmartPhrase Text
SMMOREINFO		So that I can better understand your concern, could you please provide some additional details, such as: When did the problem start? What makes it better or worse? What have you tried? What do you think might have caused the problem?
SMRXORDERED		I have ordered *** for you. If you would like it mailed to you, please call ***.

13

Master SuperPhrases for Review of Systems and Physical Exam

ROS and physical examination are usually reasonably easy to document with the NEG, POS, NEX, and PEX SuperPhrases. These “master” ROS and PE SmartPhrases organize the same information within nested SmartLists. You can easily choose which systems you reviewed or examined and document primarily with your mouse for both adult and pediatric medicine. Some users find these Phrases very valuable and use them every day; others find them less so because they are highly mouse-dependent and require

multiple clicks—it’s a matter of which style suits you best. There are a couple of different naming conventions you’ll see for the Physical Exam masters: most have the prefix PE, though a few start with PEX.

Some examples you’ll find in this chapter: **PEMALE** is “Physical Examination: { :10785}” and **ROSADULT** is “Review of Systems - {Adult Master_ROS:10782}.” The SmartLists 10785 and 10782 offer a selection of diverse physical exam or review of systems choices system-by-system, typical of the Phrases in this chapter.

SmartPhrase Name	Synonyms	SmartPhrase Text
PEFEMALE		Physical Examination: { :10786}
PEMALE		Physical Examination: { :10785}
PEPEDFEMALE		Physical Examination: {pediatric female PE :10854}
PEPEDFEMALEBRIEF		Physical Examination: GENERAL ASSESSMENT: { :11543} SKIN: { :12157} HEAD: { :12151} EYES: { :12150} EARS: { :11098} NOSE: { :12177} MOUTH: { :12152} NECK: { :12156} CHEST: { :12103} HEART: { :12146} ABDOMEN: { :12101} BREASTS: { :10513} GENITALIA: { :12145} ANAL: { :10621} SPINE: { :10601} EXTREMITY: { :12107} NEURO: { :10602}
PEPEDMALE		Physical Examination: {pediatric male PE :10851}

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXFEMALEADULTCOMPLETE		General appearance - {:15021}
		Mental Status: {:13008}
		Eyes - {:15209}
		Ears - {:15207}
		Nose - {:15325}
		Sinuses - {:15212}
		Throat - {:15326}
		Neck - {:15327}
		Thyroid - {:15702}
		Chest - {:15033}
		Heart - {:15510}
		Abdomen - {:15920}
		Breasts - {:15056}
		Pelvic - {:15900}
		Rectal - {:15057}
		Back exam - {:15940}
		Neurological - {:15902}
		Musculoskeletal - {:15950}
		Extremities - {:15109}
		Skin - {:15960}
PEXMALEADULTCOMPLETE		General appearance - {:15021}
		Mental Status: {:13008}
		Eyes - {:15209}
		Ears - {:15207}
		Nose - {:15325}
		Sinuses - {:15212}
		Throat - {:15326}
		Neck - {:15327}
		Thyroid - {:15702}
		Chest - {:15033}
		Heart - {:15510}
		Abdomen - {:15920}
		GU Male - {:10182}
		Rectal - {:15057}
		Back exam - {:15940}
		Neurological - {:15902}
		Musculoskeletal - {:15950}
		Extremities - {:15109}
		Skin - {:15960}

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXPEDSCOMPLETE		GENERAL ASSESSMENT: {:15021} SKIN EXAM: {:10167} HEAD: {:10326} EYES: {:10330} EARS: {:10331} NOSE: {:10339} MOUTH: {:15326} NECK: {:10343} HEART: {:10342} BREAST: {:10513} CHEST: {:10514} ABDOMEN: {:10517} MALE GENITALIA: {:10518} FEMALE GENITALIA: {:10520} BACK: {:15940} EXTREMITIES: {:10552} NEURO: {:15902}
ROSADULT		Review of Systems - {Adult Master_ROS:10782}
ROSALLERGY	ROSIMMUNOLOGY	Allergy and Immunology ROS: { :10675}
ROSBREASTS		Breast ROS: { :11036}
ROSCNS	ROSNEUROLOGICAL	Neurological ROS: { :10663}
ROSCVS	ROSHEART ROSCARDIOLOGY	Cardiovascular ROS: { :10661}
ROSDERMATOLOGY	ROSSKIN	Dermatological ROS: { :10673}
ROSEMERGENCYDEPT	ROSED EDROS	REVIEW OF SYSTEMS: {ROS: 13310}
ROSENDOCRINE		Endocrine ROS: { :10667}
ROSENT		ENT ROS: { :10657}
ROSEYES	ROSOPHTH	Ophthalmic ROS: { :10655}
ROSGEN		General ROS: { :10653}
ROSGI	ROSGASTROENTEROLOGY	Gastrointestinal ROS: { :10669}
ROSGU	ROSURINARY ROSGENITOURINARY	Genito-Urinary ROS: { :10671}
ROSLYMPH	ROSHEMONC	Hematological and Lymphatic ROS: { :10665}
ROSMK	ROSMUSCULOSKELETAL ROSJOINTS	Musculoskeletal ROS: { :10677}
ROSPEDS		Review of Symptoms: {Peds Master ROS:10865}
ROSPMH	PMHROS	Past medical history: {:15552} Medications: { :17282} Allergies: { :17283} Review of Systems: { :15566}
ROSPSYCH		Psychological ROS: { :10680}
ROSRESPIRATORY	ROSPULMONARY ROSCHEST	Respiratory ROS: { :10659}

Part 3

SuperPhrases Without Prefixes

Introduction

The following chapters contain hard-to-categorize Phrases, since they don't have common prefixes, such as "NEG" or "DRUG." They have great usefulness in everyday charting notes. I've divided these roughly into "scenario-based" chapters. They are organized by their greatest functionality, though crossover is significant: many can be used in more than one context. (You may find some of these in one specific chapter that could reasonably be referenced in a different chapter; it was quite difficult for me to consistently categorize several hundred non-prefixed SmartPhrases in this text.) These Phrases are for words related to anatomy, disease and pathology, drugs and medications, common English words, common medical tests and procedures, general medical terminology, and medical specialties. They are used with high frequency in most medical notes. Nurses will find much of Part 3 valuable in their everyday workflows, especially Chapter 19 (and chapters 26 and 27 in Part 4).

Many of these Phrases can be guessed by any nurse or physician who is familiar with Phrases, in general. The key is to go ahead and guess because these Phrases will save an enormous amount of typing. They can often supplement NEG/NEX and other prefixed Phrases with additional description.

These are the "little words" that represent highly repetitive vignettes and scenarios within scenarios: hundreds of everyday medical and English words or terms, such as "right lower quadrant" (anatomy), "abdominal aortic aneurysm" (disease/pathology), "calcium channel blocker" (drug/medication), "Cardiology" (medical specialty), and "ultrasound" (test/procedure). I am certain you can guess these correctly without a moment's thought; but if you never guess (or use) them, you'll be typing them out forever. All you need to do is try. The synapses will form, and you will adapt to this workflow intuitively. No doubt you guessed correctly that the above Phrases are **RLQ**, **AAA**, **CCB**, **CARD** and **US**. They represent words you'd never want to type, once you internalize the technique. Yet, every day I see users typing (and misspelling) these words, and it causes them (and me, as a teacher) great pain. The computer is your slave. Master it.

A lot of this is simple and straightforward. It requires only that you orient your thought processes to seek shortcut Phrases automatically when you're typing. And when you learn, help your colleagues to learn, as well. As we often say, "Watch one, do one, teach one."

14

SuperPhrases for Common English Words

In virtually every encounter, you will use some of the following words or Phrases. These Phrases are standard English, not specifically medical. They may not be as easy to infer as the medical Phrases but are very common, and you should review them for use in your practice. Some examples include **ASAP** (as

soon as possible), **ESS** (essentially), **GF** (grandfather), and **GM** (grandmother). This is fairly intuitive, garden variety stuff, not rocket science. (What is rocket science anyway . . . and do they have a better safety record than us?)

SmartPhrase Name	Synonyms	SmartPhrase Text
ABNL		abnormal
ABS		absolutely
AF		after
ALT		alternating with
AMAP		as much as possible
APPT		appointment
ASAP		as soon as possible
ASS		associated with
AVAIL	AVL	available
B4		before
BOR		borderline
BR		brother
CAF		caffeine
CHR		chronic
DC		discontinued
DEC		decreased
DEF		deficiency
DESC		described as
DUE		due to
DVLD		developed
EA		earache
EL	ELEV	elevated
EPIS		episodes

SmartPhrase Name	Synonyms	SmartPhrase Text
ESP		especially
ESS		essentially
ESTAB		established
EX		exercise
EXC		excellent
EXERT		exertion
EXPRO		exercise program
F		father
FAT		fatigue
FLUC		fluctuating
FN		function
GAR		gargle
GEN		generally
GF		grandfather
GM		grandmother
HA		headache
HF		hot flashes
IMP		improved
IMT		intermittently
INC		increased
INCL		including
INSIG		insignificant
IRR		irregular

SmartPhrase Name	Synonyms	SmartPhrase Text
L		left
LTD		limited
MINL		minimal
MO		mother
MOD		moderate
N	NEG	negative
NEC		necessary
NH		not helping
NL		normal
NS	NSP	non-specific
NST		nasal stuffiness
OCC		occasionally
OOT		out of town
OVW		overweight
OW		otherwise
PB		probably
PLS	PL	please
PREG		pregnant
PREV		previously
PRIM		primarily
PS		possibly
R		right
REC		recommended
RECR		recurrent
REG		regularly
REL		related to
RES		resolved
RESC		reschedule
RPT		repeat
RXN		reaction
SCHD	SCHE	schedule
SCHED		scheduled
SEC		secondary to

SmartPhrase Name	Synonyms	SmartPhrase Text
SEVL		several
SIGNIF		significant
SIMULT		simultaneously
SIS		sister
SL		slightly
SN		sneezing
SPONT		spontaneous
ST		sore throat
SUSP		suspicious
TBK		to the best of my knowledge
TEMP		temporarily
TEN		tenderness
TEST		testing
TOL		tolerated
TOM		tomorrow
TX		treatment
UNAVL		unavailable
UNC		uncontrolled
UNEXP		unexplained
UNFORT		unfortunately
UNK		unknown
UNN		unnecessary
UNR		unrelated to
VAC		vacation
VG		very good
VIT		vitamin
W		with
WO		without
X		except
YEST		yesterday
Z		zero

15

Special-Situation SuperPhrases – Grammar, Plurals, and Custom Situations

A few special situations are worth mentioning specifically. They deal with grammar, plurals, and Phrases each physician will need to modify one time to use effectively in his or her own practice. Although these are miscellaneous Phrases, there's some excellent content in here, so please review this short chapter.

Plurals and grammar can pose problems, because it's hard to create a logical syntax that everyone can agree on. You want your clinical notes to look professional and grammatically correct; yet without making longer lists, the process can be cumbersome. For instance, one needs Phrases for both actinic (or seborrheic) keratosis and the plural actinic keratoses, nevus and nevi, and cryotherapy of one lesion versus many lesions. Special Phrases were created to meet these needs as easily as possible.

Plurals

Generally, I have chosen to add an "s" at the end of a Phrase to make it plural:

AK actinic keratosis

AKS actinic keratoses

IDN benign intradermal nevus

IDNS benign intradermal nevi

SK seborrheic keratosis

SKS seborrheic keratoses

LN2 Liquid nitrogen was applied for 10-12 seconds to the skin lesion and the expected blistering or scabbing reaction explained. Do not pick at the area. Patient reminded to expect hypopigmented scars from the procedure. Return if lesion fails to fully resolve.

LN2S Liquid nitrogen was applied for 10-12 seconds to the skin lesions and the expected blistering or scabbing reaction explained. Do not pick at the areas. Patient reminded to expect hypopigmented scars from the procedure. Return if lesions fail to fully resolve. [**LN2S** is a synonym for **PROCCRYO** and **PROCLN2**.]

STAT

The STAT Phrase is meant to use as Order Detail when you require a STAT page or call with the results of a critical test. You should customize this Phrase with your name and beeper or cell phone number. Edit this Phrase and save it in your own personal directory:

STAT STAT Please page **.ME** with results at [your pager number] *[You can replace the SmartLink **.ME** with a more personalized version of your own name: "Dr. Ztest" instead of "Norman H. Ztest, MD."]*

Skin Lesions

Skin lesion exams are complicated because the patient may have one, two, three, or 12 lesions to describe. Many times we'll describe multiple lesions as one group, such as "multiple actinic keratoses," but often we need to describe two or three specific lesions brought to our attention by a patient. The **LESION** Phrase is intended to be used repeatedly for as many lesions as you wish to describe. However, the same text resides within a set of synonym SuperPhrases: **CVLESION**, **CVSKINLESION**, **LESIONCV**, **SKINCV**, and **SKINLESIONCV**. And for the CV Phrases, there is a special piece of text destined to be *removed* by you; it reminds you to repeat the Phrase **LESION** as many times as you need within the visit until you have described all the lesions you need to.

LESION *[stand-alone SuperPhrase]* Lesion on *** with patient's observations stated as {:15422}, exam of this area shows {:15286}.

CVLESION *[partial text shown here—this Phrase has a SOAP note format]* Lesion on *** with patient's observations stated as {:15422}, exam of this area shows {:15286}. DOCTOR, USE <DOT> LESION REPEATEDLY TO DESCRIBE AS MANY LESIONS AS NEEDED THEN DELETE THIS TEXT.

16

SuperPhrases for Common Medical Words and Strings

These common words and terms appear in most notes, and you will need many of them several times a day. Most can be inferred; some are less intuitive. You may want to edit/create different Phrases. These

Phrases deal with high frequency, repetitive situations. (Examples: **ASX** [asymptomatic], **BL** [bilateral] and **MVA** [motor vehicle accident])

SmartPhrase Name	Synonyms	SmartPhrase Text
A		ASSESSMENT:
AAT		activities as tolerated
AB		antibody
ABPM		ambulatory home blood pressure monitoring
AC		anticoagulation
ACC		accucheck
ADL		activities of daily living
ADM		admitted to hospital
AE		air entry
AFB		acid-fast bacillus
AFEB		Afebrile.
AFL		air-fluid level
ALC		alcohol
AM		abdominal mass
AMEN		amenorrhea
AMP		amputation
ANIC		Anicteric.
ANX		anxiety
AP		abdominal pain
ART		arthritis
ARTH		arthralgias
ASX		asymptomatic
AT		abdominal tenderness

SmartPhrase Name	Synonyms	SmartPhrase Text
B9	BN	benign
BBB		benign breast biopsy
BBT		basal body temperature charts
BD		bronchodilator
BDR		background diabetic retinopathy
BEA		bilateral ear pain
BF		breast feeding
BM		bowel movement
BMT		bone marrow transplant
BO		bowel obstruction
BP		blood pressure
BRRB		bright red rectal bleeding
BS		bronchospasm
BSE		breast self examination
BTB		breakthrough bleeding
BUR		bursitis
BX		biopsy
CA		cancer
CAB		corneal abrasion
CAL		calcium
CALC		calcifications
CDIFF		Clostridium difficile

SmartPhrase Name	Synonyms	SmartPhrase Text
CHEMO		chemotherapy
CHL		cholesterol
CHOLEX		cholecystectomy
CI		contraindication
CLIN		clinical
CMT		cervical motion tenderness
CN		cranial nerves
CO		complains of
CONG		nasal congestion
CONJ		conjunctivitis
CONS		consultation
CONSTIP	CON	constipation
COR		coryza
CP		chest pain
CPE		complete physical examination
CPOE		chest pain during exertion
CPR		cardiopulmonary resuscitation
CREPS		crepitations
CRYO		cryotherapy
CULT		culture
CUT		cutaneous
CVAT		costovertebral angle tenderness
CVS		cardiovascular
DAT		diet as tolerated
DAV		diarrhea and vomiting
DDX		differential diagnosis
DE	DBE	diabetic educator
DEFORM		deformities
DEHY	DEHYD	dehydration
DEP	DEPR	depression
DIA		diaphoresis
DIAR		diarrhea
DISLOC		dislocation
DME		durable medical equipment
DOE		dyspnea on exertion
DOV		diarrhea or vomiting

SmartPhrase Name	Synonyms	SmartPhrase Text
DSB		drug seeking behavior
DYSM		dysmenorrhea
DYSP		dyspnea
DYSPAR		dyspareunia
DYSPH		dysphagia
DYSU		dysuria
DZ		disease
DZZ		dizziness
ECCHY	ECH ECHY	ecchymoses
ECF		extended care facility
EF		ejection fraction
EFP		ear fullness and pressure
EO		eosinophil
ERY		erythema
ERYMP		erythematous maculopapular
ETIO		etiology
EXAC		exacerbation of
EXOP		exophthalmos
FB		foreign body
FBS		foreign body sensation
FL		push fluids
FOSH		fall on the outstretched hand
FROM		full range of motion
FU		follow up
FUV		follow up visit
FWB		full weight bearing
FX	FR	fracture
GABHS		group A beta-hemolytic strep
GC		gonorrhea
GG		gamma-globulin
GH		gingival hyperplasia
H	HOSP	hospital
HGM		home glucose monitoring
HH		hiatal hernia
HI		head injury
HL		hearing loss
HO		history of

SmartPhrase Name	Synonyms	SmartPhrase Text
HOAR	HOR HR	hoarseness
HRT		hormonal replacement therapy
HSM		hepatosplenomegaly
HYST		hysterectomy
IBRRB		intermittent bright red rectal bleeding
IBW		ideal body weight
IDIO		idiopathic
INCONT		incontinence
INFL		inflammation
INO		internuclear ophthalmoplegia
INSP		inspiratory
IR		insulin reactions
LBP		low back pain
LEA		left ear ache
LGF		low grade fever
LHD		lightheadedness
LIG		ligaments
LLD		leg length discrepancy
LOC		loss of consciousness
LS		lumbosacral
MALIG		malignant
MASS		A mass of size *** cm is felt in the ***.
MET		metastatic
MHT		micro-hematuria
ML		memory loss
MM		mucous membrane
MMSE		mini-mental status exam
MP		menopause
MRSA		methicillin-resistant Staph aureus
MSK		musculoskeletal
MUR		murmur
MUS		muscle
MUSP	MSP	muscle spasm
MVA		motor vehicle accident

SmartPhrase Name	Synonyms	SmartPhrase Text
MY		myalgias
NAD		no apparent distress
NAV		nausea and vomiting
NC		noncompliant
NEO		neoplasm
NF		non fasting
NFE		neuroforaminal encroachment
NNV		nausea without vomiting
NOC		nocturnal
NOCT		nocturia
NONT		nontender
NOS		no other symptoms
NOV	NV	nausea or vomiting
NP		neuropathy
NPIG		non-pigmented
NSR		normal sinus rhythm
NT		numbness/tingling
NTW		numbness, tingling, weakness
NVD		nausea, vomiting, diarrhea
NYD		not yet diagnosed
NYS		nystagmus
O		OBJECTIVE:
O2		oxygen
OD		orthostatic dizziness
OOC		out of control
ORD		ordered
ORIF		open reduction with internal fixation
ORTH		orthopnea
OU		overuse
OV		ovarian
P		PLAN:
PALP		palpitations
PATH		pathology
PER		per orders
PERF		perforation
PERIMP		perimenopausal
PHPH		photophobia

SmartPhrase

Name	Synonyms	SmartPhrase Text
PIG		pigmented
PLT		platelets
PND		paroxysmal nocturnal dyspnea
POND		post nasal drip
POSTT		post traumatic
PP		post-prandial
PPN		pelvic pain
PPT		precipitated by
PROG		prognosis
PROPH		prophylaxis
PT		the patient
PUPD		polyuria/polydipsia
PW		puncture wound
PWB		partial weight bearing
QOL		quality of life
REA		right ear ache
RESID		residual
RESP		respiratory
RO		rule out
ROM		range of motion
ROT		rotation
ROV		return office visit
RRR		regular rate and rhythm
RTW		return to work
RX		prescription for
S		SUBJECTIVE:
SENS		sensitive to
SLR		straight leg-raise
SNF		skilled nursing facility
SOA		swelling of the ankles
SOB		shortness of breath
SOBOE		shortness of breath on exertion

SmartPhrase

Name	Synonyms	SmartPhrase Text
SP		status post
SPUT		sputum
SR		suture removal
STS	STSA	soft tissue swelling and localized tenderness
STSO		soft tissue swelling or localized tenderness
SUI		suicidal ideation
SW		swallowing
SX		symptoms
SXC		symptomatic
TELENG		telangiectasias
TINN		tinnitus
TOD		target organ damage
TREM		tremors
UF		urinary frequency
ULC		ulcer
UNC		uncontrolled
VAGD	VD	vaginal discharge
VRE		vancomycin-resistant enterococcus
WB		weight bearing
WC		well controlled
WG		weight gain
WH		wheezing
WL		weight loss
WM		well male
WNL		within normal limits
WT		well tolerated
WU		workup
WW		well woman
WWP		Weight Watchers' program

17

Anatomical SuperPhrases

The following Phrases are related to human anatomy. They are helpful in physical exam documentation, as well as in the history portion of charting. These Phrases are used with high frequency in many notes

(for example, **ASIS** [anterior superior iliac spine], **CCJ** [costochondral junction], **RUL** [right upper lobe]. Simple, right?)

SmartPhrase Name	Synonyms	SmartPhrase Text
ACL		anterior cruciate ligament
ACN		anterior cervical nodes
ADNX		adnexa
AKAMP		above-knee amputation
ANK		ankle
ANT		anterior
ASIS		anterior superior iliac spine
AW		abdominal wall
AX		axillary
BKAMP		below-knee amputation
BL		bilateral
BLQ		both lower quadrants
BLY		bilaterally
CBD		common bile duct
CCJ		costochondral junction
CLAV		clavicle
CSP		cervical spine
DIP		distal interphalangeal joint
DIST		distal
DUO		duodenum
ELB		elbow
EPID		epididymis
EPIG		epigastric
ESO		esophageal
GT		greater trochanter

SmartPhrase Name	Synonyms	SmartPhrase Text
ICA		internal carotid artery
INF		inferior
ING		inguinal
INT		internal
IP		interphalangeal joint
IVC		inferior vena cava
LAT		lateral
LATEP		lateral epicondyle
LE		lower extremities
LICS		second left intercostal space
LLL		left lower lobe
LLQ		left lower quadrant
LLSB		lower left sternal border
LN		lymph node
LSP		lumbar spine
LUL		left upper lobe
LUQ		left upper quadrant
LV		left ventricular
LVC		left ventricular contractility
LVH		left ventricular hypertrophy
LX		larynx
LY		lymphadenopathy
MALL		malleolus
MAX		maxillary
MC		metacarpal

SmartPhrase		
Name	Synonyms	SmartPhrase Text
MCP		metacarpo-phalangeal joint
MDL		medial
MT		metatarsal
MTP		metatarso-phalangeal joint
NPX		nasopharynx
OLEC		olecranon
PCN		posterior cervical nodes
PHAL		phalanx
PHX		pharynx
PIP		proximal interphalangeal joint
POST		posterior
PROX		proximal
RC		rotator cuff
RICS		second right intercostal space
RLL		right lower lobe
RLQ		right lower quadrant
RML		right middle lobe
RUL		right upper lobe
RUQ		right upper quadrant
SC		supraclavicular
SCAP		scapula

SmartPhrase		
Name	Synonyms	SmartPhrase Text
SCM		sternocleidomastoid muscle
SF	SUPERF	superficial
SG		swollen glands
SH		shoulder
SI		sacroiliac
SPUB		suprapubic
SQ		subcutaneous
SUBMAN		submandibular
SUP		superior
THY		thyroid
TM		tympanic membrane
TMJ		temporomandibular joint
TRAP		trapezial
TSP		thoracic spine
UE		upper extremities
UNI		unilateral
UOQ		upper outer quadrant
UR		ureteral
UT		uterus
VC		vocal cord

18

Disease- and Pathology-Related SuperPhrases

I often use disease- and pathology-related Phrases in the body of my notes or in the Assessment section. **IBS** (irritable bowel syndrome), **OA** (osteoarthritis), and **DM** (diabetes mellitus) are examples. Frequently, I follow these Phrases with descriptors, such as **WC** (well controlled), **UNC** (uncontrolled), **RES** (resolved), **ASX** (asymptomatic), etc. (These descriptors, them-

selves, are found in other chapters, such as English words [Chapter 14] and medical words [Chapter 16]). You may want to write many more similar Phrases for your specialty. Again, these Phrases are used all the time. Many of these are painfully obvious shortcuts, but they're very important to your work, so look them over.

SmartPhrase

Name	Synonyms	SmartPhrase Text
AAA		abdominal aortic aneurysm
ACD		anemia of chronic disease
ADHD		attention deficit and hyperactivity disorder
AECB		acute exacerbation of chronic bronchitis
AFIB		atrial fibrillation
AI		aortic insufficiency
AK		actinic keratosis
AKS		actinic keratoses
ALO		alopecia
ALOA		alopecia areata
ALZ		Alzheimer's disease
AOS		aortic sclerosis
APLS		Anti-Phospholipid Syndrome
APP		appendicitis
APPIE		appendectomy
AR		allergic rhinitis
ARF		acute renal insufficiency
ARR		arrhythmia
AS		aortic stenosis
ASCUS		atypical squamous cells of undetermined significance

SmartPhrase

Name	Synonyms	SmartPhrase Text
ASHD		atherosclerotic heart disease
ASTH		asthma
ATEL		atelectasis
ATH		atherosclerosis of ***
AV		atrophic vaginitis
AVM		arteriovenous malformation
BCA		breast cancer
BCC		basal cell carcinoma
BCE		basal cell epithelioma
BET		benign essential tremor
BPH		benign prostatic hypertrophy
BPV		benign positional vertigo
BRADY		bradycardia
BRON		bronchitis
BV		bacterial vaginosis
CABG		coronary artery bypass grafting
CAD		coronary artery disease
CAP		community-acquired pneumonia
CAT		cataract
CB		carotid bruit
CCA		colon cancer

SmartPhrase

Name	Synonyms	SmartPhrase Text
CD		cervical dysplasia
CDH		congenital dislocation of the hip
CELL		cellulitis
CF		cystic fibrosis
CFS		chronic fatigue syndrome
CHE		cervical hyperextension sprain
CHF		congestive heart failure
CHOLE		cholelithiasis
CIS		carcinoma in-situ
CMP		chondromalacia patella
COCCI		coccidioidomycosis
CPOX		chicken pox
CRAO		central retinal artery occlusion
CRF		chronic renal insufficiency
CRVO		central retinal vein occlusion
CTS		carpal tunnel syndrome
CVI		chronic venous insufficiency
D		dermatitis
DB		diabetic
DCIS		ductal carcinoma in-situ
DD		diastolic dysfunction
DDD		degenerative disc disease
DES		diffuse esophageal spasm
DF		dermatofibroma
DI		diabetes
DIV		diverticulosis
DIVI		diverticulitis
DJD		degenerative joint disease
DKA		diabetic ketoacidosis
DM		diabetes mellitus
DMS		Dysmetabolic Syndrome X
DNP		diabetic neuropathy
DUB		dysfunctional uterine bleeding
DVT		deep vein thrombosis
ECZ		eczema
EIA		exercise induced asthma
EN		erythema nodosum

SmartPhrase

Name	Synonyms	SmartPhrase Text
END		endometriosis
EOR		epididymo-orchitis
ERD		erectile dysfunction
ESRF		end-stage renal failure
ETD		eustachian tube dysfunction
FCBD		fibrocystic breast disease
FIB		fibroid
FM		fibromyalgia
FOLL		folliculitis
GAD		generalized anxiety disorder
GE		gastroenteritis
GERD		gastroesophageal reflux disease
GN		glomerulonephritis
HC		hypercoagulable state
HCHOL		hypercholesterolemia
HD		herniated disc
HEMD		hemorrhoids
HEP		hepatitis
HEPA	HPA	Hepatitis A
HEPB	HPB	Hepatitis B
HEPC	HPC	Hepatitis C
HETH		hyperthyroidism
HLIP	HLP	hyperlipidemia
HP		Helicobacter Pylori
HPTH		hyperparathyroidism
HSIL		high-grade squamous intra-epithelial lesion
HT		hypertension
HTG		hypertriglyceridemia
HTH		hypothyroidism
HTU		hematuria
HV		hyperventilation
HYPOG		hypoglycemia
HZ		Herpes Zoster
IBD		inflammatory bowel disease
IBS		irritable bowel syndrome
IC		intermittent claudication

SmartPhrase

Name	Synonyms	SmartPhrase Text
IDDM		insulin dependent diabetes mellitus
IDN		benign intradermal nevus
IDNS		benign intradermal nevi
IGT		ingrown toenail
IH		inguinal hernia
II		intercurrent illness
ILI		influenza-like illness
IN		influenza
IRONDEF		iron deficiency anemia
ISH		isolated systolic hypertension
ITP		idiopathic thrombocytopenic purpura
KA		kerato-acanthoma
KST		kidney stone
LABY		labyrinthitis
LATEPI		lateral epicondylitis
LBBB		left bundle branch block
LBO		large bowel obstruction
LCA		lung cancer
LCIS		lobular carcinoma in-situ
LI		lactose intolerance.
LIP		lipoma
LSA		lichen sclerosis et atrophicus
LSIL		low-grade squamous intra-epithelial lesion
MAXS		maxillary sinusitis
MCTD		mixed connective tissue disease
MD		macular degeneration
MDS		myelodysplasia
METS		metastases
MI		myocardial infarction
MIG		migraine headaches
MNG		meningitis
MONO		mononucleosis
MR		mitral regurgitation
MS		multiple sclerosis
MSTEN		mitral stenosis

SmartPhrase

Name	Synonyms	SmartPhrase Text
MVP		mitral valve prolapse
NBL		necrobiosis lipoidica diabetorum
ND		neurodermatitis
NIDDM		non-insulin dependent diabetes mellitus
NUD		non-ulcer dyspepsia
OA		osteoarthritis
OACS		osteoarthritis of the cervical spine
OAF		osteoarthritis of the fingers
OA H		osteoarthritis of the hip
OAK		osteoarthritis of the knee
OALS		osteoarthritis of the lumbar spine
OATS		osteoarthritis of the thoracic spine
OCA		ovarian cancer
 OCD	OCN	obsessive-compulsive disorder
OE		otitis externa
OH		orthostatic hypotension
OM		otitis media
ONYCHO		onychomycosis of toenails
OP		osteoporosis
OSA		obstructive sleep apnea
OVC	OC	ovarian cyst
PA		pernicious anemia
PAD		perianal dermatitis
PANC		pancreatitis
PANCA		pancreatic carcinoma
PAR		perennial allergic rhinitis
PARK		Parkinson's Disease
PARO		paronychia
PCA		prostate cancer
PCG		polyclonal gammopathy
PCOS		polycystic ovarian syndrome
PE		pulmonary embolism
PHEO		pheochromocytoma
PHN		post herpetic neuralgia

SmartPhrase

Name	Synonyms	SmartPhrase Text
PHP		panhypopituitary state
PITY		pityriasis rosea
PLF		plantar fasciitis
PMC		pseudomembranous colitis
PMP		post menopausal
PMR		Polymyalgia Rheumatica
PMS		premenstrual tension syndrome
PN		pneumonia
PNC		pilonidal cyst
POC		peri-orbital cellulitis
PROST		prostatitis
PSGN		post-streptococcal glomerulonephritis
PSOR		psoriasis
PSVT		paroxysmal supraventricular tachycardia
PTSD		post-traumatic stress disorder
PTX		pneumothorax
PUD		peptic ulcer disease
PVC		premature ventricular contractions
PVD		peripheral vascular disease
PYELO		pyelonephritis
RA		Rheumatoid Arthritis
RAS		renal artery stenosis
RBBB		right bundle branch block
RHF		Rheumatic Fever
RM		rhinitis medicamentosa
RP		retinitis pigmentosa
RSD		reflex sympathetic dystrophy
RSI		repetitive stress injury
RTA		retrotonsillar abscess
RVR		rapid ventricular response
SAD		social affective disorder
SAH		subarachnoid hemorrhage
SAR		seasonal allergic rhinitis
SBE		subacute bacterial endocarditis
SBO		small bowel obstruction
SCC		squamous cell carcinoma

SmartPhrase

Name	Synonyms	SmartPhrase Text
SCH		sub-conjunctival hemorrhage
SCOL		scoliosis
SD		seborrheic dermatitis
SDH		subdural hematoma
SEB		sebaceous cyst
SEXD		sexual dysfunction
SIN		sinusitis
SK		seborrheic keratosis
SKS		seborrheic keratoses
SKT		skin tags
SLE		systemic lupus erythematosus
SLL		spondylolysis / spondylolisthesis
SST		sickle cell trait
STD		sexually transmitted disease
SUH		subungual hematoma
SZ		seizure
TA		temporal arteritis
TACHY		tachycardia
TB		tuberculosis
TEH		thrombosed external hemorrhoid
TEND		tendonitis
TGA		transient global amnesia
THAL		thalassemia
TIA		transient ischemic attacks
TN		trigeminal neuralgia
TOS		thoracic outlet syndrome
TP		thrombocytopenia
TV		tinea versicolor
UC		Ulcerative Colitis
UCA		uterine cancer
UI		urinary incontinence
URET		urinary retention
USI		urinary stress incontinence
VB		viral bronchitis
VGE		viral gastroenteritis
VHD		valvular heart disease
VMEN		viral meningitis

SmartPhrase

Name	Synonyms	SmartPhrase Text
VMR		vasomotor rhinitis
VP		viral pharyngitis
VSD		venous stasis dermatitis
VU		viral upper respiratory infection
VV		varicose veins

SmartPhrase

Name	Synonyms	SmartPhrase Text
WCH		'white coat hypertension' with higher in-office readings than home readings
WPW		Wolff-Parkinson-White syndrome

blank

19

Scenario-Based SuperPhrases – Health Maintenance and Immunization

This short list of Phrases is helpful to nurses, MAs, and physicians for documenting current immunization and health maintenance status. There are some related SmartLinks you can review in Chapter 36, and many other nursing-related SuperPhrases throughout the book, particularly chapters 26 and 27.

Some examples in this chapter include **IMMBEHIND** (Immunizations are not up to date; parents requested to bring in shot records.) and **HM** (Health Maintenance reviewed - { :15237 }). *[This SmartList offers the most common health and disease screening procedures, such as pap, mammography, diabetic screening, etc.]*

The CC prefix in **CCHEALTHMAINTENANCE** refers to “chief complaint.” Several other “CC” phrases appear in Chapter 26 (Nursing and Telephone-Related SuperPhrases). Note also the use of Epic SmartLink **.HMLIST** in the **CCHEALTHMAINTENANCE** Phrase. (See Chapter 36 for a review of this and other important SmartLinks that nurses should master and use every day. Regarding health maintenance, note particularly the Epic SmartLinks **.IMM**, and **.IMS**.) The scenario-based Phrases for Health Maintenance and Immunization:

SmartPhrase Name	Synonyms	SmartPhrase Text
CCHEALTHMAINTENANCE	CCHM	HMLIST Health Maintenance Review {HM Review:11061}
HM		Health Maintenance reviewed - { :15237 }.
IMMBEHIND		Immunizations are not up to date; parents requested to bring in shot records.
IMMNOREC		Immunizations are not recorded on the chart, but parent states child is up to date. Parent requested to bring in shot records.
IMMOK		Chart reviewed: immunizations are up to date and documented.
IMMUN		Immunization status: { :15306 }.
TETANUS		Tetanus vaccination status reviewed: { :15746::tetanus re-vaccination not indicated }.
VACCINE		After obtaining informed consent, the immunization is given by ***.
VUTD		Vaccinations are up to date.

20

Scenario-Based SuperPhrases – Documenting Your Thought Processes in the Plan Section of a Progress Note

These Phrases are among my favorite and most commonly used, typically in the Plan section of a progress note. I mentioned many of these back in Chapter 2. We are not expected to be perfect in our work as physicians and nurses, but we are expected to live up to the community standard and always to apply our knowledge and experience to arrive at the safest, highest quality medical and nursing decisions. These Phrases will help you easily express your thought processes in arriving at these often tough

conclusions. A good example is **CONSIDER** (I have given due consideration to the possibility of ***, but I feel that diagnosis is unlikely, based on a careful history and physical examination.) You'll find plenty of occasions to use other similar Phrases, such as **AGREE**, **ALERT**, and **AVOID**, as well.

I think you'll find these valuable and will recommend this chapter to others. Every user should become familiar with some of these, as fits his or her personal style.

SmartPhrase Name	Synonyms	SmartPhrase Text
AGREE		The patient indicates understanding of these issues and agrees with the plan.
AHA		A copy of the American Heart Association low cholesterol diet is provided, and the diet is discussed with the patient.
ALERT		I have asked the patient to be on the alert for new or increasing symptoms such as *** and to call directly if such should occur.
AVOID		The patient is advised to reduce or avoid {:15122}.
AVSGIVEN		An After Visit Summary was printed and given to the patient.
BRAT		The 'BRAT' diet is suggested, then progress to diet as tolerated as symptoms abate. Call if bloody stools, persistent diarrhea, vomiting, fever or abdominal pain.
CHOLDIET		A low fat, low cholesterol is discussed with the patient, and a written copy is given to HIM .
COMPLIANCE	COMPLIANT COMPLY NONCOMPLIANT NONCOMPLY	There have been some probable {:15310} compliance issues here. I have discussed with HIM the great importance of following the treatment plan exactly as directed in order to achieve a good medical outcome.
CONGRATS		CAPHE is heartily congratulated on an excellent job with lifestyle changes and successful management of their medical conditions.
CONSENT		This procedure has been fully reviewed with the patient and written informed consent has been obtained.

SmartPhrase Name	Synonyms	SmartPhrase Text
CONSIDER		I have given due consideration to the possibility of ***, but I feel that diagnosis is unlikely based on a careful history and physical examination.
CONTINUE		The current medical regimen is effective; continue present plan and medications.
CRUTCHES		I have given crutches to the patient, adjusted them and provided complete instructions on safe use.
DECLINED		I have recommended that this patient have a {15376} but HE declines at this time. I have discussed the risks and benefits of this procedure with HIM . The patient verbalizes understanding.
DIET		The patient is asked to make an attempt to improve diet and exercise patterns to aid in medical management of this problem.
DISAGREE		The patient is not in agreement with the proposed medical treatment plan for the following reasons: {11743}.
DISC		Discussed with the patient and all questioned fully answered. CAPHE will call me if any problems arise.
EXCUSE		CAPHE is given a note for {excuse:15707::excuse from work}.
EXP	EXPLAIN	This has been fully explained to the patient, who indicates understanding.
FURTHER		Further workup and treatment could be done if symptoms persist, worsen or new related symptoms occur. The patient will call in that eventuality.
HBPM	MONITORBP	Patient is asked to monitor BP at home or work, several times per month and return with written values at next office visit.
HEAT		The patient is advised to apply heat intermittently (avoid sleeping on heating pad).
HRTRISK		This woman has a *** year history of HRT exposure with new study data showing increased risk of thrombo-embolic events such as myocardial infarction stroke and breast cancer after 4 or more years exposure to combination products with estrogen and progesterone. She has concerns about continued use of hormonal replacement therapy, and understands the benefits as well as the risks discussed above. She is advised that she may wish to discontinue the HRT at any time, and encouraged to discuss this with her other physicians also. Her personal risk factors have been reviewed carefully with her today.
HS		Apply heat to the sinuses to relieve congestion and discomfort.
ICE		The patient is advised to apply ice or cold packs intermittently as needed to relieve pain.
IFP		If these abnormal clinical findings persist, appropriate workup will be completed. The patient understands that follow up is required to elucidate the situation.
ISP		if symptoms persist or worsen.
KU		Keep up the great work!
LONGDIS		We had a prolonged discussion about these complex clinical issues and went over the various important aspects to consider. All questions were answered.

SmartPhrase Name	Synonyms	SmartPhrase Text
MGMORD		A mammogram has been ordered; the patient has been advised to schedule a breast exam prior to the test.
MULTI		The patient is stable with multi-system diseases as per history noted above.
NEXT		I asked that the patient see me for an immediate exam if there is another episode of this problem.
OBSERVE		The patient will observe these symptoms, and report promptly any worsening or unexpected persistence. If well, may return prn.
OTC		Symptomatic therapy suggested: gargle for sore throat, use mist at bedside for congestion. Apply facial warm packs for sinus pain. May use {15012} prn.
PRN		Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.
QSM		The patient is sincerely urged to quit smoking. The numerous direct health benefits are discussed. If HE decides to quit, there are a number of helpful adjunctive aids, and HE can see me to discuss nicotine replacement therapy and Zyban anytime in the future.
REASS		The patient is reassured that these symptoms do not appear to represent a serious or threatening condition.
RECHECK		The patient is asked to return in ***.
REFUSED		I have recommended that this patient have a {15376} but HE declines at this time. I have discussed the risks and benefits of this examination with HIM . The patient verbalizes understanding.
RICE		Apply a compressive ACE bandage. Rest and elevate the affected painful area. Apply cold compresses intermittently as needed. As pain recedes, begin normal activities slowly as tolerated. Call if symptoms persist.
SOAK		Advised to apply warm soaks several times daily until resolution.
SPOKE		I spoke with the patient about this.
TIME		There are other unrelated non-urgent complaints, but due to the busy schedule and the amount of time I've already spent with HIM , time does not permit me to address these routine issues at today's visit. I've requested another appointment to review these additional issues.
TRANSFUSE	TRANSFUSION	Will arrange type, crossmatch and transfusion of 2 Units packed RBC's with 40 mg Lasix IV between units.
TSE		Testicular self exam taught.
VAP		vaporizer prn for cough and congestion
VDX		See Visit Diagnosis below.
WCH		white coat hypertension with higher in-office readings than home readings
WORK		The patient is given a work excuse note for *** days.

21

Scenario-Based SuperPhrases – Common Administrative and In Basket Situations

Here are some scenario-based Phrases geared toward common administrative workflows, such as In Basket communication, telephone calls and patient letters, lab communication, etc. Although this grouping may seem to be a “hodge-podge,” these Phrases are really quite handy. You'll want to read through them to pick out those particularly relevant to your personal work-

flows. Examples: **COVER** (I am covering for *** who is away from the office today.), **LABNL** (I have reviewed all lab results, which are normal or stable. Please inform the patient.), **REDRAW** (A repeat specimen is required on this patient to complete requested lab work. The patient was asked to return to the lab for a redraw and plans to come in shortly.)

SmartPhrase Name	Synonyms	SmartPhrase Text
CHART		Paper chart requested.
CHOLLET		A written copy of a low fat, low cholesterol diet is included with this letter.
CHOLTEL		The cholesterol is elevated - see lab result. Send the patient a copy of the test result with a written copy of a low fat, low cholesterol diet. Repeat test in 6-12 months.
COPY		CAPHE is given a copy of HIS test results.
COURIER		SEND BLOOD SAMPLE BY COURIER; URGENT TO HAVE RESULTS WITHIN 2-3 HOURS MAXIMUM.
COVER		(I am covering for *** who is away from the office today.)
DICT		This office note has been dictated.
DOUBT		I doubt this issue is of clinical significance but will follow over time.
EC		EpicCare
EMR		electronic medical record
ERROR		A user error has taken place: {Error:15308}.
EXPIREDORDER		This patient's order for *** has expired. Please reorder within EpicCare, if you want *** to continue.
INB		InBasket
INFORM		Please inform the patient.
LABABNL		I have reviewed all the lab results. There are some abnormalities that are not critical to the patient's health, but I would like to discuss these in person at an office appointment. Please ask HIM to schedule a follow up visit with me at HIS convenience.
LABMINOR	LABSTABLE	I note some minor lab abnormalities that have been stable over time, these are of doubtful clinical significance; ***.

SmartPhrase Name	Synonyms	SmartPhrase Text
LABNL		I have reviewed all lab results which are normal or stable. Please inform the patient.
LEFT		The patient left the office before the visit was finished.
LETTERSENT	SENTLETTER	I have been unable to reach this patient by phone. A letter is being sent to the last known home address.
LOWFAT		The cholesterol is elevated. CAPHE should follow a low fat, low cholesterol diet. Repeat test in 6-12 months.
MAKEAPPT		Make a return appointment in about *** to { :15323 }.
NOSHOW		Patient no-showed today's appointment; { :15354 }.
NOTHOME		I have attempted to contact this patient by telephone, but there is no answer repeatedly. I will continue to try later.
NOTIFY		The patient has been notified of this information and all questions answered.
ORDERED		I have already ordered this as a future order in the computer.
PARTIAL		This office visit was only partially documented in the computerized patient record as the provider is just learning to use this electronic medical record. Please refer to paper chart for additional information such as orders and charting. It may be necessary for the reader to review both the paper and the computerized patient record for this visit.
PLEASURE		It was a pleasure to see you in the office the other day.
REDRAW		A repeat specimen is required on this patient to complete requested lab work. The patient was asked to return to the lab for a redraw, and plans to come in shortly.
REFLEX		These additional reflex lab studies are requested on an existing specimen at the lab. If there is not enough remaining serum to perform this extra test, PLEASE NOTIFY THE ORDERING PROVIDER so a re-draw can be arranged.
REM		The patient's paper medical record is not available during this visit. It has been removed from this office and cannot be located.
RPTLAB		I'd like to repeat the lab tests in ***.
SEE		See the written copy of this report in the patient's paper medical record. These results did not interface directly into the electronic medical record and are summarized here.
SEEPN		See progress note.
STAT		STAT Please page ME with results at ***
UNABLE		I have been unable to reach this patient by phone. A letter is being sent.
WAIT		I have reviewed these results and action can wait until the ordering provider returns.

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Scenario-Based SuperPhrases – Office-Visit History and Physical

Taken as a group, these Phrases are hard to categorize, but they are shortcuts for common documentation during history-taking in a typical ambulatory office visit (a few apply to the physical exam phase). They don't fall into NEG/NEX or POS/PEX categorization but are everyday workflows, nevertheless. Any nurse or physician will benefit from learning and using some of them. Examples: **BPHOME** (to document a patient's home blood pressure readings: The home BP readings have been in the ***'s / ***'s range.), **HEALTHY** (The patient has been in otherwise good general health in the past – certainly a common scenario when documenting HPI), **SXRX** (Symptomatic therapy suggested: { :15521 }).

Two Phrases beginning with the prefix **PREOP** were written for those common preoperative examinations

when the patient is diabetic or on anticoagulation. They offer relevant choices for managing these conditions in the perioperative period. Another really useful phrase, **CVRISK**, lets you document the patient's cardiovascular risk factor status. I recommend it highly, specifically as a comment on the Problem List for any cardiovascular disease, such as hypertension or hyperlipidemia. It allows you to easily evaluate lipids response to therapy as you review InBasket results; and you can leverage the SmartLink **PROBL**, which will bring in the remarks you've made on the Problem List via **CVRISK**. Try it – you'll like it! All these scenario-based Phrases lack consistent prefixes but can be learned. And they help you save keystrokes day after day.

SmartPhrase Name	Synonyms	SmartPhrase Text
ACCO		Glucometer reading done in office today is ***.
ACCOMPANY	COMPANION	This patient is accompanied in the office by HIS { :15061 }.
ACCU	ACCH	Glucometer readings at home are running ***.
ACQ		The patient is here for a get acquainted visit. I have reviewed the patient's medical history in detail and updated the computerized patient record.
ALONE		CAPHE is here alone today, no family members or companions are here with HIM .
ALSO		Also, HE has additional complaints of ***.
AO		Patient is alert and oriented times three.
APPEARANCE		Appearance: { :15021 }.
ARRIVED		The patient arrived by { :15709::private car } and is { :15710::alone }.
AZ		The patient has been a resident of Arizona since ***.
BIRTHCONTROL	FAMILYPLANNING FAMPLAN	The current method of family planning is { :15051 }.
BPBOR	BORBP	Blood pressure is noted to be borderline elevated today, but normal in the past.

SmartPhrase Name	Synonyms	SmartPhrase Text
BPHOME	HOME BP	The home BP readings have been in the ***'s / ***'s range.
BROUGHT	CHILD	The patient is brought to the clinic by HIS {:15061}.
CBS		cough with bloody sputum
CCHM	CCHEALTHMAINTENANCE	HMLIST Health Maintenance Review {HM Review:11061}
CCS		cough with clear sputum
CGS		cough with green sputum
CHAP		Examination chaperoned by ME .
CNOS		cough with no sputum
CNP		non-productive cough without dyspnea, wheezing or hemoptysis
COURSE	ILLNESS ONSET SYMPTOMS	Symptom onset has been {:15708} for a time period of *** {:15003}. Severity is described as {:15014}. Course of HIS symptoms over time is {:15708}.
CPCS		cough productive of clear sputum without dyspnea, wheezing or hemoptysis
CPGS		cough productive of sputum described as greenish, without dyspnea, wheezing or hemoptysis
CPYS		cough productive of sputum described as yellow without dyspnea, wheezing or hemoptysis
CVRISK		Patient's cardiovascular risk history includes: {:15734}
ETOH		The patient states HE drinks *** per week.
EXSM		The patient is an ex-smoker, having quit *** years ago.
FCH		The patient has had fevers to *** degrees with chills and myalgias.
FEVER		CAPHE has had fever described as {:15004}.
FH		The patient has a family history of
GER		gastro-esophageal reflux symptoms
GUAIAAC	GUIAC	stool is hemoccult negative
HEALTHY		The patient has been in otherwise good general health in the past.
HRTCT		continuous hormonal replacement therapy with low dose progesterone
HRTCY		cyclical hormonal replacement therapy
HRTMED		She is taking {:15060}.
HX		The patient has a history of
HXFROM	HISTORYFROM	History obtained from {:10783}.
ILL		feeling ill for *** {:15003::days}
INI		Initially, HIS symptoms were ***, and subsequently developed ***.
KNOWN		who is well known to me from previous visits
LAC		laceration of the ***
LEGMEASURE		Leg measurements: right calf *** cm below knee is *** cm girth; left calf ** cm below knee is *** cm girth.

SmartPhrase Name	Synonyms	SmartPhrase Text
LESION		Lesion on *** with patient's observations stated as { :15422}, exam of this area shows { :15286}.
LIVESWITH	LIVING	Living arrangements - the patient { :15711}.
LOM		The left tympanic membrane is red, dull and has decreased mobility. The right is normal.
LUMP		lump in the *** for ***
MASS		A mass of size *** cm is felt in the ***.
MMM		Mucous membranes are moist.
MST		Bilateral mild maxillary sinus tenderness is present.
NEW		new to my practice
NFCH		The patient denies fever or chills.
NFH		The patient denies a family history of
NHO		The patient denies a history of
NHOI		The patient denies a history of injury to this area.
NHS		No hepatosplenomegaly noted on exam.
NOEXAM		Not otherwise examined today.
NOI		The patient reports no other associated injuries.
NORELIEF		CAPHE is unable to obtain relief from these symptoms with any medications HE has tried.
NPC		Nasal exam reveals pallor and congestion.
NPIO		no palpable internal organs
NSM		CAPHE is a non-smoker.
NUMB		numbness in the *** for ***
PAIN		pain in the *** for ***
POSITIONAL	PSTN	positional changes such as { :15762}
PPP		Peripheral pulses are palpable.
PPW		The patient presents with
PREOPCOUMADIN	PREOPANTICOAGULATION	CAPHE is on coumadin. The latest available lab result is LASTINR CAPHE is advised to { :11066}.
PREOPDIABETES	PREOPDIABETIC PREOPDM	HGA1C is indicated if the Hemoglobin A1C is consistently elevated, and if the patient has not had one drawn in the last three months. The latest value available is LASTHBA1C Regarding pre-operative diabetic medications HE is also advised to {med instruct:11065}.
RASH		rash on the *** for *** days.
RELIEF		The patient is able to obtain temporary relief with ***.
REV		I have reviewed the patient's medical history in detail and updated the computerized patient record.
REVNEG		I have reviewed the patient's medical history in detail; there are no changes to the history as noted in the electronic medical record.

SmartPhrase Name	Synonyms	SmartPhrase Text
SM		The patient smokes *** packs per day.
STERI		Steri strips are applied.
STRESS		CAPHE reports being under a lot of stress lately.
SXR		Symptomatic therapy suggested: {15521}.
TAH		She is status post TAH/BSO.
TAPER		taper to the lowest effective maintenance dose
VH		Voice is noted to be hoarse.
WELL		CAPHE appears well, in no apparent distress. Alert and oriented times three, pleasant and cooperative. Vital signs are as documented in vital signs section.
XR		A ***Chest X-Ray was ordered. My reading of this film is ***. (No comparison films available: pending review by Radiologist.)

Part 4

Workflow-Oriented SuperPhrases for Medications, Nursing, Specialties, and Procedures

Introduction

Many SuperPhrases fit into more than one category. Medication-related Phrases range from instructions about specific drugs with prefixes and synonyms (**DRUGACCUTANE** and **ACCUTANE**), to Smart-SIG Phrases (for filling out Order Detail of a SIG, such as **BID10**), to Phrases built for drug-related scenarios in your progress note (such as **BB** for beta-blocker and **CCB** for calcium-channel blocker). Some of these Phrases have prefixes and others do not; yet they relate to similar workflows, so I have grouped them in Part 4.

Part 4 includes Phrases written for the specialties of Pediatrics, Orthopedics, Obstetrics, Genetics, and

Urology—though all the general Phrases are, in most cases, equally applicable to primary care and specialty care (no one “owns” **AAA** [abdominal aortic aneurysm], for instance, or **CAD** [coronary artery disease]). Many Nursing workflows are found in chapters 26, and 27 (and throughout Part 3, especially in Chapter 19).

In addition, this section contains Phrases relating to procedures: names of procedures (**ECHO**, **UGI**, etc.) and documenting the completion of procedures (PROC prefixes, such as **PROCFLEXSIG** and **PROCARTHROCENTESIS**).

Section A

Medication-Related SuperPhrases

The next three chapters contain SmartPhrases for documenting workflows related to pharmaceuticals. The chapters are separated into Phrases about specific drugs (Chapter 23), Phrases for writing SIGs (Chapter 24), and scenario-based medication Phrases (Chapter 25).

23

DRUG-Related SuperPhrases – Documenting Instructions and Side-Effects to Patients

The DRUG Phrases of this chapter provide excellent documentation of some of the more recent, more common, or more side-effect-prone medications, and of some drugs that just require a lot of discussion with the patient before prescribing. They are really Instruction Phrases (Chapter 9) specifically about drugs. They have consistent synonyms: each is available as “**DRUG**(drugname)” and as “(drugname),” alone (e.g., **DRUGACUTANE** is the same as **ACUTANE**). These Phrases serve two purposes. They can be left in the chart as documentation of patient discussion, and they can serve as alerts to the physician, supplying information like correct dose or the specifics to give the patient about that drug. For example, **GLUCOPHAGE** discusses briefly the signs/symptoms of lactic acidosis and prompts you to remind the patient to stop the drug before and after contrast procedures and surgeries—something you might easily forget to do, otherwise.

Sometimes the Phrase is a drug category, such as **DRUGSSRI** (same as **SSRIDRUG**), **DRUGTRIP-TAN** (same as **TRIPTANDRUG**), or **DRUGSTATIN** (same as **STATINDRUG**). This allows use of the same Phrase for any drug in that category. Though for most other prefixed Phrases I recommend typing the prefix first (**NEX. . .** or **CV. . .**), for the DRUG Phrases it’s faster and easier just to type the name of the drug

without the prefix “DRUG.” The DRUG prefix was created so that all DRUG Phrases could be viewed in one place in the Phrase Finder.

You will find a number of trade names and some generics. I tried to pick Phrase names that would be easy to remember. So **LOVENOX** was built, not enoxaparin. Note that the drug Fosamax has a synonym purposefully misspelled as “Fossamax.” That is to eliminate the frustration of not knowing the correct spelling and so not finding the Phrase you want. (Now tell the truth, you didn’t know how to spell it either, right? It’s OK, I won’t tell a soul.) The same for Lovenox and Lovanox. You may find this technique useful in other areas of your work. Add synonyms of other misspellings you “commit.” In my personal Phrase file (i.e., not in the System File, and certainly not in the SuperPhrase file) I use misspelled Phrases such as “RPN,” which I sometimes mistype for “PRN,” a common Phrase I use. I got tired of misspelling, then backspacing and re-typing. I didn’t get mad. I got even.

As always, specialists may want to write their own “DRUG” Phrases to suit their practices. Learn the concept. Apply it to eliminate repetition anywhere you can!

The DRUG Phrases follow.

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGACUTANE	ACCUTANE	<p>Accutane is discussed fully with the patient. It is a very effective drug to treat acne vulgaris but has many significant side effects. Chief among these are teratogenesis, hepatic injury, dyslipidemia and severe drying of the mucous membranes. All of these issues have been discussed in details. Monthly blood tests to monitor lipids and liver functions will be necessary. Expect painful dryness and/or fissuring around the lips, eyes, and other moist areas of the body. Balms may be protective. Contact lens may be too painful to wear temporarily while on this drug. Episodes of significant depression have been reported, including suicidal ideation and attempts in rare cases. It may also cause pseudotumor cerebri and hyperostosis. The patient will report any such changes in mood, depressive symptoms or suicidal thoughts, headaches, joint or bone pains.</p> <p>Female patients MUST use two simultaneous methods of family planning. Accutane is Category X for pregnancy, meaning it will cause fetal teratogenic malformations, and pregnancy MUST be avoided while on this drug.</p> <p>The dose is 0.5-1 mg per kg in two divided doses for 15-20 weeks.</p> <p>After discussion of these important issues, HE indicates complete understanding of all of the above, and {15283::does} wish to proceed with accutane therapy.</p>
DRUGACETAMINOPHEN	ACETAMINOPHEN	<p>The maximum daily dose of acetaminophen was discussed with the patient. CAPHE was encouraged not to exceed 4,000 mg of acetaminophen during a 24 hour period and was asked to keep in mind that acetaminophen can also be found in many over-the-counter cold medications as well as narcotics that may be given for pain. The patient expresses understanding of these issues and questions were answered.</p>
DRUGACTONEL	ACTONEL	<p>Instructions on Actonel use and side effects—particularly esophageal adverse events—are carefully reviewed with HIM. This drug must be taken upon arising for the day on an empty stomach, with a large 6-8 ounce glass of water; HE must remain NPO in the upright position for at least 30 minutes afterwards and until after the first food of the day. If esophageal irritation is noted, HE will stop the drug and call my office.</p>
DRUGACTOS	ACTOS	<p>Actos may rarely cause liver damage; liver function tests are required prior to initiation and periodically thereafter; patient is asked to immediately report any unusual upper abdominal pain, nausea or vomiting or jaundice. Fluid retention may also occur; observe for weight gain or edema.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGALLOPURINOL	ALLOPURINOL	Discussed gout prevention: HE has enough attacks to merit prophylaxis with Allopurinol. The possibility of recurrent gout while lowering the uric acid is explained; temporarily colchicine will be needed to prevent acute gout for 3 months. Will build up to 300 mg daily allopurinol, maintain high fluid intake and low purine diet. Long term use and side effect profile discussed. The patient indicates understanding of these issues and agrees with the plan. See 3 months.
DRUGAVANDIA	AVANDIA	Avandia may rarely cause liver damage; liver function tests are required prior to initiation and periodically thereafter; patient is asked to immediately report any unusual upper abdominal pain, nausea or vomiting or jaundice. Fluid retention may also occur; observe for weight gain or edema.
DRUGBCP	DRUGOCP INBCP INOC	The use of the oral contraceptive has been fully discussed with the patient. This includes the proper method to initiate (i.e. Sunday start after next normal menstrual onset) and continue the pills, the need for regular compliance to ensure adequate contraceptive effect, the physiology which make the pill effective, the instructions for what to do in event of a missed pill, and warnings about anticipated minor side effects such as breakthrough spotting, nausea, breast tenderness, weight changes, acne, headaches, etc. She has been told of the more serious potential side effects such as MI, stroke, and deep vein thrombosis, all of which are very unlikely. She has been asked to report any signs of such serious problems immediately. She should back up the pill with a condom during any cycle in which antibiotics are prescribed, and during the first cycle as well. The need for additional protection, such as a condom, to prevent exposure to sexually transmitted diseases has also been discussed- the patient has been clearly reminded that OCP's cannot protect her against diseases such as HIV and others. She understands and wishes to take the medication as prescribed.
DRUGCOUMADIN	COUMADIN	A full discussion of the nature of anticoagulants has been carried out. A benefit risk analysis has been presented to the patient, so that they understand the justification for choosing anticoagulation at this time. The need for frequent and regular monitoring, precise dosage adjustment and compliance is stressed. Side effects of potential bleeding are discussed. The patient should avoid any OTC items containing aspirin or ibuprofen, and should avoid great swings in general diet. Avoid alcohol consumption. Call if any signs of abnormal bleeding. Next PT/INR test in ***; telephone follow up thereafter.
DRUGDRYSOL	DRYSOL	CAPHE is given a prescription for Drysol to control hyperhidrosis; apply onto sweaty areas such as axillary, soles or palms at bedtime once daily until sweating is controlled, then use 1-2 times weekly prn. Wash off in AM. Stop using this product if any skin irritation develops.

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGFOSAMAX	DRUGFOSSAMAX FOSAMAX FOSSAMAX	Instructions on Fosamax use and side effects - particularly esophageal adverse events - are carefully reviewed with HIM . This drug must be taken upon arising for the day on an empty stomach, with a large 6-8 ounce glass of water; HE must remain NPO in the upright position for at least 30 minutes afterwards and until after the first food of the day. If esophageal irritation is noted, HE will stop the drug and call my office.
DRUGGLUCOPHAGE	GLUCOPHAGE	The use and side effects of glucophage are discussed, particularly the incidence of lactic acidosis. The symptoms of this are weakness, trouble breathing, muscle pain. The patient agrees to avoid all alcohol, especially binge drinking; the need to discontinue the drug for 2 days before and 2 days after any contrast Xrays is discussed; and before any major surgical procedures. The drug must be stopped in the event of acute heart disease or kidney problems. The commonest side effects such as bloating, diarrhea, gaseousness and nausea are discussed. Hypoglycemia is unlikely, but is discussed as well. We'll start at 500 mg BID, and titrate upwards depending on the patient's response. Renal and hepatic functions will be tested prior to starting this drug and periodically thereafter.
DRUGHYTRIN	HYTRIN	The potential side effects of drowsiness and fatigue, and orthostatic dizziness are discussed. Patient starter pack will be given for initial dosing of 1 mg at bedtime x 3 nights. Call if any problems with these occur.
DRUGINSULIN	ININSULIN INSULIN	The use of daily insulin injections, need for home glucose monitoring regularly, (especially initially and when changing dose increasing checks to tid-qid), and symptoms of potential hypoglycemia are discussed. To increase dose by 2 units every few days until fasting glucose is around *** and then call. Patient is referred urgently to the diabetic educator for teaching injections, and when that is completed, can start *** units of { :15377 } insulin once daily in the morning with breakfast. Sick Day rules are reviewed.
DRUGIRON	IRON	The side effects of iron are discussed, primarily GI in type, such as cramping, constipation, black stools. Start with low dose of ferrous sulfate 325 mgm once daily, and if tolerated, increase dose to 2-3 tabs daily.
DRUGLAMISIL	LAMISIL	We discussed using Lamisil for onychomycosis. This drug offers a fairly high but not universal cure rate. A 12 week treatment course is recommended. The patient is aware that rare cases of liver injury have been reported; and agrees to come in for liver function tests at 6 weeks of treatment. The symptoms of liver disease have been discussed; call if such occurs. In addition, some insurance plans do not cover the expense of this drug for treating a cosmetic condition, and the patient understands they may have to pay for the medication. Other side effects, such as headaches and rashes, have also been discussed.

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGLOVENOX	LOVANOX LOVENOX	Lovenox protocol will be initiated as out-patient. No contraindications, patient is able to understand regimen and carry out injections. Home Health will teach technique after initial office dose, and monitor progress and daily INR/CBC. Initiate at 1 mg per kg Sub-Q BID x 5-7 days until INR stable. Coumadin instructions given. No alcohol or aspirin or NSAID's. Patient warned about abnormal bleeding, progressive DVT symptoms, or appearance of sudden dyspnea or chest pain to suggest pulmonary embolism.
DRUGMERIDIA	MERIDIA	The use of Meridia is discussed. The BMI must be over 30% above normal. The patient must be monitored closely for the development of hypertension, a reversible side effect of this drug. Other side effects such as headaches and nausea are reviewed. Therapy can be given for a total course of 6-12 months if a 5 lb weight loss is achieved in the first 4 weeks of treatment.
DRUGNIACIN	NIACIN	Niacin is discussed with HIM fully. The patient is informed that this drug often have significant side effects that require the dose to be slowly built up to effective levels; many persons cannot continue the drug due to side effects, but it is very effective if the side effects are tolerable. Flushing, itching and feeling hot will likely occur after dosing, especially with higher doses. This can be eliminated or reduced by taking an aspirin 30minutes before the niacin. If these side effects occur and are not tolerable, the drug will be discontinued. CAPHE may use either the immediate release 50 mg tabs and up-titrate, or use the timed-release larger doses, both available OTC. The effective dose is between 1000 and 2000 mg per day. Hyperglycemia and abnormal LFT's may occur. Repeat lipids along with LFT's in 3 months.
DRUGNITRO	INNITRO NITRO	The proper use and anticipated side effects of nitroglycerine has been carefully explained. If a single episode of chest pain is not relieved by one tablet, the patient will try another within 5 minutes; and if this doesn't relieve the pain, the patient is instructed to call 911 for transportation to an emergency department.
DRUGNSAIDS	INNSAIDS NSAIDS	The patient was advised that NSAID-type medications have two very important potential side effects: gastrointestinal irritation including hemorrhage and renal injuries. CAPHE was asked to take the medication with food and to stop if HE experiences any GI upset. I asked HIM to call for vomiting, abdominal pain or black/bloody stools. The patient expresses understanding of these issues and questions were answered.
DRUGQUESTRAN	QUESTRAN	RX: Questran Light 1 scoop po bid : The patient is informed that this drug is non- systemic, and its side effects are limited to the gritty taste, and problems with the bowels such as bloating, gas and constipation. Call if these occur and are intolerable. A written pamphlet on recipes for use of this product has been provided. Begin with only 1 scoop daily for the first week or two, and then increase to 1 scoop bid. Repeat lipids 3 months.

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGSELSUN	SELSUN	Selsun shampoo 2.5% applied to areas with lesions, left on overnight, wash off the next morning; repeat weekly until clear; repeat monthly as prophylaxis. Call if lesions fail to clear.
DRUGSPORANOX	SPORANOX	We discussed using Sporanox PulsePak for onychomycosis. This drug offers a very high rate of cure, but is sometimes not covered by insurance and is quite expensive. The drug is taken 200 mg BID x 7 days, then 3 weeks off treatment; cycling over 3 months. It rarely has side effects at these doses, though rare cases of liver damage have occurred. Routine blood monitoring is not required. Certain drugs may not be taken with Sporanox; these include zocor, mevacor and halcion. The patient is ***not taking any of these drugs. After discussion, the patient wishes ***to proceed with Sporanox therapy.
DRUGSSRI	SSRIDRUG	I've explained to HIM that drugs of the SSRI class can have side effects such as weight gain, sexual dysfunction, insomnia, headache, nausea. These medications are generally effective at alleviating symptoms of anxiety and/or depression. Let me know if significant side effects do occur.
DRUGSTATIN	STATINDRUG	After discussion of the treatment of hyperlipidemia, a statin-drug is chosen; prescription for { :15258 } once daily is written. The patient is informed that this type of drug is usually highly effective to lower LDL cholesterol and is usually very well tolerated. However, statin-type drugs can potentially injure the liver. Blood tests will be required at regular intervals for the duration of therapy. Damage to the liver, if detected early, can be reversed by stopping the drug. Be alert for persistent nausea, abdominal pain, or yellow jaundice, and report such to me directly. Statin drugs may also cause skeletal muscle injury in rare cases. Be alert for pronounced persistent diffuse muscle pain and discontinue the drug immediately should such symptoms develop. Grapefruit juice may increase the blood levels and side effects of some HMG Co-A reductase inhibitors (Zocor, Lipitor and Mevacor but not Pravachol or Lescol). Patient is counseled in this regard.
DRUGTCA	TCADRUG	The use of this medication has been discussed in detail with this patient. I've discussed the spectrum of common side effects such as drowsiness, dry mouth, and initial daytime grogginess; and more rarely blurry vision, dizziness, constipation or trouble urinating. The medication should be taken before sleep, and an initial adjustment period is to be expected. The initial dose will be small to minimize side effects, and the onset of action may be slow, thus an increase in the dose may be required. I have described this process, and HE may increase to two tablets before sleep if not improving in one week, but should call me if a higher dose is felt necessary, or if there are problems with side-effects.

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGTRIPTAN	TRIPTANDRUG	<p>Drugs of the 'triptan' class are very effective for migraine treatment but can have significant side effects which are explained carefully to HIM. I have reviewed the contraindication with ischemic heart disease with the patient, and the patient and I agree that HIS risk of ischemic disease is very low and it is appropriate to use a triptan medication. If such risk factors change in the future HE will stop using the drug and let me know. Side effects such as transient chest or neck pain may occur, nausea, diarrhea, tingling, flushing are common. Re-dosing, if required, should be done once after a 2-hour interval.</p>
DRUGVIAGRA	VIAGRA	<p>The patient desires Viagra to treat his erectile dysfunction. History and physical exam has not disclosed any obvious treatable cause of this complaint. He is informed that Viagra is sometimes not covered by insurance. It is available on a fee-for-service cost basis, and is relatively expensive. He can start with 50 mg dose, and increase to 100 mg if necessary. The method of use 1 hour prior to anticipated intercourse is explained. He should not use any more than one tablet in a 24 hour period. The side effects of possible headache, flushing, dyspepsia and transient changes in vision have been explained. Samples are ***given.</p> <p>The patient is not taking nitrates, and denies he has access to nitrates in any form at any time. I have counseled him that taking Viagra with nitrates of any form can cause death. Additionally, Viagra serum concentrations can be increased by the following: cimetidine, erythromycin, itraconazole or ketoconazole. This patient does not take these drugs, but I have counseled him to avoid Viagra if he does take any of these.</p> <p>We have also discussed the fact that there have been some deaths in patients after taking Viagra, felt due to the exertion of intercourse rather than the drug itself. The patient is aware of this, and accepts whatever unknown degree of risk there is in this aspect.</p>
DRUGWELLBUTRIN	WELLBUTRIN	<p>Wellbutrin SR (bupropion) is prescribed as 150 mg BID. Start for the first few days at one pill daily in the morning; if no side effects, take the second pill around 2PM to avoid insomnia. Call if any persisting side effects.</p>
DRUGXENICAL	XENICAL	<p>I explained that Xenical induces moderate weight loss, and is not systemically absorbed. CAPHE must be on a careful long term low fat low calorie diet. It's side effects include passing fatty stools, rectal urgency, fecal staining, oily rectal discharge. Fat soluble vitamins A, D and E can become deficient, and HE should take supplemental vitamins with these at bedtime (2 hours before or after using Xenical). The dose is 120 mg with each meal containing fat, either during or up to 1 hour after meals. The drug is sometimes not covered by insurance and may be quite expensive.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
DRUGZOCOR	ZOCOR	<p>After discussion of the treatment of hyperlipidemia, a statin-drug is chosen; prescription for Zocor once daily with the evening meal is written. The patient is informed that this type of drug is usually highly effective to lower LDL cholesterol and is usually very well tolerated. However, statin-type drugs can potentially injure the liver. Blood tests will be required every 3 months for the first 6 months of therapy, and at 6-12 month intervals thereafter. Damage to the liver, if detected early, can be reversed by stopping the drug. Be alert for persistent nausea, abdominal pain, or yellow jaundice, and report such to me directly. Statin drugs may also cause skeletal muscle injury in rare cases. Be alert for pronounced persistent diffuse muscle pain and discontinue the drug immediately should such symptoms develop. Also, HE should avoid grapefruit juice while taking Zocor.</p>
DRUGZYBAN	ZYBAN	<p>Explained use and side effects of Zyban, such as insomnia, dizziness and dry mouth. Cost is sometimes not covered by insurance, but in the long term, the cost is negligible compared to continuing to smoke cigarettes. Take once daily x 3 days, then BID for 8-12 weeks. Try taking the first pill very early in the morning, and the second pill in early afternoon to avoid insomnia. Set a quit date for 1-2 weeks after starting. Will ask pharmacy to supply the information kit with the drug. Follow up with me to check on progress at quitting smoking.</p>

Smart-SIG SuperPhrases – Phrases for Order Detail for New Prescriptions

The prescribing-related Phrases in this chapter are intended for only one special purpose: they are to be used in the Order Detail portion of a new prescription for a medication. I refer to them as “Smart-SIG” Phrases. These Phrases populate the individual fields on the form—fields like SIG, amount, number of refills, and end-date (if any)—and can even automatically place a medication class to control printing or to indicate that samples were given.

Because most of your prescriptions come from your preference list, which presumably already has excellent and appropriate detail, you will not use these Phrases frequently, but they are very useful when needed. They are particularly good for pediatric dosing (e.g., teaspoons and half-teaspoons). The “caret” ^ character in the Phrase tells EpicCare to jump to the next grid box to enter the information (just as if you manually hit the **Tab** key). The letter “T” is used to indicate “today,” for a start date of “today” or an end-date of “today plus N days” (as in T+10, for an end-date ten days from today). After the end-date, that drug will be removed from the Current Medications list and main-

tained as a historical prescription. For example, the Smart-SIG Phrase **BID10** uses the structure 1TAB PO BID X 10 DAYS^20^0^T^T+10, which in EpicCare will print this: the SIG as shown, dispensing 20 tabs with zero refills, a start-date of today and an end-date 10 days from today.

You can customize these Phrases to place comments in the Comments field. You can use them to replace existing information for a defaulted drug or to write information where it is missing. To create SIG Phrases that add a medication class or comments, please speak to your implementation team.

Please note: at some point in the future your organization will switch order entry workflows to what is known as “Clinician Order Entry with discrete sigs” (also called “COE”). When discrete sigs are implemented in your organization, the Smart-SIG Phrases will be disabled. Thus, these Smart-SIG Phrases will, unfortunately, go the way of the dodo over the next two years.

The Smart-SIG Phrases are listed here:

SmartPhrase Name	Synonyms	SmartPhrase Text
BID		1TAB PO BID^60^12^t
BID10		1TAB PO BID X 10 DAYS^20^0^T^T+10
BID14		1TAB PO BID X 14 DAYS^28^0^T^T+14
BID7		1TAB PO BID X 7 DAYS^14^0^T^T+7
BIDPRN		1TAB PO BID PRN^30^2^T^T+30
CREAM		APPLY SPARINGLY TO RASH BID PRN^15^2^T^T+21
QD		1TAB PO ONE TIME DAILY^30^12^t
QD10		1TAB PO ONE TIME DAILY X 10 DAYS^10^0^T^T+10
QD14		1TAB PO ONE TIME DAILY X 14 DAYS^14^0^T^T+14
QD7		1TAB PO ONE TIME DAILY X 7 DAYS^7^0^T^T+7
QDHT		1TAB PO ONCE DAILY FOR HIGH BLOOD PRESSURE^30^12^T

SmartPhrase Name	Synonyms	SmartPhrase Text
QDPRN		1TAB PO ONCE DAILY PRN^30^2^T^T+45
QID		1TAB PO QID^120^12^T
QID10		1TAB PO QID X 10 DAYS^40^0^T^T+10
QID7		1TAB PO QID X 7 DAYS^28^0^T^T+7
QIDPRN		1-2TAB PO QID PRN 'PAIN'^30^1^T^T+15
TID		1TAB PO TID^90^12^T
TID10		1TAB PO TID X 10 DAYS^30^0^T^T+10
TID7		1TAB PO TID X 7 DAYS^21^0^T^T+7
TIDPRN		1TAB PO TID PRN^45^2^T^T+30
TSP5BID		1/2 TSP PO BID X 10 DAYS^50^0^T^T+10
TSP5QID		1/2 TSP PO QID X 10 DAYS^100^0^T^T+10
TSP5TID		1/2 TSP PO TID X 10 DAYS^75^0^T^T+10
TSPBID		1 TSP PO BID X 10 DAYS^100^0^T^T+10
TSPPRN		1-2 TSP PO QID PRN COUGH OR CONGESTION^120^0^T^T+7
TSPQID		1 TSP PO QID X 10 DAYS^200^0^T^T+10
TSPTID		1 TSP PO TID X 10 DAYS^150^0^T^T+10

Medication-Scenario SuperPhrases

Here are still more SmartPhrases dealing with medications. In this group you will see Phrases for use in medication-related documentation within a progress or telephone note. With these Phrases you can document common medication scenarios: discussion of side effects with your patient; notation that your patient has no noted side effects; documentation of some common refill situations (denial, approval); or mention of common drug names, such as tagamet (**TAG**), codeine (**COD**), or ibuprofen (**IBU**).

There are a few Phrases dealing with some of the more common herbals that patients take. You might

not use these in your practice, but I include them in the file because many patients take these preparations. If you are “into” alternative medicine, you’ll probably find these woefully inadequate and will want to create many more. Feel free to share them with me for inclusion in the next supplement to SuperPhrases.

These Phrases are applicable to any office or telephone workflow. They’re everyday shortcuts. Again, you may want to write your own to match your practice pattern. The high-frequency use goes without saying. Who would ever want to type this stuff?

SmartPhrase Name	Synonyms	SmartPhrase Text
AA		antacids
ABX		antibiotics
ACEI		ACE inhibitor
AD		antidepressant
AFQ		advanced fluoroquinolone antibiotic
AH		antihistamine
AHD		antihistamine/decongestant product
AMOX		Amoxicillin
ARB		angiotensin receptor blocker
BACKUPBCP	BACKUPOCP BCPBACKUP OCPBACKUP	Because of the slight increase in pregnancy risk, the patient is asked to back up her OCP with condom or other method during this (or any) cycle during which she is taking antibiotics.
BB		beta-blocker
BCP		birth control pills
BP5		benzoyl peroxide 5%
CCB		calcium channel blocker
CEPH		cephalosporin
COD		codeine

SmartPhrase Name	Synonyms	SmartPhrase Text
COHOSH	PRIMROSE	Evening primrose oil, vitamin E and black cohosh are OTC herbals which are probably safe and reasonably effective alternative treatments to HRT for estrogen deficiency symptoms, but are not known to prevent osteoporosis. She would like to try this.
CROSS		This patient has a history of remote allergy to Penicillins. I have informed the patient that there is roughly a 10% chance of a cross-reaction between the cephalosporin prescribed today and penicillin. The risk may well be lower, but is not zero. Observe carefully for any sign of rash, swelling or other reactions. Discontinue the medication immediately if such occurs, and call this office.
CSO		cortisporin otic
DECON		decongestant
DENY		The refill request for *** is denied because of clinical concerns. Have the patient make an appointment to review their use and/or need for this medication.
DIUR		diuretic
DP		Depo-Provera 150 mg IM q 3 months
EM		erythromycin
EST		extra-strength Tylenol 1-2 tabs po q4h prn
FEN		fenfluramine/phentermine ('fen/phen')
FQ		fluoroquinolone antibiotic
GRISEO		griseofulvin
HERBAL		CAPHE is taking various herbal and vitamin products, ***.
IBU	IB	ibuprofen
ICS	INH INHS IS	inhaled corticosteroids
INS		insulin
IVF	IV	Intravenous fluids were administered, { :15189 } *** ml's.
MTX		methotrexate
MUSR		muscle relaxants
NAP		naprosyn
NIS		nasal inhaled steroids
NOMEDS		The patient is currently on no regular medications.
NPH		NPH insulin
NRT		nicotine replacement therapy
NSA		NSAID's
NSE		CAPHE has not experienced any significant side effects of this medication.
NTF		nitrofurantoin
OCP		oral contraceptive pills
OINT		ointment

SmartPhrase Name	Synonyms	SmartPhrase Text
OTCMED		Patient is taking over the counter medications with {12621} relief.
PEN		Penicillin
PPI		proton pump inhibitor
PRED		prednisone
PROZ		Prozac
RCF		Robitussin CF OTC 1-2 teaspoon qid prn cough or congestion
REF	RF	refills
REFNO		Requested drug refills are denied.
REFOK		Requested drug refills are approved.
REFOKX		Requested drug refills are authorized, however, the patient needs further evaluation and/or laboratory testing before further refills are given. Ask HIM to make an appointment for this.
REFREQ		The patient called requesting a refills as indicated. Last date filled - ***. Pharmacy: ***.
RINS		regular insulin
RXINTERCHANGE		Patient converted from *** prescription, to *** prescription, per therapeutic interchange authorized by ***.
SAME		S-adenosylmethionine (SAME) is an OTC dietary supplement which is probably a safe and reasonably effective alternative treatment to NSAID's for osteoarthritis. CAPHE would like to try this.
SAMPLE		Samples of this drug were given to the patient.
SAW		Saw palmetto is an OTC herbal that is probably a safe and reasonably effective alternative treatment for BPH. CAPHE would like to try this.
SE		side effects
SED		Potential medication side effects were discussed with the patient; let me know if any occur.
SENT		I sent the Rx to the pharmacy.
SES		The potential side effects of this medication have been discussed with the patient. Call if any significant problems with these are experienced.
SPRX		Pharmacy: Please set the Spanish label flag for this patient.
STJOHNS		CAPHE asked about the use of St. John's wort; this herbal product probably has some antidepressive properties, however, due to it's significant food and drug interactions, I strongly recommend against its use.
SUD		Sudafed
SUPP		cough suppressant
SYN		Synthroid
TAG		Tagamet
TC3		Tylenol with Codeine #3, 1-2 tabs po q4h prn pain
TCA		tricyclic antidepressant
TCN		tetracycline
THEO		theophylline

SmartPhrase Name	Synonyms	SmartPhrase Text
TYL		Tylenol 1-2 tabs po q4h prn
VAN		Vancenase
VAQ		Vancenase AQ
VM		Vibramycin
ZAN		Zantac

Section B

Specialty-Related SuperPhrases

Nursing and Telephone-Related SuperPhrases

Nurses and medical assistants use EpicCare constantly throughout their day, whether for rooming adult or pediatric patients; reviewing immunization, hearing/vision and health maintenance parameters; performing nursing procedures in the office or at the hospital bedside (injections, IV therapy and IV line care, SVN, checking skin tests or urinalyses, etc.); documenting phone calls, medication refills and telephone advice; or educating patients. There are many Phrases designed to streamline documentation of each of these activities, in both outpatient and inpatient settings. There are plenty of synonyms, so whichever name is easier for you to remember works fine. You only need to remember one of them, but because different people think and remember in different ways, we add some redundancy so everyone can succeed. Many of the nursing Phrases have common prefixes (NSG, ADV, MSG, CALL, and others you'll see in this chapter), but several do not.

I emphasize that although this chapter dwells on nursing documentation, there are important Phrases for nurses throughout the book in every chapter. For example, if you are a pediatric nurse, you will find helpful Phrases in the chapter on pediatric care (Chapter 27). Every nurse or medical assistant could benefit from the health maintenance Phrases in Chapter 19, and nurses will find many useful SmartLinks in Part 5. Throughout Part 3 is a wealth of valuable Phrases to support everyday work.

This nursing chapter serves only to collate some of the more specific nursing Phrases. *So, nurses and medical assistants, please heed this plea: do not rely solely on this chapter for everything you might find useful. It is but a specific sampling.*

Nurses and medical assistants spend a large portion of their day on the telephone, and many Phrases are designed especially for these common situations. Unfortunately, you do get a lot of answering machines, busy signals, no answers, and even wrong numbers. I draw your attention to the CALL Phrases. These allow easy documentation of these “unsuccessful” phone calls, and **CALL**, alone, allows all the choices one needs.

A workflow used successfully in many practices is to use the SmartLink **PH** in the nurses' note section of every office visit. This brings up the patient's work and home telephone numbers. Hopefully, these numbers are correct. However, all too often the database feeding your demographic information lags behind telephone number changes as people move, change jobs, obtain cell phones, etc. The nurse or MA can enter **PH** and then ask the patient whether each number is still valid. Corrections can be made immediately, so current numbers will always be available in the most recent office visit. This has saved many nurses and physicians the headache of having only wrong phone numbers available!

Admittedly this group of Phrases has a “designed-by-committee” style, because they were, in fact, written over time by me and by many different nurses from different organizations. A few of the Phrases begin with “CC,” which means “chief complaint.” They are intended for medical assistants to use with specific workflows while rooming patients and entering their chief complaints.

Following here are the Nursing and Telephone-Related Phrases:

SmartPhrase Name	Synonyms	SmartPhrase Text
ADVCALL911	CALL911	Patient or caller informed: "If you believe that you are suffering from a life threatening condition or one that may result in the loss of limb or function, then you should call 911 or proceed to the nearest Emergency Department."
ADVCONJ	ADV PINK	The patient has history of matting and discharge from { :15317 } for *** days. These symptoms are consistent with conjunctivitis. Patient is instructed on hygiene for conjunctivitis: discard HIS own kleenex, avoid rubbing unaffected eye, wash hands frequently, change linens which become contaminated and call prn. Rx for *** per standard protocol. Call as needed.
ADVCPOX		Patient has progressive vesicular itchy rash typical of chicken pox for *** days. Parent is informed this child likely has chicken pox. The treatment protocol was reviewed, including tub soaks, avoiding sun exposure, prn benadryl and avoiding aspirin containing products. Call if has additional questions or further problems occur. Advice understood and accepted.
ADVDOC	ADVICE INSTRUCT	I have reviewed the provider's instructions with the patient, answering all questions to HIS satisfaction.
ADVFLU		Patient describes typical influenza symptoms; fever, achiness, coryza, cough, sore throat without shortness of breath for *** days. I have recommended the following symptomatic treatment for influenza: push fluids, use a vaporizer, use Tylenol or OTC NSAID's (Advil, Alleve etc) for fever or achiness, OTC cough suppressant/decongestants such as Robitussin CF and rest. The symptoms usually resolve in 4-6 days. Call if symptoms persist or develops new symptoms such as wheezing or shortness of breath.
ADVGAstro	ADVGE ADVVGE	The patient has diarrhea *** times per day for *** days, { :15700 } vomiting. No severe abdominal pain, high fevers or blood in stool. These symptoms are consistent with viral gastroenteritis. I have recommended { :15316 }. Advised to call back if worsening symptoms such as more than 6 stools per day, not voiding regularly, unable to take oral fluids, high fever, severe weakness or fainting, dry mucous membranes or other signs of dehydration, persisting or increasing abdominal pain, blood in stool or vomit, or failure to improve in 1-2 days.
ADVLBP		The patient complains of low back pain for *** days without numbness, pain or weakness in the legs. These symptoms are consistent with a lumbar strain. I have recommended rest, avoiding heavy lifting until better, use of intermittent heat (avoid sleeping on a heating pad), and use of OTC NSAID's (Advil, Alleve etc) or Tylenol prn for pain. Call back if back pain persists or HE develops leg symptoms.
ADVOTITISEXT	ADVOE	Patient describes pain in { :15318 } with tenderness to the touch; has been swimming. No fever or severe pain. Symptoms are consistent with external otitis. Rx for *** per standard protocol. Keep ears dry until better; call prn if symptoms persist or worsen.
ADVPAR		Parent voices understanding and acceptance of this advice and will call back if any further questions or concerns.
ADVPAT		CAPHE voices understanding and acceptance of this advice and will call back if any further questions or concerns.

SmartPhrase Name	Synonyms	SmartPhrase Text
ADVSINUS		The patient complains of congestion, post nasal drip, sinus pain and discolored thick nasal mucous with cough for *** days. These symptoms are consistent with sinusitis. Rx for *** per standard protocol. Apply heat to sinuses, increase fluids, call if not improving.
ADVTHRUSH		Instill 0.5 ml dropper of mycostatin liquid in each cheek and paint mouth and lips with Q-Tip four times a day.
ADVURI		The patient complains of nasal congestion, post nasal drip, sinus discomfort and sore throat. Has non-productive cough without dyspnea or wheezing. Symptoms are consistent an uncomplicated viral URI. Symptomatic therapy suggested: {OTC:15012}. Increase fluids, use vaporizer, stay in steamy bathroom tid 15 min prn severe cough, tylenol as needed, rest, avoid smoky areas. Follow up prn if not better in 72 hours.
BPCHILDCUFF		Blood pressure taken with child size cuff.
BPLARGECUFF		Blood pressure taken with large size cuff.
BPLYING		Blood pressure taken in lying position.
BPORTHORSTATIC		Orthostatic Blood Pressure: Blood pressure: lying ***, sitting ***, standing *** Pulse: lying ***, sitting ***, standing ***.
BPSITTING		Blood pressure taken in sitting position.
BPSTANDING		Blood pressure taken in standing position.
BPTHIGHCUFF		Blood pressure taken with thigh size cuff.
BURNDRESS		The burn is cleansed with sterile saline, and debrided. Silvadene, Telfa and Kling dressing are applied. Follow up visit *** days.
CALL		I have attempted to contact this patient by phone with the following results: {:15307}.
CALLBACK	CALLPRN	Advised to call back directly if there are further questions, or if these symptoms fail to improve as anticipated or worsen.
CALLBUSY	BUSY	I have attempted to contact this patient by phone, but line is busy. I will continue to try later.
CALLMSG		I left a message for the patient to return my call.
CALLNOANS	NOANS	I have attempted without success to contact this patient by phone to {:15250}.
CCHEALTHMAINTENANCE	CCHM	HMLIST Health Maintenance Review {HM Review:11061}
CCOBROOMING		SUBJECTIVE: The patient { :13259::has no unusual complaints}
CCPREOP		NAME presents for preop evaluation: Verify preop checklist: { YES/NO:10494} Surgeon : *** Type of surgery : *** Surgery site : *** (Continued on next page)

SmartPhrase Name	Synonyms	SmartPhrase Text
CCPREOP (Continued)		Date of procedure: *** Verified LMP: { YES/NO:10494} LASTWBC LASTHCT LASTHGB LASTPLT LASTCR LASTFBS ME TD NOW
CCROOMING	CCMA	History: {:10081::Patient} provided the following information: Duration: *** {duration:10041} Fever: {fever:15004} Treatments at home: {meds:11059} Ill contacts at home: { yes/no:10494}
CHECKALG		Provider, please review the patient's drug allergy history. Some issues need clarification.
DEPOPROVERA		Date last pap: ***. Last Depo-Provera: ***. Side Effects if any: ***. Serum HCG indicated? ***. Depo-Provera 150 mg IM given by: ***. Next appointment due ***.
DEPOPROVERACAUTION		Cautioned that if she had intercourse in the last two weeks she could be pregnant even though the test shows a negative result. Explained this could have a negative effect on the fetus. States she wants the injection anyway and does not want to wait. Injection of Depoprovera 150 mg IM given.
EABL	ABL	This patient has had an endometrial ablation. No LMP information is available.
IMMBEHIND		Immunizations are not up to date; parents requested to bring in shot records.
IMMNOREC		Immunizations are not recorded on the chart, but parent states child is up to date. Parent requested to bring in shot records.
IMMOK		Chart reviewed: immunizations are up to date and documented.
IMMUN		Immunization status: {:15306}.
MSG		Message left for patient to return my call.
MSGADVICE		Contact First and Last Name if other than the patient involved: *** Main reason for calling is: *** Stated description of problem: *** PH

SmartPhrase Name	Synonyms	SmartPhrase Text
MSGAPPT		Contact First and Last Name if other than the patient involved: *** Requests an appt. with: *** Preferred time: *** Reason for request: *** May leave message: {:32249} PH Best time to call back: ***
MSGFORM		Contact: First and Last Name if other than the patient involved: *** Requests a form for: *** If approved send to: *** Date needed by: *** May leave message: { :32249} PH Best time to all back is: ***
MSGGENERAL		Contact: First and Last Name if other than the patient involved: *** Main reason for the request: *** May leave message: { :32249} PH Best time to call back: ***
MSGMEDS	MSGMEDICATIONS	Contact: First and Last Name if other than the patient involved: *** Medication Name: *** Reason for request: *** May leave message: { :32249} PH Best time to call back: ***
MSGNOIMPROVEMENT	MSGNOTBETTER	Contact: First and Last Name if other than the patient involved: *** No improvement related to: *** Approximate date of onset: *** Current status: *** Would you consider this condition to have worsened: {Y/N:14489} May leave message: { :32249} PH Best time to call back: ***
MSGORDERREQUEST	MSGTESTREQUEST	Contact: First and Last Name if other than the patient involved: *** Requests an order for: *** Reason for request: *** Callback expected: {Y/N:14489} PH Best time to call back: ***
MSGREADINGS		Contact: First and Last Name if other than the patient involved: *** Type of readings: *** Who asked for these readings: *** Readings stated by the caller: *** Callback expected: {Y/N:14532} PH Best time to call back: ***

SmartPhrase Name	Synonyms	SmartPhrase Text
MSGREFERRAL		<p>Contact: First and Last Name if other than the patient involved: *** Referral department involved: *** Prior visit to specialty: {Y/N:14489} Main reason for the request: *** May leave message: { :32249}</p> <p>PH Best time to call back: ***</p>
MSGRESULTS		<p>Contact: First and Last Name if other than the patient involved: *** Type of result in question: *** Date specimen obtained: *** Main reason for the request: *** May leave message: { :32249}</p> <p>PH Best time to call back: ***</p>
NOTHOME		I have attempted to contact this patient by telephone, but there is no answer repeatedly. I will continue to try later.
NOTIFY		The patient has been notified of this information and all questions answered.
NSGADHDREFILL	ADHDREFILL	<p>Received request for refill of ADHD Medication.</p> <p>PCP CMED Last refill date of { :12039} Medication: # dispensed: *** # days of med left: *** To be picked up at *** pharmacy.</p> <p>Does FNAME seem to have any problems with moodiness, appetite, weight loss, or sleep? { :14489} Any complaints by FNAME about taking the medications? { :14489} When was HE last examined for ADHD? *** Who is HE seeing for his ADHD symptoms? *** When is HIS next appointment due? ***</p> <p>Rx request routed to Dr. *** for signature.</p>
NSGADVONCOLOGY		<p>Advised patient to call oncology clinic during office hours or advice line after hours for concerns or if symptoms occur requiring attention. Patient also advised to refer to patient instructions given at the start of chemotherapy for symptom self-management advice.</p>
NSGCHEMOMIX	CHEMOMIX	<p>Patient NAME, AGE SEX with diagnosis *** Approval given to mix {Common Chemo Drugs :32391} chemotherapy for: Cycle { :11357}, Week { :11357}, Day, { :11357} as ordered on *** by Dr. ***.</p> <p>BSAE All parameters met. { :14489} Dose modification of: ***.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
NSGCHEMOVISIT	CHEMOVISITNSG	<p>Patient NAME, AGE SEX is here for chemotherapy infusion of: {Common Chemo Drugs :32391}</p> <p>Cycle: { :11357}, Week: { :11357}, Day: { :11357}</p> <p>S: ***</p> <p>O:</p> <p>LASTCBC</p> <p>LASTANC</p> <p>LASTBP(1)</p> <p>Additional diagnostic tests: ***</p> <p>A: DX ***</p> <p>Meets parameters to proceed with treatment.</p> <p>P: Time: ***</p> <p>IV device: ***</p> <p>IV therapy site and patency: { :14275}</p> <p>IV Fluid given: { :15189}</p> <p>Premeds given: ***</p> <p>Chemotherapy administered starting at: ***</p> <p>Dose given: *** in *** ml given over ***</p> <p>Followed by: *** in *** given over ***</p> <p>Tolerated procedure well. IV removed. Pressure dressing applied.</p> <p>Time chemotherapy completed: ***</p> <p>Time patient discharged: ***</p>
NSGCONJUNCTIVITIS	NURSEPINK NURSECONJ	<p>SUBJECTIVE: AGE has a history of matting and discharge from { :15317} for *** days.</p> <p>OBJECTIVE: Patient appears well. Exam confirms mucopurulent discharge from *** eye(s).</p> <p>ASSESSMENT: Conjunctivitis</p> <p>PLAN: Patient is instructed on hygiene for conjunctivitis: discard HIS own kleenex, avoid rubbing unaffected eye, wash hands frequently, change linens which become contaminated and call prn.</p> <p>Rx for *** per standard protocol. Call as needed if symptoms do not promptly improve or worsen.</p>
NSGINJECTION	INJECTION NSGVACCINE	<p>After obtaining consent, and per orders of Dr. ***, injection of *** given by ME. Patient instructed to remain in clinic for 20 minutes afterwards, and to report any adverse reaction to me immediately.</p>
NSGIVDCD	IVDCD	<p>IV catheter discontinued intact. Site without signs and symptoms of complications. Dressing and pressure applied.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
NSGIVFLUSH	IVFLUSHNSG	<p>Patient NAME, AGE SEX is here for flush of ***</p> <p>Time: ***</p> <p>S: ***</p> <p>O: LASTCBC</p> <p>LASTBP(1)</p> <p>IV device: ***</p> <p>IV therapy site and patency: { :14275}</p> <p>A: Blood drawn per orders. Flushed with: ***</p> <p>Sterile dressing change per policy: { :14489}</p> <p>Extension set changed: { :14489}</p> <p>Injection caps changed: { :14489}</p> <p>Patient teaching given: ***.</p> <p>Member given AVS and verbalized understanding.</p> <p>Patient discharged: ***</p> <p>P: To return on: ***</p>
NSGLINEDRAW	LINEDRAWNSG CENTRALLINE-DRAWNSG	<p>Central Line Draw:</p> <p>Blood drawn from *** line, *** port if applicable</p> <p>Amount aspirate: ***</p> <p>Amount discarded: ***</p> <p>Labs drawn: { :14489}</p> <p>Flushed with: ***</p> <p>Caps changed? { :14489}</p> <p>Recapped? { :14489}</p> <p>Pain in shoulder or chest area? { :14489}</p> <p>Temp: LASTTEMP(1)</p> <p>Site Assessment: ***</p> <p>How well the line flushes or draws: ***</p> <p>Does the line leak? { :14489}</p> <p>Any problems with infusions? { :14489}</p> <p>Comments: ***</p>
NSGOVERDUE	OVERDUE	<p>Left message that *** previously ordered has not yet been completed.</p> <p>Asked the patient to call back if the office could help get the test completed, or to contact us if, for any reason, unable to complete your lab tests within the next two weeks. We would like to discuss alternative medications or lab schedules if possible.</p>
NSGPICCREMOVAL	PICCREMOVAL	<p>PICC Removal Note:</p> <p>S: ***</p> <p>O: PICC line removed from *** antecubital after sterile site prepped per protocol. PICC catheter tip visualized and intact. Pressure dressing applied with *** tape.</p> <p>A: No redness, ecchymosis, edema, swelling, or drainage noted at site.</p> <p>P: Instructions provided on post PICC discharge care, including followup notification instructions.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
NSGPPDPLACED	PPDPLACED NSGTBSKIN-TESTPLACED TBSKINTEST-PLACED	PPD Placement note NAME, AGE SEX is here today for placement of PPD test Reason for PPD test: *** Pt taken PPD test before: { :14489} Verified in allergy area and with patient that they are not allergic to the products PPD is made of (Phenol or Tween). { :15493} Is patient taking any oral or IV steroid medication now or have they taken it in the last month? { :14489} Has the patient ever received the BCG vaccine?: { :14489} Has the patient been in recent contact with anyone known or suspected of having active TB disease?: { :14489} Date of exposure (if applicable): *** Name of person they were exposed to (if applicable): *** Patient's Country of origin?: *** O: Alert and oriented in NAD. P: PPD placed on .td. Patient advised to return for reading within 48-72 hours.
NSGPPDREADING	NSGTBSKINTES-TREADING PPDREADING TBSKINTEST-READING	PPD Reading Note PPD read and results entered in EpicCare. Result: *** mm induration. Interpretation: *** If test not read within 48-72 hours of initial placement, patient advised to repeat in other arm 1-3 weeks after this test. Allergic reaction: { :14489}
NSGSTREP	NURSESTREP	SUBJECTIVE: AGE with sore throat with fever for *** days. OBJECTIVE: VS Exam shows exudate on the tonsils and pharynx. Rapid strep test is positive. ASSESSMENT: Streptococcal pharyngitis PLAN: Prescription for *** per standard protocol. Gargle, Tylenol prn pain or fever, and call if symptoms persist or worsen. Call if other family members develop similar symptoms.
NSGSTREPNOTIFY	STREPNOTIFY	Throat culture positive for group A beta-hemolytic strep - { :15061} notified. Instructed to continue with antibiotics as directed and call if the patient is not improving.
NSGTEACH	TEACH	Patient education given on *** and the patient expresses understanding and acceptance of instructions. ME TD NOW
NSGTEACHASTHMA	TEACHASTHMA	I have reviewed the care of asthma with the patient today. The pathophysiology of asthma is explained. We've discussed the importance of compliance with medical regimen and the important differences between the various treatment modalities, such as beta agonists and inhaled steroids. The concepts of prophylactic and episodic therapy has been discussed in detail. The use of peak flow meters to monitor progress, annual flu shots, and attending Asthma Education class has been discussed. CAPHE indicates understanding of these issues. ME TD NOW

SmartPhrase Name	Synonyms	SmartPhrase Text
NSGTEACHDIABETES	TEACHDIABETES	I have reviewed diabetes in detail with the patient today. All questions have been answered to HIS satisfaction. We have discussed the following concepts: {15299}. The diabetic Sick Day rules are reviewed with HIM verbally and in writing. If following usual diet, stay on same dose of diabetic medication, maintain high fluid intake, and perform home glucose monitoring QID. If not able to maintain normal diet due to illness {15298}. Insulin: instructions given on proper technique of injection, storing medication, timing of dose. The patient was able to demonstrate adequate skill with doing self injections and home glucose monitoring. ME TD NOW
NSGTEACHINJECTION	TEACHINJECTION	Teaching given on *** injections and the patient expresses understanding and acceptance of instructions.
NSGURI	NURSEURI	SUBJECTIVE: AGE describes typical URI symptoms x *** days; {15322}, without shortness of breath or high fever. OBJECTIVE: VS . Ears clear. Throat: mild redness, no exudate. Chest: clear. ASSESSMENT: Viral URI PLAN: I have recommended the following symptomatic treatment for viral URI: rest, push fluids, use a vaporizer, use Tylenol or OTC NSAID's (Advil, Alleve etc) for fever or achiness, OTC cough suppressant/decongestants such as Robitussin CF. The symptoms usually resolve in 4-6 days. Call if symptoms persist or develops new symptoms such as wheezing or shortness of breath.
NSGUTI	NURSEUTI	SUBJECTIVE: AGE complains of urinary frequency, urgency and dysuria for *** days. No flank pain, fever, chills, or abnormal vaginal discharge or bleeding. Urine dip shows {15113}. OBJECTIVE: VS Patient appears well. No flank tenderness noted. ASSESSMENT: Symptoms are consistent with uncomplicated UTI. PLAN: Prescription for *** per standing orders. Increase fluids, 8-10 glasses water daily. May use OTC Pyridium prn. Will notify patient if culture result requires any change in treatment plan. Follow up if symptoms persist or worsen.
NSGWELLBABY	WELLBABYNSG	The patient is here with {15061} for routine well baby check. No stated problems. Immunization status: {15306}.
NSGWELLKID	WELLKIDNSG	Brought by {15061} for well care; no stated problems. Urine dipstick {15113}. Hearing/Vision: {15233}.
NSGWITNESS	WITNESS	I witnessed patient signing consent to Medical Procedure and Treatment form.
PERDR		Per Dr. ***'s instructions, the patient was advised.
SHOESOFF		weight taken with shoes off
SHOESON		weight taken with shoes on
UADIP	DIPUA	Urine dipstick shows {15374}.
VACCINE		After obtaining informed consent, the immunization is given by ***.

Pediatrics SuperPhrases

While every physician can use most of the existing SuperPhrase shortcuts, certain situations are unique to Pediatrics, especially in the discussions and advice given to the parents of the patient, rather than directly to the patient. So instead of saying, “The patient was advised to call if symptoms are worse,” one would say, “The parent was advised to call if the patient’s symptoms are worse.” Similarly, in Pediatrics most of the time a caregiver comes to the doctor’s office with the patient, and that is usually documented in the chart. The caregiver could be any one of several choices (mother usually, but potentially father, grandparent, sibling, baby sitter, etc.). Therefore, special PD Phrases for these situations were developed. You will see a SmartList in many PD Phrases to allow you to choose the caregiver; it is defaulted as “mother,” since that is the case most of the time. A very common Phrase for Pediatrics is **BROUGHT**. It offers the List (:15061)— who brought the patient to clinic. This same list is used in the majority of the PD Phrases.

There are several naming conventions within the pediatric set. Most of the PD Phrases have synonyms.

Some Pediatric Phrases have a “complete visit” style; they have names that begin with **CVPDxxx** and synonyms beginning with **PDCVxxx**. **PDGEN** offers parents stated *general* observations about a sick child’s behavior at home—fluid, food, bowel, urine, sleep, play, etc. **IDPED** is another common Pediatrics Phrase that incorporates the caregiver into the introduction. In the SuperPhrase file, many of these same Phrases exist for adult patients without the “PD” prefix, leaving out the parent reference (**PDAGREE** and **AGREE**, **PDAVOID** and **AVOID**, **PDALERT** and **ALERT**, **PDCONSENT** and **CONSENT**, etc.)

I call your attention to the Phrase **GROWTH**, which groups several important Pediatric SmartLinks. It definitely falls into the “Try it – you’ll like it!” category.

There are some specific pediatric dosing SIG Phrases included in Chapter 24, the Smart-SIG chapter.

I extend special thanks to Dr. Mike McNamara for his contributions to this section.

SmartPhrase Name	Synonyms	SmartPhrase Text
ADVCONJ	ADVPINK	The patient has history of matting and discharge from { :15317 } for *** days. These symptoms are consistent with conjunctivitis. Patient is instructed on hygiene for conjunctivitis: discard HIS own kleenex, avoid rubbing unaffected eye, wash hands frequently, change linens which become contaminated and call prn. Rx for *** per standard protocol. Call as needed.
ADVCPOX		Patient has progressive vesicular itchy rash typical of chicken pox for *** days. Parent is informed this child likely has chicken pox. The treatment protocol was reviewed, including tub soaks, avoiding sun exposure, prn benadryl and avoiding aspirin containing products. Call if has additional questions or further problems occur. Advice understood and accepted.
ADVPAR		Parent voices understanding and acceptance of this advice and will call back if any further questions or concerns.

SmartPhrase Name	Synonyms	SmartPhrase Text
ADVTHRUSH		Instill 0.5 ml dropper of mycostatin liquid in each cheek and paint mouth and lips with Q-Tip four times a day.
AFFS		anterior fontanelle flat and soft
BROUGHT	CHILD	The patient is brought to the clinic by HIS {:15061}.
CVOMFU	OMFUCV	SUBJECTIVE: AGE SEX brought by {:15061} for follow up of otitis media. Has finished medication. Currently no fever or fussiness. OBJECTIVE: Patient appears well. Afebrile. LEFT TM: normal, no infection, no fluid RIGHT TM: normal, no infection, no fluid NECK: no adenopathy. THROAT: clear. RESP: Clear to auscultation ASSESSMENT: Resolved Otitis Media PLAN: Follow up as needed.
CVOTITISEXT	OEKV OTITISEXTCV CVOE	(S) AGE SEX complains of pain in {:15318} for *** days. No fever or URI symptoms. Has been swimming. (O) CAPH appears well, afebrile. {:15607} ear reveals tenderness of the tragus; debris and inflammation in external canal. TM is not well seen due to debris, but visualized aspects appear normal. (A) Otitis Externa (P) Instructed to keep ear dry until better; eardrops per orders, call if persistent pain, swelling or fever, FUV prn.
CVOTITISMEDIA	OMCV OTITISCV CVOM	SUBJECTIVE: NAME is a AGE SEX brought by {:15061} with {:15044} {:15003::days} history of pain and pulling at {:15318}, and {:15001::coryza}. Temperature {:15088} at home. OBJECTIVE: VS General appearance: {appearance:15021}. Ears: {Ears Normal/Abn:15207} Nose: {Nose:15325::clear rhinorrhea} Oropharynx: {O/P:15326::normal} Neck: {Neck:15327} Lungs: {Lungs:15033} ASSESSMENT: Otitis Media PLAN: 1) See orders for this visit as documented in the electronic medical record. 2) Symptomatic therapy suggested: use {OTC:15012} prn. 3) Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.
CVPDGAstro	CVPDGE CVPDVGE PDCVGAstro PDCVGE	SUBJECTIVE: NAME is a AGE SEX brought by {:15061::mother} with complaints of {:15324::diarrhea} for *** days. Parent's observations of the patient at home are {:15779}. Pertinent negatives: no observed {:15324}. OBJECTIVE: Physical exam reveals the patient appears well. Hydration status: {:15166}. Abdomen: {ABD EXAM:15259}. ASSESSMENT: Viral Gastroenteritis PLAN: I have recommended {:15316}. Return office visit if symptoms persist or worsen; I have alerted the parents to observe carefully for complications and to call if high fever, increased dehydration, reduced urine output, marked lethargy, abdominal pain, blood in stool or vomit.

SmartPhrase Name	Synonyms	SmartPhrase Text
CVPDURI	PDCVRESP PDCVURI CVPDRESP	<p>SUBJECTIVE: NAME is a AGE SEX brought by { :15061::mother } with complaints of { :15001 } for *** days. Parents observations of the patient at home are { :15779 }.</p> <p>OBJECTIVE: Vitals as noted above.</p> <p>Appearance: { :15021 }.</p> <p>ENT- { :15032:a:ENT exam normal, no neck nodes or sinus tenderness }.</p> <p>Chest - { :15033 }.</p> <p>ASSESSMENT: { :15273::viral upper respiratory illness }</p> <p>PLAN: Symptomatic therapy suggested: { :15236 }. Call or return to clinic prn if these symptoms worsen or fail to improve as anticipated.</p>
CVWELLADOL	CVSCHOOL CVSPORTS SCHOOLCV SPORTSCV WELLADOLCV CVADOL	<p>SUBJECTIVE: NAME is a AGE SEX presenting for well adolescent and school/sports physical. CAPHE is seen today {with parent or alone:15710}.</p> <p>PMH: No asthma, diabetes, heart disease, epilepsy or orthopedic problems in the past.</p> <p>ROS: {ADOL ROS:15265}.</p> <p>No problems during sports participation in the past.</p> <p>Social History: Denies the use of tobacco, alcohol or street drugs.</p> <p>Sexual history: {SEXUAL:15163}</p> <p>Parental concerns: ***</p> <p>OBJECTIVE: General appearance: WDOWN SEX.</p> <p>ENT: ears and throat normal</p> <p>Eyes: Vision : 20/** {w-w/o:15700} correction</p> <p>PERRLA, fundi normal.</p> <p>Neck: supple, thyroid normal, no adenopathy</p> <p>Lungs: clear, no wheezing or rales</p> <p>Heart: no murmur, regular rate and rhythm, normal S1 and S2</p> <p>Abdomen: no masses palpated, no organomegaly or tenderness</p> <p>Genitalia: {ADOL GU EXAM:15266}</p> <p>Spine: normal, no scoliosis</p> <p>Skin: Normal with { :15014 } acne noted.</p> <p>Neuro: normal</p> <p>Extremities: normal</p> <p>ASSESSMENT: Well adolescent SEX</p> <p>PLAN: Counseling: nutrition, safety, smoking, alcohol, drugs, puberty, peer interaction, sexual education, exercise, preconditioning for sports. Acne treatment discussed. Cleared for school and sports activities.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVWELLBABY	WELLBABYCV	<p>SUBJECTIVE: AGE SEX brought in by { :15061 } for routine check up. Diet: { :15094 } Development: { :15096 }. Parental concerns: ***. OBJECTIVE: GENERAL: well-developed, well-nourished infant HEAD: normal size/shape, anterior fontanel flat and soft EYES: red reflex present bilaterally ENT: TMs gray, nose and mouth clear NECK: supple RESP: clear to auscultation bilaterally CV: regular rhythm without murmurs, peripheral pulses normal, no clubbing, cyanosis, or edema. ABD: soft, non-tender, no masses, no organomegaly. GU: { :15099 } MS: No hip clicks, normal abduction, no subluxation SKIN: normal NEURO: intact Growth/Development: normal ASSESSMENT: Well Baby PLAN: Immunizations reviewed and brought up to date per orders. Counseling: { :15092 }. Follow up in *** months for well care.</p>
CVWELLCHILD	WELLCHILDCV	<p>SUBJECTIVE: NAME is a AGE SEX who presents to the office today with { :15061 } for routine health care examination. PMH: essentially negative FH: noncontributory SH: presently in grade { :15044 }; doing well in school. ROS: No unusual headaches or abdominal pain. No cough, wheezing, shortness of breath, bowel or bladder problems. Diet is good. OBJECTIVE: GENERAL: WDOWN SEX EYES: PERRLA, EOMI, fundi grossly normal EARS: TM's gray VISION and HEARING: Normal. NOSE: nasal passages clear NECK: supple, no masses, no lymphadenopathy RESP: clear to auscultation bilaterally CV: RRR, normal S1/S2, no murmurs, clicks, or rubs. ABD: soft, nontender, no masses, no hepatosplenomegaly GU: { :15099 } MS: spine straight, FROM all joints SKIN: no rashes or lesions ASSESSMENT: Well Child PLAN: Plan per orders. Counseling regarding the following: { :15264 }. Follow up as needed.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
GROWTH		LASTWT(3) LASTHT(3) BMI BMIFA WFA SFA
IDPED		NAME is a AGE SEX brought by { :15061::mother } presenting with
IMMBEHIND		Immunizations are not up to date; parents requested to bring in shot records.
IMMNOREC		Immunizations are not recorded on the chart, but parent states child is up to date. Parent requested to bring in shot records.
IMMOK		Chart reviewed: immunizations are up to date and documented.
IMMUN		Immunization status: { :15306 }.
NSGWELLBABY	WELLBABYNSG	The patient is here with { :15061 } for routine well baby check. No stated problems. Immunization status: { :15306 }.
NSGWELLKID	WELLKIDNSG	Brought by { :15061 } for well care; no stated problems. Urine dipstick { :15113 }. Hearing/Vision: { :15233 }.
PDACQ		NAME is a AGE SEX brought by HIS { :15061::mother } for a get acquainted visit. I have reviewed the patient's medical history in detail and updated the computerized patient record.
PDADVICE	PDINSTRUCT	I have reviewed the provider's instructions with the patient's { :15061 }, answering all questions to their satisfaction.
PDAGREE		CAPHIS { :15061::mother } indicates understanding of these issues and agrees with the plan.
PDALERT		I have asked the { :15061 } to be on the alert for new or increasing symptoms such as *** and to call directly if such should occur.
PDARRIVED		CAPHE is seen today { with parent or alone:15710 }.
PDAVOID		I advised the patient and HIS { :15061 } that HE should reduce or avoid { :15122 }.
PDBUSY		I have attempted to contact this patient's parents by phone, but line is busy. I will continue to try later.
PDCALL		I have attempted to contact HIS { :15061::parents } by phone with the following results: { :15307 }.
PDCOMPLIANCE	PDCOMPLY	There have been some probable { :15310 } compliance issues here. I have discussed with HIM and HIS { :15061 } the great importance of following the treatment plan exactly as directed in order to achieve a good medical outcome.
PDCONSENT		This procedure has been fully reviewed with the patient's { :15061 } and written informed consent has been obtained.
PDEXPLAIN		This has been fully explained to the { :15061 } who indicates understanding.
PDGEN	PEDGEN GENPEDS	Parent's observations of HIM at home are { :15779 }.
PDLETTERSSENT	PDSSENTLETTER	I have been unable to reach this patient's parents by phone. A letter is being sent to the last known home address.
PDMSG		I left a message for the patient's parents to return my call.

SmartPhrase Name	Synonyms	SmartPhrase Text
PDparent	PARENT	This information has been fully discussed with HIS {:15061::mother} and all their questions were answered.
PDREASS		I have reassured his {:15061::mother} that these symptoms do not appear to represent a serious or threatening condition.
PEPEDFEMALE		Physical Examination: {pediatric female PE :10854}
PEPEDFEMALEBRIEF		Physical Examination: GENERAL ASSESSMENT: { :11543} SKIN: { :12157} HEAD: { :12151} EYES: { :12150} EARS: { :11098} NOSE: { :12177} MOUTH: { :12152} NECK: { :12156} CHEST: { :12103} HEART: { :12146} ABDOMEN: { :12101} BREASTS: { :10513} GENITALIA: { :12145} ANAL: { :10621} SPINE: { :10601} EXTREMITY: { :12107} NEURO: { :10602}
PEPEDMALE		Physical Examination: {pediatric male PE :10851}
PEXOTITISEXTERNA	PEXOE	Ears; note {:15002} external canal - tenderness, inflammation, edema, debris. TM's partly visualized and normal as seen. No significant neck lymphadenopathy. Patient nontoxic, afebrile. Throat clear. Chest clear.
PEXOTITISMEDIA	PEXOM PEXBOM	Both tympanic membranes show evidence of otitis media with erythema, dullness and decreased mobility. Perforation is not noted. External canals are normal.
PEXPEDSCOMPLETE		GENERAL ASSESSMENT: {:15021} SKIN EXAM: {:10167} HEAD: {:10326} EYES: {:10330} EARS: {:10331} NOSE: {:10339} MOUTH: {:15326} NECK: {:10343} HEART: {:10342} BREAST: {:10513} CHEST: {:10514} ABDOMEN: {:10517} MALE GENITALIA: {:10518} FEMALE GENITALIA: {:10520} BACK: {:15940} EXTREMITIES: {:10552} NEURO: {:15902}

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Obstetrics SuperPhrases

This section of SuperPhrases is based on work by many colleagues at Kaiser Permanente. Most are conversions of SmartText designed for various stages of prenatal and postpartum care, intended for Progress Notes and Clinician Notes in the prenatal record. Almost all of these have recognizable prefixes, such as CV, PEX, PE,

and a new prefix for the Clinician Notes section, CN. Gathered as a specialty group, they are easier to review here than scattered throughout the prefixed-Phrases chapters. Special thanks to Drs. Peter Dwork, Mark Binstock and Stephen Sudler.

SmartPhrase Name	Synonyms	SmartPhrase Text
CNCOMPLEX		OB complications; see prenatal flowsheet and progress note for details. ME
CNGDM		Blood sugars are well controlled. See prenatal flowsheet; continue present management. ME
CNNEWOB	CNNOB	New OB intake, healthy patient, no unusual issues, see progress notes and intake smartforms. ME
CNNEWOBHIGHRISK		New OB intake, high risk pregnancy, see OB problem list, progress notes and intake smartforms. ME
CNPIH		Patient with chronic hypertension. Has no complaints unusual for pregnancy. Exam negative, BP well controlled. See Prenatal Flowsheet. Continue present management. ME
CNPOSTDATES		Patient is postdates. See progress note and flowsheet. Plan: { :13253}. ME
CNRETURNOB	CNROB	No unusual complaints for this stage of pregnancy. See prenatal flowsheet. Normal pregnancy, continue routine prenatal care. ME

SmartPhrase Name	Synonyms	SmartPhrase Text
CVOBNEWOB	CVNOB CVNEWOB	<p>PRENATAL INTAKE SUMMARY</p> <p>Ms. LNAME presents today for her first prenatal visit.</p> <p>OB</p> <p>I have reviewed the patient's medical, obstetrical, social, and family histories, medications, and available lab results.</p> <p>SUBJECTIVE She { :13259::has no unusual complaints}</p> <p>OBJECTIVE Initial Physical Exam (New OB)</p> <p>GENERAL APPEARANCE: { :14449::alert, well appearing}</p> <p>HEAD: { :13264::normocephalic, atraumatic}</p> <p>MOUTH: { :14450::mucous membranes moist, pharynx normal without lesions}</p> <p>THYROID: { :12768::no thyromegaly or masses present}</p> <p>BREASTS: { :12769::no masses noted, no significant tenderness, no palpable axillary nodes, no skin changes}</p> <p>LUNGS: { :14451::clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry}</p> <p>HEART: { :10035}</p> <p>ABDOMEN: { :13266::soft, nontender, nondistended, no abnormal masses, no epigastric pain}</p> <p>EXTREMITIES: { :14458::no redness or tenderness in the calves or thighs}</p> <p>SKIN: { :14459::normal coloration and turgor, no rashes}</p> <p>LYMPH NODES: { :14538::no adenopathy palpable}</p> <p>NEUROLOGIC: { :12789::alert, oriented, normal speech, no focal findings or movement disorder noted}</p> <p>PELVIC EXAM { :14539}</p> <p>ASSESSMENT { :13271}</p> <p>PLAN Prenatal care</p> <p>See orders</p>
CVOBPIHBRIEF	CVPIHBRIEF	<p>SUBJECTIVE:</p> <p>Ms. LNAME has a history of chronic hypertension.</p> <p>CMED</p> <p>LASTCR</p> <p>LASTUTP</p> <p>Last creatinine clearance: ***.</p> <p>Today she has no complaints unusual for pregnancy.</p> <p>She denies symptoms of headache, visual changes, or abdominal pain.</p> <p>She is compliant with her medical treatment.</p> <p>The fetus moves as usual.</p> <p>OBJECTIVE: Physical Exam:</p> <p>VS</p> <p>{:15062::SEE PRENATAL FLOWSHEET.}</p> <p>ASSESSMENT: The patient's blood pressure is well controlled. Pregnancy is proceeding well.</p> <p>PLAN: Prenatal care.</p> <p>Continue present management.</p> <p>See orders.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVOBPIHCOMPLEX	CVPIHCOMPLEX	<p>SUBJECTIVE: Ms. LNAME has a history of chronic hypertension.</p> <p>CMED</p> <p>She { :13259::has no unusual complaints}</p> <p>She { :20031} compliant with medical treatment.</p> <p>Fetal movement: { :12793}.</p> <p>OBJECTIVE: Physical Exam:</p> <p>{:15062::SEE PRENATAL FLOWSHEET.}</p> <p>LABORATORY TESTING RESULTS:</p> <p>LASTCBC</p> <p>LASTCR</p> <p>LASTUTP</p> <p>Last creatinine clearance: ***.</p> <p>LASTURIC</p> <p>LASTALT</p> <p>{ :14391}</p> <p>ASSESSMENT:</p> <p>The patient's blood pressure { :20031} well controlled.</p> <p>PLAN:</p> <p>{ :13488}</p> <p>See orders.</p>
CVOBPOSTDATES		<p>SUBJECTIVE: GA</p> <p>The patient's gestational age has been confirmed by { :13251}.</p> <p>Fetal movement: { :12793}.</p> <p>OBJECTIVE: Physical Exam:</p> <p>{:15062::SEE PRENATAL FLOWSHEET.}</p> <p>ASSESSMENT: { :13252}</p> <p>PLAN: { :13253}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
CVOBPOSTPARTUM	CVOBPP CVPOSTPARTUM CVPP	<p>POSTPARTUM EXAM SUMMARY</p> <p>SUBJECTIVE:</p> <p>PROB</p> <p>CMED</p> <p>PMH</p> <p>PSH</p> <p>FAMHX</p> <p>SOCH</p> <p>SOCDOC</p> <p>Ms. LNAME is a AGE who is now *** weeks postpartum.</p> <p>OB</p> <p>Method of delivery: { :13099}</p> <p>She { :20031::is} breast-feeding and { :20031::is not} experiencing problems.</p> <p>Pregnancy complications: { :13100::none}.</p> <p>She is feeling { :13101::well, happy}.</p> <p>She currently uses { :13102} for contraception.</p> <p>She plans to use { :13102} for contraception.</p> <p>OBJECTIVE: Date of last Pap smear: ***</p> <p>Physical Exam: { :15804}</p> <p>ASSESSMENT: { :13104}</p> <p>PLAN: { :15803::See orders and Patient Instructions}</p>
CVOBRETURNOB	CVOBROB CVRETURNOB CVROB	<p>RETURN OB VISIT SUMMARY</p> <p>SUBJECTIVE: The patient { :13259::has no unusual complaints}.</p> <p>OBJECTIVE: Physical Exam:</p> <p>{ :15062::SEE PRENATAL FLOWSHEET.}</p> <p>ASSESSMENT: Normal pregnancy</p> <p>PLAN: Routine prenatal care</p>
CVOBSROM	CVSROM	<p>SUBJECTIVE Ms. LNAME presents today complaining of { :12999}.</p> <p>She says the symptoms began at ***. The discharge { :13061}.</p> <p>The discharge looked { :13062}.</p> <p>She {add'l complaints:13063}.</p> <p>Reported fetal movement: { :12793}.</p> <p>OBJECTIVE Physical Exam:</p> <p>ABDOMEN: { :13266::FHT present}</p> <p>CERVIX: { :12783}</p> <p>Sterile Speculum Exam: { :13068}</p> <p>Amniotic Fluid Index: { :13070::not indicated}</p> <p>ASSESSMENT: { :13071}</p> <p>PLAN: { :13072}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXOBLABOR		<p>General Appearance: alert, well appearing and in no distress</p> <p>Thyroid: no thyromegaly or masses present</p> <p>Mouth: mucous membranes moist, pharynx normal without lesions</p> <p>Breasts: no masses noted, nontender, no palpable axillary nodes, no skin changes</p> <p>Lungs: clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry</p> <p>Heart: regular rate and rhythm and no murmurs</p> <p>Abdomen: soft, nontender, nondistended, no abnormal masses, no epigastric pain</p> <p>Pelvic exam: { :14520}</p> <p>Back exam: nor CVA tenderness</p> <p>Extremities: no pedal edema</p> <p>Skin: normal coloration and turgor, no rashes, no suspicious skin lesions noted</p>
NEXOBPELVISPN		<p>Pelvic Exam:</p> <p>EXTERNAL GENITALIA: normal appearing vulva with no masses, tenderness or lesions</p> <p>VAGINA: no abnormal discharge or lesions</p> <p>CERVIX: no lesions or cervical motion tenderness</p> <p>UTERUS: gravid</p> <p>ADNEXA: no masses palpable and nontender</p> <p>OB EXAM PELVIMETRY: appears adequate</p> <p>RECTUM: exam not indicated</p>
NEXOBPELVISPP		<p>Pelvic Exam:</p> <p>EXTERNAL GENITALIA: normal, well-healed, without lesions or masses</p> <p>VAGINA: normal, well-healed, physiologic discharge, without lesions</p> <p>CERVIX: normal, well-healed, without lesions</p> <p>UTERUS: normal size, well involuted, firm, non-tender</p> <p>ADNEXA: no masses palpable and nontender</p> <p>RECTAL: { :13112::not indicated}</p>
NEXOBPOSTPARTUM		<p>General Appearance: alert, well appearing and in no distress</p> <p>Head: normocephalic, atraumatic</p> <p>Mouth: mucous membranes moist, pharynx normal without lesions</p> <p>Thyroid: no thyromegaly or masses present</p> <p>Lymphatics: no adenopathy palpable}</p> <p>Breasts: no masses noted, nontender, no palpable axillary nodes, no skin changes</p> <p>Lungs: clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry</p> <p>Heart: regular rate and rhythm and no murmurs</p> <p>Abdomen: benign non-tender, without masses or organomegaly palpable</p> <p>Pelvic: { :14541}</p> <p>Extremities: no pedal edema</p> <p>Skin: normal coloration and turgor, no rashes, no suspicious skin lesions noted</p> <p>Neurological: alert, oriented, normal speech, no focal findings or movement disorder noted</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXOBPRENATAL		<p>General Appearance: alert, well appearing and in no distress</p> <p>Head: normocephalic, atraumatic</p> <p>Mouth: mucous membranes moist, pharynx normal without lesions</p> <p>Thyroid: no thyromegaly or masses present</p> <p>Lymphatics: no adenopathy palpable</p> <p>Breasts: no masses noted, nontender, no palpable axillary nodes, no skin changes</p> <p>Lungs: clear to auscultation, no wheezes, rales or rhonchi, symmetric air entry</p> <p>Heart: regular rate and rhythm and no murmurs</p> <p>Abdomen: soft, nontender, nondistended, no abnormal masses, no epigastric pain</p> <p>Pelvic Exam: { :14539}</p> <p>Extremities: no pedal edema</p> <p>Skin: normal coloration and turgor, no rashes, no suspicious skin lesions noted</p> <p>Neurological: alert, oriented, normal speech, no focal findings or movement disorder noted</p>
OBCONSENT		<p>Factual information regarding the medical condition and the need for { :15679} was discussed with { :12237::the patient}, who verbalized understanding. The therapeutic rationale, benefits, risks and potential complications were discussed, including the possibility of pain, bleeding, infection, loss of function, disfigurement, death or other unforeseen complications. Alternatives to the procedure were discussed (including potential risks, complications and benefits of each). No guarantee was expressed or implied as to the results of the procedure. Informed consent was given, as well as a request to proceed.</p>
PEOBLABOR		<p>General Appearance: { :14449}</p> <p>Thyroid: { :12768}</p> <p>Mouth: { :14450}</p> <p>Breasts: { :12769}</p> <p>Lungs: { :14451}</p> <p>Heart: { :10035}</p> <p>Abdomen: { :13266}</p> <p>Pelvic exam: { :14520}</p> <p>Back exam: { :14524}</p> <p>Extremities: { :14458}</p> <p>Skin: { :14459}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
PEOBPOSTPARTUM		General Appearance: { :14449} Head: { :13264} Mouth: { :14450} Thyroid: { :12768} Lymphatics: { :14538} Breasts: { :12769} Lungs: { :14451} Heart: { :10035} Abdomen: { :13106} Pelvic: { :14541} Extremities: { :14458} Skin: { :14459} Neurological: { :12789}
PEOBPRENATAL		General Appearance: { :14449} Head: { :13264} Mouth: { :14450} Thyroid: { :12768} Lymphatics: { :14538} Breasts: { :12769} Lungs: { :14451} Heart: { :10035} Abdomen: { :13266} Pelvic Exam: { :14539} Extremities: { :14458} Skin: { :14459} Neurological: { :12789}
PEXOBPELVISLABOR		Pelvic Exam: { :14520}
PEXOBPELVISPP		Pelvic Exam: { :14541}
PEXOBPELVISPRENATAL		Pelvic Exam: { :14539}
PROCOBBIO- PHYSICALPROFILE	PROCOBBPP	FETAL SURVEILLANCE: Biophysical profile: { :12812}
PROCOBNST	PROCNST	FETAL SURVEILLANCE TESTING SUMMARY INDICATIONS: { :12972} OBJECTIVE RESULTS: { :13382} Fetal surveillance: { :12974}
PROCOBULTRA- SOUND	PROCOBUS- LIMITED	OB ULTRASOUND LIMITED SUMMARY { :14540}

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Orthopedics SuperPhrases

The Orthopedic SuperPhrases were designed by colleagues at Kaiser Permanente to represent common scenarios of history and physical exam. In many cases, they are actually POS, NEX, or PEX prefixed Phrases,

but as a group they are easier to review in this special Orthopedic section. Many thanks to Dr. Stephen Cheng, Dr. Rick Dell, and Byron Harper, RN.

SmartPhrase Name	Synonyms	SmartPhrase Text
NEXPOSTOPANKLE	NEXPOSTOPFOOT	Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of Motion {ROM:31370}.
NEXPOSTOPELBOW		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:21819}.
NEXPOSTOPHAND	NEXPOSTOPWRIST	Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:17472}.
NEXPOSTOPHIP		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. {ROM/Gait/LLD/Calf tenderness:32322}
NEXPOSTOPKNEE		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. {ROM/Gait/Strength/Calf Tenderness:32323}
NEXPOSTOPSHOULDER		Incision - clean, dry and intact. No significant erythema or swelling. Neurovascular exam within normal limits. Range of motion: {ROM:18711}.
PEXANKLEORTHO		A {side:10021} ankle exam was performed. {31345}
PEXANKLESPRAIN		Exam of the injured ankle reveals swelling and tenderness over the lateral malleolus. No tenderness over the medial aspect of the ankle. The fifth metatarsal is not tender. The ankle joint is intact without excessive opening on stressing. X-Ray shows fracture to be {15050::absent}. The rest of the foot, ankle and leg exam is normal.
PEXELBOWORTHO		A {side:10021} elbow exam was performed. {pe:22360}
PEXFOOTORTHO	PEXORTHOFoot	A {side:10021} foot exam was performed. {31345}

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXHANDINJURYORTHO	PEXHANDPOSTOP PEXWRISTINJURYORTHO PEXWRISTPOSTOP	A {side:10021} {body part:15524} exam was performed. {pe hand/wrist:17464}
PEXHANDORTHO	PEXWRISTORTHO	A {side:10021} {body part:15524} exam was performed. {pe wrist and hand:32170}
PEXHIPORTHO		A {side:10021} hip exam was performed. {pe lower extremity:22453}
PEXKNEEORTHO		A {side:10021} knee exam was performed. {pe lower extremity:18543}
PEXSHOULDERORTHO		A {side:10021} shoulder exam was performed. {pe shoulder:19600}
POSANKLEPAIN	HXANKLEPAIN	The patient complains of {side:17553} ankle pain for *** {time:11651}. Patient reports: {history:30593}
POSCTS		NAME is a AGE SEX who complains of numbness of lateral aspect of {side:15002} hand, especially with use of the hand and at night.
POSELBOWPAIN	HXELBOWPAIN	The patient complains of {side:17553} elbow pain for *** {time:11651}. Patient reports: {history:21805}
POSFOOTPAIN	HXFOOTPAIN	The patient complains of {side:17553} foot pain for *** {time:11651}. Patient reports: {history:31108}
POSHANDPAIN	HXWRISTPAIN POSWRISTPAIN HXHANDPAIN	The patient complains of {side:17553} {body part:15524} {hand symptoms:15523} for *** {time:11651}. Patient reports: {history:18444}
POSHIPPAIN	HXHIPPAIN	The patient complains of {side:17553} hip pain for *** {time:11651}. Patient reports: {history:22438}
POSKNEEPAIN	HXKNEEPAIN	The patient complains of {side:17553} knee pain for *** {time:11651}. Patient reports: {history:18443}
POSLOWBACKPAIN	POSLBP POSBACKPAIN	CAPHE complains of low back pain for *** {dura- tion:15003}, positional with bending or lifting, {w-w/o:15700} radiation down the legs. Precipitating factors: {side:15284}. Prior history of back problems: {side:15285}. There {side:15283::is no} numbness or weakness in the legs.
POSSHoulderPAIN	HXSHOULDERPAIN	The patient complains of {side:17553} shoulder pain for *** {time:11651}. Patient reports: {history:18695}

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Genetics SuperPhrases

Kaiser Permanente Genetics specialists built several SuperPhrases to explain prenatal ultrasound findings. They can be used in the progress note or adapted as patient instructions. Each has the IN prefix, but if this is your specialty, they are easier for you to learn in a separate chapter.

SmartPhrase Name	Synonyms	SmartPhrase Text
INUSAQSTEN	AQUEDUCTIN	Aqueductal stenosis may result from several different causes. The aqueduct can be narrowed by scar tissue formation. The scar tissue may be a result of a viral infection or a vascular accident that occurred within the canal. In other cases, the aqueduct is malformed due to an X-linked genetic condition. Because X-linked inheritance cannot be ruled out in this case, we have to assume that there is up to a 50% recurrence risk for hydrocephalus in any male fetus. Therefore, we recommend in any future pregnancy a Level II ultrasound to rule out hydrocephalus if the fetus is male.
INUSCHD	CONGHRTIN CHDUSIN	Congenital heart defects occur in approximately 1% of pregnancies. Congenital heart defects may occur due to multifactorial influences, chromosomal abnormalities, genetic syndromes or environmental exposures. Isolated heart defects are generally multifactorial. The overall prognosis is dependent on the severity of the heart defect, and whether or not it is due to an underlying chromosome or genetic problem. Chromosomal and syndromic etiologies may be associated with other birth defects and mental retardation. Risk for recurrence depends on etiology.
INUSCLCP		Cleft lip with or without cleft palate (CL/P) occurs in approximately 0.1% of live births, and is more common in males than in females. CL/P may occur as an isolated anomaly due to multifactorial influences, may be due to teratogenic exposure, or may be associated with other anomalies as part of a single gene disorder or chromosome abnormality. Some studies have estimated that the incidence of other abnormalities in fetuses diagnosed with cleft lip and palate is approximately 11-14%, and is 7-13% in fetuses with cleft lip alone. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis. When a syndrome and environmental insult are ruled out, familial cases are considered multifactorial. Recurrence risks for multifactorial CL/P are based on empiric data. These risks increase with severity of cleft and number of affected first-degree relatives. Neonatal complications may include feeding problems, hearing loss, recurrent otitis media, dental abnormalities, and speech problems. A multidisciplinary approach is used in the assessment and treatment for newborns with CL/P.

SmartPhrase Name	Synonyms	SmartPhrase Text
INUSCLUBFOOT		Club foot/feet is defined as the improper alignment of the fetal foot that can be mild or severe, and affect one or both feet. Clubfoot/feet is most often an isolated finding, although it may be associated with other defects, which may or may not be detected by ultrasound. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis.
INUSCPC	CPCIN CHOROIDIN	Choroid plexus cysts are a normal variant seen in small percentage of second trimester fetal ultrasounds. The presence of choroid plexus cysts has been associated with Trisomy 18 in up to 1% of cases. Phenotype of Trisomy 18 was discussed. Usually, these cysts resolve regardless of fetal karyotype. ExAFP and ultrasound are tests that can screen for Trisomy 18, but are not diagnostic. Data are insufficient to provide a combined risk using ultrasound and ExAFP factors. Amniocentesis is the only diagnostic test available to rule out Trisomy 18 at this time in pregnancy. If amniocentesis results are within normal limits, we would not have further concerns about the presence of choroid plexus cysts, and no additional genetics follow-up would be indicated.
INUSCYSHYG	CYSTHYGIN	Cystic hygromas are fluid-filled sacs at the fetal neck which develop from defects in the formation of the lymphatic vessels. Approximately 60% of prenatally diagnosed cases of cystic hygromas are found in association with achromosome abnormality. Turner syndrome accounts for the majority of the chromosome problems, although trisomy 21 and other chromosome abnormalities have also been found as the underlying etiology. Of the remaining 40% of cystic hygromas seen, some are associated with a particular genetic syndrome (eg Noonan Syndrome) although others are present as an isolated finding. Generally, the prognosis and recurrence risks are dependent on the etiology, although when hydrops is present a poor outcome is likely. Cystic hygromas typically progress but some remain stable and small cystic hygromas may spontaneously resolve without significant sequela.
INUSGASTROSCHISIS		Gastroschisis is a defect in the anterior abdominal wall lateral to the umbilicus with no covering sac, resulting in the herniation of viscera through the opening, typically limited to intestine. Gastroschisis is usually isolated. Other anomalies and chromosome problems are uncommon. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis. Potential complications include thickening of the intestinal wall, intestinal obstruction/malrotation/necrosis, premature delivery and growth retardation. The survival rate for gastroschisis is in the range of 90%, but significant prematurity or problems in other organ systems can decrease this number. Due to the associated gastrointestinal problems, there may be feeding difficulties after birth. Most cases are sporadic with a risk of recurrence of <1%.
INUSHYPERECHO- GENICBOWEL		Hyperechogenic Bowel is seen in approximately 0.5% of second trimester ultrasounds. It can be a normal variant, but, in approximately 40% of cases, can reflect an adverse outcome, including chromosome anomalies, cystic fibrosis, viral infections (e.g. CMV), gastrointestinal malformations, meconium ileus, IUGR, fetal demise, or stillbirth. Risk may be greater with greater echogenicity, but the subjective nature of this ultrasound finding makes interpretation uncertain. Prenatal testing for chromosome abnormalities, cystic fibrosis and some viral infections is available through amniocentesis.

SmartPhrase Name	Synonyms	SmartPhrase Text
INUSMICROCEPHALY		<p>Fetal microcephaly is usually the result of an underdeveloped brain. Although commonly associated with cerebral structural malformations, microcephaly may be produced by a brain that is normal in configuration, but merely small. When present, there is an increased risk for developmental delays, and mental retardation. There is also a possibility for subtle minor dysmorphic facial features. Most often, the cause of the microcephaly is unknown, although it can be associated with maternal alcohol consumption, viral infection or a genetic syndrome. Autosomal recessive and X-linked forms of isolated microcephaly have been documented.</p>
INUSNTD		<p>Neural tube defects (NTDs) occur in about 1/1000 births and result from the failure of the neural tube to close during the fourth week of fetal life. Incomplete closure at the rostral end produces cephaloceles, with herniations of meninges and frequently a brain defect in the cranium. Failed fusion at the caudal end produces spina bifida with protruding meningoceles and meningo-myeloceles. Neural tube defects usually result in the loss of bladder and bowel control, as well as varying degrees of impaired motor function. A significant percentage of cases will go on to develop obstructive hydrocephalus. The severity of these complications is mainly associated with the size of the defect, its location and the degree of spinal cord involvement. Although neural tissue may not be present in the defect initially, this can change over time, as can the presence of hydrocephalus. It is impossible to predict the exact severity of involvement based on ultrasound images. Most individuals with isolated NTDs without severe hydrocephalus have normal cognitive function.</p> <p>Typically, NTDs are isolated findings associated with multifactorial inheritance and the recurrence risk for siblings and subsequent progeny is dependent upon the number of affected relatives. Some neural tube defects are apart of a larger genetic syndrome or chromosome problem. The risk for recurrence in these cases would depend on the specific syndrome. The prognosis for a child with an isolated neural tube defect is much different than a child with a genetic syndrome. Babies with chromosome problems are usually born with birth defects and mental retardation. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis.</p> <p>Preconception supplementation with folic acid can reduce the incidence of isolated NTDs. Studies have shown that women with a previously affected child that took 4 mg folic acid daily lowered the recurrence risk of neural tube defects by 72%. The CDC and ACOG recommend that pregnant women who have had a previous child affected with an NTD take 4 mg of folic acid daily from 4 weeks before conception through the first 3 months of pregnancy.</p>
INUSNUCHAL-THICKENING		<p>Nuchal Thickening is routinely reported as a nuchal fold measurement of greater than 6mm found on ultrasound between 14-21 weeks gestation. It is seen in approximately 2-3% of second trimester ultrasounds. It can be a normal variant, but can reflect an increased risk for chromosome anomalies, which can be detected through amniocentesis.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
INUSNUCHALTRANS-LUCENCY		Nuchal Translucency is defined as a subcutaneous accumulation of fluid in the fetal neck. Increased nuchal translucency may be recognized on ultrasound between the 10th and 14th week of gestation and is seen in approximately 5% of first trimester ultrasounds. It can be a normal variant, but may reflect an increased risk for abnormal outcome, including chromosome anomalies, congenital heart defect, renal or genitourinary abnormalities, or genetic syndromes. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through CVS or amniocentesis.
INUSOMPHALOCELE		Omphalocele is the protrusion of the intestine within a sac through an abdominal wall defect at the umbilicus. The sac often contains intestine, stomach, liver, and spleen. If the omphalocele is the result of an isolated malformation, there is a high chance for a successful repair, with a survival rate of ~94%. Due to the associated gastrointestinal problems, there may be feeding difficulties after birth. When an omphalocele is detected, there is a 50-66% risk for other abnormalities and mental retardation, especially when a chromosome abnormality is present. Chromosome abnormalities are found in about 40% of fetuses with an omphalocele. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis. The etiology for isolated omphalocele is thought to be either sporadic or the result of multifactorial inheritance. In such cases, the risk for recurrence is usually ~1%. When other defects are seen, the omphalocele may be part of a syndrome that could have a higher risk for recurrence. Chromosome problems can have varying risks for recurrence as well.
INUSPYELEC	PYELECIN	Pyelectasis is a dilation of the renal pelvis and may be unilateral or bilateral. Pyelectasis is identified in approximately 2-3% of prenatal ultrasounds and is more common in males than females. It can be a normal variant or can reflect a structural renal abnormality. It can also be associated with other anomalies as part of a syndrome (e.g., chromosome abnormality). When pyelectasis is apparently isolated, there is controversy regarding whether the risk for fetal chromosome abnormalities is sufficient to warrant amniocentesis. Prenatally diagnosed cases of pyelectasis may resolve prenatally or in the neonatal period, remain stable, or progress to more significant renal involvement, including hydronephrosis and renal failure.
INUSSLB		Long bones are considered 'short' when the ratio of humerus and/or femur to BPD is less than 90% of expected. These findings are seen in up to 7% of second trimester ultrasounds. This may be a normal variant, but may also indicate an increased risk for chromosome anomalies or a skeletal dysplasia. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis.
INUSSUA		A single umbilical artery is a common finding, being present in up to 0.5-1% of all ultrasounds. It may be a normal variant or it may reflect an increased risk for fetal anomalies (ie cardiac, renal and musculoskeletal), genetic syndromes, IUGR, low birth weight and, in the presence of other ultrasound findings, chromosome abnormalities. Prenatal testing for chromosome abnormalities and certain genetic syndromes is available through amniocentesis.

SmartPhrase Name	Synonyms	SmartPhrase Text
INUSVCF	VCFIN VELOCARDIN	The cardiac findings in the fetus have been associated with velo-cardio-facial (VCF) syndrome, a genetic condition associated with CHD, learning disabilities, cleft palate, behavioral and psychological disorders. VCF is most often secondary to a deletion of chromosome 22. General information about VCF was discussed. Prenatal diagnosis is available through amniocentesis. Reviewed limitations of testing.
INUSVENTMEGM	VENTMEGMIN	Mild ventriculomegaly is defined as lateral cerebral fetal ventricles measuring between 10-15mm. In most cases, the size of the ventricles remains stable throughout gestation; however, progression or regression is possible. Progression to greater than 15mm would be considered severe ventriculomegaly. When isolated, usually postnatal outcomes are normal; however, there is an increased risk for developmental delay. Studies have suggested an increased risk for fetal chromosome abnormalities with apparently isolated ventriculomegaly; the presence of additional ultrasound findings may increase this risk. Generally, the larger the ventricles the greater the concern. Mild ventriculomegaly is also associated with an increased risk of CNS and non-CNS anomalies, many of which are subtle and may not be identified by prenatal ultrasound. Differential diagnoses include infectious etiologies, neural tube defects and genetic syndromes.
INUSVENTMEGS	VENTMEGSIN	Severe ventriculomegaly is defined as lateral cerebral fetal ventricles measuring greater than 15mm, and can be the result of obstructive or communicating hydrocephalus. It occurs in approximately 1/1000-1/2000 live births with a slightly higher birth rate in males. It can be an isolated finding or seen with other birth defects as part of a syndrome. Severe ventriculomegaly can result from a variety of mechanisms, including single gene disorders (e.g., X-linked aqueductal stenosis), chromosomal abnormalities, neural tube defects, environmental factors (e.g., CMV and toxoplasmosis), as well as a combination of genetic and environmental influences. Outcomes are highly variable and range from normal development to profound mental retardation. Recurrence risk is dependent upon the specific etiology. In cases of isolated severe ventriculomegaly, the empiric recurrence risk is 4% or less. Other etiologies may have a higher recurrence risk (eg X-linked aqueductal stenosis - 50% recurrence risk in males).

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Urology SuperPhrases

Urologists at Kaiser Permanente wrote this set of well-developed SmartPhrases for specific history and physical presentations of common urologic conditions. They may also apply to adult primary care, as well, but they do have an overall “specialty/referral” style. They have prefixes you are already familiar with (but,

again, they read better as a group of specialty-related workflows). The prefixes PE and HX, however, are a departure from the “norm.” This slight inconsistency arose from the number of authors participating in the Kaiser contributions, and I tried to respect their style variations in the file.

SmartPhrase Name	Synonyms	SmartPhrase Text
PEXUROLOGYFEMALE	PEUROLOGYFEMALE	<p>OBJECTIVE:</p> <p>VS</p> <p>GENERAL ASSESSMENT: { :11375}</p> <p>HEAD: { :11405}</p> <p>ABDOMEN: { :11378}</p> <p>LYMPH NODES: { :11637}</p> <p>BACK: { :11380}</p> <p>FEMALE GENITOURINARY EXAM: { :11642}</p>
PEXUROLOGYMALE	PEUROLOGYMALE	<p>OBJECTIVE:</p> <p>VS</p> <p>GENERAL ASSESSMENT: { :11375}</p> <p>HEAD: { :11405}</p> <p>ABDOMEN: { :11378}</p> <p>LYMPH NODES: { :11637}</p> <p>BACK: { :11380}</p> <p>MALE GENITAL EXAM: { :11510}</p>
POSHEMATURIA-FEMALE	HXHEMATURIA-FEMALE	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {presenting symptoms:12321}. Hematuria has been documented on *** previous urinalyses. Patient also presents with {add'l symptoms:12325}. Patient has {past urol hx:11750}.</p> <p>On lab examination, HE has {last labs results:11752}. Recently, HE has had {diagnostics:11753}. Past diagnostics included {diagnostics:11753}.</p> <p>Last test results:</p> <p>LASTCR</p> <p>Other test results: { :15334}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
POSHEMATURIAMALE	HXHEMATURIAMALE	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {presenting symptoms:11744}. Hematuria has been documented on {frequency:11745} previous urinalyses. Patient also presents with {add'l symptoms:11842}. Patient has {past urol hx:11750}.</p> <p>On lab examination, HE has {last labs results:11752}. Recently, HE has had {diagnostics:11753}. Past diagnostics included: {diagnostics:11753}.</p> <p>Last test results: LASTCR LASTPSA Other test results: { :15337}</p>
POSLUTS	HXLUTS	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {reason for consult:11565}. CAPHE presents with a history of voiding problems for *** {days/wks/mos/hrs:11651}. Patient complains of {prostate symptoms:11566}. Patient denies {voiding symptoms:11656}. AUA Symptom Score: {aua score:11850}.</p> <p>Last test results: LASTPSA LASTCR Other test results: { :15337}</p> <p>FAMHX Family history of prostate cancer: {yes/no/unk:11367}</p>
POSPSAELEVATED	HXPSAELEVATED HXELEVPSA	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {reason for consult:11852}. Patient complains of {prostate symptoms:11566}. Patient denies {voiding symptoms:11656}. CAPHE {has/has no:11912} history of an elevated PSA. Prior prostate biopsy: { :12678}. AUA Symptom Score: {aua score:11850}.</p> <p>Last test results: LASTPSA LASTCR Other test results: { :15334}</p> <p>FAMHX Family history of prostate cancer: {yes/no/unk:11367}</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
POSSTONESFEMALE	HXSTONESFEMALE	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {pain onset:11352} onset of {pain quality:11353} pain that is described as {pain character:11359}. Pain is located in the {left/right:11354} {location:11355} and has been present for*** {days/wks/mos:10907}. The pain occurs *** times per {day/wk/mo:11426} and is {pain progression:11358}. Pain {pain details:11635}. Other symptoms include: { :11361}.</p> <p>Treatment has included: { :11366} Calculus passed during this episode: {yes/no/unk:11367} Previous calculus and type: {yes/type/no/unk:11369} Previous treatment: { :11370} Dietary contributing factors: { :11372}</p> <p>Last test results: LASTCR</p>
POSSTONESMALES	HXSTONESMALE	<p>SUBJECTIVE: NAME is a AGE SEX who presents with {pain onset:11352} onset of {pain quality:11353} pain that is described as {pain character:11359}. Pain is located in the {left/right:11354} {location:11634} and has been present for*** {days/wks/mos:10907}. The pain occurs *** times per {day/wk/mo:11426} and is {pain progression:11358}. Pain {pain details:11635}. Other symptoms include: { :11361}.</p> <p>Treatment has included: { :11366} Calculus passed during this episode: { :11367} Previous calculus and type: {yes/type/no/unk:11369} Previous treatment: { :11370} Dietary contributing factors: { :11372}</p> <p>Last test results: LASTPSA LASTCR</p>
UROROS		<p>Review of Systems General: { :11454} Allergy: { :11448} Respiratory: { :11449} Cardiovascular: { :11452}</p>

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Medical Specialties

These are fairly self-evident. Please don't type these out! They are intuitive, easy to use, and frequently relied on in discussing referrals. Examples: **DERM** (Dermatology), **URO** (Urology).

SmartPhrase Name	Synonyms	SmartPhrase Text
ANES		Anesthesia
CARD		Cardiology
CHIRO		chiropractor
DERM		Dermatology
ENDO		Endocrinology
ENT		Otolaryngology
FP		Family Practice
GI		Gastroenterology
GS		General Surgery
GYN		Gynecology
HEM		Hematology
IM		Internal Medicine
MH		Mental Health department
NEPH		Nephrology
NEUR		Neurology

SmartPhrase Name	Synonyms	SmartPhrase Text
NSURG		Neurosurgery
ONC		Oncology
OPH		Ophthalmology
OPT		Optometry
ORTHO		Orthopedics
OT		Occupational Therapy
PHT		Physical Therapy
POD		Podiatry
PSYCH		Psychiatry
PULM		Pulmonary
RAD		Radiology
RHEUM		Rheumatology
UCU		the Urgent Care Unit
URO		Urology

Section C

Procedure-Related SuperPhrases

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PROC SuperPhrases for Documenting Your Office Procedures

The Procedure Phrases—PROC followed by the procedure name—are intended for documentation of common office procedures. Of course, every specialty, based on what it does, will want some different procedure Phrases. The Phrases might require some editing if your personal approach to these procedures is slightly different. Study what is here and use what is appropriate for your practice, editing freely as noted in Chapter 43.

These Phrases can also be used within the Progress Note section of SmartSets for the corresponding procedures, or they may be used in the Progress Notes section of Visit Navigator. Some have synonyms: **PROCCRYO = PROCLN2** and **LN2S**. (Application of liquid nitrogen is extremely common. Just use **LN2** [no “s”] for one lesion and **LN2S** for more than one [the “s” bringing up the plural form to reflect more than one lesion treated, which is common.]

For redundancy, a few of these Phrases also exist as CV Phrases, such as **CVFLEXSIG** and **CVMINORSURG**. Note the useful Phrase **PROC-MINORSURG**, which is the same as **PROCLESION** and **CVMINORSURG**; it offers a simple documenta-

tion of most common types of primary care skin lesion removal.

A few brief “procedures” performed during the course of a routine office visit are so common that they don’t need the PROC prefix. They’ve been listed previously in Chapter 2 and are repeated here for your convenience:

SVN Small volume nebulizer treatment with {;15249}.

PEAK Peak flow reading is ***, about *** % of predicted.

OX Pulse oximetry on room air is ***. *[You can also use SmartLink LastSaO2[N for the last “N” pulse ox readings. Just type a number instead of “N” – .i.e., LastSaO2[1 gives today’s reading as entered in Vital Signs.]*

EKG EKG: {;15101}. *[To document your interpretation of an office EKG]*

XR A ***Chest X-Ray was ordered. My reading of this film is ***. (No comparison films available: pending review by Radiologist.)

WAX Ceruminosis is noted. Wax is removed by syringing and manual debridement. Instructions for home care to prevent wax buildup are given.

Here are the PROC Phrases:

SmartPhrase Name	Synonyms	SmartPhrase Text
LN2		Liquid nitrogen was applied for 10-12 seconds to the skin lesion and the expected blistering or scabbing reaction explained. Do not pick at the area. Patient reminded to expect hypopigmented scars from the procedure. Return if lesion fails to fully resolve.

SmartPhrase Name	Synonyms	SmartPhrase Text
PROCARTHROCENTESIS	ARTHROCENTESIS	After consent was obtained, using sterile technique the *** was prepped and Lidocaine 1% plain was used as local anesthetic. The joint was entered and *** ml's of *** colored fluid was withdrawn and sent for ***. Steroid *** mg and *** ml plain Lidocaine was then injected and the needle withdrawn. The procedure was well tolerated. The patient is asked to continue to rest the joint for a few more days before resuming regular activities. It may be more painful for the first 1-2 days. Watch for fever, or increased swelling or persistent pain in the joint. Call or return to clinic prn if such symptoms occur or there is failure to improve as anticipated.
PROCCERUMEN	WAX CERUMEN	Ceruminosis is noted. Wax is removed by syringing and manual debridement. Instructions for home care to prevent wax buildup are given.
PROCCRYO	PROCLN2 LN2S	Liquid nitrogen was applied for 10-12 seconds to the skin lesions and the expected blistering or scabbing reaction explained. Do not pick at the areas. Patient reminded to expect hypopigmented scars from the procedure. Return if lesions fail to fully resolve.
PROCFLEXSIG	FLEXSIGCV PROCSIGMOIDOSCOPY CVFLEXSIG	<p>SUBJECTIVE: This patient presents for flexible sigmoidoscopy. Indications: {:15117}.</p> <p>OBJECTIVE: CAPHE appears well, vitals are normal. Abdomen is normal; soft, non tender, no organomegaly or masses. Anus ***normal. Digital rectal is normal.</p> <p>PROCEDURE: After explaining the procedure, informed consent was obtained. Using the {:15712} instrument, flexible sigmoidoscopy was carried out. Proceeded to *** cm. Further exam limited by: {:15520}.</p> <p>Findings: {:15118}.</p> <p>No complications were encountered; the procedure was well tolerated. The patient is asked to call if any unusual pains or bleeding occur. May resume normal diet and activities at this time.</p> <p>ASSESSMENT: {SIGMOIDOSCOPY SUMMARY:15382}.</p> <p>PLAN: Per orders. Post-procedure instructions are given to the patient.</p> <p>Recommendations: {:15383}.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
PROCKNEETAP	KNEETAP	<p>After consent was obtained, using sterile technique the *** knee was prepped and 3 ml's of 1% plain Lidocaine used to anesthetize the needle tract into the joint from the medial infrapatellar approach. The knee joint was entered and *** ml's of *** colored fluid was withdrawn and sent for ***. Steroid *** mg and 2 ml plain Lidocaine was then injected and the needle withdrawn. The procedure was well tolerated. The patient is asked to continue to rest the knee for a few more days before resuming regular activities. It may be more painful for the first 1-2 days. Watch for fever, or increased swelling or persistent pain in knee. Call or return to clinic prn if such symptoms occur or the knee fails to improve as anticipated.</p>
PROCMINORSURG	LESIONPROC MINORSURGERY PROCLESION CVMINORSURG	<p>SUBJECTIVE: NAME is a AGE SEX who presents for lesion removal. We have already discussed this procedure, including option of not performing surgery, technique of surgery and potential for scarring at a recent visit.</p> <p>OBJECTIVE: Patient appears well. Vitals are normal. Skin: ***</p> <p>ASSESSMENT: {LESION DX:15286}</p> <p>PLAN: After informed consent was obtained, using Betadine for cleansing and 1% Lidocaine {w-w/o:15700} epinephrine for anesthetic, with sterile technique, {PROCEDURE:15287} was performed. Antibiotic dressing is applied, and wound care instructions provided. Be alert for any signs of cutaneous infection. The procedure was well tolerated without complications. Follow up: {FOLLOW UP:15288}.</p>
PROCNAIL	NAILPROC	<p>SUBJECTIVE: NAME is a AGE SEX who presents for palliative wedge resection of an ingrown toenail.</p> <p>OBJECTIVE: Patient appears well, normal vital signs. {15607} nail reveals ingrown edge with tenderness.</p> <p>ASSESSMENT: ingrown toenail</p> <p>PLAN: Informed consent is obtained. Using a 50-50 mixture of 1% plain lidocaine and 0.5% plain marcaine, a ring block was done (6 cc total). Using a tourniquet for hemostasis and sterile instruments, I freed the nail from the nailbed and removed a wedge of the nail including the ingrown portion to the level of the nail skin fold. This was well tolerated, minimal bleeding. Antibiotic ointment and a dressing are applied. Tylenol with Codeine #3, 1-2 tabs po q4h prn pain is given. Remove the dressing tomorrow and begin frequent soaks, complete HIS antibiotics and have a follow up visit in a week. Call if pain, erythema fever or bleeding. Wound care and dressing instructions are given.</p>

SmartPhrase Name	Synonyms	SmartPhrase Text
PROCPUNCH	PUNCH	After informed written consent was obtained, using Betadine for cleansing and 1% Lidocaine {15700::with} epinephrine for anesthetic, with sterile technique a *** mm punch biopsy was used to obtain a biopsy specimen of the lesion. Hemostasis was obtained by pressure and wound was *** sutured. Antibiotic dressing is applied, and wound care instructions provided. Be alert for any signs of cutaneous infection. The specimen is labeled and sent to pathology for evaluation. The procedure was well tolerated without complications.
PROCSKINTAGS	SKINTAGS	<p>S: The patient complains of symptomatic skin tags on the ***. These are irritated by clothing, jewelry and rubbing.</p> <p>O: Patient appears well. Several benign skin tags are noted on the ***.</p> <p>A: Skin tags</p> <p>P: Skin tags are snipped off using Betadine for cleansing and sterile iris scissors. Local anesthesia was ***not used. These pathognomonic lesions are not sent for pathology.</p>
PROCSTEROIDINJECTION	PROCINJECTSTEROID STEROIDINJECTION INJECTSTEROID	A steroid injection was performed at *** using 1% plain Lidocaine and *** mg of {15775::celestone}. This was well tolerated.
PROCTRIGGERPOINT	TRIGGERPOINT	A trigger point injection was performed at the site of maximal tenderness using 1% plain Lidocaine and {15775}. This was well tolerated, and followed by *** relief of pain.
PROCWOUNDCARE	WOUNDCARE	The wound is cleansed, debrided of foreign material as much as possible, and dressed. The patient is alerted to watch for any signs of infection (redness, pus, pain, increased swelling or fever) and call if such occurs. Home wound care instructions are provided. Tetanus vaccination status reviewed: {15746::tetanus re-vaccination not indicated}.

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Medical Tests and Office Procedures Based on Scenarios

Procedures and tests you perform or order every day need their own Phrases. Try the ones you see here. You'll note that they are used in different contexts: sometimes for procedures the patient had in the past, and other times for those you plan to order today. While EpicCare can display today's orders in your note automatically through the use of the ENCORD group of SmartLinks, many physicians like to mention their orders in today's discussion of plan of care. Examples include **BRONCH** (bronchoscopy), **EBX**

(endometrial biopsy), **TST** (treadmill stress test), and **LESI** (lumbar epidural steroid injection).

There are a number of **CT** and **MR** Phrases to spell out CT or MR exams of specific organs (**MRBRAIN** is MRI examination of the brain). These are not quite as intuitive as some of the other scenario Phrases, but they can be mastered easily and save plenty of typing in common situations.

This chapter's Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text
ABG		arterial blood gases
ABGRESULT		Arterial Blood Gas result: pO2 ***, pCO2 ***, pH ***, HCO3 ***, %O2 Sat ***.
ABNTSH		TSH is abnormal: LASTTSH Plan: {:10573}
ACT		abdominal CT scan
ALKPHOS		alkaline phosphatase
AU		abdominal ultrasound
BE		barium enema
BMP		basic metabolic panel
BRONCH		bronchoscopy
CARDIOLITE		Cardiolite (Tc-99m Sestamibi) stress test
CCL		creatinine clearance
CESI		cervical epidural steroid injections
COC SER		cocci serology
COLON		colonoscopy
COLPO		colposcopy
CRP		C-reactive protein
CTABDO		CT-scan of the abdomen
CTAP		CT-scan of abdomen and pelvis
CTBRAIN		CT-scan of the brain

SmartPhrase Name	Synonyms	SmartPhrase Text
CTCHEST		CT-scan of the chest
CTPELV		CT-scan of the pelvis
DEXA		{DEXA options:15725}.
DMGM		diagnostic mammogram
DST		dexamethasone suppression test
EBX		endometrial biopsy
ECHO		echocardiogram
EGD		upper endoscopy
EKG		EKG: {:15101}.
EMG		electromyography
ESWL		extracorporeal shock wave lithotripsy
FLEXSIG		flexible sigmoidoscopy
FLP		fasting lipid panel
GCC		GC and chlamydia DNA probe obtained and sent to lab.
GLY		glycosylated hemoglobin
HBE	HGBE HGE	hemoglobin electrophoresis
HCT		hematocrit
HEPSER		hepatitis serologies
HGB		hemoglobin
INR		INR/Prothrombin Time
K		potassium
LAP		laparoscopy
LBX		liver biopsy
LESI		lumbar epidural steroid injections
LFT		liver function tests
MGM		mammogram
MRABDO		MRI examination of the abdomen
MRBRAIN		MRI examination of the brain
MRCHEST		MRI examination of the chest
MRCSP		MRI examination of the cervical spine
MRHIP		MRI examination of the hip
MRIAC		MRI examination of the internal auditory canals
MRKNEE		MRI examination of the knee
MRLSP		MRI examination of the lumbar spine
MRNECK		MRI examination of the neck
MRPELV		MRI examination of the pelvis
MRSHOULDER		MRI examination of the shoulder
MRTSP		MRI examination of the thoracic spine

SmartPhrase Name	Synonyms	SmartPhrase Text
NA		sodium
NCV		nerve conduction velocities
NEWBORNSCREEN		Newborn Metabolic Screen: {:15342}.
OX	PULSEOX	Pulse oximetry on room air is ***.
PEAK		Peak flow reading is ***, about *** % of predicted.
PFT		pulmonary function tests
PHEOTESTS		24 hour urine for VMA, free catecholamines and metanephrine is ordered to exclude pheochromocytoma.
PPD		Tuberculin skin test applied to *** ventral forearm. Explained how to read the test, measuring induration not just erythema; HE will come into office if test appears positive.
PRL		prolactin
PROT		Prothrombin Time/INR
PU		pelvic ultrasound
PVR		post void residual
RAPID		Rapid strep test is ***.
RFT		renal function tests
RL		Routine labs ordered; CBC, comprehensive metabolic panel, fasting lipid panel, urinalysis.
SBFT		small bowel follow-through
SBS		small bowel series
SER		serology
SMGM		screening mammogram
SPEP		serum protein electrophoresis
SPIRAL		spiral CT of the chest
SVN		Small volume nebulizer treatment with {:15249}.
TC		throat culture
TFT		T3,T4,T7 and TSH
TG		triglycerides
THA		total hip arthroplasty
TKA		total knee arthroplasty
TL		tubal ligation
TROP		troponins
TST		treadmill stress test
TT	TESTO	testosterone
TUMT		transurethral microwave thermal therapy
TURP		transurethral prostatectomy
TVU		transvaginal ultrasound
UA		Urine dipstick shows {:15113}. Micro exam: {:15114}.
UADIP	DIPUA	Urine dipstick shows {:15374}.

SmartPhrase Name	Synonyms	SmartPhrase Text
UCULT	URC	urine culture
UGI		upper GI series
UMIC		urinary microalbumin
UPEP		urine protein electrophoresis
US		ultrasound
VAS		vasectomy
VCUG		voiding cystourethrogram
VR		vestibular rehabilitation with canalith repositioning
WBC		white blood cell count
WET		Microscopic wet-mount exam shows {;15123}.

Part 5

SmartLinks

Introduction

The next several chapters will list and explain the most clinically relevant of hundreds of available SmartLinks in EpicCare. Epic develops most of these SmartLinks, but also provides code containing parameters that allow each organization to build custom SmartLinks to suit its own needs. Listing custom SmartLinks from any specific organization will not be helpful in this text; they will not work in other organizations' environments. What will be useful, however, is a discussion about why and how to build your own custom SmartLinks in your organization.

We will begin with the “basics” and then review the very important Epic SmartLinks. From there we'll move on to ID (“identify patient”) SmartLinks and Links to the latest vital signs. Then, we'll switch gears to discuss LastLab SmartLinks for the most recent lab results on a patient and see representative samples

of patient progress notes with the output of many of these SmartLinks. Finally, I'll walk you through the use of SmartText/SmartLink pairing to build Patient Instruction (“PI”) SmartLinks. Though I have stated this previously, I cannot emphasize enough the value of SmartLinks. A user who masters these workflows holds the keys to the castle. An organization that customizes and leverages these and properly trains its users will move to the head of the line in terms of documentation. Equally important, though, is the accuracy of the data behind these SmartLinks . . . and that responsibility falls on the shoulders of each and every user.

Nurses and MAs will find Part 5 a valuable addition to streamlining the workday. As mentioned earlier, they should also refer to many of the chapters in Parts 3 and 4, particularly chapters 19, 26, and 27.

SmartLinks – Some of the Basics

SmartLinks display or pull data directly from the patient's chart (i.e., data that is “linked” to the patient, such as problem and medication list, past history, demographic data, lab result data, etc.). But SmartLinks can also display data about the user (you), the date, and the time. By design, SmartLinks display different information for each patient—they are *dynamic*. SmartPhrases display the same information for each patient—they are *static* (other than any SmartLinks, such as pronouns, embedded within those SmartPhrases, a very common use of SmartLinks).

In some ways, SmartLinks are like SmartPhrases. They are invoked in exactly the same manner as SmartPhrases, by typing <dot> followed by the SmartLink name. (Epic calls this the “*mnemonic*”—similar to SmartLink name.) (Recall that in this book I've used capital letters for SmartLinks and Phrases, so you can pick them out easily; but in practice, you never need to type in caps to evoke a SmartLink or SmartPhrase.) Like SmartPhrases, SmartLinks have

synonyms. They show up in the Phrase Finder window, just like SmartPhrases. However, a SmartLink has a true description in the Expansion column in that window, while a Phrase shows the first string of text. See Figure 35-1.

Epic creates the vast majority of SmartLinks, but any organization can build its own SmartLinks or edit some of Epic's. Your implementation team can create additional SmartLinks, which are usually requested by physicians and nurses. You should be aware that your team can create a Link to almost any previous laboratory result or series of results. EpicCare is now shipped with a starter set of LastLab SmartLinks. However, because each customer site has its own unique Result Component master file, which forms the basis of LastLab SmartLinks, you may well need to edit or change Epic's starter set, and you will certainly want to augment Epic's starter set with additional creative links as time goes on.

Abbrev	Expansion
AFUTAPPT	All Future Appointments
AGE	Age as of today
AGEPEDS	Age as of today (Pediatric)
AGREE	The patient indicates understanding of t...
AH	antihistamine
AHA	A copy of the American Heart Association...
AHD	antihistamine/decongestant product
AI	aortic insufficiency
AK	actinic keratosis
AKAMP	above-knee amputation
AKS	actinic keratoses
ALC	alcohol
ALCHX	History - Alcohol Use
ALERT	I have asked the patient to be on the al

Figure 35-1 The Phrase Finder window. **AFUTAPPT**, **AGE**, **AGEPEDS**, and **ALCHX** are SmartLinks. Note the short description for SmartLinks, compared with the first line of actual (often truncated) text for SmartPhrases. Otherwise, SmartLinks and SmartPhrases look identical in the Phrase Finder window, and they are both invoked by typing a <dot> followed by the Link or Phrase name.

SmartLinks can be used in several ways. They can be embedded into SmartText to automatically appear in your note. You can use them directly ad-hoc in any progress note, sometimes just to read data quickly; you may leave the information in your note or delete it after viewing, with a simple Undo command. SmartLinks can be strung together within SmartPhrases. For example the **ID** SuperPhrases in Chapter 37 are combinations of other SmartLinks: **ID** is this simple combination “.NAME is a .AGE .SEX.” You can also place SmartLinks into a SmartList and choose among them, as you would in any other SmartList.

A word about “parameters.” Parameters are the simple information that you—the end-user or, in some cases, a builder—must enter to make an Epic SmartLink perform. Knowing how to use parameters is somewhat “advanced” but is so enlightening and the results so powerful that it is well worth learning. A SmartLink requiring parameters will display Help text if you do not include the parameter. Don’t get frustrated if you see this: the Help text will tell you how to enter the parameter. Simply read it, learn it, and move forward. One example is Epic’s LastVitalSign set of SmartLinks. These SmartLinks require you to enter a parameter for the number of previous vital signs you want to see: one, two, three, or any other number. So for the last three blood pressure readings, you type **.LASTBP[3]**. The bracket signifies that a parameter

will follow, the number 3 is the parameter, indicating three prior blood pressure readings. If you type only **.LASTBP**, you will get Help text because the Link is missing a parameter. I have also built Phrases that include the parameter for you. In the above example the Phrase is **.LASTBP3** (no bracket). But if you want to specify a number different from three, you’ll need to know how to enter a parameter. Many of the Last-Lab result SmartLinks require parameter entry. See Chapter 39 for information.

Always remember, as stated earlier: **SmartLinks are only as useful as the data behind them.** The patient-level SmartLinks, such as **PROB, PROBL, CMED, ACTMED, PMH, PSH, ALG, FAMHX, SOC**, and others, are *totally* dependent upon the accuracy and completeness of the data entered in the corresponding fields within EpicCare. I can’t stress it enough: the maintenance of accurate patient-level data is everyone’s responsibility. If we all work together to maintain excellent patient-level data, we all gain speed, quality, and efficiency through the use of these valuable SmartLinks. Accurate patient-level data also begets accurate, high-quality decision support, which is often based on that same data. (To illustrate, an alert recommending aspirin therapy for a patient with coronary artery disease is dependent on the presence of a CAD diagnosis on the Problem List and an accurate Medication List with, or without, aspirin.)

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Epic SmartLinks

Epic's SmartLink file is very large, and much of it relates to non-clinical ancillary or billing information. Listed below are the most clinically relevant Epic Ambulatory SmartLinks, with a brief explanation of each and representative examples of some of the most important ones. I have them alphabetized, in this case, by their primary use (the fourth column, called "Usage"). This is definitely not a comprehensive list, but offers those Links which most users will need in ambulatory workflows. Epic develops new SmartLinks with each release; this chapter is up to date through the Spring 2006 version. (I have not included hundreds of other available SmartLinks for Inpatient, Billing, Managed Care, and other areas. See standard Epic documentation for further explanation of those valuable workflows.)

Referenced below are these SmartLink categories. You can view most of these SmartLinks at Epic's Community Library. Go to the Epic Web site, <https://userweb.epicsystems.com>; select the Community Library; in the Clinical Content section, select Browse. Then, in the Epic Model System Content section, click SmartLinks.)

Administrative SmartLinks offer information that is pertinent to clinical documentation but not specifically clinical. Two particularly important ones are the SmartLink to your own name, **ME**, and the Link to any existing future appointments for the patient whose chart you are in, **AFUTAPPT**. There are many of these administrative Links not referenced in this text, particularly those relating to the payor and coverage areas.

Demographics SmartLinks contain information specific to the patient, such as name, address, birth date, phone numbers, etc. Many nurses use **PHONE** in their Nursing Notes to document (and confirm) the correct contact phone numbers.

Encounter SmartLinks are specific to any given encounter, particularly the diagnoses and orders filed. They are useful for automatic documentation in the Assessment and Plan section of your note, if you file that information before using the Links in your note. Other noteworthy Encounter SmartLinks are current date, time, chief complaint, nursing notes, and your own progress notes. Your organization can easily customize these Links to give them more intuitive names (replace **ENCORDNM** with **MYORDERS**, for instance) and restrict them to types of orders for custom documentation and After Visit Summary (e.g., **MYMEDS**, **MYLABS**, **MYRAD**, etc.).

History SmartLinks display medical, surgical, social, obstetric, pediatric, and family history, as recorded in EpicCare. They are very valuable—but only if you and your colleagues accurately enter the data and maintain it over time.

Health Maintenance SmartLinks display topics for which the patient qualifies or is overdue, including immunization SmartLinks. There is also a SmartLink, **HM**, that allows documentation of actions taken or discussed in this regard. These Links work only if your organization has enabled the Health Maintenance features of EpicCare.

In Basket SmartLinks include two Links that display either the Order names or the Order names and results. They are intended for use within letters generated via In Basket workflows.

Medications and Allergies SmartLinks are the important SmartLinks displaying current meds, long-term meds (new in Spring 2006), encounter meds, discontinued meds, and allergies.

Obstetrics SmartLinks include those for current and past pregnancies. (Some link the mother's and newborn's records, used primarily in Inpatient workflow.)

Pediatrics SmartLinks are designed specifically for our youngest patients, particularly regarding their growth parameters.

Problem List SmartLinks offer variations of the Problem List. They display the centerpiece of “patient-level data”—information that transcends single encounters and remains relevant over time, but that also requires accurate updating by all providers.

Build Pronouns SmartLinks are typically used in SmartText or inside SmartPhrases, rarely free-hand while writing notes. You’ll want to know these for building personal Phrases, and they’re pretty easy to remember.

Vital Signs SmartLinks display current and past vital signs, BMI, and LMP. See also the Pediatric chapter, Chapter 27, and Chapter 38 for SmartPhrases built using these SmartLinks with predetermined parameters.

LastLab Result SmartLinks display the most recent lab results for your patient, a very useful and potent workflow. See Chapter 39.

For a detailed analysis of many of Epic’s SmartLinks, please review Chapter 40. It presents samples in fictitious patient charts, especially of History and LastLab Links.

Mnemonic	Synonyms	Short Description	Usage
AFUTAPPT		All Future Appointments	ADMINISTRATIVE
ME		User’s Name	ADMINISTRATIVE
ADD		Address (all lines)	DEMOGRAPHICS
AGE		Age as of today	DEMOGRAPHICS
BDAY	DOB	Date of Birth	DEMOGRAPHICS
FNAME		First Name	DEMOGRAPHICS
HMPH		Patient Home Phone	DEMOGRAPHICS
LNAME		Last Name	DEMOGRAPHICS
MRN		Medical Record Number	DEMOGRAPHICS
NAME		First MI Last	DEMOGRAPHICS
PH		Patient Phone Numbers	DEMOGRAPHICS
SEX		Sex	DEMOGRAPHICS
WKPH		Patient Work Phone	DEMOGRAPHICS
CC	RFV, CHIEFCOMPLAINT	Chief Complaint	ENCOUNTER
DIAG		Enc Diagnoses	ENCOUNTER
DIAGX		Short Enc Diagnoses	ENCOUNTER
DX		Short Dx	ENCOUNTER
DXC		Diagnoses with Comments	ENCOUNTER
ED		Enc Date	ENCOUNTER
ENCORD	ORDERSENC	Orders - Placed In This Encounter	ENCOUNTER
ENCORDNM	ORDERSNMENC	Orders - Placed In This Encounter (Name Only)	ENCOUNTER
ENOTES	NURSINGNOTES	Notes - Nursing Notes	ENCOUNTER
NOW		Current Time	ENCOUNTER
PNOTES	PROGRESSNOTES	Notes - Progress Notes W/O Sensitive Notes	ENCOUNTER
TD		Today’s date	ENCOUNTER
ALCHX	HXALCOHOL	History - Alcohol Use	HISTORY
DRUGHX	HXDRUG	History - Drug Use	HISTORY

Mnemonic	Synonyms	Short Description	Usage
FAMHX	HXFAMILY	History - Family	HISTORY
FAMST		Family status	HISTORY
PMH	HXPMH, MEDICALHX	History - Past Medical History	HISTORY
PNMH		History - Past Medical History Pertinent Negatives	HISTORY
PSH	HXPSH, SURGICALHX	History - Past Surgical History	HISTORY
SACTHX	HXSEXUALACTIVITY, SEXUALACTIVITYHX	History - Sexual Activity	HISTORY
SOC		Social Hx	HISTORY
SOCDOC		Social Hx Documentation	HISTORY
SOCH		Short Social Hx on file	HISTORY
SOCHX		Display Social Hx on file	HISTORY
SOCX		Short Social Hx	HISTORY
TOBHX	HXTOBACCO	History - Tobacco Use	HISTORY
HMDUE		Health Maintenance Due Soon or Overdue	HM
HMLIST		Health Maintenance List	HM
IMM		Immunization Hx	HM
IMS		Most Recent Immunizations	HM
IBORD		IB Orders	INBASKET
IBRST		IB Results	INBASKET
BRIEFLAB*		Brief variant of Lastlab	LAST LAB
GETLABS*		Get lab results for a range, including today	LAST LAB
LABRCNT*		Recent Labs	LAST LAB
LASTLABV*		Results for previous visits	LAST LAB
LASTVISIT*		Results for most recent visit	LAST LAB
RESUFAST*		Version of BRIEFLAB, treats similar basenames as same component	LAST LAB
ACTMED	TAKMED	Show Meds the patient reported as taking.	MEDS
ALG		Summary of allergies	MEDS
ALGENC		Allergies as of enc date	MEDS
ALLERGY		Allergies - Table Format	MEDS
CMED		Current Rx	MEDS
CMEDS	MEDSCURRENT	Medications - Current, Listed Continuously	MEDS
COPMEDS		Current OP Rx	MEDS
DCMED	MEDSDISCONTINUED	Medications - Discontinued	MEDS
ENCMED		Encounter Meds	MEDS
LTMED		Long-Term Medications	MEDS
MED		Medications - Previous to this Encounter	MEDS
REFILL		Requested Rx	MEDS

*for further LastLab details see Chapter 39

Mnemonic	Synonyms	Short Description	Usage
BFEED		Displays whether the patient is currently breastfeeding	OB
EDD	EDC	Estimated Date of Delivery	OB
GA		Estimated gestational age	OB
GP	GTPAL	Gravida-Para	OB
LMPVITALS		Vitals with LMP for OB patient	OB
MOM		Link to Mother	OB
OB		Obstetric History	OB
OBHIST		Obstetric History	OB
AGEPEDS		Age as of today (Pediatric)	PEDS
BMIFA		BMI-for-Age Percentile	PEDS
HCFA		Head Circumference-for-Age Percentile	PEDS
LASTHC		Last n HC readings - requires parameter [N]	PEDS
PED	HXPED	History - Pediatric	PEDS
SFA		Stature-for-Age Percentile	PEDS
SOCp		Pediatric Hx	PEDS
WFA		Weight-for-Age Percentile	PEDS
WFL		Weight-for-Length Percentile	PEDS
WFS		Weight-for-Stature Percentile	PEDS
PROB		Problem List	PROB LIST
PROBEDITED		Problems modified by the user	PROB LIST
PROBL		Extended Problem List	PROB LIST
CAPHE		He or She	PRONOUN
CAPHIS		His or Her	PRONOUN
CAPSEX		Sex (First letter in upper case)	PRONOUN
HE		he or she	PRONOUN
HIM		him or her	PRONOUN
HIS		his or her	PRONOUN
M		Mr. or Ms.	PRONOUN
PATFYI		Return abbreviation of all active patient FYIs	(Usage varies)
BMI		Body Mass Index	VITALS
BMIE		Estimated Body Mass Index	VITALS
BSA		Vitals - BSA	VITALS
BSAE		Estimated Body Surface Area	VITALS
LASTBP		Last n BP readings - requires parameter [N]	VITALS
LASTHT		Last n Ht readings - requires parameter [N]	VITALS
LASTLMP		Last n LMP readings - requires parameter [N]	VITALS
LASTPF		Last n PF readings - requires parameter [N]	VITALS
LASTPULSE		Last n Pulse readings - requires parameter [N]	VITALS

Mnemonic	Synonyms	Short Description	Usage
LASTRESP		Last n resp readings - requires parameter [N	VITALS
LASTSP02	LASTSA02	Last n SpO2 readings - requires parameter [N	VITALS
LASTTEMP		Last n temp readings - requires parameter [N	VITALS
LASTWT		Last n Weight readings - requires parameter [N	VITALS
LMP		Last Menstrual Period	VITALS
MULTIPLEVITALS	MVITALS, VITALSM, VITALSMULTIPLE	Vitals - Displays multiple vitals in Ambulatory contexts	VITALS
VS		Visit Vitals	VITALS

ID SmartLink SuperPhrases – Patient Identification

This group of SmartPhrases leverages some of Epic’s standard SmartLinks, which you will have available in your organization. Use them to document and identify your patient at the beginning of notes and supply additional information about problem and medication lists. These Phrases are really a concatenation of simple Epic SmartLinks, such as **NAME**, **AGE**, **SEX**, **PROB**, **CMED**, and others. For this reason, I’ve included them among the SmartLinks. (See Chapter 36 for more details on available SmartLinks.) Some of these Phrases were designed by specialists, as you will

see. **IDLONG** can be very long, indeed, but may suit your purposes, depending on your workflow.

One more reminder: these are dependent upon patient-level data, as I said earlier. The output is only as good as the input. So, everyone, work together to *make it work* by maintaining important problem list, medication, allergy, and past historical data in the correct fields in EpicCare. However, you can always depend on our old friend, **ID**: it just pulls the name, age, and sex, and it should always be correct.

The ID Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text (a string of logically grouped SmartLinks)
ID		NAME is a AGE SEX
IDILL	IDSICK	NAME is a AGE SEX who presents with ***. Symptom onset has been { :15708 } for a time period of *** { :15003 }. Severity is described as { :15014 }. Course of HIS symptoms over time is { :15708 }.
IDLONG		Patient NAME is a AGE SEX with the following history as recorded in EpicCare: PROBL CMED Allergies: ALG PMH PSH FAMHX SOCX
IDOB		NAME is here for a return obstetrical visit. GA
IDORTHOARM	IDARM	NAME is a AGE SEX {handedness:15516} {occupation/activities:15517}. Worker’s Compensation and legal considerations: {status:15522}.
IDORTHOLEG	IDLEG	NAME is a AGE SEX {occupation/activities:23991}. Worker’s Compensation and legal considerations: {status:15522}.
IDPED		NAME is a AGE SEX brought by { :15061::mother } presenting with

SmartPhrase Name	Synonyms	SmartPhrase Text (a string of logically grouped SmartLinks)
IDPROBLEM		NAME is a AGE SEX with the following Problems and Medications. PROB CMED

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LastVitalSigns SmartLink SuperPhrases – Last Three Available Vital Signs

Vitals signs within a given encounter can be placed into progress notes with the SmartLink **VS**, but Epic has built other SmartLinks allowing you to pull multiple old vital signs from previous visits. These SmartLinks require a simple parameter to indicate the number of previous vitals needed. So, much like the ID SmartLink Phrases in the last chapter, LastVital Signs SmartPhrases have been built leveraging vital sign SmartLinks. These special SmartLink Phrases help you easily recall the last several sets of vital signs to your progress note. They begin with **LASTxxx** and pre-coordinate the required parameters for you. There are LastVital SmartLinks for every vital sign (BP, pulse, temperature, height, weight, etc.). If you type simply **LASTBP**, you will get Epic's Help text on your screen, which tells you how to add parameters.

Because adding parameters is a bit obscure, for convenience I built SmartPhrases that pre-add these parameters, and I chose three as the number you might commonly want. So, if you want the last three blood pressures, use **LASTBP3**. (This works the same as typing ".LASTBP[3".) But if for some reason you want the last 10 blood pressures, you'll have to add the parameter "[10" by typing the SmartLink **LASTBP[10** on your own.

A related SmartLink of note is **MULTIPLE-VITALS**. This Link displays all the vital signs in today's encounter as entered in the Documentation Flowsheet multiple vital signs section of the Visit Navigator.

The LastVitalSigns Phrases are:

SmartPhrase Name	Synonyms	SmartPhrase Text (contains precoordinated parameter for latest 3 results - see above)
LASTBP3		LASTBP(3)
LASTHEADCIRC3	LASTHC3	LASTHC(3)
LASTHEIGHT3	LASTHGT3 LASTHT3	LASTHT(3)
LASTO2SAT3	LASTOXIMETRY3 LASTPULSEOX3 LASTSAO23	LASTSAO2(3)
LASTPEAKFLOW3	LASTPF3	LASTPF(3)
LASTPULSE3		LASTPULSE(3)
LASTRESP3		LASTRESP(3) LASTPF(3) LASTSAO2(3)
LASTTEMP3		LASTTEMP(3)
LASTVITALS		LASTWT(3) LASTTEMP(3) LASTBP(3) LASTPULSE(3)

SmartPhrase Name	Synonyms	SmartPhrase Text
LASTWEIGHT3	LASTWGT3 LASTWT3	LASTWT(3)

SmartLinks can display the latest lab results for your patients very easily. I have worked together with Epic to build many of these as a starter set into Epic's Model System; they are listed in this chapter, as well as on Epic's Community Library. Our decision was to build them as *SmartPhrases*, which actually call the BriefLab SmartLink functionality. (In other words, in the SuperPhrase file there are Phrases that automatically invoke Epic's BriefLab SmartLinks, pulling the latest lab results; this is a common technique used in the SuperPhrase file, as you've seen in many earlier examples in Part 5 of this book.) Hence, in this specific situation I am using the description of LastLab "SmartPhrases" and LastLab "SmartLinks" almost interchangeably, though these terms are not interchangeable in general. Please be aware, however, that your organization has a Result Component master file that contains essential information specific to these LastLab tools. In addition, certain results are workflow-dependent (two common examples: stool hemoccult sent to the lab for resulting versus those resulted in your back-office; and PPD skin test resulting workflows). Therefore, some of the Model System LastLab SmartPhrases may have to be edited or rebuilt in your organization. You'll definitely want to augment the starter set with additional LastLab Links or Phrases as well, because some workflows are too complex to build at the vendor level. For instance, Links to complex sets of results, such as glucose tolerance testing or panels of HIV viral loads, are not included in the starter set, though you may want these in your organization.

LastLab SmartLinks and SmartPhrases are fundamental documentation tools, and their build is fairly straightforward. So if you do not find a sufficient number of useful LastLab tools available in your organization, please work with your project and leadership teams to create new Links or Phrases that match your charting requirements. Don't be passive.

Speak up if you see opportunities for innovation that would improve the quality of your workflow. Sometimes, it's OK to be a squeaky wheel—a little grease never hurt anyone.

LastLab SmartLinks and Phrases can be built one component at a time, such as Links to the last TSH or last white blood count or last creatinine. They can also be built in logical clinical groups—for example, the last CBC, which would include hemoglobin, hematocrit, MCV, WBC and platelets; or the last renal panel, which includes electrolytes, BUN, and creatinine.

LastLab SmartLinks and Phrases have a particular purpose. You should think of them as a fast, easy way to display summary lab information, but not as a substitute for thorough review of the chart. Consider the **LastCBC** SmartPhrase: by design, it does not include every component of a typical CBC test. It includes only the "basics" that any doctor or nurse would want to know on the fly while seeing the patient and writing the progress note. Suppose your patient says, "Hey, I've been tired lately." I might type **.LastCBC** to view quickly the latest H&H for an on-the-spot anemia check. I might even erase the output from my progress note with a simple Undo command; I simply want to know—right now, without clicking Review—what the latest H&H are, if they were done at all. But if I'm seeing a patient with known chronic anemia or another chronic hematological condition, while **LastCBC** is still useful, it is insufficient for me to fully evaluate the case. Instead I would click Flowsheets and bring a more detailed Hematology Flowsheet showing the details of every available CBC and differential. Some users have complained that SmartLinks such as **LastCBC** do not show the full detail of the last result. While such a Link could be constructed, it would place a great deal of information into your progress note, which would take up so much space it might make the note look cluttered. Please understand the difference between the summary-level, quick-view

LastLab SmartLink workflow and the detail-level, in-depth-view Flowsheet workflow. Learn to use the tool that fits the immediate need. This is the reason I have not built a LastLab Phrase for Urinalysis; there's simply too much information, all of which is equally important. But if you disagree, ask your team to build such a SmartPhrase or SmartLink. It's not that it can't be done; rather, it is, how usable is the output? Just because you *can* do something doesn't always mean you *should*.

The key to building LastLab tools is entering parameters, which in this case come from the Result Component master file (known as LRR in Chronicles, the database upon which EpicCare is built). As an example of a result component, let's take a hemoglobin, which can be found within various tests you might order: a CBC with diff, a CBC without diff, or an H&H test. Each result component has an abbreviation, known as a "base name"; the base name for our example component hemoglobin is likely to be "HGB." The LastLab SmartLink tools "call" the result for hemoglobin by referencing the base name(s) as a parameter. Therefore, we can easily build a SmartLink or SmartPhrase to display the latest hemoglobin—whether it came from a CBC without diff, a CBC with diff or from an H&H—by using one of Epic's various LastLab functions coupled with the proper base name. Your organization's base names may or may not differ, in whole or in part, from Epic's Model System. So the Phrases shown below may need editing in your system; nevertheless they are a simple, straightforward fundamental build, and *I urge you to explore and develop these Links in your organization, if it hasn't been done already.*

I mentioned above Epic's "various LastLab functions." Epic has several LastLab-style workflows that differ subtly in their parameters and in their output format. Some very useful LastLab-type SmartLinks require either no parameter or a simple Time/Format parameter (versus those obscure base name parameters—do not be shy in approaching your project team to obtain a dictionary of available base names). I have indicated the various LastLab-style SmartLinks below, along with some information for your project team: what type of parameter is required and which items and formats of a result are included in the output. The Epic Model System LastLab starter set is built using the BriefLab function, which displays a

nice compact format in your progress note, along with the actual base name.

Here are the pearls for you, as an end-user faced with a bewildering array of LastLab SmartLinks. If you remember nothing else, remember these:

- To display the lab results from the most recent visit, type **.LASTVISIT** (no parameters).
- To display the last lab results for a given amount of time, in the Summer 2005 version (and earlier) type **.LASTLABV[p1,p2]**. In the Spring 2006 version and beyond, type **.GETLABS[p1,p2]**. (GETLABS works almost the same as LASTLABV, and is easier to remember.) Parameter 1 (p1) indicates how far back to look. Type the number followed by a "D" for days backward, "W" for weeks backward, "M" for months backward, and "Y" for years backward. So to display all lab results in the past 30 days, type **.GETLABS[30D]** or **.GETLABS[1M]**. Parameter 2 (p2) is optional. If you leave it blank or use the number 1 as your parameter, you get a variation that includes a detailed report with normal ranges and result status (e.g., "final"). However, if you use the number 2 as your parameter, which I recommend highly, you get an abbreviated display with just the test name, the result, and the date. So for an abbreviated display of the lab results in the past six months, type **.GETLABS[6M,2]**. This isn't that difficult to remember, and you'll be pleased with the output and with your personal control of the system.

And one final pearl: you could build your own personal SmartPhrase, call it something easier, such as "OLDLAB." The text of your Phrase would be **.GETLABS[p1,p2]** (or equally, **.LASTLABV[p1,p2]**). This really falls into the "Don't get mad, get even" paradigm. Throttle that doggoned computer! Below you will find the Model System LastLab SmartPhrases (which function exactly like SmartLinks, as I've said). There is also a table comparing the features of Epic's various Last-Lab-style native SmartLinks, which can be leveraged in various workflows. Remember, the Epic Model System LastLab SmartPhrases may require editing to work properly in your system.

Chapter 40 presents samples of patient progress notes with the output of many of the available Epic SmartLinks, especially those that provide similar information (e.g., the Links for History and LastLab results).

Epic Model System LastLab SmartLinks

Smartphrase	Synonyms	Short Description
LASTAFP		latest serum AFP level
LASTALKP		Latest alkaline phosphatase
LASTALT		Latest ALT
LASTAMA	LASTASMA LASTSMA	Latest Anti Smooth Muscle and Anti Mitochondrial antibodies
LASTAMYLASE		Latest amylase
LASTANA		Latest ANA
LASTANC		Latest absolute neutrophil count
LASTANTICONVULSANT- DRUGLEVEL	LASTDILANTIN LASTPHENOBARB LASTDEPAKOTE LASTDEPAKANE LASTVALPROIC LASTTEGRETOL LASTPHENYTOIN LASTCARBAMAZIPINE LASTSEIZUREDUGLEVEL LASTVALPROATE	Latest serum level Dilantin, Phenobarb, Valproate and/or Carbamazepine
LASTAPCLABS	LASTFPLABS LASTIMLABS	Latest values most common primary care labs, "APC" = Adult Primary Care
LASTB12		Latest B12
LASTBLOODTYPE	LASTABORH	Latest ABO and Rh
LASTBUN		Latest BUN
LASTCA	LASTPHOS	Latest calcium and phosphorus
LASTCA125		latest CA-125
LASTCBC	LASTHEME	Latest WBC, HGB, HCT, MCV, platelets
LASTCD4		Latest CD4 count
LASTCEA		latest CEA
LASTCPK		Latest CPK
LASTCR		Latest creatinine
LASTCRP		Latest C-reactive protein
LASTDDIMER		Latest D-dimer
LASTDIABETES	LASTDM	Latest 3 A1C, FBS, microalbumin, LDL, CR
LASTESR	LASTSEDRATE	Latest ESR
LASTFBS		Latest fasting blood sugar
LASTFERRITIN		Latest ferritin
LASTFOLATE		Latest folate
LASTGGT		Latest GGT
LASTHBA1C	LASTA1C LASTGLYCO	Latest hemoglobin A1c

Smartphrase	Synonyms	Short Description
LASTHCT		Latest hematocrit
LASTHCV		Latest hepatitis C antibody
LASTHEPATITIS		Latest hepatitis serologies types A, B or C
LASTHGB		Latest hemoglobin
LASTHIV		Latest HIV antibody
LASTINR		Last 3 INRs
LASTIRON	LASTIBC, LASTTIBC	Latest Iron, IBC, ferritin, Fe sat
LASTK		Latest potassium
LASTLDL		Latest LDL
LASTLEAD	LASTPB	Latest lead level
LASTLFTS	LASTLIVER	Latest liver function tests
LASTLIPASE		Latest serum lipase
LASTLIPIDS		Latest 3 total chol, HDL, LDL, Trig, chol/HDL ratio
LASTLITHIUM		Latest Lithium level with Na, BUN, creat, TSH and WBC
LASTLYTES	LASTELECTROLYTES	Latest Na, K, Cl, CO2
LASTMICROALBUMIN	LASTUMIC	Latest urine microalbumin
LASTOCCULTBLOOD	LASTHEMOCCULT LASTSTOOL OCCULTBLOOD LASTSTOOLHEMOCCULT LASTGUAIC LASTGUAIAIC	latest stool occult blood, workflow dependent
LASTPLT		Latest platelet count
LASTPPD	LASTTBSKINTEST	Lastest PPD result, requires enter/edit result
LASTPREGNANCY		Latest pregnancy test, urine, serum qual or serum quant
LASTPROT	LASTALBUMIN	Latest total protein, albumin
LASTPSA		Last 3 PSA values
LASTPTH	LASTPARATHYROIDHORMONE	Latest PTH, calcium, phosphorus
LASTPTT		Latest aPTT
LASTRENAL	LASTKIDNEY	Latest BUN, creatine, lytes
LASTRETIC		Latest reticulocyte count
LASTRF		Latest rheumatoid factor
LASTRHEUM		Latest ANA, RF, ESR
LASTRPR		Latest RPR
LASTRUBELLA		Latest rubella antibody titer
LASTSPEP	LASTUPEP	Latest serum/urine protein electrophoresis
LASTTBILI		Latest total bilirubin
LASTTESTOSTERONE		latest total testosterone
LASTTHYROID		Latest TSH, T3, T4, T7, TPO antibody

Smartphrase	Synonyms	Short Description
LASTTROPONIN	LASTCARDIACENZYMES, LASTCK, LASTCPK	Latest troponin and CKMB enzymes
LASTTSH		Latest TSH
LASTURIC		Latest uric acid
LASTUTP	LAST24HRUTP LAST24HOURUTP	Last three 24 hour total urine proteins
LASTWBC		Latest WBC

Epic LastLab-Style SmartLinks

(with set-up information for your project team)

Mnemonic	Short Desc	Parameters Req'd	Displays LRR item*	Format of output
BRIEFLAB	Brief variant of Lastlab	Basename	Basename	Abbreviated
GETLABS	Get lab results for a range, including today	Time & Format	External name	Parameter controls Abbrev vs Detail
LABBRIEF	Labs in Brief	Basename	Basename	Abbreviated
LABLAST	Last Lab	Basename	External name	Detailed
LABRCNT	Recent Labs	Basename	Basename	Abbreviated
LASTLAB	Last set of Comp values	Basename	External name	Detailed
LASTLABX	Last lab abbreviated	Basename	External name	Abbreviated
LASTPROC	Results - Last results for procedure	EAP & Basename	External name	Detailed
LASTVISIT	Results for most recent visit	None	External name	Detailed
RESUFAST	Version of BRIEFLAB, treats similar basenames as same component	Basename	Basename	Abbreviated
RESULAST	Version of LASTLAB, treats similar basenames as same component	Basename	External name	Detailed
THISVISIT	Results - This visit or most recent previous visit	None	External name	Detailed
LASTLABV	Results for previous visits	Time & Format	External name	Parameter controls Abbrev vs Detail
LABLASTX	Last lab abbreviated	Basename	External name	Abbreviated
LABLASTV	Results for last N visits	Time & Format	External name	Parameter controls Abbrev vs Detail
LABVIST	Results for most recent visit	None	External name	Detailed

* LRR = Result Component masterfile

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SmartLink Display Examples from Patient Progress Notes

In this chapter are representative examples from fictitious patients in an EpicCare Spring 2006 environment. I have put this chapter together to help clarify what can be a bewildering array of choices. Though technically distinct, many of these SmartLinks display very similar information and have similar names, like LastLab, LastLabV, LastLabX but also LabLastV and LabLastX. The differences can be hard to keep straight. The examples here are meant to help you choose one or two workflows that best suit your needs. You can cross reference these examples with the indexes of available SmartLinks in Chapters 36 and 39.

Much of this information is “advanced” and may not interest the casual reader/user. It is intended for

advanced users or build/project team members, for whom this chapter is a companion to Chapters 36 and 39. I offer this rather complex information because, frankly, the organization that can master and control these concepts will significantly improve end-user satisfaction. Those of you who must become Czar of End-User Happiness will want to add these tools to your kit. This chapter also contains a detailed analysis of LastLab SmartLinks.

The displays below assume an RTF (rich-text format)-enabled progress note. Results may vary depending on the specific configuration. Links available only after Spring 2006 are denoted.

General SmartLink Examples

AFutAppt – All future appointments, with date, time, provider, department, and center.

Date	Time	Provider	Department	Center
11/2/2006	2:00 PM	199-PETERSON, GRANT	W-FM	WEST HEALTH

HMDue – Health maintenance topics that are overdue (assumes your organization uses the Health Maintenance module)

Health Maintenance Due

Topic	Date Due
• Influenza vaccine	09/01/2006
• Mammogram	04/25/2003
• Pap yearly	04/25/2003
• Tetanus immunization	01/17/2004

HMList – Health maintenance topics, all with due date, including those satisfied.

Health Maintenance

Topic	Date Due
• Influenza vaccine	09/01/2006
• Mammogram	04/25/2003
• Pap yearly	04/25/2003
• Tetanus immunization	01/17/2004
• Cholesterol	04/25/2007

PatFYI – All existing patient FYI flags, name only without comments (new in Spring 2006 version). In order to work, this Link requires customer-supplied parameters.

FYI Flags Clinical trial, Domestic Violence

Medication-Related SmartLink Examples

LTMed – Long Term Medications only. This new and important SmartLink is very effective if you have the long-term flag set properly and have practiced good medication reconciliation. (New in Spring 2006)

Long-term prescriptions

Medication	Sig	Dispense	Refill
• LANOXIN TABS 0.25 MG OR	1 po qd	30	12
• SYNTHROID TABS 0.1 MG OR	1 TABLET DAILY	90	3

CMeds or **EncMed** (very similar) Current Medications or Encounter Medications.

Current outpatient prescriptions

Medication	Sig	Dispense	Refill
• LANOXIN TABS 0.25 MG OR	1 po qd	30	12
• SYNTHROID TABS 0.1 MG OR	1 TABLET DAILY	90	3
• COZAAR TABS 50 MG OR	1 TABLET DAILY	60	5

Encounter-Related SmartLink Examples

MultipleVitals – Multiple vitals entered in today's encounter via Documentation Flowsheet workflow (does not display vitals from the Extended Vitals SmartForm).

Filed Vitals:

	11/02/2006 1:00 PM	11/02/2006 3:00 PM	11/02/2006 3:20 PM
BP:	148/60	116/78	124/80
Pulse:	90	80	88
Temp:	101.8 °F (38.8 °C)	98°F (36.7°C)	

(Continued on the next page.)

Filed Vitals: *(Continued)*

	11/02/2006 1:00 PM	11/02/2006 3:00 PM	11/02/2006 3:20 PM
TempSrc:	Tympanic		
Resp:	16	12	
Weight:	144 lbs (65.318 kg)		
SpO2:		96%	99%

Diag – Diagnoses filed with any associated orders, with parameters for a placeholder variable (a.k.a. ***, the three-asterisk placeholder discussed in Chapter 1) to document your note and plan. These diagnosis-related SmartLinks are useful only if you have already filed your diagnoses before using the Link in your progress note.

Diag in Spring 2006 in RTF format (shown without placeholders)**Encounter Diagnoses**

Code	Name	Primary?
• 995.81	DOMESTIC VIOLENCE	Yes
<i>Note: recurring problems at home</i>		
• V25.09	CONTRACEPTIVE COUNSELING	
Plan: YASMIN 3-0.03 MG PO TAB		
• 401.1 Plan:	BENIGN ESSENTIAL HTN	
LISINAPRIL 20 MG ORAL TAB		

Diag in Summer 2005 without RTF format (with placeholder variables)

995.81 DOMESTIC VIOLENCE (primary encounter diagnosis)

Note: recurring problems at home

Plan: ***

V25.09 CONTRACEPTIVE COUNSELING

Note: ***

Plan: YASMIN 3-0.03 MG PO TAB

401.1 BENIGN ESSENTIAL HTN

Note: ***

Plan: LISINAPRIL 20 MG ORAL TAB

Dx – Diagnosis only**Diagnoses**

Dx Name	Primary Encounter Dx
• DOMESTIC VIOLENCE	Yes
• CONTRACEPTIVE COUNSELING	
• BENIGN ESSENTIAL HTN	

DiagX – Same as **Dx** but shows ICD codes

Encounter Diagnoses

Code	Name	Primary?
• 995.81	DOMESTIC VIOLENCE	Yes
• V25.09	CONTRACEPTIVE COUNSELING	
• 401.1	BENIGN ESSENTIAL HTN	

DxC – Diagnosis and Comments

Diagnoses

Code	Name	Primary?
• 995.81	DOMESTIC VIOLENCE	Yes
recurring problems at home		
• V25.09	CONTRACEPTIVE COUNSELING	
• 401.1	BENIGN ESSENTIAL HTN	

EncOrdNm – Encounter orders, name only without order detail. Build teams often give this SmartLink a more intuitive name, such as “MyOrders.” There are parameters to choose which types of orders to display, e.g., all orders vs. lab orders only vs. medication orders only vs. radiology orders, etc. Thus, these can be split into specific types of orders for After Visit Summary or other use (“MyMeds,” “MyLabs,” “MyReferrals,” etc.).

Orders Placed This Encounter

Procedure
• Lisinopril 20 mg oral tab
• Nuvaring 0.12 mg -0.015 mg/24 hr vaginal
• Yasmin 28 3 mg-0.03 mg tab

(**EncOrd** without the “Nm” ending would show all order detail; not typically used)

History-Related SmartLink Examples

FamHX – Family history

Family History

Problem	Relation
• Diabetes	Mother
• Hypertension	Mother
• Hyperlipidemia	Mother
• Heart Disease	Father
• Healthy	Sister
• Healthy	Brother

FamST – Family member status**Family Status**

Relation	Status	Death Age
• Mother	Alive	
• Father	Deceased	74
• Sister	Alive	
<i>Diabetes</i>		
• Brother	Alive	

PMH – Past medical history**Past Medical History**

Diagnosis	Date
• DEPRESSION Mild, recurrent	
• BENIGN ESSENTIAL HTN moderate	1998

PSH – Past surgical history**Past Surgical History**

Procedure	Date
• Appendectomy, laparoscopic	

PNMH – Past negative medical history (New in Spring 2006)**Past Medical History Pertinent Negatives**

Diagnosis	Date Noted
• BREAST CANCER	11/2/06
• COLON CANCER	11/2/06

OBHist – Obstetric history**Obstetric History**

G2	P1	T1	P0	A1	E0	M0	L1
Name of Baby 1		Sue					
• Outcome Date			11/2/02			GA	40 w
• Outcome / Delivery Type			Vaginal				
• Apgar at 1 min.			9			at 5 min.	10
• Is living?			Yes				

Ped – Pediatric birth history, not including pediatric social history (see **SocP** below)

Pediatric History

Vitals	
• Birth	
Length:	1' 9.00" (53.3 cm)
Weight:	7 lbs 12 oz (3.515 kg)
HC	N/A
• APGAR	
One:	8
Five:	9
Ten:	10
• Discharge Weight:	7 lbs 11 oz (3.487 kg)
• Delivery Method:	Vaginal
• Gestation Age:	39 wks
• Nourishment Method:	Breast Fed

Social-History-Related SmartLink Examples

Some of the examples here are isolated to a single aspect of social history (**TobHx**, **AlcHx**), while others combine some or all aspects of the social history. Of course, all are dependent on the data as entered in EpicCare.

AlcHx – Alcohol history

History

Alcohol Use
• 5 oz/week
• 3 Drink(s) containing 0.5 oz of alcohol, 7 Glass(es) of wine per week <i>drinks red wine once daily to prevent CAD</i>

DrugHx – Drug history

History

Drug Use	No
<i>As a teenager a little</i>	

TobHx – Tobacco history

History

Tobacco Use
• Quit
• Quit Date: 11/02/1984 <i>briefly smoked as a teen</i>

SActHx – Sexual activity history**History****Sexual Activity**

- | | |
|--|----------------------|
| • Sexually Active: | Yes -- Male partners |
| • Birth Control/ Protection: | Diaphragm |
| <i>infrequent due to social issues</i> | |

SocDoc – Comments displayed in Social Documentation section only. Often used in Pediatric workflow for standard safety and family documentation, sometimes using SmartText specific for that workflow (e.g., documentation of firearms in home, swimming pool in home, type of heating, parental marital and living status, etc.)

History**Social History Narrative**

chronic stress at home, some spousal abuse

SocH –Short, terse social history, similar to **SocX** (not shown here), combines alcohol and tobacco.

History**Substance Use Topics**

- | | |
|---|------------|
| • Tobacco Use: | Quit |
| Quit date: | 11/02/1984 |
| <i>briefly smoked as a teen</i> | |
| • Alcohol Use: | 5 oz/week |
| 3 Drink(s) containing 0.5 oz of alcohol, 7 Glass(es) of wine per week | |
| <i>drinks red wine once daily to prevent CAD</i> | |

Soc – Full social history, all topics, similar to **SocHx** (not shown). Seldom used, since the data is usually not populated fully by most users.

History**Social History**

- | | |
|-----------------------|--------|
| • Marital Status: | N/A |
| Souse Name: | Edward |
| Number of Children: | 1 |
| • Years of Education: | 16 |

Occupational History

- accountant

Social History Main Topics

- | | |
|---|------------|
| • Tobacco Use: | Quit |
| Quit date: | 11/02/1984 |
| <i>briefly smoked as a teen</i> | |
| • Alcohol Use: | 5 oz/week |
| 3 Drink(s) containing 0.5 oz of alcohol, 7 Glass(es) of wine per week | |
| <i>drinks red wine once daily to prevent CAD</i> | |

(Continued on the next page.)

History *(Continued)***Social History Main Topics** *(Continued)*

• Drug Use: <i>As a teenager a little</i>	No
• Sexually Active: Birth Control/ Protection: <i>infrequent due to social issues</i>	Yes -- Male partners Diaphragm

Other Topics	Concern
• Military Service <i>Gulf War</i>	Yes
• Sleep Concern	No
• Stress Concern	Yes
• Weight Concern	No
• Special Diet	No
• Exercise <i>very active</i>	Yes
• Self-exams	Yes

Social History Narrative*Chronic stress at home, some spousal abuse*

Notice, however, what happens when **Soc** is invoked in Pediatrics. Adult topics will show “not on file”:

Soc**History****Social History Main Topics**

• Tobacco Use:	Not on file
• Alcohol Use:	Not on file
• Sexually Active:	Not on file
• Birth Control/ Protection:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative

Firearms in home: NO

Swimming pool in home: YES (w fence)

Lead Paint: NO

Heating: forced air

Parents: MARRIED, LIVE TOGETHER

Compare the above to **SocP**, which shows additional pediatric topics and does not show adult topics. Here, **SocP** is applied to the same patient above, but the references to tobacco, alcohol, drug use, and sexuality are removed, and information on parental status is included. (**SocP** is intended for charting on young children.)

Pediatric History

Patient Guardian Status

- Mother: Sarah Carson
- Father: Mitchell Carson

Other Topics	Concern
• Not on file	

Social History Narrative

Firearms in home: NO
Swimming pool in home: YES (w fence)
Lead Paint: NO
Heating: forced air
Parents: MARRIED, LIVE TOGETHER

LastLab-Related SmartLinks

There is a fair bit of technical information in this section. As I said earlier, last-lab-result (LastLab) SmartLinks can be confusing. Epic has an array of them, and many are difficult to remember because they function similarly and have similar naming conventions, not to mention reversed naming conventions (LabLast vs. LastLab). So I repeat: It is best for each user to choose two or three of these and ignore the others (like knowing one or two drugs from each pharmaceutical subclass—you'll use the others rarely and look them up when/if you need to).

Some Links require parameters for the base names or units of time, but end-users do not typically know when they need to use parameters, or which parameters to use, or the base names, themselves. Links that require base names are always problematic. You can beat that rap by simply reading this book and practicing. Entering parameters is complex but, as I stated before, “enlightening.” Each Link requiring parameters will display Help text on a screen within a progress note; while “helpful,” these prompts aren't always clear, and they may inadvertently be left in a patient's progress note, which is always inappropriate. Base names require 12-character (alpha-numeric

only) names and can cause confusion. Your LRR (Result Component) master file may have incomplete or ambiguous base names. External names are better because they are not limited to 12 characters and can therefore be much more intuitive. But your own LRR file also may not have well organized systematic external names, so each organization will have to analyze its LRR file in detail, on behalf of users (not to mention, on behalf of your lab interface system!) and make the right design and build decisions. But in the name of end-user satisfaction, you must do this analysis and build (so that you can attain “czardom” and sleep well at night). Note that “External Name” is item 60 in the LRR master file, and “base name” is item 45 in LRR.

There are also performance issues to consider. In a mature implementation, **ResuFast**, for example, operates much more quickly than **BriefLab** because of the logic built into the actual code behind the Link (see below). Also, the **LastProc** build allows entry of CPT/EAP codes in addition to base names, and it brings the procedure name to the screen. It does not display non-lab (e.g., procedure/radiology) results, but only the usual lab results.

Builder and project teams need to understand which of these links are the most useful to end-users. They should build SmartLink-SmartText pairs with logical names (or system SmartPhrases, such as **LastBP3** or **Growth**), freeing the end-user of the need to memorize parameters. Use these constructively to build innovative workflows. Since “less is more” in general, follow these tips:

- Design toward a less cluttered appearance within progress notes.
- For most progress notes, choose briefer, abbreviated formatting for SmartLinks.
- For patient letters, choose SmartLinks that display normal ranges.

Do not despair at the variety and complexity of this build. There are excellent tools here. Innovation and creativity are essential, but you can offer your end-users easily recalled, effective workflows with just a little research and experimentation. Also remember, the behavior of these links differs in RTF- and non-RTF-enabled environments, but over time, most environments will be fully RTF-enabled.

Below you will see several pages illustrating some of the many available SmartLinks that display the patient's last lab results.

ResuFast and **BriefLab** – Display the base name by component and require base name parameters. **ResuFast** operates faster than **BriefLab** and related SmartLinks because it finds the first of any components that match the base name in the parameters and then quits processing. By contrast, **BriefLab** continues searching through ALL previous lab results and displays all those results that match the base name in the parameters (many LRR result components share the same base name), thus taking longer to process. That is relevant in more mature implementations.

ResuFast[WBC,HGB,HCT or **BriefLab[WBC,HGB,HCT**

Lab Results

Basename	Value	Date/Time
• WBC	8	04/25/1996
• HGB	15	04/25/1996
• HCT	48	04/25/1996

LabBrief – LabBrief[HGB,HCT,WBC is similar to **BriefLab** above. Requires base name parameter.

Lab Results

Basename	Value	Date/Time
• HGB	15	Thu Apr 25, 1996
• HCT	48	Thu Apr 25, 1996
• WBC	8	Thu Apr 25, 1996

ResuLast and **LastLab** – Display the external name by component and require base name parameters. **ResuLast** operates faster than **LastLab** for the same reason that **ResuFast** is speedier than **BriefLab**.

ResuLast[WBC,HGB,HCT or **LastLab[WBC,HGB,HCT**

WBC

Date	Value	Range	Status
04/25/1996	8	3.5-10.5 (X 10E9/L)	Final

HGB

Date	Value	Range	Status
04/25/1996	15	13.5-17.5 (g/dL)	Final

HCT

Date	Value	Range	Status
04/25/1996	48	38.8-50.0 (%)0	Final

LabLast – Very similar to **LastLab** (above) and so not worth teaching to end-users. **LabLast[HGB,HCT,WBC]** requires base name parameters and displays the external name.

HGB

Date	Value	Range	Status
Sat Sep 27, 2003	13.5	13.5-17.5 (g/dL)	Final

HCT

Date	Value	Range	Status
Sat Sep 27, 2003	39	38.8-50.0 (%)	Final

WBC

Date	Value	Range	Status
Tue Aug 15, 2000	8.6	3.5-10.5 (X 10E9/L)	Edited

LabRcnt – Requires base name parameters. Parameters set at build level for number of hours to look back. It displays the base name by component.

Recent Labs

Results	8/7/06	4/25/1996
• WBC	4.7	8.5
• HGB	10.4*	14.1
• HCT	32*	41.3

LastVisit – Excellent for end-users. This is a simple Link, requiring no parameters. They bring up only the last visit's results. Compare them to **ThisVisit** (same display, but includes today's visit; I think it's less useful, since usually you don't need a Link to today's resulted lab results, unless using Enter/Edit values that are filed before using the SmartLink. **LastVisit** excludes today's encounter). (**Last-Vist** is the same as **LastVisit** and not worth showing to end-users. This apparent duplication stems, I believe, from an old spelling error many years ago . . . but "LastVisit" is what everyone remembers.)

Office Visit on 04/24/1996

Component	Date	Value	Range	Status
• HGB (g/dL)	04/25/1996	15	13.5-17.5	Final
• HCT (%)	04/25/1996	48	38.8-50.0	Final
• RBCS (X 10E12/L)	04/25/1996	5	4.32-5.72	Final
• MCV (fL)	04/25/1996	92	81.2-95.1	Final
• WBC (X 10E9/L)	04/25/1996	8	3.5-10.5	Final
• PLT (X 10E9/L)	04/25/1996	333	150-450	Final
• Mean platelet volume (fL)	04/25/1996	8.8	7.6-10.8	Final
• HGB (g/dL)	04/18/1996	16	13.5-17.5	Final
• HCT (%)	04/18/1996	51*	38.8-50.0	Final
• RBCS (X 10E12/L)	04/18/1996	4.28*	4.32-5.72	Final
• MCV (fL)	04/18/1996	95	81.2-95.1	Final

(Continued on the next page.)

Office Visit on 04/24/1996 *(Continued)*

Component	Date	Value	Range	Status
• WBC (X 10E9/L)	04/18/1996	7.8	3.5-10.5	Final
• PLT (X 10E9/L)	04/18/1996	433	150-450	Final
• Mean platelet volume (fL)	04/18/1996	10.9*	7.6-10.8	Final

LastLabV and **LabLastV** – Display the external name. They require parameters for length of time and format (illustrated below): 2 = brief, 1 = detailed. I prefer the Spring 2006 **GetLabs** function (below), primarily because its name is easier for end-users to remember (and for you and I to remember!).

LastLabV[12M,2 or **LabLastV[12M,2****Office Visit on 04/24/1996**

Component	Date	Value
• HGB	04/25/1996	15
• HCT	04/25/1996	48
• RBCS	04/25/1996	5
• MCV	04/25/1996	92
• WBC (X 10E9/L)	04/25/1996	8.2

LastLabV[12,1 or **LabLastV[12M,1** (detailed format)**Office Visit on 04/24/1996**

Component	Date	Value	Range	Status
• HGB (g/dL)	04/25/1996	15	13.5-17.5	Final
• HCT (%)	04/25/1996	48	38.8-50.0	Final
• RBCS (X 10E12/L)	04/25/1996	5	4.32-5.72	Final
• MCV (fL)	04/25/1996	92	81.2-95.1	Final
• WBC (X 10E9/L)	04/25/1996	8.2	3.5-10.5	Final

GetLabs – For SmartLinks that display results for a user-determined period of time, this Link is easiest for end-users to use because the name “get labs” is unique and logical, and the parameters are pretty simple:

- A date convention to designate how long to look backward for results (e.g., 6M for six months)
- A reasonably simple formatting parameter. A blank or the number 1 gives more detailed formatting with normal ranges, status, and comments. The number 2 is brief: just the name, result, and date.

GetLabs is available only in Spring 2006 and beyond. In earlier versions, **LastLabV** performs in similar fashion but, as I’m sure you’ll agree by now, is difficult for users to remember among the many other “lastlab” SmartLinks available.

GetLabs[30D,2 – Requires parameters for time period (#D, #W, #M, #Y) and format (blank or 1 is full detail, 2 is brief without ranges). It displays the external name. This example shows all labs in past 30 days, brief format.

Office Visit on 11/17/2006

Component	Date	Value
• SODIUM	11/18/2006	138
• POTASSIUM	11/18/2006	3.2*
• CHLORIDE	11/18/2006	101
• BICARBONATE	11/18/2006	28
• Anion gap	11/18/2006	12
• BUN	11/18/2006	19
• CREATININE	11/18/2006	1.2*

GetLabs[30D,1 – Labs from past 30 days, detailed format. This is the same as typing **GetLabs[30D** (no second parameter).

Office Visit on 11/17/2006

Component	Date	Value	Range	Status
• SODIUM (mEq/L)	11/18/2006	138	135-145	Final
• POTASSIUM (mEq/L)	11/18/2006	3.2*	3.6-4.8	Final
• CHLORIDE (mmol/L)	11/18/2006	101	98-106	Final
• BICARBONATE (mEq/L)	11/18/2006	28	24-32	Final
• Anion gap (mEq/L)	11/18/2006	12	12-12	Final
• BUN (mg/dl)	11/18/2006	19	5-20	Final
• CREATININE (mg/dL)	11/18/2006	1.2*	0.6-0.9	Final

LabLastX and **LastLabX** – Similar to **BriefLab** but with a “less brief” display and a different table. They require base name parameters, and they display the external name.

LabLastX – **LabLastX[HGB,HCT,WBC]** is similar to **LastLabX[HGB,HCT,WBC]** (below).

HGB (g/dL)

Date	Value
Sat Sep 27, 2003	13.5

HCT (%)

Date	Value
Sat Sep 27, 2003	39

WBC (X 10E9/L)

Date	Value
Tue Aug 15, 2000	8.6

LastLabX – LastLabX[HGB,HCT,WBC requires base name parameters.

HGB (g/dL)

Date	Value
09/27/2003	13.5

HCT (%)

Date	Value
09/27/2003	39

WBC (X 10E9/L)

Date	Value
08/15/2000	8.6

LastProc – A Unique Epic LastLab SmartLink

This “last procedure” SmartLink requires you to accept a CPT/EAP parameter, as well as base names. (EAP is the nickname for the CPT Procedure master file in Epic. See the full Epic Help text for further information.)

LastProc[85001 – In this example, 85001 is the EAP (CPT) code. It brings all the components of, for example, a CBC/diff, freeing the builder of entering each base name in a CBC/diff. End-users are still unlikely to complete this workflow, as they won’t know the EAP/CPT code. Nevertheless, builders could create aptly named SmartPhrases or SmartLinks that do call the **LastProc** code.

Results for orders placed on 04/24/2006

COMPLETE BLOOD COUNT

Component	Value	Range
• HGB	16	13.5-17.5 (g/dL)
• HCT	51 (*)	38.8-50.0 (%)
• RBCS	4.28 (*)	4.32-5.72 (X 10E12/L)
• MCV	95	81.2-95.1 (fL)
• WBC	7.8	3.5-10.5 (X 10E9/L)
• PLT	433	150-450 (X 10E9/L)
• Mean platelet volume	10.9 (*)	7.6-10.8 (fL)

Links Specific to In Basket/Letter Workflows

IBRst is excellent for In Basket-generated letters. It brings Orders and Results from the In Basket message, and displays the external name.

HBA1C

Component	Value	Range
• HBA1C	7.2 (*)	3.8-6.4 (%)

LIPID PANEL

Component	Value	Range
• CHOLESTEROL	216 (*)	-200 (mg/dL)
• HDL-C	47	35-85 (mg/dl)
• LDL-C	116	50-130 (mg/dl)
• TRIGLYCERIDES	229 (*)	35-200 (mg/dl)

RBC SEDIMENTATION RATE

Component	Value	Range
• ESR	30 (*)	0-20 (mm/hr)

GLUCOSE

Component	Value	Range
• Glucose	140 (*)	70-100 (mg/dL)

MICROALBUMIN, QUANTITATIVE

Component	Value	Range
• MICROALBUMIN	21	0-30 (mg/L)

IBOrd displays no results, but just the orders in the In Basket message. It is used for letters composed via In Basket. It displays the test name.

Resulted Orders

Test Name
• HBA1C
• LIPID PANEL
• RBC SEDIMENTATION RATE
• GLUCOSE
• MICROALBUMIN, QUANTITATIVE

Patient-Instructions (PI) SmartLinks

Patient Instructions are used in the After Visit Summary (AVS) section of Visit Navigator. Of course, these instructions print out after your office encounter and are also available to patients via MyChart. Unlike “IN” Phrases (Chapter 9), where Phrases are in the first or third person for documenting instructions in your progress note (“I told the patient to quit smoking” or, “The patient is reminded to quit smoking.”), true patient instructions are written in the second person: “You should quit smoking because you will live longer and waste less money . . .”

The workflow in documenting true patient instructions is amenable to SmartPhrases and SmartLink-SmartText pairs (see below), but the information is also often organization-specific (i.e., containing local phone numbers and proprietary “home grown” advice for specific problems) or very personal (your personal way of communicating on the AVS). Therefore, SmartPhrases intended for the AVS vary by organization, and the SuperPhrase file does not contain any PI SmartPhrases. Included at the end of this chapter, however, is a suggested library of the most common PI SmartLink/SmartText pairs used at Kaiser Permanente.

Most organizations create hundreds of SmartText with specific (often proprietary) sets of patient instructions that are sometimes one to two pages long. These lengthy institutional PI SmartText, if converted into SmartPhrases, would clutter the system SmartPhrase file greatly. They would also require recognizable naming conventions that would stretch the limits of imagination and usability. So most of these remain as SmartText with personal PI Phrases written by individual users. You can locate SmartText via the usual SmartText icon (I strongly suggest you use the Favorites tab to simplify this workflow in your practice); they may contain synonyms and special search characteristics, called EnROL, when stored as SmartText (as of the Spring 2006 version). However, a valuable

workflow is for your organization to convert the most common—perhaps the top 100—PI SmartText into **SmartLinks** (not into SmartPhrases). SmartLinks are invoked exactly like Phrases, as you know . . .

Kaiser Permanente converted just over 100 of its most popular Patient Instruction SmartText to SmartLinks. They all have the “PI” prefix and their use is restricted to the Patient Instruction section of Visit Navigator. They are listed below, without their specific content, to illustrate how the SmartLink-SmartText pairing can be leveraged, if held to a usable number. I felt that 100 PI SmartLinks was approaching that limit: users would have a hard time learning and sorting through more than 100 Links beginning with “PI.” With your input, your project team can identify the most common PI SmartText and create SmartLinks that reference them. (I call this SmartText/SmartLink pairing.)

What are the advantages of building a SmartLink-SmartText pairing over a plain SmartPhrase build? SmartLinks have a “context,” and they can be marked for use in the Patient Instruction section of Visit Navigator only (or for inpatient or Emergency Department use only). When that’s done, it means the SmartPhrase file is not cluttered with them; you cannot see or use them in a progress note. They only appear (in the Phrase Finder window) when you are actually working in the Patient Instruction section of Visit Navigator. They have short descriptions, making them easy to use (Figure 41-1). What’s more, your build team can easily maintain (update/edit) these over time as SmartText, and the corresponding SmartLinks are automatically updated. SmartLinks can have synonyms as well, as shown in the listing below. In addition, because these are really SmartText, your organization can build with easy-to-read rich-text format (RTF), making these SmartLinks more pleasing to the eye. (You can do this in the Spring 2006 version

with SmartPhrases ... but it's better to leave this to the "professionals" in your organization.)

When you name these SmartLinks, I suggest the mnemonic "PI." Consider also a naming convention if your instructions are in Spanish or another language – **PISPxxx** (with xxx as the topic, as in PISPUTI) for Patient Instruction Phrases in Spanish, for example.

Remember, the SmartLinks shown below do not exist in the SuperPhrase file. You cannot use this

actual content; your organization must create it. I add this listing to show you a model for building and using SmartText/SmartLink pairs as SmartPhrase surrogates for Patient Instructions. But you must build the SmartText in your own organization, along with any personal PI SmartPhrases you need in your practice. I consider this a very useful workflow, and I encourage your organization to explore it in more depth.

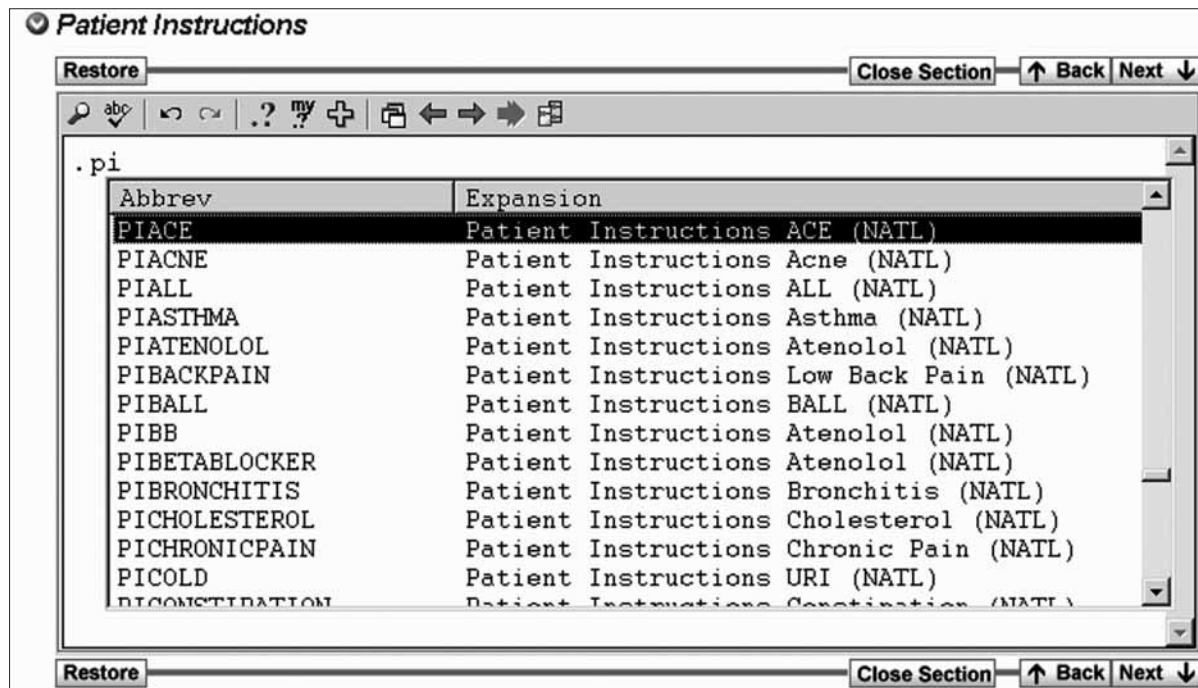


Figure 41-1: PI SmartLink/SmartText pairs as seen in the Phrase Finder window in the Patient Instructions section of Visit Navigator. Note the short descriptions. These same **PIxxx** SmartLinks are not seen in the Progress Note's Phrase Finder because they are restricted in workflow at the build level.

Smartlink	Synonyms	Short Description (actual content not included)
PIABDOMINALPAIN		Patient Instructions Abdominal Pain
PIACE	PILISINOPRIL	Patient Instructions Lisinopril
PIACNE		Patient Instructions Acne
PIADVANCEDDIRECTIVES		Patient Instructions Advanced Directives
PIALL		Patient Instructions ALL
PIALLERGICREACTION		Patient Instructions Allergic Reaction
PIANIMALBITE	PICATBITE PIDOGBITE PIBITE	Patient Instructions Animal Bite
PIANXIETY		Patient Instructions Anxiety
PIASTHMA		Patient Instructions Asthma
PIASTHMAATTACK		Patient Instructions Asthma Attack
PIATOPICDERMATITIS	PIECZEMA	Patient Instructions Atopic Dermatitis
PIBACKSTRAIN	PISTRAINBACK	Patient Instructions Back Strain
PIBALL		Patient Instructions BALL
PIBEDWETTING	PIENEURESIS	Patient Instructions Eneuresis
PIBELLSPALSY		Patient Instructions Bell's Palsy
PIBENIGNPAROXYSMAL- POSITIONALVERTIGO	PIBPPV PIVERTIGO	Patient Instructions Positional Vertigo
PIBENIGNPROSTATICHYPERTROPHY	PIBPH	Patient Instructions BPH
PIBETABLOCKER	PIBB PIATENOLOL	Patient Instructions Atenolol
PIBREASTFEEDING		Patient Instructions Breast Feeding
PIBREASTMASS	PIBREASTLUMP	Patient Instructions Breast Lump
PIBRONCHIOLITIS		Patient Instructions Bronchiolitis
PIBRONCHITIS		Patient Instructions Bronchitis
PIBURSITIS		Patient Instructions Bursitis
PICASTCARE		Patient Instructions Cast Care
PICELLULITIS		Patient Instructions Cellulitis
PICHF	PICONGESTIVEHEARTFAILURE PIHEARTFAILURE	Patient Instructions CHF
PICHLAMYDIA		Patient Instructions Chlamydia
PICHOLESTEROL	PILIPIDS	Patient Instructions Cholesterol
PICHRONICPAIN	PIPAIN	Patient Instructions Chronic Pain
PICONJUNCTIVITIS	PIPINKEYE	Patient Instructions Conjunctivitis
PICONSTIPATION		Patient Instructions Constipation
PIDEEPVEINTHROMBOSIS	PIDVT	Patient Instructions DVT
PIDEPRESSION		Patient Instructions Depression
PIDERMATITIS	PIRASH	Patient Instructions Dermatitis
PIDIABETES	PIDM	Patient Instructions Diabetes

Smartlink	Synonyms	Short Description (actual content not included)
PIDIABETESCAREWHENSICK	PIDMSICKDAY	Patient Instructions Diabetic Sick Day
PIDIARRHEA		Patient Instructions Diarrhea
PIDIETHIGHFIBER	PIHIGHFIBERDIET	Patient Instructions High Fiber Diet
PIRECTILEDYSFUNCTION	PIED	Patient Instructions Erectile Dysfunction
PIEXERCISE		Patient Instructions Exercise
PIFATIGUE	PITIREDD	Patient Instructions Fatigue
PIFIBROMYALGIA		Patient Instructions Fibromyalgia
PIFOOTPAIN	PIPAINFOOT	Patient Instructions Foot Pain
PIGALLSTONES	PICHOLELITHIASIS	Patient Instructions Gallstones
PIGENITALHERPES	PIHERPESGENITAL	Patient Instructions Genital Herpes
PIGENITALWARTS	PIWARTSGENITAL PIHPV	Patient Instructions Genital Warts
PIGERD	PIREFLUX	Patient Instructions GERD
PIGOUT		Patient Instructions Gout
PIHEADACHETENSION	PITENSIONHEADACHE	Patient Instructions Tension Headache
PIHEADINJURYPEDS		Patient Instructions Head Injury Peds
PIHEARTHEALTHYDIET		Patient Instructions Heart Healthy Diet
PIHEMATURIA		Patient Instructions Hematuria
PIHEMORRHIDS		Patient Instructions Hemorrhoids
PIHEPATITISA		Patient Instructions Hepatitis A
PIHEPATITISB		Patient Instructions Hepatitis B
PIHEPATITISC		Patient Instructions Hepatitis C
PIHERNIA		Patient Instructions Hernia
PIHIV		Patient Instructions HIV
PIHYPERTENSION	PIHTN	Patient Instructions Hypertension
PIHYPOTHYROIDISM		Patient Instructions Hypothyroid
PIINDIGESTION	PIDYSPEPSIA	Patient Instructions Indigestion
PIINFLUENZA	PIFLU	Patient Instructions Influenza
PIIRONDEFICIENCYANEMIA	PIANEMIAIRONDEF	Patient Instructions Iron Def Anemia
PIIRRITABLEBOWEL	PIIBS	Patient Instructions Irritable Bowel
PIJOINTPAIN	PIPAINJOINT	Patient Instructions Joint Pain
PIKIDNEYSTONES		Patient Instructions Kidney Stones
PILIFESTYLE		Patient Instructions Lifestyle Changes
PILOWBACKPAIN	PILBP PIBACKPAIN	Patient Instructions Low Back Pain
PILYMEDISEASE		Patient Instructions Lyme Disease
PIMAMMOGRAM		Patient Instructions Mammography
PIMASTITIS		Patient Instructions Mastitis
PIMIGRAINE		Patient Instructions Migraine
PIMUSCLESTRAIN	PISTRAINMUSCLE	Patient Instructions Muscle Strain

Smartlink	Synonyms	Short Description (actual content not included)
PINAUSEA	PIVOMITING	Patient Instructions Nausea, Vomiting
PINECKPAIN	PIPAINNECK	Patient Instructions Neck Pain
PINECKSTRAIN	PISTRAINNECK	Patient Instructions Neck Strain
PIOSTEOARTHRITIS	PIOA	Patient Instructions Osteoarthritis
PIOTITISMEDIA PEDS	PIOM	Patient Instructions Otitis Media Peds
PIPALPITATIONS		Patient Instructions Palpitations
PIPAPSMEAR		Patient Instructions Pap smear
PIPARONYCHIA		Patient Instructions Paronychia
PIPID	PIPELVICINFLAMMATORYDISEASE	Patient Instructions PID
PIPNEUMONIA		Patient Instructions Pneumonia
PIPREOPBETABLOCKERS	PIPREOPBB	Patient Instructions Pre-Op Beta-Blockers
PIPREOPDIABETES	PIPREOPDM	Patient Instructions Pre-Op Diabetes
PIPREOPGENERAL		Patient Instructions Pre-Op general
PIPROSTATITIS		Patient Instructions Prostatitis
PIPSA	PIPROSTATECANCERSCREEN	Patient Instructions PSA Screening
PIRHEUMATOIDARTHRITIS	PIRA	Patient Instructions Rheum Arthritis
PIRHINITIS	PIALLERGIES	Patient Instructions Allergic Rhinitis
PIROTATORCUFF		Patient Instructions Rotator Cuff Injury
PISEIZURES	PIEPILEPSY	Patient Instructions Seizures
PISHOULDERPAIN	PIPAINSHOULDER	Patient Instructions Shoulder Pain
PISINUSITIS		Patient Instructions Sinusitis
PISKINLESION	PILESION	Patient Instructions Skin Lesion
PISTATINS	PILOVASTATIN	Patient Instructions STATINS
PISUBCONJUNCTIVALHEMORRHAGE		Patient Instructions Sub Conj Hemorrhage
PISYNCOPE	PIFAINTING	Patient Instructions Syncope
PITOBACCO	PISMOKING PIQUITSMOKING	Patient Instructions Tobacco
PIURI	PICOLD	Patient Instructions URI
PIURTICARIA	PIHIVES	Patient Instructions Urticaria
PIUTI		Patient Instructions UTI Female
PIVAGINALCANDIDIASIS	PIYEAST PIMONILIA PICANDIDA	Patient Instructions Vag Yeast Infection
PIWOUNDCARE		Patient Instructions Wound Care

Part 6

Furthering SmartPhrase and SmartLink Knowledge and Skills

Improving Your Efficiency with Keyboard and Mouse Shortcuts

Physicians who understand and use Phrases will want to become very familiar with every possible keyboard or mouse shortcut to help them navigate within EpicCare. You may want to know several ways to do the same task in order to keep your hands primarily on the keyboard or, alternatively, to keep your hand primarily on the mouse. Though it's true that keyboard use is more efficient than mouse use, this is a matter of personal style. Some of us prefer the keyboard, and some prefer the mouse. Many, like me, use both regularly but try to do it efficiently to avoid excessive movements of the arm, wrist, and neck. These shortcuts will reduce repetitive strain injuries. EpicCare responds to many standard Windows keyboard shortcuts, as well as several of its own. You may already be familiar with them from other common software programs, such as Microsoft Word™, Excel™, email programs, etc. If you are not familiar with them or wish to augment your knowledge, this chapter demonstrates many useful shortcuts. Most of them can be used in other software programs.

General Shortcuts

In Figure 42-1 you see the SmartTools toolbar just as it looks when you are in a progress note. Refer to this toolbar as we discuss many of the buttons (icons) shown.

Familiarize yourself with these keyboard and mouse shortcuts. They will reward you with a significant savings in time.

Home (keyboard key): Cursor goes directly to beginning of a line.

End (key): Cursor goes directly to the end of a line.

Ctrl-Home (keys): Cursor goes directly to the beginning of any document, such as your progress note within EpicCare.

Ctrl-End (keys): Cursor goes directly to end of document.

Ctrl-Z (keys) and **Undo** (button); **Ctrl-Y** (keys) and **Redo** (button): Undo and Redo, both extremely useful. These actions are valuable if you have mistakenly erased important text in your note. Perhaps some text was accidentally highlighted and erased when your stethoscope dragged across the keyboard. This does happen! If you hit **Ctrl-Z** or the **Undo** button immediately after the mistake occurs, your mistake is “undone” and the missing text replaced. You can use it repeatedly to undo sequential actions in that same progress note. This has saved many accidentally lost notes for me. Try this and see—you will greatly appreciate **Ctrl-Z**, I assure you. To redo an action, you can also type **Ctrl-Y** or click the **Redo** button. You can also use these techniques to restore a SmartList that you incompletely filled out, another handy trick.



Figure 42-1 The icons on the SmartTools toolbar in a progress note. Left to right: Copy Previous, Magnify, Spell Check, Undo, Redo, Show All Phrases, Show My Phrases, Create SmartPhrase, Select SmartText, Previous Field (**Shift-F2**), Next Field (**F2**), Accept List and Next Field, Set Defaults in SmartLists, Edit Discrete Data.

Responding to EpicCare Dialog Boxes

To execute or invoke a choice offered by a button within EpicCare, you can use the keyboard instead of the mouse. I see many users work inefficiently by using the mouse to acknowledge Dialog Boxes. A Dialog Box, such as the one in Figure 42-2, appears in EpicCare (or any other program) and offers two choices, **Yes** or **No** (Many Dialog Boxes offer only one choice, such as **OK**). Most users automatically reach for the mouse to click their choice. But there are at least three keyboard methods to select your choice without moving your hands to the mouse (unless you already have your hand on it or are planning to use it immediately after). One of the two Dialog Box choices is the “Focus” (a dark box around that choice). Here the computer is automatically anticipating which choice the user will make—computers usually choose the more conservative choice (e.g., “No, I did not mean to cancel.”). You may not agree with that “philosophy,” but such is life. If the choice you want is the Focus, there is no need to click with the mouse. Simply hit **Enter**. Or hit the **Spacebar**. Or if there is an underlined letter, such as “Y” for “Yes,” just type that letter. Any of these actions will be the same as clicking the left button on the mouse (hereafter called “Left Mouse,” “Right Mouse”). If the Dialog Box has only one choice, like “OK,” it is automatically the Focus—just hit **Enter** or **Spacebar**.

Using the Clipboard

Computers use an electronic Clipboard. You can temporarily place small or large amounts of text onto the Clipboard to “copy and paste” or “cut and paste” elsewhere. You can use both keyboard and mouse shortcuts

to access the Clipboard. In EpicCare the easiest way to access the Clipboard is to use the mouse.

- First, highlight the text of interest by clicking and dragging with your Left Mouse.
- Then click Right Mouse. This offers a menu. Choosing “copy” will copy the highlighted text onto the Clipboard.
- You can then move to another section of your note, perhaps a referral letter or Order Detail, and at the appropriate location click with the Left Mouse to mark your insertion point.
- Then click the Right Mouse. Select “paste” to enter the Clipboard contents into the note.

You can use this repeatedly or select different text to place onto the Clipboard. The “cut” tool removes the highlighted text, and places it on the Clipboard for you to “paste” elsewhere. The “copy” tool leaves the existing text in place and also adds it to the Clipboard for later pasting. You can also use the keyboard, alone, to operate the Clipboard:

Copy is **Ctrl-Insert** or **Ctrl-C**,

Cut is **Shift-Delete** or **Ctrl-X**,

Paste is **Shift-Insert** or **Ctrl-V**.

Using Copy Previous

An extremely useful tool, Copy Previous is accessed via one of the buttons on the SmartTools toolbar (Figure 42-1). It brings up a list of previous EpicCare visits with the same patient, allows you to display one or more of those visits, and copy some or all of the previous notes directly into your current note. This is excellent if your previous note contains important static information about the patient, such as, “Mr. Jones sustained a right tibial fracture at his place of work on July 18, 2002, and underwent ORIF by Dr.

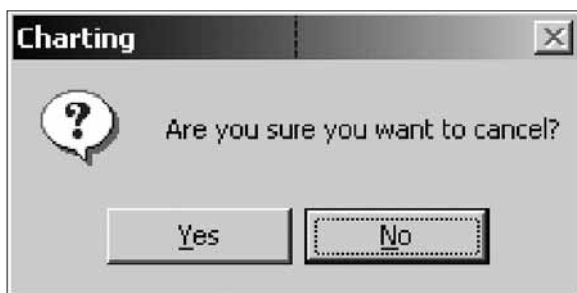


Figure 42-2 Here is a Dialog Box. Notice that **No** is the Focus. To choose **No**, you could hit **Enter**, **Spacebar**, or type “n” (or, of course, click with your mouse).

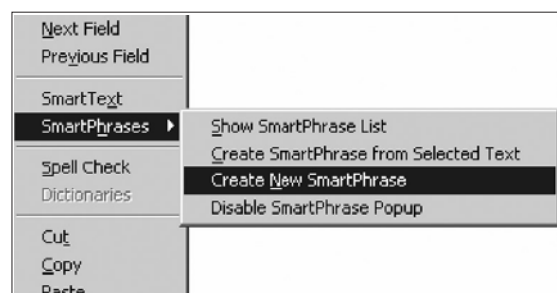


Figure 42-3 Right Mouse tools. Access them with a Right Mouse click anywhere in your charting note.

Smith the next day. He is seen for follow-up of this injury today.” (Depending on user security, Copy Previous may or may not be able to access dictation-transcription portions of prior notes.)

Other Right Mouse Tools

You may also navigate in your charting note with Right Mouse clicks (Figure 42-3). Next Field and Previous Field, the same as **F2** or **Shift-F2**, take you to the next (or previous) SmartList or variable (***) in EpicCare. This tool is often overlooked. The Right Mouse gives you access to SmartText, as well, and to the SmartPhrase building and editing tools (to be discussed fully in a later chapter).

SmartLists Navigation

Of course, the **F2** key, sometimes known as a “hot-key,” is the standard for navigating. (A hotkey lets you execute an action by pressing one key or a combination of keys at once, instead of various mouse clicks. Generally these keyboard shortcuts save considerable time and clicking. “Hotkey,” “keyboard shortcut,” and “shortcut key” are used interchangeably throughout this text and in the software application.) **Shift-F2** allows you to go *backwards* to the previous field (a little known factoid.) In EpicCare, as pointed out earlier, you also have buttons for **Undo** and **Redo**, the

small curled arrows on the toolbar. They allow you to restore a SmartList if you made an error and want the original choices back on-screen. You also have the Right Mouse tools, Next Field and Previous Field, as shown in Figure 42-3. One of the most important tips for navigating between lists is to alternate between Left Mouse and Right Mouse buttons when selecting. Click with your Left Mouse to select one (or more, if appropriate) choices from a SmartList. Then, *while your cursor is pointing within the colored SmartList box* (Figure 42-4), click the Right Mouse to complete your selection and move on to the next list. This is very fast and incredibly useful. The most common error here is not pointing within that colored box, in which case the Right Mouse click does not work.

Highlighting Text

There are many ways to highlight, primarily holding and sweeping with the Left Mouse. But a few tricks are useful:

Highlight one word only: Double-click on it.

Highlight an entire line: Put your cursor at the beginning of that line (possibly by using the **Home** key), and press **Shift-End**.

Highlight all the text from your cursor to the end of any document: Use **Ctrl-Shift-End**.

Highlight all the text in an area: **Control-A**.

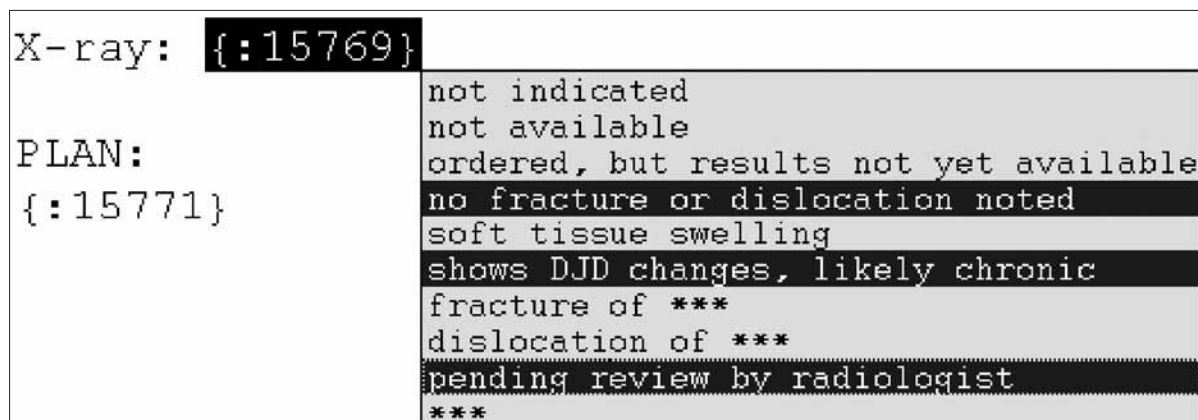


Figure 42-4 A SmartList box. Your mouse cursor must be within the SmartList box when you click the Right Mouse button to select your choice. That single click will complete the sentence about X-ray findings and automatically move to and open the next list regarding the Plan.

F1 Means “Help”

F1 (another hotkey) is a superb Help tool anywhere inside EpicCare. It is context-sensitive: it brings up a Help screen relevant to the area of EpicCare in which you are currently working.

F3 Means “Magnify”

The **F3** hotkey magnifies many fields, especially the charting sections. So it's very useful for longer notes and tired presbyopic eyes. There is a Magnify icon that does the same thing; see Figure 42-1.

The Tab Key Navigates Fields

Use the **Tab** key to move between nearby fields (e.g., between vital sign entry fields) and the **Shift-Tab** to move backwards among the same fields.

Selecting from a List

As you work in EpicCare, you will see many lists. (I'm not referring to SmartLists here, but lists of items for you to choose, such as In Basket results.) In many

cases, you can select multiple choices within lists by sweeping with your Left Mouse button. But when you need to select non-adjacent choices, such as the first, fourth, and sixth in a list, you must use **Ctrl** also. That is, holding the Control (Ctrl) key, click with your Left Mouse on all the adjacent or non-adjacent choices you need. If you want an entire range of choices, all adjacent, you can click on the top-most choice, then use **Shift-Click** to select a range of values, such as the first to the sixth.

Tips on Hotkeys, Help Hyperlinks, Underlined Letters, and Hovering Tools

Epic has loaded EpicCare with dozens of keyboard shortcuts, found as hotkeys and combination keys. It also offers user aids, such as underlined letters, Help hyperlinks, and ToolTips that appear when you hover with your mouse. Many shortcuts combine the **Alt** or **Ctrl** keys with a letter (the letters appear underlined on your computer screen). There are too many to capture in this text, and they would be hard to memorize. Many are visible within the application as underlined letters within a command or as Help tools on the vari-

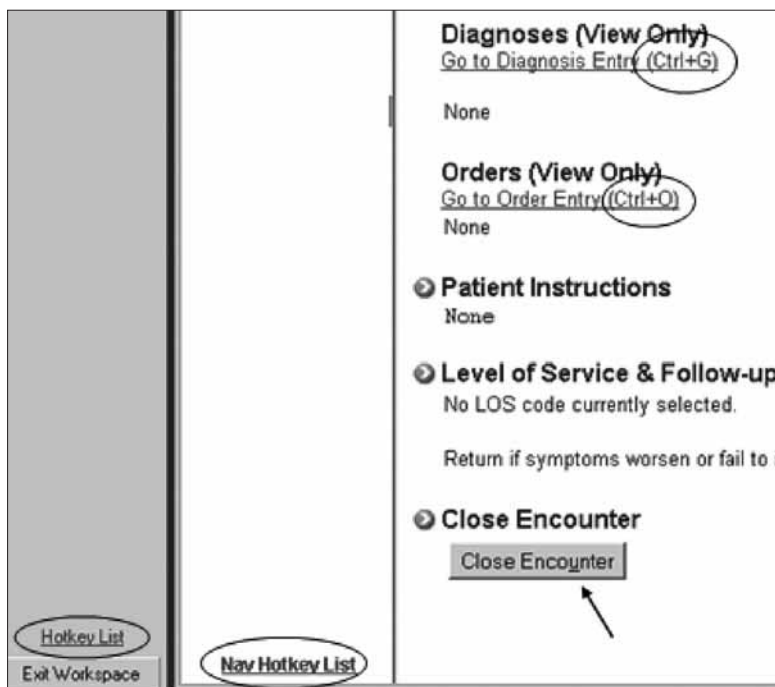


Figure 42-5 Partial view of Visit Navigator screen—some useful Help hyperlinks, hotkey combinations, and underlined letter shortcuts are shown. Details of the Hotkey List and Nav Hotkey List are shown in Figures 42-6 and 42-7.

ous screens. They are useful for keeping your hands on the keyboard and off the mouse. The main message here is, be alert and look for those underlined letters or available Help hyperlinks. For activities and workflows you use frequently, practice and remember the keyboard shortcuts.

I have listed here some of my favorites, but there are many others:

Go to Orders (from Visit Navigator): **Ctrl+ O**

Go to Diagnosis (from Visit Navigator): **Ctrl+ G**

Go to Visit Navigator (from Order Entry): **Ctrl+ N**

Close Encounter (from Visit Navigator): **Alt + U**

New Order (from Order Entry): **Alt + W**



Figure 42-6 EpicCare shortcut keys explained. To see this, click on the hyperlink labeled “Hotkey List” in the lower left corner of your EpicCare screen (Figure 42-5).

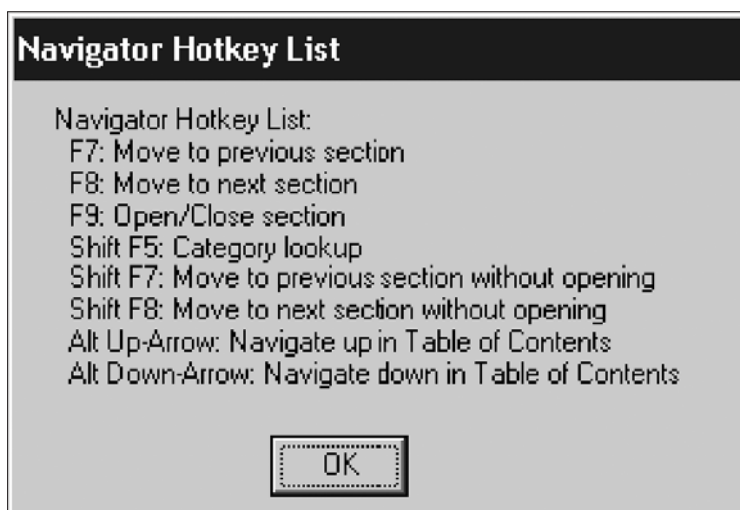


Figure 42-7 Navigator Hotkey List. Access it by clicking the “Nav Hotkey List” hyperlink in the lower left corner of the Visit Navigator screen (Figure 42-5).



Figure 42-8 The white area is an example of a hovering tool. It tells you that you can use the combination keys **Ctrl** and **4** to open your In Basket.

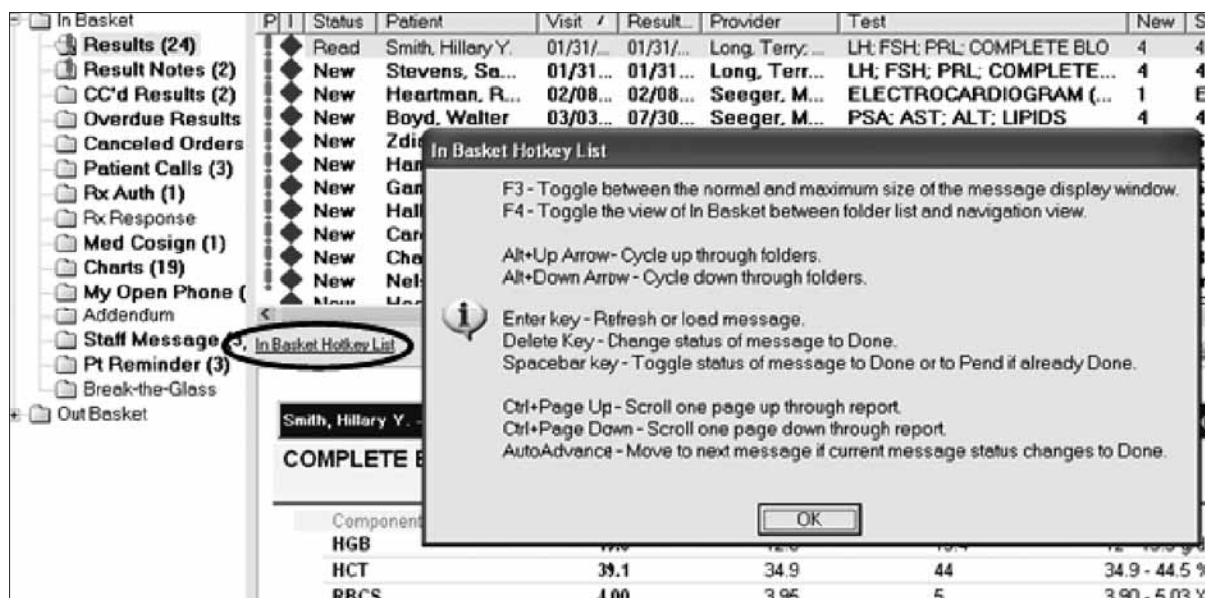


Figure 42-9 In Basket Hotkey List. Click on the hyperlink “In Basket Hotkey List” to see this view.

Setting Defaults in SmartLists

There is a button on the SmartTools toolbar that allows you to “Set Defaults in SmartLists.” Some (not all) SmartLists have a default, highlighted in dark blue when you open those Lists. Defaults are meant to represent the correct choice most of the time and often represent the “normal” physical exam or negative history. To accept a default, click **Enter**, or Right Mouse click within the colored box, as described in Figure 42-4.

Within any SmartText or SmartPhrase, you can accept all defaults in all SmartLists by clicking the “Set Defaults in SmartLists” icon. Before you do this, however, you should be very familiar with what those defaults are, and they should be the correct choices for the clinical situation you are managing. You can’t Undo this command, although you can manually edit afterwards. Depending on how the SmartPhrase/SmartText is built—that is, whether the default values are visible without expanding each SmartList—you may or may not be aware of the default values, so please be careful when using this icon. In the right circumstances, it can be an excellent and efficient tool.

Many physicians will manually fill out abnormalities in a series of SmartLists, then click the “Set Defaults in SmartLists” button after managing the abnormalities. This is predicated on your complete familiarity with each SmartList. But after using EpicCare for a period of time, one does become very familiar with SmartLists in various workflows. For instance, the Phrase **CVOBNEWOB** (complete visit, obstetrics, new OB patient) contains SmartLists with visibly exposed defaults representing a normal exam, as you can see in Figure 42-10. The general physical exam has normal defaults, which you can see before you choose them (this was a build decision, but not universally built). Notice the pelvic exam has no defaults because in a new OB patient, that is not predictable. The most efficient use of this SmartPhrase is to resolve any SmartLists where you found an abnormal physical exam. If everything else is normal, set defaults after documenting the abnormal (“manage by exception”). So if there was a murmur, you could click after the word “HEART:” and describe the murmur; then click the “Set Defaults in SmartLists” button to set everything else to “normal.” See the series of screenshots in figures 42-10, 42-11, and 42-12.

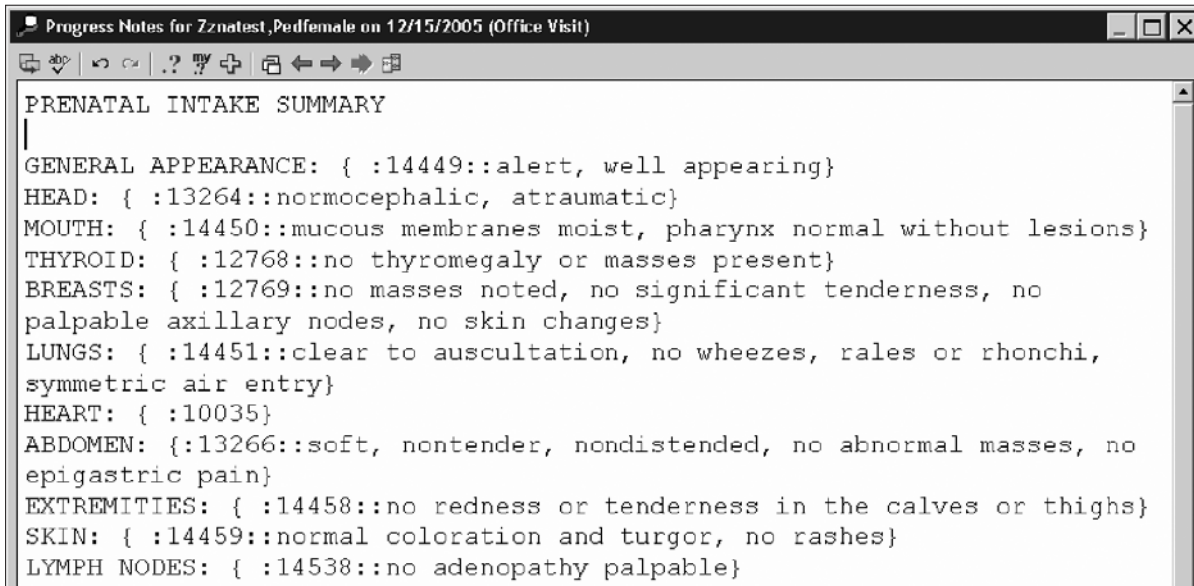


Figure 42-10 Physical exam of a new OB patient: the screen before SmartLists are resolved.

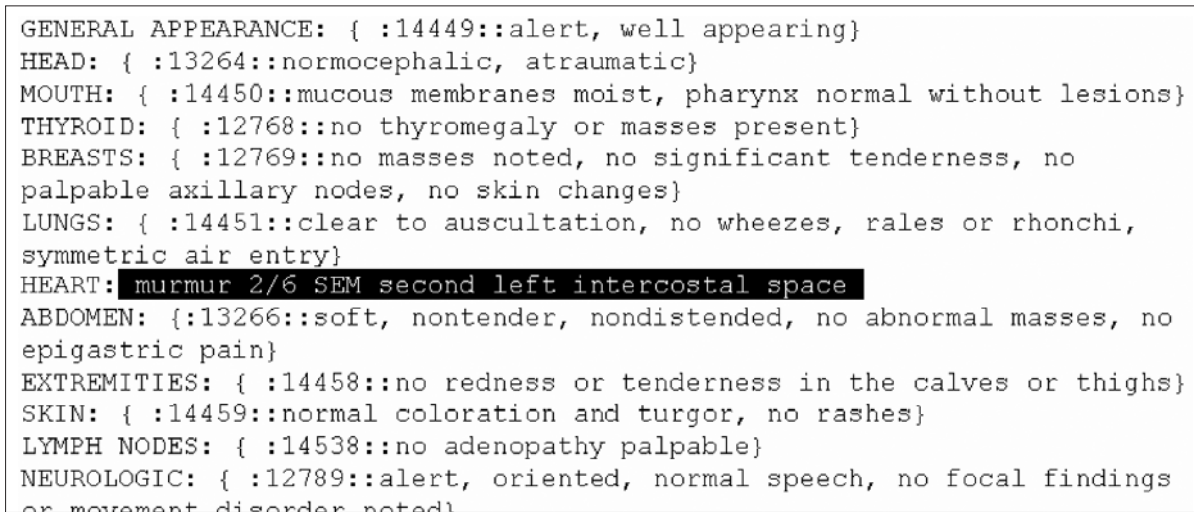


Figure 42-11 New OB patient's physical exam, heart exam completed with abnormal murmur documented.

```

GENERAL APPEARANCE: alert, well appearing
HEAD: normocephalic, atraumatic
MOUTH: mucous membranes moist, pharynx normal without lesions
THYROID: no thyromegaly or masses present
BREASTS: no masses noted, no significant tenderness, no palpable
axillary nodes, no skin changes
LUNGS: clear to auscultation, no wheezes, rales or rhonchi, symmetric
air entry
HEART: murmur 2/6 SEM second left intercostal space
ABDOMEN: soft, nontender, nondistended, no abnormal masses, no
epigastric pain
EXTREMITIES: no redness or tenderness in the calves or thighs
SKIN: normal coloration and turgor, no rashes
LYMPH NODES: no adenopathy palpable
NEUROLOGIC: alert, oriented, normal speech, no focal findings or
movement disorder noted

PELVIC EXAM { :14539}

ASSESSMENT
Normal pregnancy

```

Figure 42-12 After “managing by exception” by choosing from the Heart SmartList, OB patient’s physical is completed by setting the defaults for all other SmartLists in the text box. This is done by clicking the icon “Set Defaults in SmartLists,” located on the SmartTools toolbar (Figure 42-1). Be alert to the fact that you don’t know if “Pelvic exam” or “Assessment” have defaults: they are not visible. Be careful using the defaults icon: be fully familiar with the SmartPhrase or SmartText beforehand. Notice that “Assessment” did, in fact, have a default of “normal pregnancy,” but the builder did not make that visible beforehand (Figure 42-10). This workflow may save you a lot of time, but remember that you cannot Undo “Set Defaults in SmartLists” (though you can edit manually afterward, of course).

Building and Editing Your Own Phrases

Epic Spring 2006

At this writing, the Epic Spring 2006 IU1 version is the latest release. It contains major changes to the creation, editing, management, and sharing of SmartPhrases, primarily because SmartPhrases are converted to master file status: the HH1 master file. Many readers will be using earlier EpicCare versions when they read this text, so **the material in this**

chapter refers to the pre-Spring 2006 workflow. Chapter 45 is devoted entirely to Spring 2006 workflows—when your organization upgrades to Spring 2006, you should definitely read that chapter to learn the new important workflows for building and sharing SmartPhrases.

I can't discuss SmartPhrases without a clear realization on my part that many physicians will find some existing Phrases less than adequate for their personal needs, whether due to specialty concerns, patient mix, or simply personal choice about the "flavor" of one's notes. As discussed in this book's introduction, customizing Phrases is a frank expectation of all users. SuperPhrases will not satisfy everyone or every situation. (They don't even satisfy me all the time.) So again, don't get mad. Get even. Remember always, the computer is your slave and you can bend it to your will, not vice versa. If you find repetition in your practice that is not adequately covered in the SuperPhrase file, fix it! If you find a Phrase that makes sense logically but needs editing to adjust style or content for your practice, fix it! And if you fix it really well, you might just want to share it with your colleagues so they don't also have to fix the same issues. Every day, new medical procedures, drugs, ideology, standards of care, etc. will be developed by our industry. Therefore, the SuperPhrase file is never complete and will always require updating.

This chapter provides instruction for building and editing your personal Phrase file, including how to convert existing SmartText to SmartPhrases. This isn't "advanced" material, but rather the routine "care and feeding" of your Phrase file.

There are two basics to customizing Phrases: you may edit existing Phrases or create new Phrases. Editing is especially useful, because an existing Phrase

may already have a name that you understand and remember and that also fits into a logical syntax. It may already contain the appropriate embedded SmartLists and/or SmartLinks, but it may simply need some textual changes to better serve you. Editing is much easier than creating new Phrases and searching for SmartLists. But both techniques are straightforward and easily mastered.

As stated in the box below, this chapter focuses on the pre-Spring 2006 SmartPhrase build, and Chapter 45 will update you on Spring 2006.

Editing Existing Phrases

A Simple Editing Example

You can edit existing Phrases (or create new ones) in your personal file on the fly in the middle of your work day while working, actually, inside a patient's chart. (We will discuss another editing tool later.) Let's use the Phrase **NEXCNS** as a first example. Currently that Phrase reads, Neuro: Cranial nerves and fundi are normal. PERLA. EOMs intact. No papilledema. Neck supple. No bruits. Normal deep tendon reflexes.

You understand and remember **NEXCNS** and don't want to change the name (although, of course, you may change the name). You want to change the text to add "Cerebellar function is intact, finger-nose pointing is bilaterally symmetric, gait is normal, Romberg is negative."

The steps are quite easy.

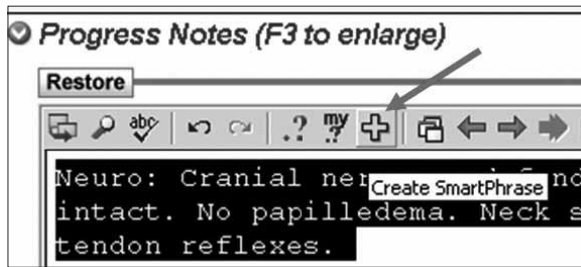


Figure 43-1 Typing NEXCNS brings up the Phrase. I added an arrow to point out the Plus Sign icon, which you click to access the Create SmartPhrase tool.

- First, in the body of your progress note within your patient's chart, type the Phrase **NEXCNS**. Its existing text appears.
- Highlight the text to carry it forward into the Phrase editing tool.
- Click the Plus Sign (+) icon (shown in Figure 43-1), which brings up the Create SmartPhrase tool (Figure 43-2).
- Type your textual changes here, as shown (Figure 43-2). You must give your newly edited Phrase

a name. In our example, it has the same name as before, **NEXCNS**, but you could change the name here. If you do invent your own names, stick with a logical syntax you'll easily remember, possibly mirroring the SuperPhrase syntax.

- Click "Accept" in the lower right corner.
- You will see a Dialog Box (Figure 43-3) asking if you intend to overwrite the **NEXCNS** Phrase for your personal file, warning you that a Phrase of the same name exists in the system-wide file and you will be replacing it in your personal file.
- Select "Yes" here. Notice the file, or "path," where you will save your edited Phrase. My personal file is "h:\demodata\churgin.phr." Your own file will have some other name, of course, likely including your user ID on your system. The point is, the edited Phrase will be saved to your personal file and will not overwrite the system-wide SuperPhrase file. However, each time you use the Phrase **NEXCNS** in the future, it will appear exactly as you have edited it, and you will no longer have access to the original version of **NEXCNS**. It's pretty simple.

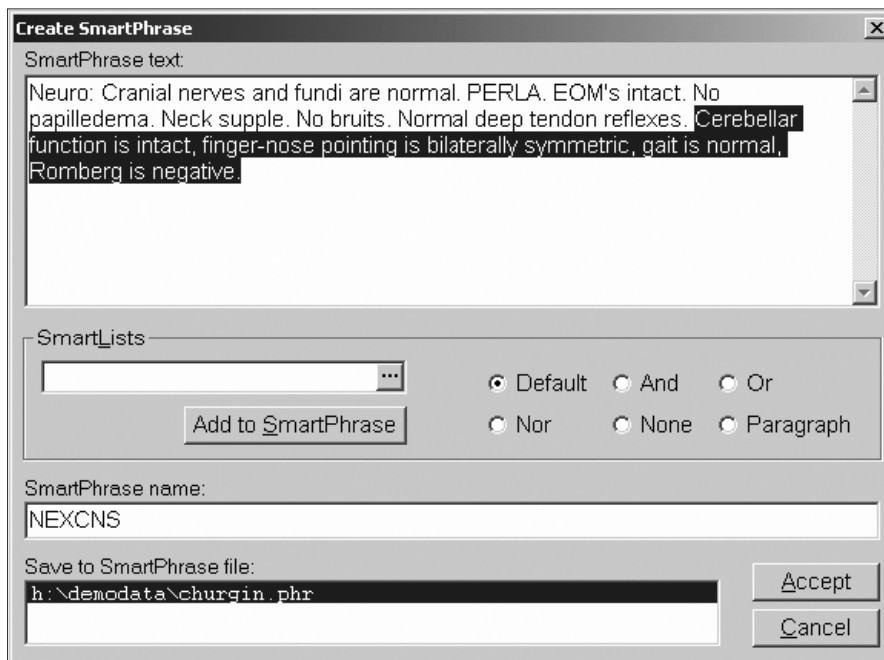


Figure 43-2 Textual change made. Now, click "Accept."

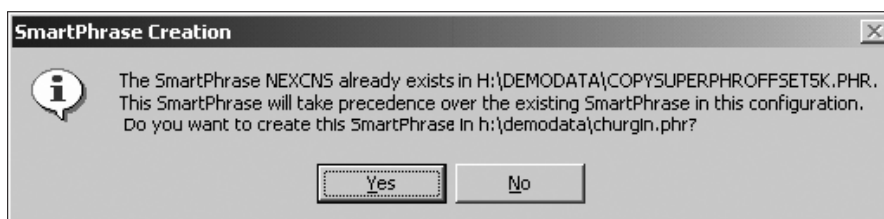


Figure 43-3 Dialog Box asks if you want this edited Phrase for your personal file. Select "Yes," unless you change your mind.

A More Complex Editing Example

Let's look at a more complex example with SmartLists and SmartLinks. You want to change the Phrase **BROUGHT**, which contains List 15061: those who might bring a pediatric patient to the clinic. You are working within the chart of a male patient, and when you type **BROUGHT**, the Phrase reads, "The patient is brought to the clinic by his {:15061}." You wish to change this to, "This patient is accompanied to the outpatient department today by his {:15061}" (I am assuming for this example that you like the list 15061, which contains "mother," "father," "parents," etc.). Using the same method as before, bring up the Create SmartPhrase screen, Figure 43-4.

In this case, you need to be careful to preserve the same SmartList, {:15061}, unless you want to choose another list. But the pronoun "his" is a problem. It says "his" because it happened to be a male patient whose chart we were working in at the moment (i.e., the embedded SmartLink was "resolved" or "expanded" to the pronoun "his" because you are in a male's chart). You need to change the word "his" (which is now a fixed string) back to the corresponding pronoun SmartLink to ensure that you capture the appropriate gender pronoun in future use. You would type <dot>**HIS** instead. This will return "his" or "her" appropriately for the next patient you see. So you would type your edited Phrase as follows: "This

patient is accompanied to the outpatient department today by **HIS** {:15061}."

Then you would name the edited Phrase **BROUGHT** (your option to change that name to anything you want) and answer "Yes" to the Dialog Box to override the existing Phrase. Please refer to Chapter 36 to review currently available "build pronoun" SmartLinks you might use for editing. Notice that there are several that assign an initial capital letter to begin a sentence (e.g., "His/Her abdomen is soft, with no mass or tenderness."). The initial capital letter is invoked via the SmartLink **CAPHIS**, as opposed to plain **HIS**. (The default is the male pronoun; hopefully this offends no one!) As you create your own Phrases, please note again: the use of UPPER CASE as I write Phrase or SmartLink names is purely to clarify the examples in this book. Phrases and SmartLinks are not case-sensitive; it doesn't matter if you type **caphis** instead of **CAPHIS**. Also, you must always use the <dot> before *both* Phrases and SmartLinks (although you do not usually see the <dot> pictured in this book).

You can add SmartLinks to any Phrase at any time by typing a <dot> in front of the Link name within your new Phrase. But do be careful about pronouns when editing or creating charting tools. You don't want your notes to have inappropriate gender references. It looks bad, and there's a tool to make you look perfect! You can add LastLab SmartLinks or

Figure 43-4 The Create SmartPhrase screen.

Warning: Don't Mix Patient Information

If you are copying and editing a Phrase from within a patient chart, any SmartLinks within it will have expanded to the data of that particular patient. You *must* restore the original SmartLink in your edited Phrase to avoid bringing one specific patient's information into unrelated charts.

Here is an example. You are within patient Roger Ztest's chart, editing a Phrase that contains the **PROB** SmartLink. Within Roger's chart, the Link expands to:

Patient Active Problem List:
DIABETES UNCOMPL ADULT-TYPE II
CONGESTIVE HEART FAILURE

You would NOT want that material appearing verbatim in anyone else's chart! For your new edited Phrase, you would replace the above text (in the Create SmartPhrase window) with **.PROB**, which will expand in each subsequent patient's chart to the problem list for that specific patient.

SmartLinks for medical history, current medications, patient's name, age, gender, family history, etc., any time you want.

An Advanced Editing Example

Suppose now that you do want to change a SmartList within an existing SmartPhrase or add a new List to a personal SmartPhrase. This is somewhat more complex but still reasonably easy to do.

Let's edit the Phrase **PEXGI** (a choice of positive findings on abdominal examination) to change the SmartList within it. The original Phrase reads, "Abdominal exam: {:15920}." You want to replace List

15920 with something you like better. First you type in the original Phrase, and use the Plus Sign icon to carry it to the Create SmartPhrase screen, as before.

Conduct your search in the field labeled "SmartLists" (Figure 43-5). As I've emphasized throughout this book, you are going to make an educated guess at your system SmartLists, just as I've encouraged you to guess SuperPhrases sometimes.

To invoke the search, type "abdo" and the **Enter** key. Most likely you will see a variety of Lists relating to descriptions of the abdomen. Figure 43-6 shows the results. (Once again, I must remind you that in general you can't rely on the SmartList *numbers* found in this book; they may not correspond to matching

Figure 43-5 The Create SmartPhrase screen. Note the Field labeled "SmartLists," where "abdo" has been typed.

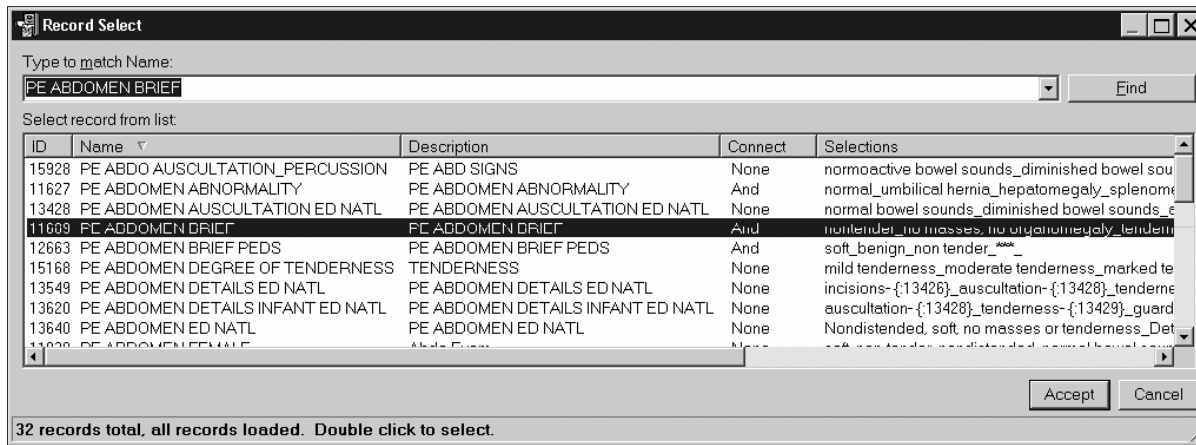


Figure 43-6 To search for a SmartList—in this case, one relating to abdominal physical exam—you need to know the naming convention your organization has used in building SmartLists. Then type the beginning of the name of the SmartList—“pe abdo”—to match. We will select SmartList 11689 for our example.



Figure 43-7 SmartList 11689 has been chosen as a replacement List for 15920. I have highlighted 15920 and will click “Add to SmartPhrase” to replace it with List 11689.

numbers in your system). Each organization has its own SmartLists; therefore, the numbers in Figure 43-6 may differ from what you actually see.)

You can see portions of each List’s contents, but you can’t see (or edit) the entire List from this screen. Let’s say the List titled “PE ABDOMEN BRIEF” (List 11689) looks reasonably good for your purposes. Now you need to replace List 15920 with this new SmartList. (Remember that your List numbers will differ.) Highlight your preferred new SmartList (Figure 43-6) and click **Accept**, which will load it into your Smart-

List search field. Now you are back in the Phrase edit tool. Your screen looks like Figure 43-7.

All you have to do now is replace List 15920 in the text area. Use a double click to highlight List 15920 and delete it with the **Del** key on your keyboard. (Or, if you are simply adding a new List, place your cursor exactly where you want the new List to appear in your text—in this example, exactly where List 15920 used to be). Before we add List 11689, notice the “radio buttons” that say “default,” “and,” “or,” “nor,” “none,” and “paragraph.” They control the “logic” for List 11689,

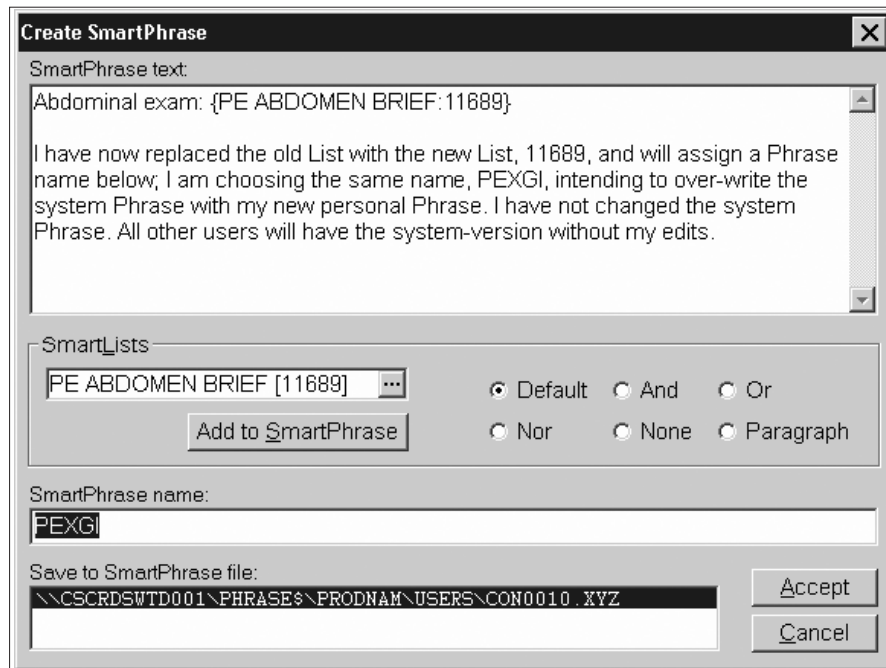


Figure 43-8 SmartList 11689 has replaced SmartList 15920.

determining which conjunction is placed between the final two selections on the List (“She complains of nausea *and* vomiting” versus “She denies nausea *or* vomiting”). “Paragraph” means each selection appears on a new line within the progress note. The default logic (the logic used by the original SmartList builder) is usually fine; but if the grammatical context of your Phrase’s List requires specific logic, choose a different radio button. I suggest you just leave the default as-is, initially. As you gain experience, you can change it and judge the results for yourself.

Now click “Add to SmartPhrase,” and List 11689 will appear in your edited Phrase, as you can see in Figure 43-8.

Now simply assign your new, personalized Phrase a name or keep the old one, as in this example (**PEXGI**).

Although this kind of editing is more complex, it works well and can be used to edit Phrases whenever you like. You’ll notice that List 11689 also pulled in a description “PE ABDOMEN BRIEF” in front of the colon that precedes the number 11689. *This description is optional in SmartLists.* The only requirements to use a List within a Phrase (or within a SmartText) are the opening curly bracket, the colon, the correct list number, and a closing curly bracket. Any descriptions are optional and can be kept or omitted, as you please. Some users like them as descriptions of what an upcoming List will reveal; others find they take up space and clutter the screen. It’s up to you.

Building New Phrases

Building Within a Patient’s Chart

To write a new Phrase for yourself de-novo from within any patient’s chart, you use virtually the same techniques we just reviewed. Instead of highlighting and editing text from an existing Phrase, you can just type your new Phrase long-hand *one time only* in the patient’s chart. Then, highlight that text and click the Plus Sign. Alternatively, you can click the Plus Sign with no highlighted text at all, then type long-hand directly into the Create SmartPhrase tool, adding pronoun SmartLinks and SmartLists at your discretion. *If you enter SmartLinks directly in the Create SmartPhrase tool, they will not expand to any specific patient’s data,* so this could be faster if you plan to add SmartLinks to your new Phrase.

Building with the SmartPhrase Editor

When you build new Phrases, and even when you edit old ones, often you may sit down to do several at one time. There is a tool better suited for that. Almost all users have security for this tool. Go to the Tools menu at the main menu bar in EpicCare. Choose SmartTool Editor, then select SmartPhrase/Analyzer. You will access your entire personal Phrase file, and this tool lets you edit and build multiple SmartPhrases outside a patient’s chart. (Users with higher security can have access to more than one Phrase file, allowing them to edit system or departmental Phrase files.) The screen

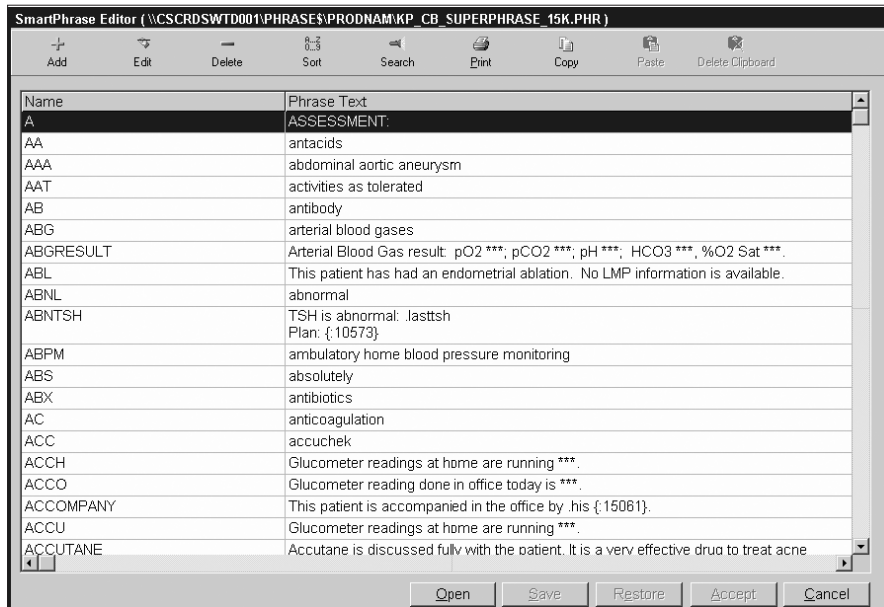


Figure 43-9 The contents of a personal Phrase file.

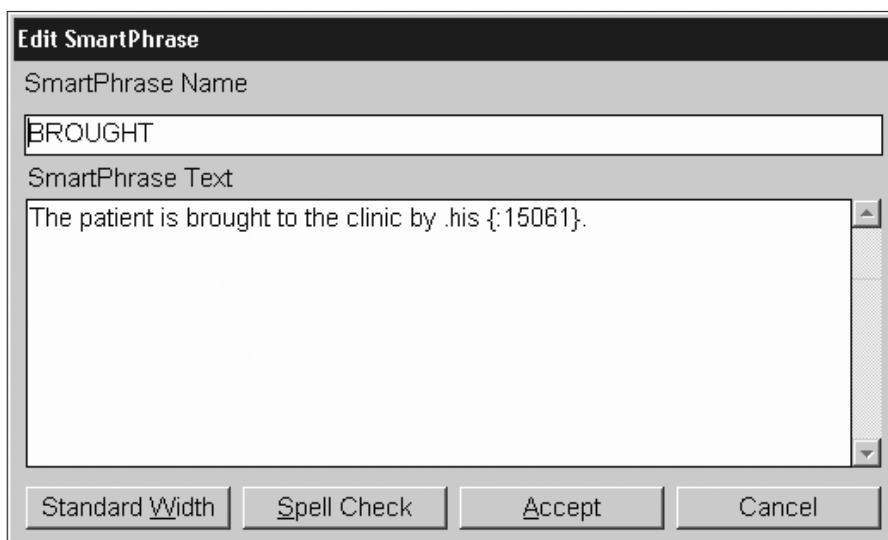


Figure 43-10 The search for the Phrase **BROUGHT** shows its contents, including the SmartLink **his** and SmartList {15061}.

will look much like Figure 43-9, although your own file will vary from the illustration.

Your entire personal SmartPhrase file is now at your fingertips for review, for printing, or for editing. You can use the various buttons within the SmartPhrase Editor to search any existing Phrase, edit it, delete it, or add a new Phrase. You can search for key words within a Phrase or search the Phrase names, themselves. In this tool, you will see the pronoun SmartLinks in their <dot> format. In Figure 43-10, I have searched for the Phrase **BROUGHT** as an illustration.

The SmartPhrase Editor has some advantages. It avoids invoking SmartLinks within a patient chart. It has a spellchecker and offers access to multiple Phrases sequentially. However, it does not offer the ability to easily locate and place SmartLists within your Phrase. So you need to know how and when to edit Phrases from within a patient's chart versus using the SmartPhrase editor. Each has advantages and disadvantages.

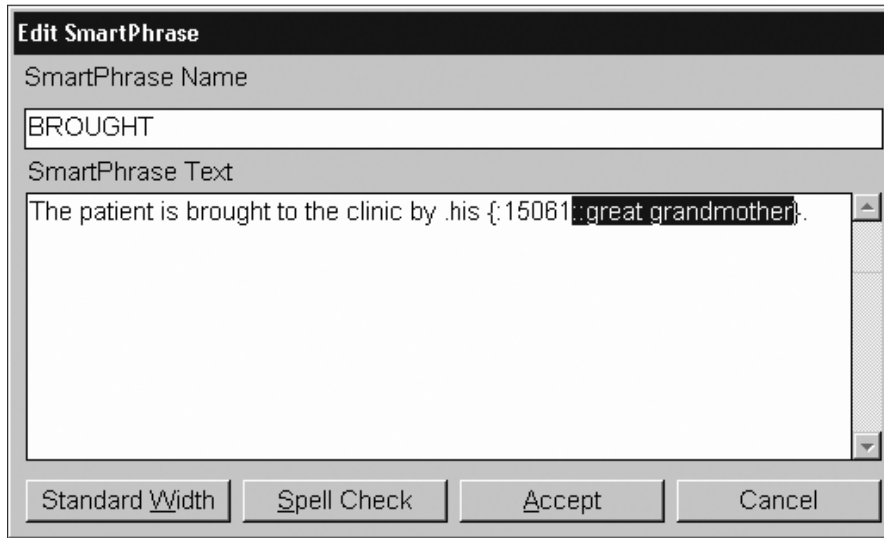


Figure 43-11 Type two colons and “great grandmother” to create a new default choice for List 15061.

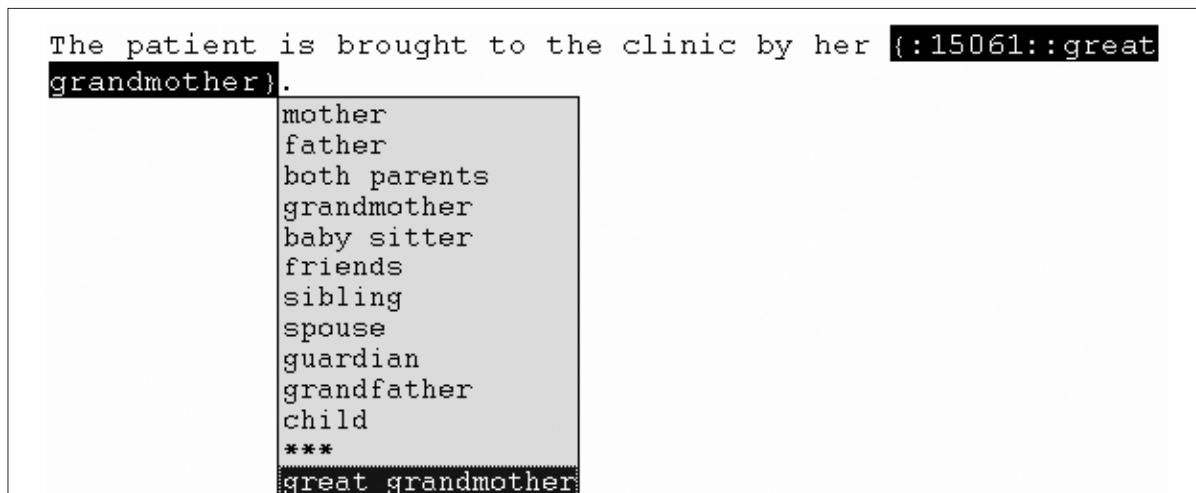


Figure 43-12 The choice “great grandmother” appears at the bottom of the list.

Editing SmartLists

Editing or creating brand new SmartLists is not difficult, but full training is beyond the scope of this text. Your local support team can easily train you to create or edit SmartLists. You require a higher security level to build SmartLists. However, any user can do one special trick with SmartLists: you can add a single default choice of your own design to any List, the use of which is restricted to you, alone. Using the above example (Figure 43-10), suppose you want to add a new choice to list 15061. Within your SmartPhrase, after the List number, type a double colon (that is, ::) then simply type your one choice. Whenever you use this SmartPhrase, your personal choice will be at the bottom of the List, and it will also be your defaulted

choice. Figure 43-11 illustrates the addition of the default choice “great grandmother” to List 15061.

When this personalized SmartPhrase is used in a progress note, “great grandmother” is the default at the bottom (Figure 43-12). Only you will ever see this personal default choice. You are not affecting the actual root SmartList, so no other user will ever see “great grandmother.” You may also string together a longer statement, as in { :15061::great grandmother, both parents, and the next door neighbor}.

Converting SmartText to SmartPhrases

You probably noticed long ago that the Complete Visit (CV) Phrases strongly resemble SmartTexts. They are, in fact, SmartTexts converted to Phrases. Even before

the Spring 2006 version, this task was reasonably easy to accomplish, though it required a thorough understanding of SmartLinks and the use of the Clipboard. With Spring 2006 functionality, it's now literally a "couple-of-clicks" snap to copy a SmartText into a SmartPhrase (See Chapter 45.). Because of that, in this new edition of the book this section is shortened to a summary.

A SmartText is located via the "Select SmartText" button/icon in the SmartTools toolbar (See Figure 42-1 in Chapter 42), and offers "Favorites" when you open that screen. The disadvantage of SmartText is often in locating the one you want (unless you're working inside a SmartSet, which offers an appropriate SmartText). Some will be converted to SmartPhrases, some to SmartLinks (see Chapter 41), but the vast majority will remain only SmartText. Once you locate a SmartText of choice, just paste it into the patient's progress note. Then highlight the text you wish to keep as a SmartPhrase, click the Plus Sign, and replace any expanded SmartLinks and pronouns with the appropriate native SmartLinks, as previously described. Make sure all SmartLists are functioning properly. Complete any other editing required. Then name the new SmartPhrase and—voila!—you can invoke a SmartText as a personal SmartPhrase. Of course, you also may do this workflow in the SmartPhrase editor directly, if you wish.

Building Patient-specific Phrases

I mentioned earlier the situation of a complex patient with a certain amount of static information that you may wish to repeat at every visit. The example text was, "Mr. Jones sustained a right tibial fracture at his place of work on July 18, 2002, and underwent ORIF by Dr. Smith the next day. He is seen for follow-up of this injury today." (This could be a complex

oncology patient with a difficult but static history or any other complex patient in any discipline.) A trick used by some experienced EpicCare users is to create a patient-specific Phrase for repeated use and, if necessary, repeated editing. Here's how. Within the patient's chart, you may have to type the information long-hand one time (hopefully using Phrases to help you or possibly use Copy Previous, if you have an existing copy of the text you want to use). When you are satisfied with your Phrase, give it a name that is *identical to the patient's medical record number, preceded by one letter*, perhaps the initial of your own last name. (EpicCare will not accept a Phrase name that is only numerical characters. It must begin with at least one letter.) If Mr. Jones's MRN is 234567 and your own name is Dr. Edwards, you might call this Phrase E234567. In the future, each time you see this patient, you merely glance at his or her medical record number, type your Phrase E234567, and your note immediately begins to build. The text also reminds you of the important information you need. If the patient's clinical situation changes substantially, you can always edit this Phrase repeatedly to add new information: keeping the same Phrase name, overwrite the old Phrase each time. Thus, a subsequent re-edited version of Mr. Jones's Phrase might read, "Mr. Jones sustained a right tibial fracture at his place of work on July 18, 2002, and underwent ORIF by Dr. Smith the next day. He unfortunately became inebriated three weeks post operatively and had a second trauma, causing contamination to the operative site, and developed Staphylococcal osteomyelitis. He underwent subsequent debridement and was treated by Dr. Fox with IV Vancomycin for six weeks ending in October, 2002. He is seen for follow-up today." (This never happens, of course . . .)

44

Refreshable and Protected SmartLinks and SmartLists

SmartLinks and SmartLists can be “protected” and “refreshable.” These features are only available in RTF (rich-text format)-enabled environments. SmartLinks and SmartLists designated “refreshable” can be updated in situations that may have rendered them out of date. For instance, if you use the Copy Previous technique to import text into a new progress note, any SmartLinks or SmartLists used in the original note are now “stale,” if copied as-is. A problem list from three months ago may not be the same as today’s problem list. Three-month-old physical exam attributes may have changed in the interim. You can “refresh” these SmartLinks with up-to-date information using a simple Right Mouse tool. “Protected” means that once these SmartLinks or SmartLists are invoked/resolved in a progress note, you can’t edit/change/delete the content without some Right Mouse work that I will show you.

Working with Refreshable/Protected SmartLinks

If you used the SmartLink **PROBL** in a progress note three months ago, today you can use the sequence Copy Previous, followed by Refresh to copy the old progress note and update it with today’s new Problem List. A refreshable SmartLink is highlighted in blue so that you easily know where it was used. The color disappears from the final note. Protected SmartLinks can’t be edited, unless you purposefully refresh or edit them using the toolbar or Right Mouse tools. (Remember our discussion of the Right Mouse tool in Chapter 42?)

In Figure 44-1, the shaded area (it will be **light blue** on your screen within EpicCare) indicates that the SmartLink **PROBL** (Problem List with comments) is Refreshable and Protected. You can’t edit

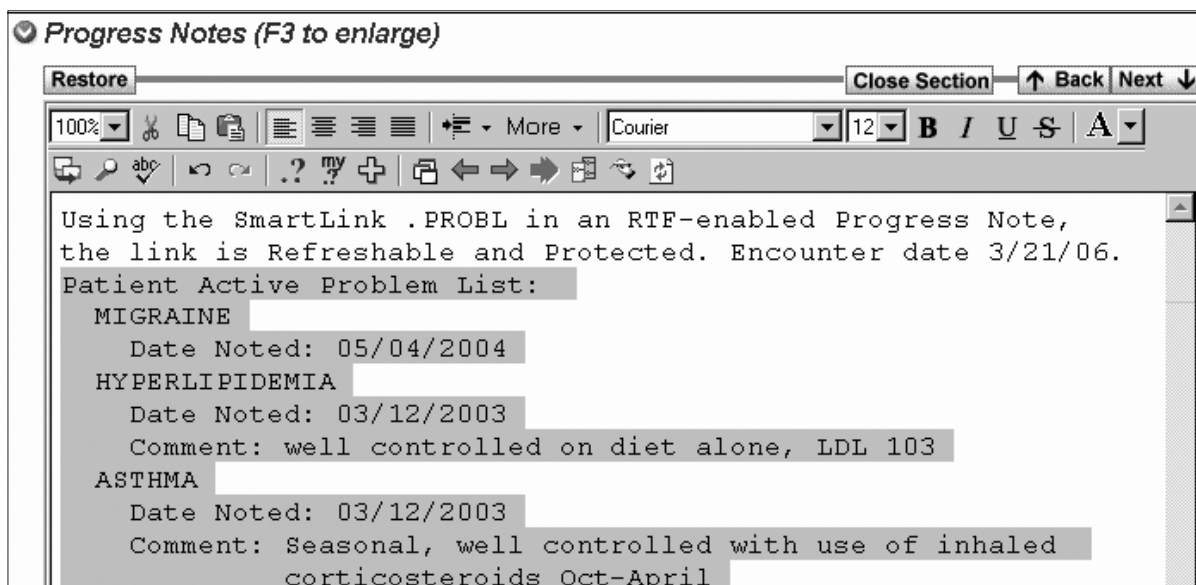


Figure 44-1 Everything shaded (the SmartLink **PROBL**) is protected and refreshable. It can’t be edited, at this point.

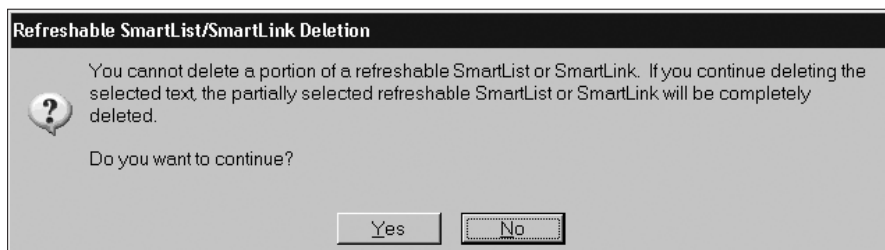


Figure 44-2

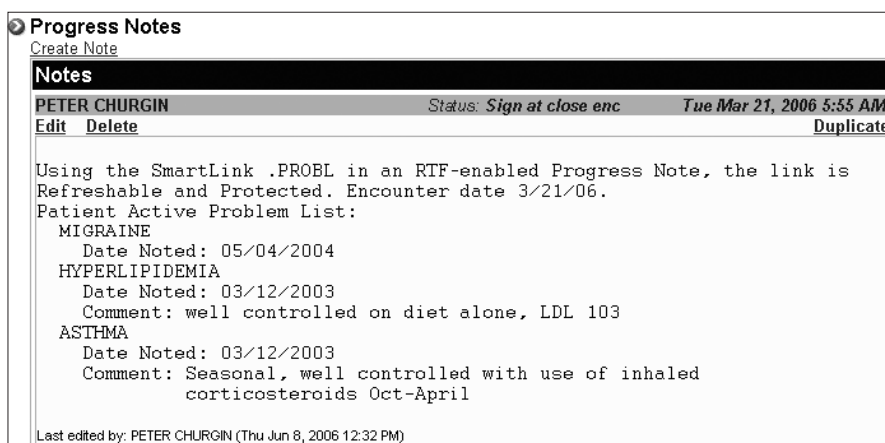


Figure 44-3 This is the final view of the progress note, so the shaded area (the blue color when you are working on your screen) has disappeared.

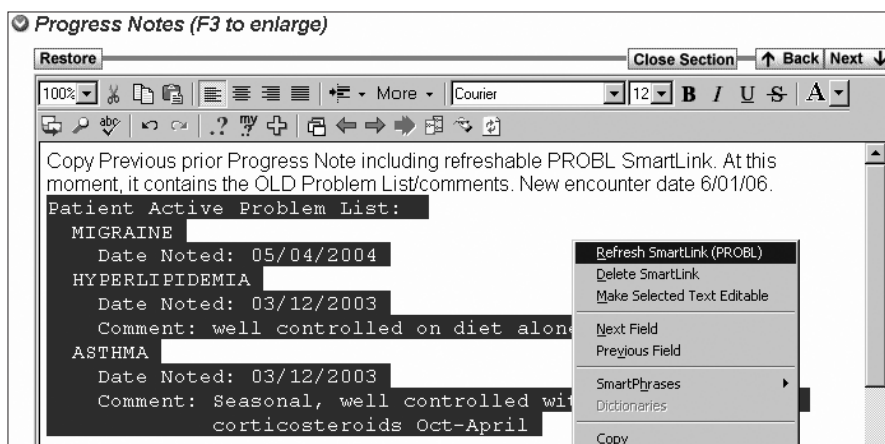


Figure 44-4 A Right Mouse click brings the Right Mouse tool, which allows choices to refresh or edit the protected/refreshable SmartLink. Now the SmartLink PROBL is colored **brown** on your screen. Brown indicates that the Right Mouse tool is open and the information within the Link is subject to editing. You have “unprotected” it by your actions.

this information as-is. In this progress note, the Link was used in March 2006.

If you click somewhere within the blue area and try to delete or backspace, you get the message shown in Figure 44-2. If you try to type in the blue area, nothing happens at all. It is protected from editing.

When you are within EpicCare, you will notice that in the final view of the progress note (Figure 44-3) the blue color is gone; it is only visible during active documentation. The figure shown below is from Visit Navigator with the Progress Note section closed. It would look similar under Review.

Let's say that the same patient is seen in the interim and sustains a Colle's fracture, which is placed on the Problem List by the orthopedist. After that, you see the patient again in Primary Care. You use Copy Previous to bring forward your own earlier progress note, which contains the Refreshable SmartLink **PROBL**. However, as the Link comes into your new note you are alerted by the color blue that it might be out of date. You use the Right Mouse tool (Figure 44-4) to refresh the **PROBL** link (or to make it editable), by clicking “Refresh SmartLink (**PROBL**).”

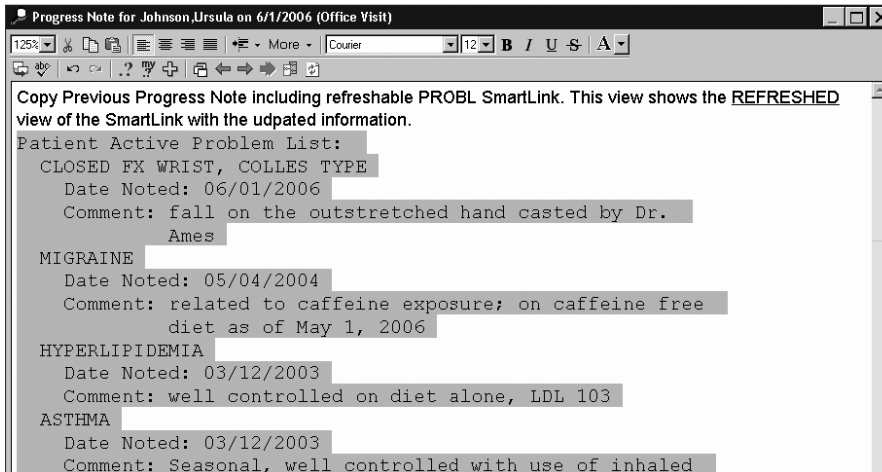


Figure 44-5

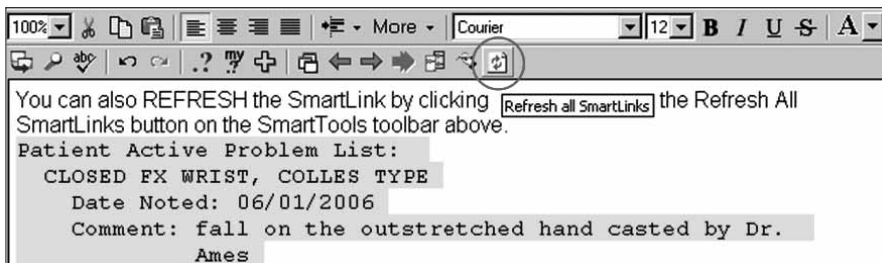


Figure 44-6

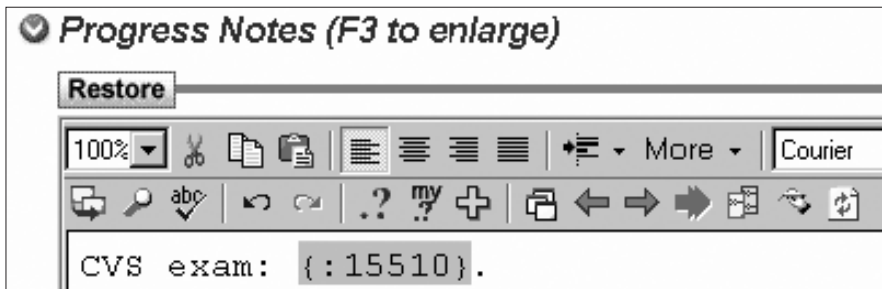


Figure 44-7 Refreshable SmartLists. On your screen, `{:15510}` will be colored **yellow**.

Once you refresh, the **PROBL** SmartLink displays the current Problem List and is again protected—it will be light blue on your screen (shaded in Figure 44-5).

You can accomplish the same thing using the SmartTools toolbar. Click the button “Refresh all SmartLinks,” circled in Figure 44-6.

Working with Refreshable/Protected SmartLists

Now let’s look at SmartLists that are marked Refreshable. It is a similar situation, only the coloration is yellow and the Right Mouse tools have somewhat different actions. (When it’s clicked, the Right Mouse tool recognizes where the cursor is and adjusts accord-

ingly, offering specific functions for various contexts.) In the example in Figure 44-7, List 15510 is Refreshable. When you make your selections from within that SmartList, they too are Refreshable and Protected.

After resolving the list with your choices to describe the exam, your note looks like Figure 44-8. On your screen, the expanded SmartList is highlighted in yellow.

The yellow color indicates it’s a SmartList, but it works exactly like the Refreshable SmartLinks’ blue color. You can’t edit unless you use the Right Mouse tools, just as before. Of course, the yellow disappears in the review mode.

What about refreshing a SmartList? What does that really mean? Refreshing a SmartList has two aspects. First, it means that within your *current* prog-

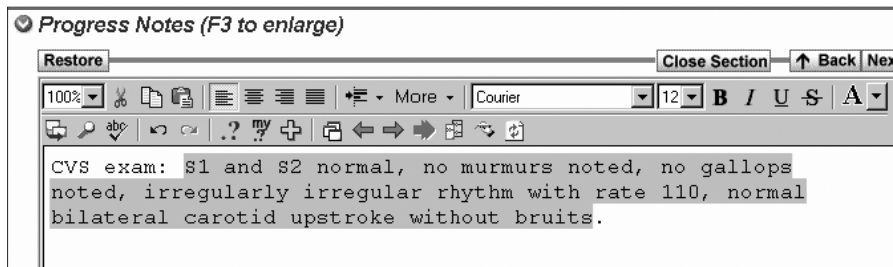


Figure 44-8

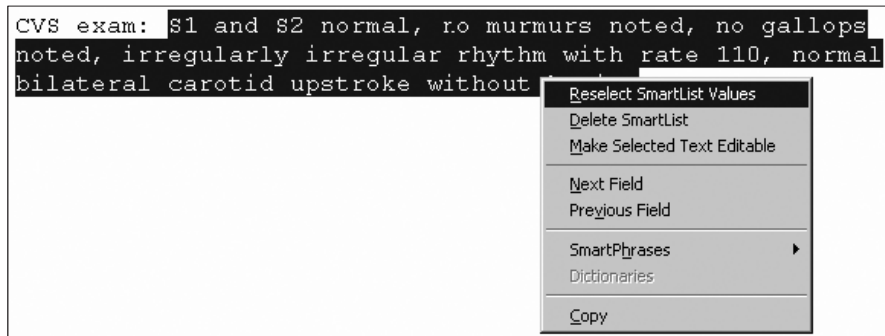


Figure 44-9 The SmartList {15510} is shaded here, but will be **dark blue** on your screen. This color is analogous to the brown color when a protected refreshable SmartLink is edited. Dark blue means you have unprotected a SmartList to allow editing. The Right-Mouse tools are context-appropriate for SmartList editing, instead of SmartLink editing.

ress note, the Right Mouse tool offers the choice, “Reselect SmartList Values.” When clicked, it reopens the same SmartList, displaying the previous choices you selected so you can edit or change them. While you are within the Progress Note section, the yellow highlights will draw your eye to any Refreshable SmartList text selections you entered previously. If, before closing the encounter, you want to change the selections in one SmartList because of new information, you can right-click on the yellow-highlighted text and reselect your entries. I highly recommend this simple, efficient technique for corrections and additions. (It does require that your implementation team mark SmartLists as Refreshable.)

Second, and equally important, refreshable SmartLists means that if you used Copy Previous and recruited an older Refreshable SmartList among the data imported to your current progress note, the text will again appear in yellow. Alerted to its presence, you can edit with the Right Mouse tool, reselecting SmartList values (Figure 44-9), as before with SmartLinks. This would be helpful if, for example, you heard a murmur today, but the last progress note indicated you heard no murmur. You could compare your note easily, perhaps repeat the auscultation, and then adjust the SmartList values in today’s progress note, if appropriate.

New SmartPhrase Workflows in the Epic Spring 2006 IU1 Version – the HH1 Master File

Epic's Spring 2006 IU1 version contains significant changes to SmartPhrase workflows. In the past, Phrases were stored as external text files. Now they are stored as a master file, known as "HH1," creating important implications for the way Phrases are built, edited, stored, and shared. The Spring 2006 version was released about the same time the new edition of this book was being written. By the time this book is printed, some of you will be using the Spring 2006 version, though many will not. Eventually all of us will be on this version and, one day soon, versions beyond.

Because Spring 2006 offers the single largest number of changes to SmartPhrase workflows in the history of EpicCare, this special chapter is an important update to this text. These are practical and useful changes that will impact your work. While much of this information could be placed in other chapters, I have given it its own chapter to avoid confusion for those on the Summer 2005 and earlier versions.

Although the technical aspects of converting SmartPhrases from text files to a master file are beyond

the scope of this book, I will point out that the conversion is not automatic upon Spring 2006 go-live. The HH1 conversion can be deferred to a later date. Your organization will decide exactly when to implement the conversion. Your personal SmartPhrase files will remain completely intact. Although you may be using the Spring 2006 version, for a short while before the HH1 conversion you may have only the "old" text-based SmartPhrase workflows.

When SmartPhrases are converted to a master file (like SmartLists, SmartLinks, SmartText, and SmartSets), they are given properties quite similar to SmartText, as you will see.

SmartPhrase Editor Changes

The SmartPhrase Editor is entirely redesigned. You go there by clicking the Plus Sign (+) on the toolbar of a progress note (or use the menu sequence Tools > SmartTool Editors > SmartPhrase/Analyzer). You'll see the new SmartPhrase form (Figure 45-1)—use it

Figure 45-1 The SmartPhrase Editor in the Spring 2006 version. Note the three tabs at the top, beneath SmartPhrase Name field. The General tab screen is shown here.

to manage all your personal SmartPhrases. This new form has three tabs: General, Owners/Users, and Synonyms.

The General Tab

The General tab includes an area to write the SmartPhrase name, a field to select a SmartList, and a large text-entry box. These functions work like previous versions. The General tab also devotes a sizable box to a short Phrase description. In addition, the General tab indicates the type of Phrase (“user” or “system”), has a master file record ID number, and a field that allows you to track the usage of this (or any) SmartPhrase.

The large **Phrase text-entry box** has some important differences from older versions:

- It behaves just like a progress note, and the text, itself, unlike simple free-text, has many attributes of SmartText. It is fully SmartTool enabled. You see the usual SmartTool controls (buttons and icons) found

in a Visit Navigator progress note (Magnify, Spell Check, Undo and Redo, Select SmartText, Previous Field, Next Field, etc.). See Figure 45-2 for a closer view.

- You can select SmartText via the SmartTools toolbar (extraordinarily valuable, and it renders obsolete the older method I described in Chapter 43). To create a SmartPhrase from a SmartText, just click the SmartText icon and select a SmartText of interest. It will be pulled into the text-entry box without expanding any of the embedded SmartLinks. Then you can work with it without the need to search for and restore SmartLinks that expanded to values relevant to the patient whose chart you may be working from.
- Because the Phrase text-entry box is now SmartTool enabled, you can test your SmartPhrase by hitting the **F2** key and invoking the SmartLists within it, as shown in Figure 45-3. This is a big advantage in designing new Phrases or editing.

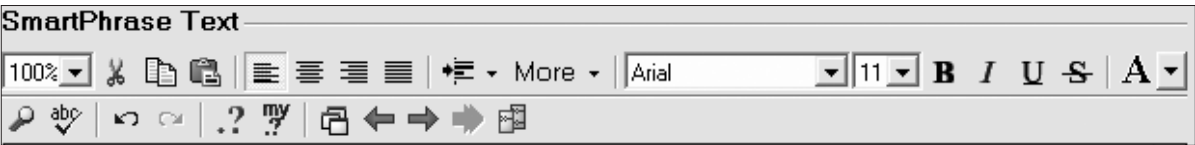


Figure 45-2 The Spring 2006 SmartPhrase Editor toolbar. Progress note and RTF (rich-text format) controls available include buttons for cut, copy, paste, left justify, center, right justify, indent, font style and size, bold, italics, underline, strike through, and color—and below it, the typical SmartTools toolbar.

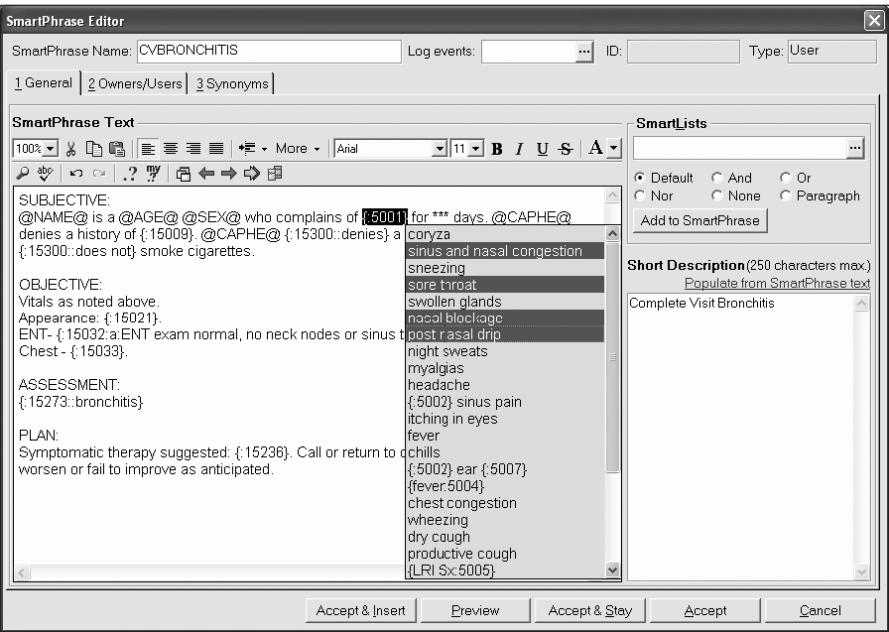


Figure 45-3 A SmartList is invoked inside the SmartPhrase Editor.

- When you create new or edit old Phrases, you can invoke other Phrases in your text, and they will expand. I created the screenshot in Figure 45-1 by typing an existing SuperPhrase, <dot>**CVBRONCHITIS**, directly in the text box; it expanded to the text you see displayed. Even though I was inside the progress note of a patient, it did not expand the SmartLinks to that patient record (that is, it shows **@AGE@** instead of “70-year-old”). This is another huge advantage. (However, if you highlight text from an expanded Phrase in a progress note without first going to the SmartPhrase Editor, it does not reconstruct the original, unexpanded SmartLinks.) Also notice in the screenshot that the embedded SmartLinks are automatically displayed between @ symbols (in this example, **@NAME@**, **@AGE@**, **@SEX@**, and **@CAPHE@**). Previously, you would see **.NAME**, **.AGE**, **.SEX** and **.CAPHE**. If you add a SmartLink to one of your Phrases, you can still type the <dot>SmartLinkName, and EpicCare will append it as @SmartLinkName@ automatically. In fact, if it does not make this change, it tells you that you have not correctly typed

the SmartLink mnemonic, a good QA check. (The @ symbols before and after the SmartLink act as markers for the system to recognize SmartLinks within SmartText or SmartPhrases).

The General tab’s **Short Description text box**, similar to that for SmartLinks, allows you to display a summary description of a SmartPhrase instead of the first truncated line of text. The Short Description will show up later in the Phrase Finder window. In the example in Figure 45-3, the Short Description for **CVBRONCHITIS** is “Complete Visit Bronchitis,” not the first line of text from that Phrase. None of the available SuperPhrases currently has these short descriptions, but going forward you can use this technique for new Phrases, if you like. You will see additional illustrations of Short Descriptions in other figures below.

Rich-Text Formatting (RTF) is now available to Phrases. You can see the various controls for font and style in Figure 45-4. You now have access to all the usual attributes of typical word processors, such as choices of font style and size, use of color, bolding, italics, indenting and other paragraph formatting. When

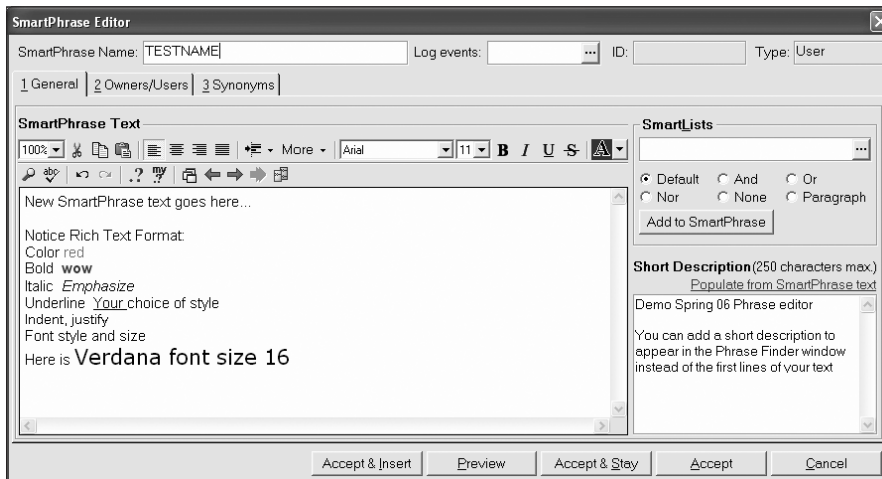


Figure 45-4 Building an example SmartPhrase **TESTNAME** using RTF. Notice the short description, which later appears in the Phrase Finder window (See Figure 45-5).

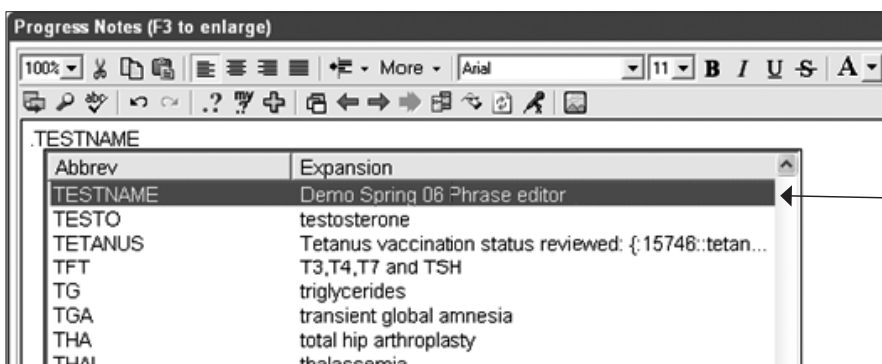


Figure 45-5 The Phrase Finder window: invoking the example Phrase **TESTNAME** in a progress note.

Short description displays in Phrase Finder window, not the first line of text.

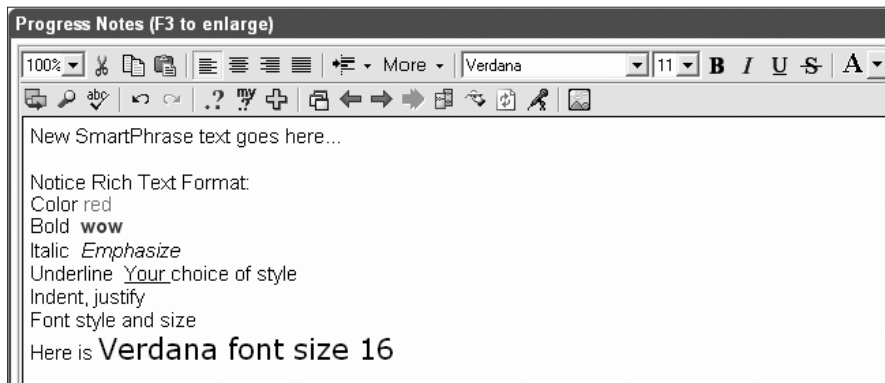


Figure 45-6 The invoked Phrase **TESTNAME** inside a progress note retains RTF.

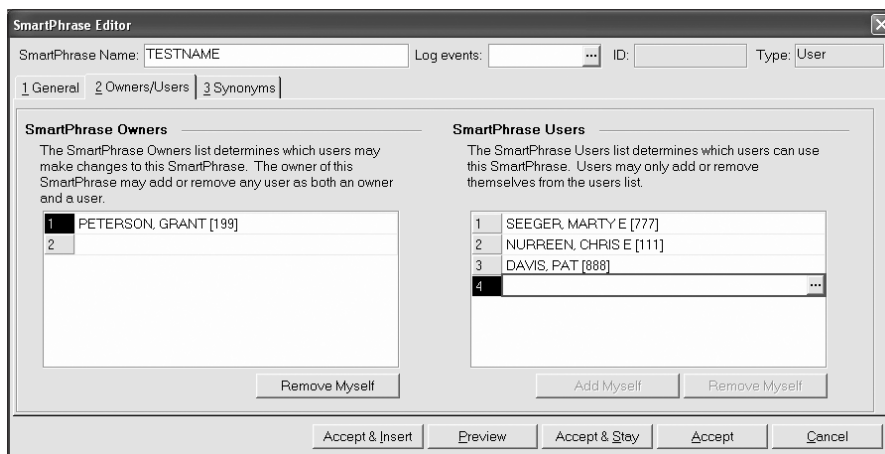


Figure 45-7
The Owners/Users tab

used with RTF, any embedded SmartLists automatically adopt the same format. Though the SuperPhrase file itself does not use RTF, you could save personal versions with bolding, color, or underlining to emphasize certain attributes of your text. Figure 45-5 shows the Short Description in the Phrase Finder window, and Figure 45-6 illustrates the use of style, color, and other RTF attributes within a progress note.

The Owners/Users Tab

Let's move on to the second tab in the SmartPhrase Editor, Owners/Users, seen in Figure 45-7.

This is a new, simple way to share SmartPhrases. The fields available to you depend on your security. On the left side of the screen are the owners of this SmartPhrase. In this example, Grant Peterson is the only owner. Owners are allowed to edit the Phrase. On the right side are users, those who can use the owner's Phrase but do not have editing authority. Marty Seeger, Chris Nurreen, and Pat Davis are all allowed to use Grant Peterson's Phrase. An owner may

use this tab to easily assign additional colleagues user status for his/her Phrase(s). Others can assign themselves as users, too. This particular workflow relates to only the single SmartPhrase you happen to be working on—later we will see a new, efficient way to share the entire Phrase file with other users or to attach yourself as a user of someone else's entire Phrase file.

The Synonyms Tab

The third tab of the SmartPhrase Editor offers another valuable new function, the use of synonyms. Until the Spring 2006 version, I had to create duplicates, triplicates, or even quadruplicates of SuperPhrases to offer users choices of Phrase names. (Examples abound in the SuperPhrase file: **INSMOKING**, **INSMOKER**, and **INTOBACCO** are all separate but identical SuperPhrases.) In Spring 2006, only one of these is the "master" Phrase, and the other two are synonyms. In Figure 45-8 you can see that "Synonym1" and "Synonym2" are listed as synonyms for the Phrase **TESTNAME**. You can also see the Short Description

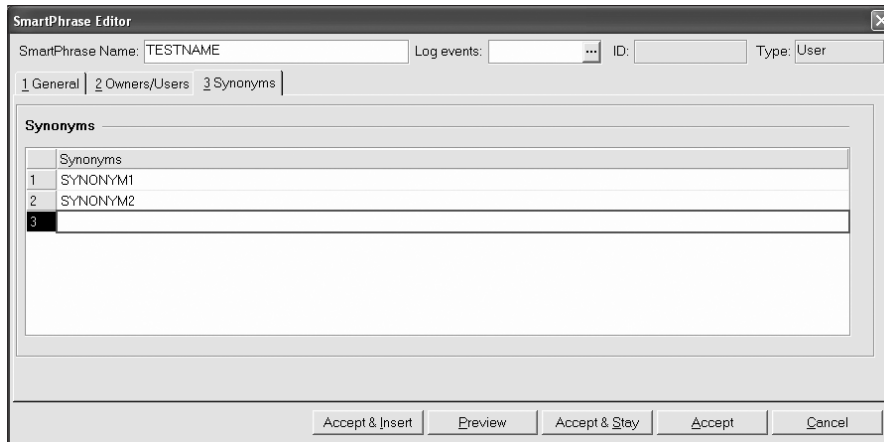


Figure 45-8 The Phrase **TESTNAME** and its two available synonyms, **SYNONYM1** and **SYNONYM2**, will all display the identical SmartPhrase text when expanded.

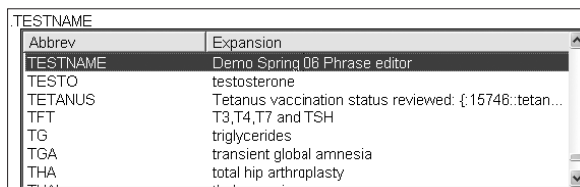


Figure 45-9 The Phrase Finder window, here and in Figure 45-10, displays the Short Description chosen for the SmartPhrase **TESTNAME** and its synonyms.

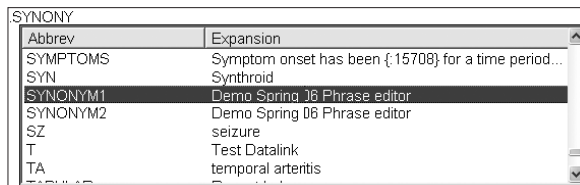


Figure 45-10

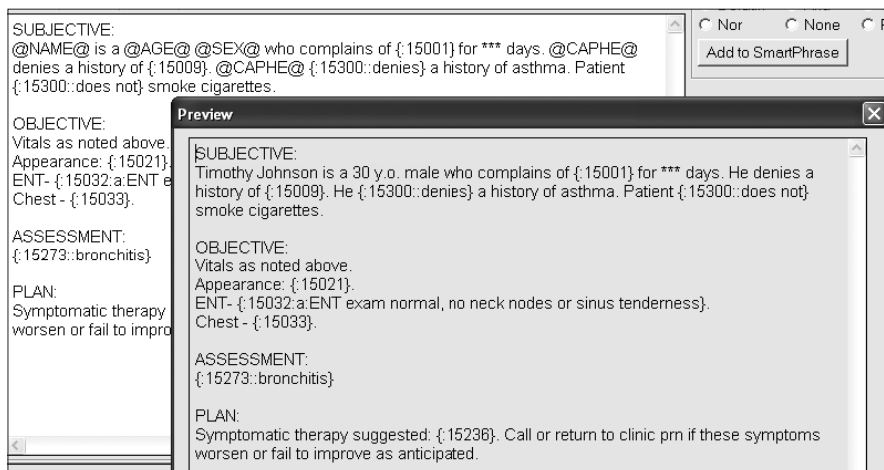


Figure 45-11 Clicking the Preview button expands any SmartLinks in “test mode.” The entire SmartLink will be blue, indicating a protected, refreshable SmartLink. (For further information, see Chapter 44.)

of each (the descriptions are identical) and the use of synonyms in the Phrase Finder window in Figures 45-9 and 45-10.

Take note of these few final comments on the SmartPhrase Editor. The SmartList field is unchanged. The button called “Accept and Insert” is for building Phrases on the fly: click this button after your build,

and your new Phrase will be inserted into the progress note where your cursor was last positioned. The “Preview” button is also useful: if your SmartPhrase contains SmartLinks, clicking “Preview” will show you a neat window (Figure 45-11) with the Links expanded to describe your current patient. It’s a further QA check before accepting your work.

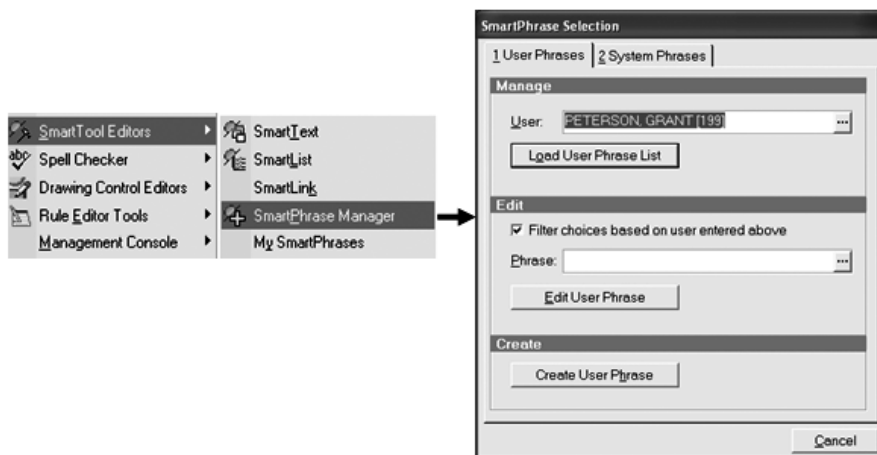


Figure 45-12 The SmartPhrase Selection screen with the “User Phrases” tab shown. This tab lets you create, edit, and share personal SmartPhrases. The System Phrases tab allows system administrators to manage system-level SmartPhrase files—it is shown at the end of this chapter.

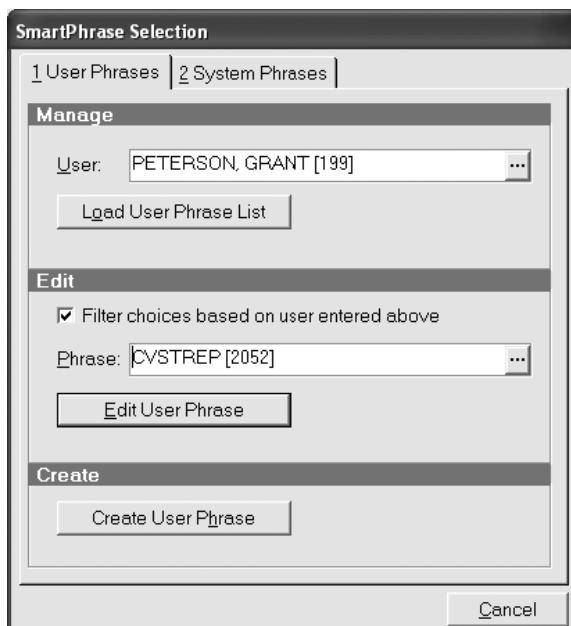


Figure 45-13 A closer view of the SmartPhrase Selection screen, User Phrases tab. You can select Phrases from your personal file to edit or share. You can select another user’s Phrases only to add yourself as a user, but not to edit or share.

SmartPhrase Manager Spring 2006

In the Spring 2006 version, a new tool known as SmartPhrase Manager is available for editing and sharing *multiple* Phrases in your personal SmartPhrase file. To go there, click the menu sequence Tools > SmartTool Editors > SmartPhrase Manager. Figure 45-12 illustrates the use of **SmartPhrase Manager** to bring up the **SmartPhrase Selection** tool.

There are two tabs; we will discuss the User Phrases tab primarily, because it is intended for every user. This tab has three sections, “Manage,” “Edit,” and “Create.”

The User Phrases Tab: Selecting SmartPhrases to Edit (Your Own) or to Share

In the **User** field of the Manage section, you can select an entire Phrase file to load and manage, either your own or another user’s. The **Edit** section allows you to filter that file and choose a single Phrase for editing or sharing. If nothing is selected in the Phrase field, you will load the entire User Phrase List referenced under User. The **Create** section allows you to create a new personal Phrase. It works precisely as explained earlier in this chapter.

You may select one Phrase at a time to work on. Figure 45-13 shows what happens after Grant Peterson

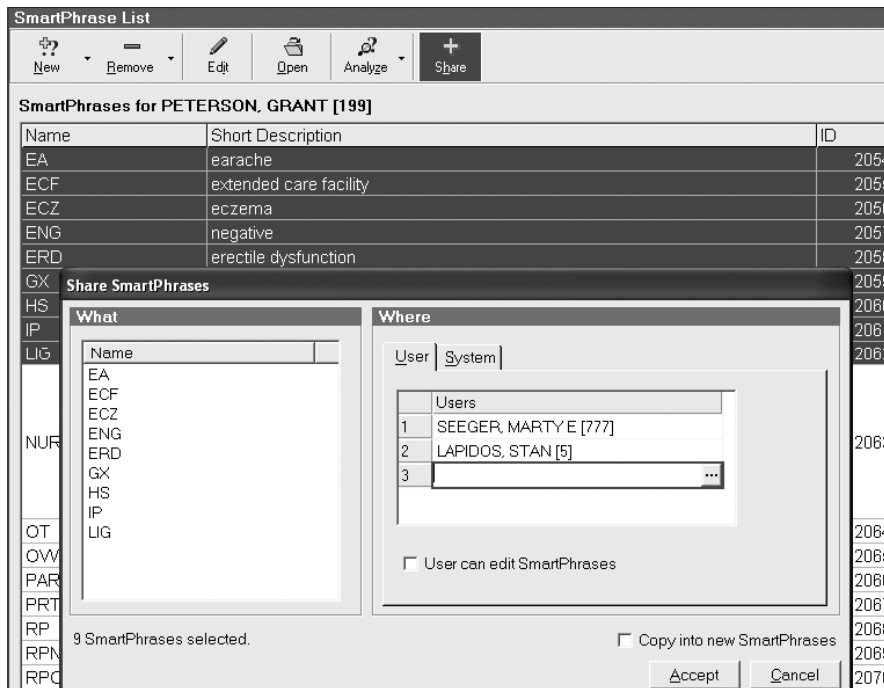


Figure 45-14 Accessing your entire personal SmartPhrase file, you can select Phrases to share. By clicking “Share,” you may add users to share your Phrases.

selects himself and then types “strep” in the Phrase field. The computer searches both Phrase names and synonyms for “strep.” (Notice that the SmartPhrase **CVSTREP** now shows a record number, because each Phrase is a record in the new HH1 SmartPhrase master file.)

The subsequent workflow depends on whether you load your own personal Phrase or another user’s. The User and Phrase fields work together to select the Phrase you are looking for and determine which privileges you have for editing and sharing. If you choose another user’s file and open one or more Phrases in it, you will be limited to adding yourself as a user of the Phrase(s); you cannot edit another user’s Phrases. If you have opened your own SmartPhrase with the “Edit User Phrase” button, you will get exactly the same editing workflow described earlier. If you type your own name in the User field and click “Load User Phrase List” (without filtering to one single Phrase in the Edit section), you will load your entire personal SmartPhrase file, as shown in Figure 45-14. You will have full access to all your Phrases for editing. There are icons for **New**, **Remove** (delete), **Edit**, and **Share**. (The Open button just opens the “Select SmartPhrase” window again. The Analyze button is used to select text files or progress notes you have written in the past, allowing you to search for common text to create new SmartPhrases. More on that later.) The

New and the Edit button work exactly as explained earlier in this chapter.

The User Phrases Tab: Using the Manager to Share Your SmartPhrases

Figure 45-14 illustrates the workflow for sharing your personal SmartPhrases. Select one or more (or all) of your Phrases with your Left Mouse. (Use **Shift-Click** to select a range of Phrases. As of the Spring 2006 version, the system does not allow **Ctrl-Click** to select non-adjacent multiple Phrases. **Ctrl-A** will select all your personal SmartPhrases.) After you’ve selected the Phrases you want to share, click the “Share” button. You will see the “Share SmartPhrases” screen. This screen has two panes. On the left is “What”: Phrases you have chosen to share. On the right is “Where”: with whom you wish to share them. Simply add one or more users to the “Where” pane, and immediately they will be able to use your Phrase(s) without having to copy it (them). (Do not click the checkbox labeled, “User can edit SmartPhrases.”)

The User Phrases Tab: Using the Manager to Share Another’s SmartPhrases

If your colleague sends you an email about some great Phrases he/she has built, you can easily access them and become a shared user. To share another’s

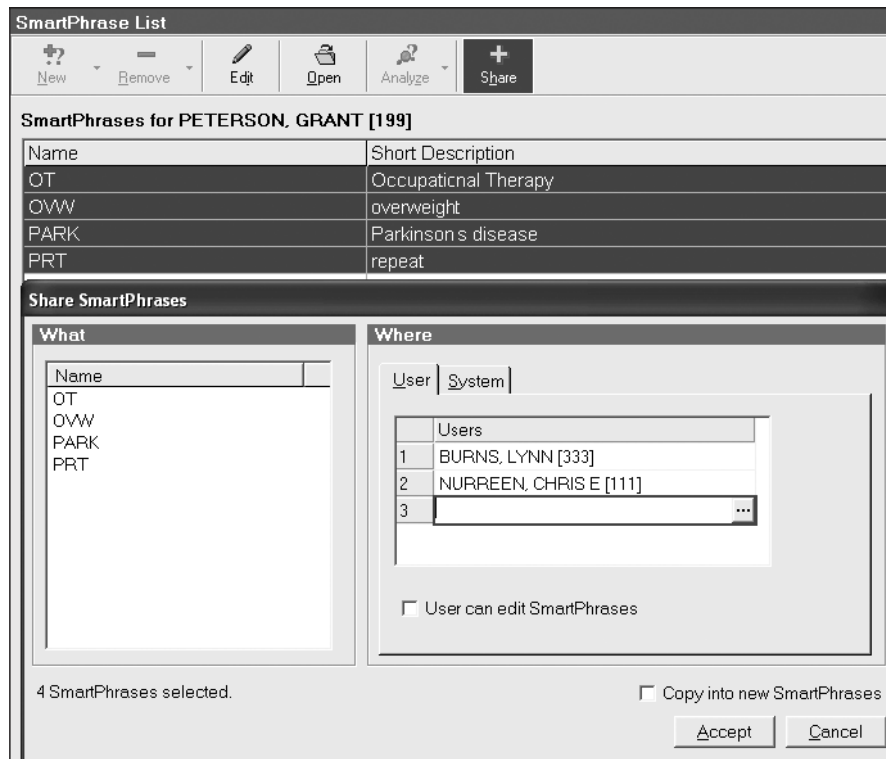


Figure 45-15 After typing another's name in the Manage section and clicking "Load User Phrase List," you can view that user's Phrase file, selecting one or more (or all) Phrases to share. The "Share" button allows you to share multiple Phrases at one time with one or more users.

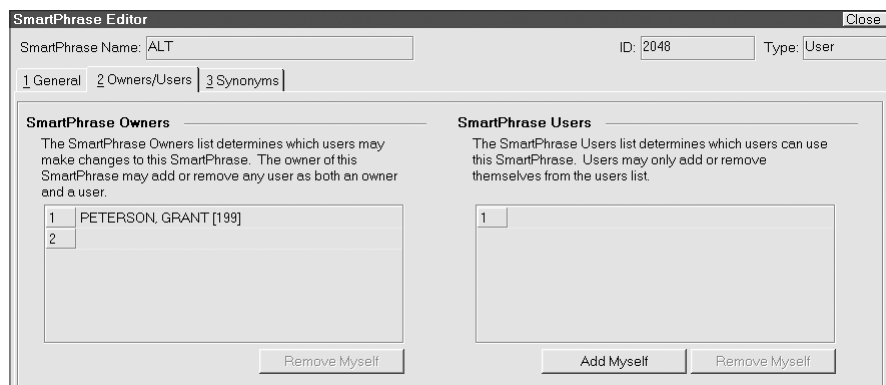


Figure 45-16 After loading another user's Phrase file, clicking "Edit" (Figure 45-15) offers functionality only to "Add Myself" or later "Remove Myself" as a user of one Phrase at a time. It is less powerful than the "Share" button and similar to but more restrictive than the SmartPhrase Editor functions seen in Figure 45-7.

personal Phrases, in the User field type that user's name (see Figure 45-13); then click "Load User Phrase List" to view that user's entire SmartPhrase file. In Figure 45-15 another user (Lynn Burns) has loaded Grant Peterson's SmartPhrase file and selected four Phrases to share with herself and an additional user. Notice that only the Edit and Share buttons are enabled. ("Open" simply re-opens the Editor.) The "Share" button is very powerful: it allows sharing *multiple* Phrases or the *entire* Phrase file. The "Edit" button is more restrictive, allowing you to work with only *one* Phrase at a time and to "Add Myself" as a user (Figure

45-16). I recommend you click "Share," as in Figure 45-15, as the more powerful and flexible of these two buttons. (Do not click "User can edit SmartPhrases." You can't edit another user's Phrases.)

This new ability to share SmartPhrases implies reduced maintenance for us all. By adding yourself as a user, you no longer need to make a copy of someone else's SmartPhrase. A copy is superfluous. Further, that SmartPhrase needs to be maintained (updated for accuracy over time) in only ONE place. Until now, everyone with a copy would need to maintain it. (Multiply *that* by thousands of users!) Sharing Phrases in

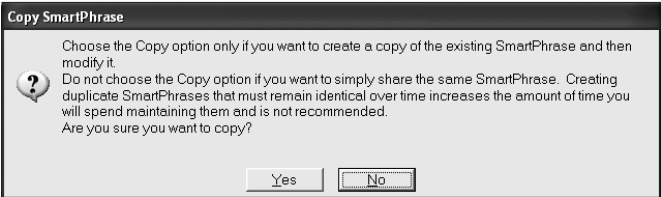


Figure 45-17 “Copy SmartPhrase” is not recommended; it adds to the burden of upkeep. Simply **share** Phrases rather than copying them.

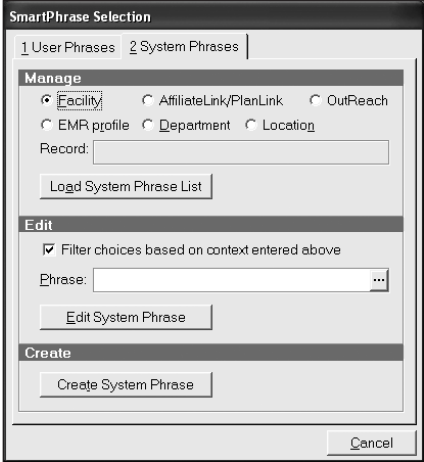


Figure 45-18

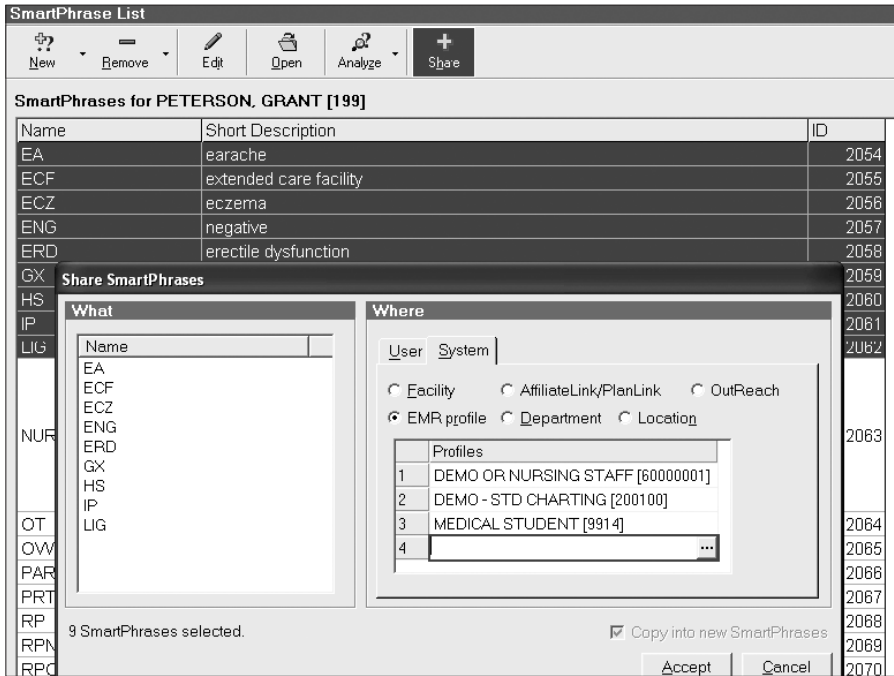


Figure 45-19 System administrators may share System-level Phrases with users, departments, and profiles.

the Spring 2006 version means less upkeep. Figure 45-17 shows what happens if you click the button “Copy into new SmartPhrases” seen in Figure 45-14.

The System Phrases Tab in the SmartPhrase Manager

The System Phrases tab is shown in Figure 45-18. Analogous to the User Phrases tab, it is used by system administrators to manage and share the larger System-level SmartPhrase files.

After loading a System Phrase file, the administrator has choices similar to the user in the User Phrases

tab, with the ability to share one or more Phrases from System files with users or other System Phrase files (Figure 45-19).

The SmartPhrase Analyzer in the SmartPhrase Manager

Let’s talk briefly about the “Analyze” button in the SmartPhrase Manager. See figures 45-20 through 45-22. While the analyzer function is not new in the Spring 2006 version, it is easier to access *if you have security* for this functionality. You can select a range of your own progress notes to “analyze” for common



Figure 45-20 Click the “Analyze” button and select “Analyze Progress Note.” You need a specific security level to access this function.

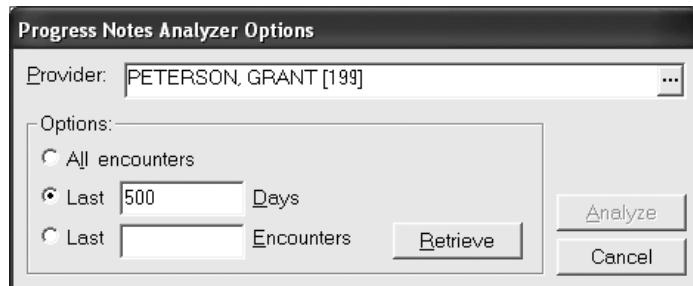


Figure 45-21 Choose the number of days or encounters you would like to search for text strings in your progress notes. Then you can “promote” them to new personal Phrases.

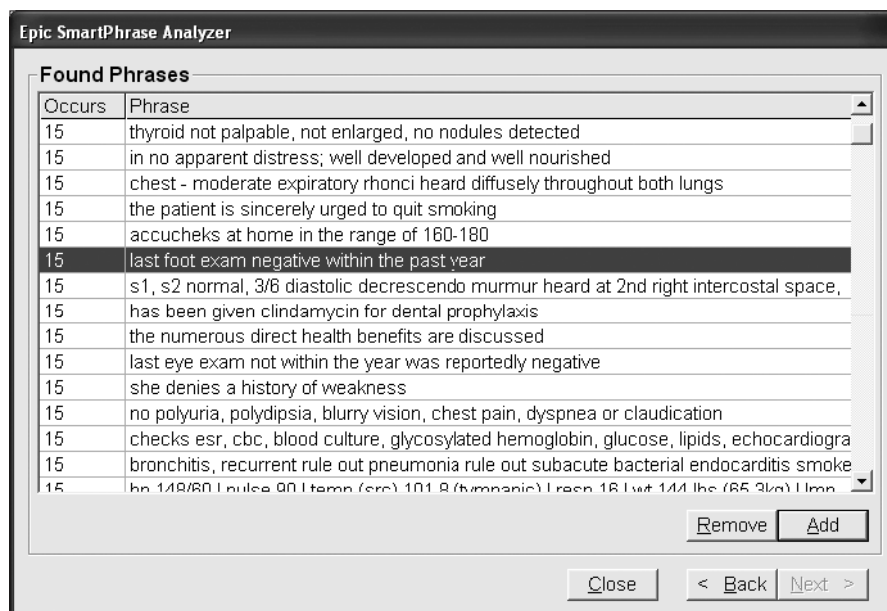


Figure 45-22 Several text strings are located, and one is highlighted to become a personal SmartPhrase. Click the “Add” button to create the new Phrase.

strings of words that you use repeatedly in your progress notes (outside of your own Phrases). Then you can create new Phrases to invoke these strings.

Click the Analyze button and select “Analyze Progress Note.” (You can also select an external document, if it’s accessible on your computer.) You can then choose a range of progress notes you have written (or all progress notes, which are probably too much data). Click “Retrieve” to collect those progress notes into the analyzer. Then follow the on-screen directions to review the text strings that have been located. The subsequent screens will display the strings found, so you can select for new personal SmartPhrases. Selected

strings will be added to the SmartPhrase Editor; you supply a name and any edits, and you have your new personal SmartPhrase. This button may be dimmed in your workflow, but you can speak to your implementation support staff, if you would like further information.

A brief note to readers who may be using a version of Epic beyond Spring 2006: This chapter is based on Spring 2006 IU1. Because HH1 was new at the time of this publication, it is possible that some SmartPhrase workflows in subsequent versions will change from that described here.

This chapter reviews some useful tips and tricks on the innovative design and use of SmartLists. It's likely that you do not have security to build SmartLists on your own, though you can add defaults to any SmartLists using the double-colon (::) methodology outlined in Chapter 43.

Basic Methods to Choose Selections within a SmartList

You are well aware of the standard methods to choose selections, but I have enumerated them here to give you the full spectrum. **F2** moves through the SmartLists in forward order. **Shift-F2** moves backwards through the SmartLists. Of course, you have the **Undo** and **Redo** functions, as outlined in Chapter 42. You can use the **Escape** key or **Delete** key to choose none of the selections and type your own text, instead.

To make selections within a list, most people use the mouse, a Left Mouse click to select or unselect, and a Right Mouse click (while pointing *within* the colored box) to select and move on to the next SmartList. If you are pointing outside any colored List box, you may use the Right Mouse click tool to navigate to Next Field (next SmartList) or Previous Field (previous SmartList). In fact, a common beginner's error is doing just that: accidentally pointing outside a colored List box that you intended to invoke; instead, your selections are ignored as the system tries to advance to the Next Field. Only the right click within the colored SmartList ("dropdown") box will invoke your selections and move you forward to the next SmartList. (You can also press the **Enter** key to invoke a selection, but this is seldom an efficient workflow.)

One other method of making selections deserves mention. You can keep your hands on the keyboard (off the mouse) by typing the first letter of any selection. In a single-select (yellow) SmartList, the first selection beginning with the letter you type is highlighted;

then, pressing **Enter** will resolve the SmartList. If you are in a multi-select (blue) SmartList, when you type the letter that matches the first letter of one of the selections, the system applies Focus to (outlines) your selection. Then press the **Spacebar** to highlight that selection. Continue on, typing the first letter of your next selection, followed by the **Spacebar**. When all selections are completed, press **Enter** to resolve the multi-selection SmartList. If more than one selection has the same first letter in a SmartList, you can repeatedly press that letter; the system will advance to the next List selection with that beginning letter. You press **Spacebar** when you arrive at the actual selection you need. Many users prefer this mouse-free technique (though, personally, I don't use it). I can't show a useful screenshot of this workflow, so if you are unfamiliar with it, you'll have to try it on your own.

Connecting Logic

Usually, the connecting logic in a SmartList is "and." Other choices include "or," "none," "nor," and "paragraph." ("Paragraph" means each selection appears on a new line within the progress note.) When you are done with your multiple List selections, EpicCare will insert the connector you have chosen before the final choice. See Figure 46-1. So, for instance, you will have "sharp AND throbbing," "nausea OR vomiting," "nausea, vomiting" (the "none" connector), "nausea NOR vomiting," or separate lines in paragraph format:

```
nausea
vomiting
```

Newer SmartList Functionality

"Mutually Exclusive" Logic

As of the Summer 2005 version, SmartLists may be marked "mutually exclusive." It will not be apparent when you look at a List, but this functionality will

Selection Type

☐ Single

☒ Multiple

Connection Logic

☒ And ☐ Or

☐ Nor ☐ None

☐ Paragraph

☒ Released ☐ Refreshable

☐ Mutually exclusive groups

Figure 46-1 Here you see the tools for many of the controls within the builder functions for SmartLists. You can see the controls for single versus multiple, for connection logic, and for mutually exclusive logic.

SmartList

Name:

Display text:

1 General | 2 Used By | 3 Advanced

Selection List

(F4) to insert row. (Shift+F4) to delete row. ☒ = Default Value

Selections	Group Key
<input type="checkbox"/> {LNK,NAME} is a {LNK,AGE} {LNK,SEX}	
<input type="checkbox"/> {LNK,CMED}	
<input type="checkbox"/> {LNK,PROBL}	
<input type="checkbox"/> {LNK,ALLERGY}	
<input type="checkbox"/> {LNK,PMH}	
<input type="checkbox"/> {LNK,PSH}	
<input type="checkbox"/> negative history for HTN, CAD, CVA, diabetes, hyperlipidemia	

4 SmartLists | 5 SmartLinks | 6 SmartTexts

Embedded SmartLinks

Figure 46-2 Here, I am creating a SmartList called "Patient History SmartLink List." It contains a mix-and-match of SmartLinks and free text. The first selection corresponds to the Phrase ID (the ID Phrase is, "**NAME** is a **AGE SEX**"), then five selectable SmartLinks follow, and finally a text statement to document a negative past history.

Past history as documented in the EMR:

```
{:11873}
{:LNK,NAME} is a {:LNK,AGE} {:LNK,SEX}
{:LNK,CMED}
{:LNK,PROBL}
{:LNK,ALLERGY}
{:LNK,PMH}
{:LNK,PSH}
negative history for HTN, CAD, CVA, diabetes, hyperlipidemia
***
```

Figure 46-3 The SmartList "Patient History SmartLink List" created in Figure 46-2, as it might appear in the progress note.

Past history as documented in the EMR:

Ursula Johnson is a 52 Y female

Current outpatient prescriptions

Medication	Sig	Dispense	Refill
• NAPROXEN TABS 500 MG	2x/day (prn) for migraine pain	20	0
• QVAR 40 MCG/ACTUATION INHL AERS	1-2PUFF(S) PO BID TO 'PREVENT ASTHMA SYMPTOMS'	7	PRN

negative history for HTN, CAD, CVA, diabetes, hyperlipidemia

Figure 46-4 The SmartList "Patient History SmartLink List," as resolved for this patient. (RTF [Rich Text Format] enabled)

SmartList

Name: SMARTTEXT SMARTLIST

Display text: SMARTTEXT SMARTLIST

1 General | 2 Used By | 3 Advanced

Selection List

(F4) to insert row. (Shift+F4) to delete row. ☒ = Default Value

Selections	Group Key
<input type="checkbox"/> {ASTHMA ADULT PI APC NATL:TXT,10776}	
<input type="checkbox"/> {ASTHMA PLAN GREEN ZONE:TXT,10561}	
<input type="checkbox"/> {ASTHMA PLAN YELLOW ZONE:TXT,10562}	
<input type="checkbox"/> {ASTHMA PLAN RED ZONE:TXT,10563}	
<input type="checkbox"/> {ASTHMA ACTION PLAN PEDS (PEAK FLOW & SX) DANGER SIGNS NATL:TXT,10239}	
<input type="checkbox"/> ***	
<input type="checkbox"/>	

4 SmartLists | 5 SmartLinks | 6 SmartTexts

Embedded SmartTexts

ASTHMA PLAN YELLOW ZONE [10562] ... Add to SmartList

Figure 46-5 Building SmartText into a SmartList.

♥ Patient Instructions (F3 to enlarge)

Restore Close Section ↑ Back Next ↓

100% MS Sans Serif 12 B I U S A

Patient instructions for home care and monitoring of your asthma:

{11074}

{ASTHMA ADULT PI APC NATL:TXT,10776}

{ASTHMA PLAN GREEN ZONE:TXT,10561}

{ASTHMA PLAN YELLOW ZONE:TXT,10562}

{ASTHMA PLAN RED ZONE:TXT,10563}

{ASTHMA ACTION PLAN PEDS (PEAK FLOW & SX) DANGER SIGNS NATL:TXT,10239}

Figure 46-6 An end-user progress note with the new SmartList built in Figure 46-5. Each choice will expand to the full SmartText(s) you select.

prevent you from inadvertently selecting mutually exclusive choices. This workflow is only useful where the default choice is a normal physical exam description or a negative ROS description and all the other choices are abnormal findings or the words “not examined.” Thus, if the default is “Heart sounds are normal” but you click a choice that says “Heart not examined,” the functionality would automatically de-select “Heart sounds are normal,” because the two statements are mutually exclusive.

Ability to Embed SmartLinks and SmartText in SmartLists

Also since the Summer 2005 version, a builder can add SmartLinks and SmartText to a SmartList (and, therefore, use these within SmartPhrases). Though you won’t likely have security to build them yourself,

you can suggest these types of SmartLists be built for use by the medical staff. Figure 46-2 shows the builder screen, so you can understand how it works.

In Figure 46-3 you see the progress note view using the SmartList created in Figure 46-2. Note that none of these is built within the SuperPhrase file. Instead, it is left to the individual Epic customer to build, as necessary.

Figure 46-4 shows the resolved expanded text inside a progress note.

Builders can add flexibility to a SmartList by adding SmartText. The following screenshots (Figure 46-5 and Figure 46-6) show this workflow. Again, it is left to each organization to decide whether to build this kind of SmartList. I encourage you to request builds that you feel would be beneficial to your workflows.

Editing SmartLists

SmartList editing is explained in Chapter 43. Within your own personal SmartPhrase, you may add one additional default choice to a SmartList by using the double-colon (::). Your choice will always be defaulted and shown as one continuous string of text.

Refreshable SmartLists

For information on refreshable SmartLists, please see Chapter 44.

Getting Past Inherent Limitations of SuperPhrases

Periodically throughout this book, I have mentioned various issues that affect how you use the SuperPhrase file, such as the use of synonyms, plurals, conflicting Phrases, and other special circumstances. It's worthwhile to include a chapter that summarizes in one place all my comments on the inherent limitations of creating a single library of Phrases for every user. It is evident that any phrase file, even a very large and highly organized one, will never meet everyone's expectations. That is due to fundamental differences in the way we think, the way we express our thoughts, the way we interpret what patients tell us, differences in our medical opinions and in our specialties, and the many frequent advances in medicine (There was no Phrase for Viagra until 1999.). As I've said before, don't get angry if a Phrase seems to be missing or inadequate or even oddly named and difficult to remember. These situations occur daily, even in my own practice, and I have seen over 15,000 patients with EpicCare and used Phrases since 1993. Phrases are not perfect, but they can be improved constantly, customized to serve as your personal documentation slave.

To disarm criticism and encourage problem solving, I want to point out some of the common weaknesses of Phrases that I have encountered. With the right attitude, you always win, and situations that don't work out will make you smile in amusement as you mentally invent your solution, instead of frowning in dismay.

As we all know, it is easy to criticize and much harder to build—if only for lack of time. I understand and accept all criticisms of the SuperPhrase file. I know it can't be fully adequate for every doctor or nurse in every situation. On some occasions, I find it is not fully adequate for some difficult patients in my own practice. Then I create something new, either on the spot or later that day or week. SuperPhrases are not intended to be a universal solution to charting. They are intended to be a useful, organized, learnable solution that can be internalized and then partly cus-

tomized as needed by any physician. *Keep in mind that the SuperPhrase file already exists.* It is far easier for you to learn to use SuperPhrases than to write, de-novo, an entire set of your own. You are better served to make some minor compromises in documentation than to discard the entire file because of differences of opinion over "poetic license." If you feel content is missing or wrong or misleading, it should be changed. But don't spend dozens of your valuable hours changing wording that essentially portrays what you intend to say. Obviously, you are free to do so, but many physicians have found they can use most of the SuperPhrase file to their advantage as-is, with relatively few custom edits.

Conflicting Phrases

I have already mentioned this issue earlier: HL—is this "hearing loss" or "hair loss"? I don't know. Your specialty might clearly lean toward one or the other; my family practice is about evenly split on the frequency of these topics. If necessary, make two separate Phrases for these, such as HEL for hearing loss and HAL for hair loss. But those three-letter Phrases are harder to remember and don't really fit much of a logical syntax; they fall into the category of memorizing, which I like to avoid, although it is inevitable in some cases.

There are many examples of these conflicts. Is FBS "foreign body sensation" or "fasting blood sugar"? Is CW "chest wall" or "compatible with"? CMP: is it "comprehensive metabolic panel" or "chondromalacia patella"? Even more subtle are conflicts such as "nocturia" and "nocturnal," both common words in general practice. Is NOC "nocturia" or "nocturnal"? I don't know. So I have NOCT and NOC, but I myself get mixed up over which is which. I can't fit these into a logical syntax. Sometimes you just can't win, and you have to memorize some subtleties. I guaran-

tee that you will run into this issue if you chart with Phrases. When the SuperPhrase file was created, I had to decide one way or the other. You might not always agree with my “solution.” Don’t get hung up over it. Move forward.

As the latest edition of the SuperPhrase file was updated, it was noted that a few useful Phrases conflict with Epic SmartLinks of the very same name. Even though some of the Phrases are more useful to the end-user than some of the corresponding Links, it was felt that these Phrases should be struck to maintain integrity within the applications. The following SmartPhrases no longer appear in the SuperPhrase file, but you can create personal Phrases of these same names if you prefer the Phrase over the corresponding SmartLink:

- CC for “chief complaint” was removed in favor of the SmartLink **CC**, which brings in the actual chief complaint (reason for visit).
- DX for “diagnosis” was removed in favor of the SmartLink **DX**, which brings in the diagnosis made within the encounter.
- REFILL for “medication refills given” was removed in favor of the SmartLink **REFILL**, which brings in the drugs being refilled in certain workflows.
- V for “very” was removed in favor of the SmartLink **V**, which brings in the vital signs on a single line.
- EXT for “external” was removed in favor of the SmartLink **EXT**, which brings in the provider’s External Name.
- POS for “positive” was removed in favor of the SmartLink **POS**. **POS** is a non-clinical SmartLink, but there seems to be no brief, memorable mnemonic to suffice. For the same reason, the following SuperPhrase names have been changed (SmartLinks with the original names are non-clinical):
- AST for “asthma” has become **ASTH**.
- CS for “consult” has become **CONS**.
- EMP for “erythematous maculopapular” has become **ERYMP**.
- PR for “pityriasis rosea” has become **PITY**.
- PX for “pharynx” has become **PHX** (not to be confused with the FAA abbreviation for Phoenix Sky Harbor International Airport, which I know like the back of my hand, having flown in and out of it at least 100 times per year in the past four years . . .)

Plurals

Plurals were addressed in Chapter 15. I don’t like having text that says “actinic keratoses” if there was only one lesion, or “actinic keratosis” if there were 12 lesions. SuperPhrases present a few solutions to these scenarios; you might have to invent your own solutions at times. You can add an “s” after the Phrase name, or a number: AK and AKS, or AK1 and AK2. Whatever works for you is the “right answer.”

Grammar

Usually, the SuperPhrase file handles grammar well, but there are times when, doggone it, it just doesn’t meet the need. You will run into this primarily in pediatric situations when documenting your advice to one caregiver versus several (e.g., one or both parents). You may be locked into grammatical imperfections, such as, “The patient’s *mother* agrees to the treatment plan” versus “The patient’s *parents* agrees to the treatment plan.” Another example: “Her parents *are* informed . . .” and “Her parents *is* informed . . .” SmartList 15061 offers “mother” and “parents” but does not contain nested lists with “agree” and “agrees” or “is” and “are.”

To me, it is too convoluted to offer multiple grammatical iterations in a SmartList; it becomes too “messy” for the user to navigate and makes the lists too long. You may correct these rare grammatical gaffes or ignore them and move on. If they upset you, as they do me, go ahead and correct them manually when they occur. Or you can try to invent a better solution with Lists of your own. In these situations, some may reason, life is short, and the jury is unlikely to care whether there is a grammatical issue with one sentence in a chart. So if these go uncorrected, it is unlikely to have much impact. This falls under the dictum, “Don’t sweat the small stuff.”

Different Ideology

It goes without saying that physicians disagree about many aspects of medical practice. So it should not surprise anyone that many physician users will have issues with some parts of SuperPhrase content or design. My

Phrase **ALSOVIAGRA** works for me, but you might just hate it. My explanation of statin drugs (**DRUG-STATIN**) might not be the same as yours. Customize any Phrases you feel are inadequate for your purposes. You may feel some medical statements made in the SuperPhrase file are wrong or have been subsequently proven wrong. It's hard to keep this entire file precisely up to date as medicine moves forward . . . and, inevitably, some things are a matter of opinion. So again, as always, just fix what bothers you, rather than getting upset. If it's a real difference (say you find a SmartPhrase that is contrary to evidence-based medicine), you may want to repair it for your entire organization and contact me, too, rather than just correct it in your own personal Phrase file.

New Technology

Obviously, you'll have to create new Phrases as time goes on. We'll have new drugs, new procedures, new evidence-based medicine. It is an inevitable and constant evolution.

Specialty Issues

The most obvious weakness of the SuperPhrase file is in the specialty area. I am a family physician. I did not attempt to create Phrases for every specialty's procedures or most common visit scenarios. I am not qualified. As you have seen, SuperPhrases do provide a thorough background of baseline Phrases for many general medical scenarios, vignettes, anatomy, pathology, etc. But there are no existing CV Phrases for treadmill interpretation or EMG procedures or disability exams. Each of these examples, especially relating to specialty office procedures, is easily adapted to organized Phrases. Therefore, the task before you may be not only to learn and incorporate SuperPhrases into your practice, but also to create your own Phrases, logically named and organized, that suit your specialty, particularly for procedures you do in the office, ED, or hospital. If you do find yourself creating excellent tools, please share within your organization and specialty.

Synonyms: Knowing What Phrase Name to Enter

Extensive use of synonyms was designed into the SuperPhrase file as an aid. The topic of synonyms has

been mentioned several times because it is an important conceptual feature of any organized Phrase file. As discussed in Chapter 45, the new HH1 master file workflow acknowledges the great value of synonyms, and purposefully incorporates synonyms into its structure. I can't expect everyone to remember every logical conclusion I personally arrive at in the design of SuperPhrases. I have tried to create redundancy so you can often guess correctly, if you have a basic knowledge of the file structure. I have also written many synonyms using typical medical abbreviations that save a few keystrokes. For example, **NEXDM** and **NEXDIABETES** are the same Phrase. **CVHTN** and **CVHYPERTENSION** are the same. **CVPF** is the same as **CVPLANTARFASCIITIS**. **CVCHOLESTEROL** is the same as **CVLIPID** and also the same as **CV-HYPERLIPIDEMIA**. **DRUGACTOS** and **ACTOS** are the same Phrase (All the DRUG Phrases have two similarly related names.). This lets you to use the Phrase Finder to see quickly all similar Phrases that begin with the same letters (NEX or DRUG). Sometimes the logic is difficult to infer, and there are three iterations of the same Phrase (**CVHANDINJURY** is the same as **INJURYHANDCV**, and both are the same as **HANDINJURYCV**). All of the QUICK Phrases have exact synonyms in the form of ALSO Phrases; even the endings have synonyms (**ALSOTIRED** is **ALSOFATIGUE** is **QUICKTIRED** is **QUICKFATIGUE**). Occasionally I have created synonyms for standard abbreviations, along with standard SuperPhrase syntax to maintain logic. Thus, **PROCCRYO** and **PROCLN2** are the same as **LN2** (for the application of liquid nitrogen to a skin lesion). I simply want physicians to have more opportunity for a correct match without a second effort. There are even some misspellings included on purpose, such as the Phrases **FOSAMAX** and **FOSSAMAX**, **LOVENOX** and **LOVANOX**. (The former is correct in each instance, in case you didn't know . . .)

You may find some common typos in your daily work. You might create a synonym of the misspelled typo in your own file. Why not? Who will ever know? Not even your mother. In my personal file, I keep typo synonyms **RPN** and **PRN**, as well as **PRT** and **RPT**. That's because I make the same typing error repeatedly and got tired of stopping to correct it.

Some synonyms are not organized into categories. They reflect my own early years of using Phrases when I had no real syntax. So the Phrase **INLIFE** (patient instructions for general lifestyle modifications—

smoking, alcohol, etc.) has a non-organized synonym **LIFE**, because that's what I wrote first. It doesn't hurt anything to leave them both in the file, but I prefer the organized structure to teach how to use the file.

As noted in Chapter 45, in the Epic Spring 2006 version synonyms are converted so that one is a "master" SmartPhrase record, and all other identical instances of that Phrase are stored as "synonyms," rather than as separate Phrases. This has no effect on your end-user workflows, but makes maintenance *much* easier! (I know from long personal experience that keeping multiple-synonym Phrases in sync has been a real headache that is now relieved!)

Pattern/Completion Matching

EpicCare's SmartPhrase functionality works via pattern or completion matching. The computer matches what you type to what exists. If there is a unique match early in the typing, additional typing is unnecessary. The Phrase **CVLOWBACKPAIN** can be invoked after typing "CVLOW." I have erred on the side of creating longer Phrase names instead of extra synonyms of both long and short names. The experienced user will stop typing and hit **Spacebar** after typing "CVLOW," but a less-experienced user might type the entire Phrase. I want both to succeed, and the longer Phrase name allows "over-pattern-matching" to succeed. Eventually, experience teaches you when to type less.

Broad Distribution of Phrases

Not all physicians will master the use of Phrases. Many will never read this book. However, many will read it and master Phrases, whether they use the SuperPhrase file, an edited version of it, or an altogether different self-developed version. EpicCare allows multiple levels of phrase files: user level, of course; profile-based department or specialty levels; and the system-wide level, which is where the SuperPhrase file is usually deployed.

At the user level are the Phrases written by individual users and restricted to their own use. User-level Phrases always take precedence over system Phrases, but only at the individual level. When you overwrite an existing system Phrase, it goes into your personal user file and henceforth has precedence for you, alone; all other users retain the original content of that Phrase. Phrase files can be set up to apply only to certain departments or specialties (a level above the individual user level, but below the organization-as-a-whole level).

Some physician users will become "super-users" of Phrases. The following comments are directed towards them. I commend you for your efforts and commitment. You may strongly, and quite correctly, feel that you have created new, powerful, improved SmartPhrase tools that should be taught and distributed to others in your department or specialty or even your whole organization. They may be "better" than the SuperPhrase file. It is entirely straightforward to accomplish such file distributions, but you must first have security and authority to do so. You will need to discuss implementation with your steering committee. The new Spring 2006 sharing utilities make the sharing of SmartPhrases much simpler. If you are a neurologist and you have developed an outstanding set of logically organized SmartPhrases for Neurology, they can and should be distributed to your fellow neurologists. I would encourage you to network within and across your organizations. In this spirit, we are all in this together, and where one doctor succeeds others hopefully will follow. Please share your work with your department, specialty, or overall organization, and with the user community as a whole.

And with that, colleagues, I say goodbye, and I wish you the best of luck in your many years of using SmartPhrases in EpicCare in your practice. I hope that you find as much success in charting with these uniquely creative tools as I have throughout my own career.

Appendix

SmartList Numbers and Names

This appendix includes all SmartList names and numbers found in this text, allowing cross referencing with SmartList names on Epic's Model System. The appendix does not contain list *content* (the List choices), since that would occupy another 100 pages.

The SmartList numbers below are useful ONLY in this text. They do not in any way correspond to the numbers on Epic's Community Library or in your organization, because each organization is free to choose different number sequences of its own design. So do not rely on the numbers in this text, and don't use the book to copy a number directly into your personal SmartPhrase. Instead, invoke that Phrase in a progress note and use any SmartList numbers that are displayed, should you wish to reference them in building additional SmartPhrases.

SmartList names, however, should correspond to the Community Library and to your own system, if your project team has downloaded the latest copy of

the SuperPhrase file and related SmartLists. Contact your Epic technical support representative to discuss migration from older versions of the SuperPhrase file and related SmartLists to the new version of each.

In Epic's Community Library online version of this text, you can see the content choices of the SmartLists. There you will find this text in PDF format and a Web version of the content chapters that includes hyperlinks to every SmartList. The Community Library can be found at this URL: <https://userweb.epicsystems.com> (then follow this path: Community Library > Downloadable Content Files > SmartPhrases). It is my experience, though, that users can infer fairly well most (not all) of the SmartLists just from the context of a given SmartPhrase. Of course, if your organization has already loaded the SuperPhrase file, you can use any SmartPhrase in this book directly in EpicCare, where the SmartLists will present themselves for use.

List #	New Name
10019	PE FUNDUS COMPREHENSIVE
10020	PE PUPILS
10021	GEN RIGHT LEFT
10023	PE LYMPH NODES DESCRIPTION
10025	PE PULSE MEAS
10035	PE HEART BRIEF
10038	PE AUSCULTATION
10041	GEN DURATION 2
10081	GEN DISCUSSED WITH
10091	GEN NO DEFAULT/YES/FREE TEXT
10144	PE PENIS
10159	PE SKIN COLOR
10160	PE SKIN BIRTHMARKS
10161	PE LESION
10162	PE ACNE
10164	PE SKIN TURGOR
10165	PE HAIR EXAM PEDS
10166	PE NAIL
10167	PE SKIN PEDS COMPREHENSIVE

List #	New Name
10168	GEN ABSENT/PRESENT/NOT EXAMINED
10169	PE SKIN DIAGNOSTIC MANEUVERS
10178	PE HERNIA LOCATION AND FINDINGS
10182	PE MALE GENITALIA
10183	PE SCROTUM
10184	PE TESTES
10188	PE PROSTATE EXAM
10235	GEN NORMAL/DELAYED
10323	HX HEADACHE DESCRIPTION 2
10324	PE FONTANELLE DESCRIPTION
10325	PE FONTANELLE OPEN/CLOSED
10326	PE HEAD
10327	PE HEAD MALFORMATION
10328	PE HEAD TRAUMA
10330	PE EYE PEDS COMPREHENSIVE
10331	PE EAR PEDS COMPREHENSIVE
10332	PE EAR EXTERNAL CANAL PEDS
10333	PE EAR TM PEDS COMPREHENSIVE
10334	PE EAR MASTOID

List #	New Name	List #	New Name
10335	PE EAR TYMPANOGRAM RIGHT/LEFT	10664	ROSNEURO SYMPTOMS
10337	PE EAR DIAGNOSTIC MANEUVERS	10665	ROSCHEM/LYMPH
10338	GEN NORMAL/ABNORMAL	10666	ROSCHEM/LYMPH SYMPTOMS
10339	PE NOSE PEDS COMPREHENSIVE	10667	ROSEND
10340	PE NOSE MUCOSA	10668	ROSEND SYMPTOMS
10341	PE NOSE SEPTUM	10669	ROS GI
10342	PE HEART PEDS	10670	ROSGI SYMPTOMS
10343	PE NECK PEDS COMPREHENSIVE	10671	ROSGU
10344	PE HEART RHYTHM PEDS	10672	ROSGU SYMPTOMS
10345	PE HEART PULSES PEDS	10673	ROS SKIN
10346	PE HEART CAPILLARY FILL	10674	ROSSKIN SYMPTOMS
10381	GEN SCHOOL (GRADES K-12)	10675	ROS ALL/IMM
10397	GEN NUMBER 0-10	10676	ROS ALL/IMM SYMPTOMS
10437	OBGYN DECELERATIONS	10677	ROS MUSCULOSKELETAL
10449	GEN YES/NO MULTIPLE	10678	ROSMUSCULOSKELETAL SYMPTOMS
10489	HX COPD SX ONSET	10679	BODY PARTS
10494	GEN YES/NO MULTIPLE	10680	ROS PSYCH
10504	GEN COURSE	10681	ROSPSYCH SYMPTOMS
10513	PE BREAST PEDS	10749	DX READINESS TO CHANGE
10514	PE LUNGS PEDS COMPREHENSIVE	10751	GEN CHANGE STAGE
10515	GEN DURATION 3	10782	ROS MASTER
10517	PE ABD PEDS COMPREHENSIVE	10783	HX SOURCE OF HISTORY
10518	PE MALE GENITALIA PEDS	10784	HX REASON UNABLE TO OBTAIN
10519	PE MALE GENITALIA TANNER STAGE	10785	PE MALE ADULT MASTER
10520	PE FEMALE GENITALIA PEDS	10786	PE FEMALE ADULT MASTER
10521	PE VULVA PEDS	10851	PE MALE PEDS MASTER
10539	PE CLITORIS PEDS	10854	PE FEMALE PEDS MASTER BUILD
10540	PE VAGINA PEDS	10855	PE TANNER STAGE
10541	PE HYMEN PEDS	10856	ROS GEN SYMPTOMS PEDS
10552	PE EXTREMITY PEDS COMPREHENSIVE	10857	ROS ENT SYMPTOMS PEDS
10553	PE EXTREMITY INSPECTION	10858	ROS HEME/LYMPH SYMPTOMS PEDS
10554	PE JOINT RANGE OF MOTION	10859	ROS ENDO SYMPTOMS PEDS
10568	GEN GENERAL APPEARANCE	10860	ROS CV SYMPTOMS PEDS
10571	PE LUNGS	10861	ROS GYN SYMPTOMS PEDS
10573	PLAN THYROID DISEASE	10863	ROS URINARY SYMPTOMS PEDS
10574	DX THYROID DISEASE	10864	ROS MALE GENITAL SYMPTOMS PEDS
10575	PLAN REFERRAL APPROVAL	10865	ROS PEDS MASTER
10599	GEN ASSESSMENT PED	10866	ROS GEN PEDS
10600	PE LUNGS PEDS	10867	ROS ENT PEDS
10601	PE SPINE PEDS	10868	ROS HEME/LYMPH PEDS
10602	PE NEURO PEDS	10869	ROS ENDO PEDS
10603	PE MOUTH PEDS	10870	ROS CV PEDS
10604	PE ABDOMEN INFANT PEDS	10871	ROS URINARY PEDS
10612	PE UMBILICUS INFANT PEDS	10872	ROS GYN PEDS
10621	PE ANAL PEDS	10873	ROS MALE GENITALIA PEDS
10653	ROSGEN	10874	ROS NEURO PEDS
10654	ROSGEN SYMPTOMS	10907	DAYS/WEEKS/MONTHS/YEARS
10655	ROS EYES	10972	GEN USE
10656	ROSEYES SYMPTOMS	11036	ROS BREAST
10657	ROSENT	11037	ROSBREAST SYMPTOMS
10658	ROSENT SYMPTOMS	11055	GEN CELLULITIS SX
10659	ROS RESP	11056	CELLULITIS ASSOCIATED SX
10660	ROSRESP SYMPTOMS	11057	SX LESION DESCRIPTION
10661	ROSCV	11058	GEN SIGNS OF INFECTION
10662	ROSCV SYMPTOMS	11059	HX TREATMENTS AT HOME
10663	ROSNEURO	11061	HX HEALTHMAINTENANCE ROOMING PATIENT

List #	New Name	List #	New Name
11062	HX DIABETES ROOMING PATIENT	11426	GEN DAY/WEEK/MONTH UROLOGY
11063	HX PAP SMEAR ROOMING PATIENT	11448	ROS ALLERGY UROLOGY
11064	HX MAMMOGRAPHY ROOMING PATIENT	11449	ROS RESPIRATORY UROLOGY
11065	PLAN PREOP DIABETIC MEDS	11452	ROS CARDIAC UROLOGY
11066	PLAN PREOP ANTICOAGULATION MEDS	11454	ROS GENERAL UROLOGY
11098	PE EAR BRIEF	11456	PE TESTES EXAM UROLOGY
11099	PE EAR EXTERNAL AUDITORY CANAL	11457	HX REBOUND TENDERNESS QUALITY UROLOGY
11107	MED NICOTINE CESSATION	11494	PE CONJUNCTIVAL INJECTION
11120	HX NICOTINE PSYCHOLOGICAL TRIGGERS	11510	PE MALE GENITAL EXAM UROLOGY
11121	HX NICOTINE EMOTIONAL TRIGGERS	11543	PE GEN APPEARANCE (BRIEF) PEDS
11122	HX NICOTINE PHYSICAL TRIGGERS	11565	HX PROSTATE BPH SYMPTOMS UROLOGY
11123	HX NICOTINE TRIGGERS	11566	HX PROSTATE SYMPTOMS UROLOGY
11124	HX WITHDRAWAL SYMPTOMS	11567	HX PROSTATE NOCTURIA FREQUENCY UROLOGY
11172	PE THYROID TEXTURE	11634	HX PAIN LOCATION UROLOGY-MALE
11178	GEN YES NO	11635	HX PAIN DESCRIPTION DETAILS UROLOGY
11194	GEN NO/YES (FREE TEXT)/ FREE TEXT	11636	ROS GENERAL SYMPTOMS UROLOGY
11199	GEN YES/NO SINGLE	11637	PE LYMPH UROLOGY
11352	HX PAIN ONSET UROLOGY	11638	PE LYMPH NODE DESCRIPTION UROLOGY
11353	HX PAIN QUALITY UROLOGY	11640	PE BLADDER UROLOGY
11354	LEFT/RIGHT	11642	PE FEMALE GENITAL EXAM UROLOGY
11355	HX PAIN LOCATION UROLOGY-FEMALE	11643	PE VAGINAL DETAILS UROLOGY
11357	NUMBERS 1-12	11644	PE CERVIX DETAILS UROLOGY
11358	HX PAIN DESCRIPTION UROLOGY	11645	PE ADNEXA EXAM DETAILS UROLOGY
11359	HX PAIN CHARACTER UROLOGY	11646	PE RECTAL EXAM FEMALE UROLOGY
11361	HX SYMPTOMS OTHER UROLOGY	11651	GEN DAYS/WKS/MOS/YRS
11362	HX SYMPTOMS PRECIPITATED UROLOGY	11654	GEN MILD/MOD/SEV UROLOGY
11363	HX KIDNEY STONES SYMPTOMS AGGRAVATED UROLOGY	11656	HX PROSTATE VOIDING SYMPTOMS
11364	HX SYMPTOMS RELIEVED UROLOGY	11715	COUGH SX
11366	HX KIDNEY STONES TREATMENT UROLOGY	11718	PE UTERUS INCL ABN'L DETAILS UROLOGY
11367	GEN YES/NO/UNK UROLOGY	11719	PE URETHRA INCL ABNL DETAILS UROLOGY
11368	GEN CALCULUS NUMBER UROLOGY	11720	PE CLITORIS DETAILS UROLOGY
11369	HX PREVIOUS CALCULUS UROLOGY	11721	PE BARTHOLIN'S GLAND DETAILS UROLOGY
11370	HX PREVIOUS TREATMENT UROLOGY	11722	PE VULVA INCLUDING ABN'L DETAILS UROLOGY
11371	HX PREVIOUS CALCULUS TYPE UROLOGY	11743	PLAN PATIENT DISAGREES
11372	HX DIETARY CONTRIBUTING FACTORS UROLOGY	11744	HX HEMATURIA SYMPTOMS male UROLOGY
11373	GEN R/L/BL UROLOGY	11745	HX HEMATURIA FREQUENCY UROLOGY
11374	GEN MILD/MOD/MARK UROLOGY	11750	HX HEMATURIA PMH UROLOGY
11375	PE GEN APPEARANCE UROLOGY	11751	HX HEMATURIA PREVIOUS UROLOGICAL DISEASE male UROLOGY
11376	PE ABD QUADRANTS UROLOGY	11752	HX HEMATURIA LABS UROLOGY
11378	PE ABD EXAM UROLOGY	11753	HX HEMATURIA DX TESTS UROLOGY
11379	PE PENIS EXAM UROLOGY	11838	HX IRRITATIVE VOIDING SYMPTOMS UROLOGY
11380	PE BACK EXAM UROLOGY	11839	HX OBSTRUCTIVE VOIDING UROLOGY
11382	PE SCROTUM EXAM UROLOGY	11842	HX HEMATURIA SX UROLOGY
11385	PE URETHRAL MEATUS EXAM UROLOGY	11850	HX AUA SYMPTOM SCORE UROLOGY
11387	PE EPIDIDYMIS EXAM UROLOGY	11852	HX PROSTATE ELEVATED PSA SYMPTOMS UROLOGY
11393	PE VAS DEFERENS EXAM UROLOGY	11875	GEN ASSOCIATED NOT ASSOCIATED
11394	PE SEMINAL VESICLES EXAM UROLOGY	11885	LAB RESULTS NL/ABNL UROLOGY
11395	PE RECTAL EXAM UROLOGY	11887	HX HEMATURIA FREQUENCY
11396	GEN NORMAL UROLOGY	11908	PE GAIT
11397	PE SKIN OF PERINEUM UROLOGY	11912	GEN HAS/HAS NO UROLOGY
11400	PE PROSTATE SIZE UROLOGY	11920	HX THYROID SURGERY
11402	PE PROSTATE EXAM UROLOGY	11980	HX HEADACHE ASSOC SX 2
11403	PE PROSTATE NODULE DESCRIPTION UROLOGY	11981	HX VISUAL CHANGES
11404	PE PROSTATE FOSSA UROLOGY	12029	MED ADHD PYSCHOSTIMULANTS
11405	PE HEAD EXAM UROLOGY	12035	MED ADHD ALPHA AGONISTS

List #	New Name	List #	New Name
12036	MED ADHD ANTI DEPRESSANTS	13063	GEN CONTRACTIONS
12037	MED ADHD ALTERNATIVE	13068	STERILE SPECULUM EXAM FINDINGS, POSSIBL*
12039	MED ADHD	13070	AMNIOTIC FLUID INDEX TESTING
12082	HX COMPANION 2	13071	POSSIBLE ROM ASSESSMENTS
12101	PE ABDOMEN INFANT	13072	SROM PATIENT DISPOSITION
12103	PE LUNGS PEDS BRIEF	13099	HX DELIVERY OBGYN
12107	PE EXTREMITY PEDS BRIEF	13100	HX PREGNANCY COMPLICATIONS OBGYN
12108	PE GENITALIA MALE PEDS	13101	HX POSTPARTUM MOOD
12145	PE GENITALIA FEMALE PEDS	13102	PLAN CONTRACEPTION
12146	PE HEART PEDS BRIEF	13104	ASSESSMENT POSTPARTUM OBGYN
12150	PE EYES INFANT BRIEF	13106	PE ABDOMEN POSTPARTUM OBGYN
12151	PE HEAD INFANT BRIEF	13107	PE FEMALE GENITALIA POSTPARTUM
12152	PE MOUTH INFANT	13108	PE VAGINA POSTPARTUM
12156	PE NECK PEDS BRIEF	13109	PE WET PREP/KOH
12157	PE SKIN PEDS BRIEF	13110	PE CERVIX POSTPARTUM
12174	COURSE OF SYMPTOMS	13111	PE UTERUS POSTPARTUM
12177	PE NOSE INFANT	13112	PE RECTAL POSTPARTUM
12212	DX ALLERGIC RHINITIS	13116	HX PAIN TYPE ORTHOSURG
12237	CONSENT GIVEN BY	13131	OBGYN ULTRASOUND PROBE TYPE
12267	GEN PH WET MOUNT	13176	PE KNEE STABILITY YES NO ORTHOSURG
12318	HX HEADACHE ASSOC SX=NEG	13183	GEN NONE/MILD/MODERATE/SEVERE
12321	HX HEMATURIA DESCR FEMALE UROLOGY	13251	HX PREGNANCY VERIFICATION
12322	HX HEMATURIA OBSTRUCTIVE VOIDING SYMPTOMS FEMALE UROLOGY	13252	DX POSTDATE PREGNANCY
12325	HX HEMAUTRIA SX FEMALE UROLOGY	13253	PLAN POSTDATE PREGNANCY
12621	RELIEF	13259	GEN PREGNANCY COMPLAINTS OBGYN
12678	LAB PRIOR PROSTATE BX UROLOGY	13260	ROS PREGNANCY COMPLAINTS
12679	HX DATE UROLOGY	13261	ROS VAGINAL SYMPTOMS
12707	PE VAGINA PELVIC FLOOR UROLOGY	13262	GEN ABDOMINAL PAIN LOCATION
12768	PE THYROID SIMPLE	13263	GEN VOMITING
12769	PE BREAST SIMPLE	13264	PE HEAD EXAM OBGYN
12782	PE VAGINA OB SIMPLE	13266	PE ABDOMEN PREGNANT SIMPLE OB
12783	PE CERVIX OB COMPREHENSIVE	13267	PE ABDOMINAL SCAR DESCRIPTION
12784	PE UTERUS OB SIMPLE	13269	PE PELVIMETRY
12785	PE ADNEXA OB SIMPLE	13270	PE RECTAL PREGNANCY
12786	GEN RIGHT/LEFT/BIL	13271	PREGNANCY STATE ASSESSMENT
12789	PE NEUROLOGIC EXAM OB	13274	OBGYN ULTRASOUND
12793	FETAL MOVEMENT	13281	SROM-RELATED INSTRUCTION
12804	GESTATIONAL SAC SUMMARY	13296	ROS CONSTITUTIONAL ED
12805	GEN PRESENT/ABSENT	13297	ROS ALLERGIES ED
12806	OBGYN BPD	13298	ROS EYES ED
12808	OB GYN PLACENTA LOCATION	13299	ROS ENT ED
12812	OBGYN FETAL SURVEILLANCE	13300	ROS CV ED
12934	GEN PAIN QUALITY ORTHOSURG	13301	ROS RESP ED
12939	GEN INJURY MECH ORTHOSURG	13302	ROS ENDO ED
12941	HX PAIN KNEE LOCATION ORTHOSURG	13303	ROS HEME/LYMPH ED
12972	OBGYN NST INDICATIONS	13304	ROS GI ED
12973	OBGYN FETAL HEART VARIABILITY	13305	ROS GU ED
12974	GEN REASSURING/ UNREASSURING	13308	ROS SKIN ED
12980	OBGYN FETAL NST FINDINGS	13321	GEN NORMAL-DECREASED-ABSENT ED
12981	OBGYN AMNIOTIC FLUID INDEX	13381	GEN RULE OUT END OF PREGNANCY
12982	OBGYN CONTRACTIONS REG/IRREG	13382	FETAL SURVEILLANCE TESTS
12999	SROM PATIENT COMPLAINTS	13488	PIH PLAN
13008	PE MENTAL STATUS_GENERAL USE	13627	PE CONSTITUTIONAL ED
13061	GEN CONTINUOUS/INTERMITTENT/ONCE	13650	PE CONSTITUTIONAL CHILD ED
13062	GEN VAGINAL DISCHARGE	13656	PE RECTAL CHILD ED
		13660	PE CONSTITUTIONAL INFANT ED

List #	New Name	List #	New Name
13661	PE HEAD INFANT ED	15061	HX COMPANION
13664	PE OROPHARYNX INFANT ED	15062	PE RETURN OB
13665	PE NECK INFANT ED	15065	PE VAG DISCHARGE DESC
13671	PE RECTAL INFANT ED	15088	HX TEMP AT HOME
13672	PE GU FEMALE INFANT ED	15092	PLAN COUNSELING INFANT
14145	ADNEXA FINDINGS ULTRASOUND	15094	HX DIET PEDS
14273	IV CONDITION MED SURG IP	15096	HX DEVELOPMENT PEDS
14274	RL MED SURG IP	15099	PE GU EXAM PEDS MALE/FEMALE
14275	IV LOCATIONS MED SURG IP	15101	CARD EKG FINDINGS
14309	PAIN ACTION SP IP	15109	PE EXTREMITY EXAM
14326	GEN NONE DEFAULT IP	15111	PE MURMUR LOCATION
14391	ANTEPARTUM TESTING RESULTS OBGYN	15113	TEST UA DIP
14449	PE GEN APPEARANCE OB	15114	TEST URINE MICRO EXAM
14450	PE MOUTH SIMPLE OB	15117	TEST SIGMOIDOSCOPY-INDICATIONS
14451	PE LUNGS OB	15118	TEST SIGMOIDOSCOPY FINDINGS
14458	PE EXTREMITIES OB	15119	TEST SIGMOIDOSCOPY POLYP DESCRIPTION
14459	PE SKIN BRIEF OB	15122	GEN AVOID LIST
14489	GEN YES NO VITAL SIGNS TAKEN IP	15123	TEST WET MOUNT
14490	GEN YES NO FREE TEXT	15128	MEDS ASTHMA CURRENT
14520	PE PELVIC EXAM INTRAPARTUM OBGYN	15133	PE EYE EXAM NORMAL FINDINGS
14522	PE CERVICAL EXAM INTRAPARTUM	15138	PE DIABETES - EXAM
14523	PE MEMBRANES INTRAPARTUM	15143	PLAN GI RECOMMENDATIONS
14524	PE BACK OB BRIEF	15145	TEST HOME TESTING
14528	PE VAGINAL EXAM INTRAPARTUM	15146	PE EYE FUNDUS EXAM
14532	YES NO	15147	GEN DISEASE CONTROL DEGREE
14538	PE LYMPH NODES BRIEF	15163	HX SEXUAL PARTNERS
14539	PE PELVIC EXAM PRENATAL OBGYN	15166	PE HYDRATION
14540	ULTRASOUND LIMITED SUMMARY OBGYN	15168	PE ABDOMEN DEGREE OF TENDERNESS
14541	PE PELVIC EXAM POSTPARTUM OBGYN	15170	ROS-CV NEGATIVES
15001	HX URI SX	15189	MED IV FLUIDS
15002	GEN LATERALITY	15206	PE EAR ABNORMAL TM EXAM
15003	GEN DURATION	15207	PE EARS NORMAL/ABNORMAL
15004	HX FEVER	15209	PE EYE EXAM ABNORMAL FINDINGS
15005	HX LRI SX	15212	PE SINUS ABNORMAL EXAM
15006	GEN COLOR	15213	PE SINUS SITE
15007	HX ASSOCIATED EAR SX	15221	PLAN MSK RECOMMENDATIONS
15008	GEN INTACT-UNCHANGED ED	15233	TEST HEARING/VISION PASS/FAIL
15009	HX RESP SX ADDITIONAL	15236	PLAN RESP SUGGESTIONS
15010	PE ABDOMINAL LOCATION	15237	GEN HEALTH MAINTENANCE
15011	PLAN RESP RECOMMENDATIONS	15249	MED SVN SOLUTIONS
15012	MEDS OTC	15250	GEN PHONE CALL OUTCOME
15014	GEN SEVERITY (MILD, MOD, SEVERE, ETC)	15251	PLAN LIFESTYLE ADVICE
15015	HX SOB	15255	MED ASTHMA TREATMENT
15016	HX CHEST PAIN	15258	MED STATIN
15021	PE GEN APPEARANCE	15259	PE ABD EXAM
15023	PE VULVA OB BRIEF	15260	PE LACERATION DESCRIPTION
15032	PE ENT EXAM	15261	PE BODY PART
15033	PE CHEST EXAM	15262	DX VAGINITIS TYPE
15034	PE EAR CANAL OBSTRUCTION	15263	MED VAGINITIS TREATMENT
15044	GEN NUMBERS	15264	PLAN COUNSELING CHILD
15050	GEN POS/NEG/PRESENT/ABSENT	15265	ROS ADOLESCENT
15051	HX CONTRACEPTIVE METHOD	15266	PE ADOL GU EXAM
15055	PE PELVIC EXAM	15267	ROS GYN
15056	PE BREAST EXAM	15268	DX GYN ASSESSMENT
15057	PE RECTAL/PROSTATE EXAM	15269	PLAN GYN
15060	MED HRT THERAPY	15270	PLAN GYN COUNSELING

List #	New Name	List #	New Name
15271	PLAN HEALTH EDUCATION CLASSES	15402	PE VISUAL FIELD
15273	DX URI	15403	PE EYELID
15274	HX HEADACHE ASSOC SX	15404	PE CONJUNCTIVA
15277	HX HEADACHE RELIEF	15405	PE CORNEA
15278	MEDS HEADACHE RX	15422	HX SKIN LESION SYMPTOMS
15279	HX HEADACHE PRECIPITATING FACTORS	15493	YES NO 3 SP IP
15280	DX HEADACHE	15497	OBGYN SECOND/THIRD TRIMESTER ULTRASOUND FINDINGS
15281	PLAN HEADACHE RECOMMENDATIONS	15498	OBGYN FETAL PRESENTATION
15282	PE HEADACHE LOCATION & DESCRIPTION	15510	PE HEART EXAM
15283	GEN IS/ARE/WAS/DOES/HAD	15516	GEN HANDEDNESS
15284	HX BACK PAIN PPT FACTOR	15517	GEN OCCUPATION/ACTIVITIES UPPER EXTREM *
15285	HX PRIOR BACK PAIN	15518	GEN WORK ACTIVITIES LOWER EXTREM ORTHOSURG
15286	PE SKIN LESION NAME_DX	15519	GEN SPORTS
15287	PLAN SKIN LESION REMOVAL TECHNIQUE	15520	TEST SIGMOIDOSCOPY - TERMINATION REASON
15288	PLAN SKIN LESION FOLLOW UP	15521	PLAN SYMPTOMATIC TREATMENT
15289	MED ACNE TREATMENTS	15522	HX WORKERS COMP STATUS ORTHO
15290	PE ACNE DESCRIPTION	15523	GEN SYMPTOMS HAND
15298	PLAN DIABETES SICK DAY RULES	15524	GEN HAND PART ORTHO
15299	PLAN DIABETES RECOMMENDATIONS	15526	GEN PAIN DESCRIPTION ORTHOSURG
15300	GEN HAS/DENIES	15528	HX PAIN HAND ORTHOSURG
15303	GEN COMPLIANCE	15530	HX PAIN FREQ/SEVERITY ORTHO
15304	ROS DIABETES	15531	HX PAIN EXACERBATION ORTHO
15306	HX IMMUNIZATION STATUS	15534	SX PAIN RADIATION ORTHO
15307	GEN CALL OUTCOME	15535	HX LOCKING HAND ORTHO
15308	GEN ERROR	15536	SX PAIN ALLEVIATING FACTORS ORTHO
15310	GEN COMPLIANCE ISSUE	15537	SX NECK PAIN ORTHO
15313	PE TMJ SX	15538	SX NEURO HAND ORTHO
15315	PE DEGREE OF BURN OR TEAR	15539	SX MASS/SWELLING HAND ORTHO
15316	PLAN GASTROENTERITIS ADVICE	15540	HX PAIN MASS ORTHO
15317	GEN EYE LATERALITY	15541	HX SIZE MASS/SWELLING HAND ORTHO
15318	GEN EAR LATERALITY	15542	GEN NO/YES/OCCAS ORTHO
15320	HX MVA - WHO	15543	GEN YES/NO/INTENTIONAL ORTHO
15321	HX MVA - WHAT	15552	HX PMH ORTHO
15322	HX URI SX BRIEF	15553	HX SMOKING ORTHO
15323	GEN APPT REASON	15555	HX PEPTIC ULCER ORTHO
15324	HX GI SX	15556	GEN NO/YES DEFAULT NO ORTHO
15325	PE NOSE	15559	HX RENAL FAILURE ORTHO
15326	PE MOUTH	15563	HX PEPTIC ULCER REASON ORTHO
15327	PE NECK	15566	ROS ORTHO
15330	GEN FREQUENCIES	15607	GEN RIGHT, LEFT-INITIAL CAP
15331	PE RECTAL	15626	PE SKIN ORTHO
15334	LAB OTHER TEST RESULTS HEMATURIA FEMALE UROLOGY	15627	PE HAND SWELLING
15337	LAB OTHER TESTS PROSTATE UROLOGY	15628	PE HAND TENDERNESS ORTHOSURG
15342	TEST NEWBORN METABOLIC SCREEN	15629	PE HAND TENDERNESS MAXIMAL LOCATION
15343	TEST CHEST XRAY FINDINGS	15630	PE HAND ROM WRIST-FINGERS
15344	PE CHEST LOBE LOCATION	15631	PE HAND ROM WRIST ORTHOSURG
15351	DX BACK PAIN	15632	PE HAND ROM FINGERS ORTHOSURG
15354	GEN NO SHOW NOTIFICATION	15634	PE HAND STRENGTH
15374	TEST URINE DIPSTICK RESULT	15635	PE HAND STABILITY
15375	TEST URINE DIPSTICK COMPONENTS	15636	PE HAND STABILITY DRUG
15376	GEN REFUSED PROCEDURE	15637	PE GEN APPEARANCE ORTHOSURG
15377	MEDS INSULINS	15638	PE HAND NEURO EXAM ORTHOSURG
15382	DX SIGMOIDOSCOPY SUMMARY	15639	PE HAND NEURO SENSORY ORTHOSURG
15383	PLAN SIGMOIDOSCOPY RECOMMENDATIONS	15641	PE HAND NEURO MOTOR ORTHOSURG
15401	PE VISUAL ACUITY	15642	PE HAND NEURO ATROPHY ORTHOSURG

List #	New Name
15643	GEN POS NEG
15644	PE HAND NEURO NECK ORTHOSURG
15647	PE HAND VASCULAR ORTHOSURG
15648	PE HAND LOCKING
15656	GEN LOCATION HAND MASS/SWELLING ORTHOSURG
15657	PE HAND MASS/FOCAL SWELLING
15658	GEN YES NO FIRM
15661	GEN YES NO FIXED
15663	GEN NO YES MILD
15677	CONSENT OB GENETIC SCREENING
15678	CONSENT OB PROCEDURES
15679	Consent OB master
15700	GEN WITH/WITHOUT
15702	PE THYROID FINDINGS
15703	HX THYROID SYMPTOMS
15704	PE TONSILS EXAM
15705	PE CIRCUMCISED/UNCIRC
15706	TEST STATUS AND ACTION
15707	GEN EXCUSE WORK/SCHOOL/TRAVEL
15708	GEN ONSET/COURSE
15709	GEN ARRIVED BY
15710	GEN ACCOMPANIED BY
15711	HX LIVES WITH
15712	TEST SIGMOIDOSCOPY INSTRUMENT NAME
15714	HX COUGH DESCRIPTION
15715	PLAN ONYCHOMYCOSIS TREATMENT
15716	HX NEURO
15717	HX PAIN SITE
15718	DX PAIN ARTHRALGIA/MYALGIA
15719	PE PAIN FINDINGS
15720	HX FATIGUE CAUSES
15721	PLAN FATIGUE
15722	PE SEXUAL DYSFUNCTION MALE
15723	PLAN SEXUAL DYSFUNCTION MALE
15724	PLAN URI TREATMENT
15725	TEST DEXA SCAN OPTIONS
15726	PE HYPERTENSION
15727	ROS HYPERTENSION AND CVS
15728	MED HTN SIDE EFFECTS
15729	GEN DISEASE DEGREE OF CONTROL
15730	PLAN CVS DISEASE
15731	TEST LAB / DISEASE REVIEW
15732	TEST LAB SPECIFIC ITEMS OF CONCERN
15733	TEST LAB NORMAL/ABNORMAL
15734	HX CHOLESTEROL CVS RISK ANALYSIS
15735	TEST LIPID SPECIFIC RESULTS AND GOALS
15736	DX CARDIOVASCULAR DISEASES - COMMON
15737	ROS CARDIOVASCULAR DISEASE
15738	PE CARDIOVASCULAR DISEASE EXAMS
15739	PE PERIPHERAL VASCULAR EXAM
15740	ROS NEUROLOGICAL
15741	PE TREMOR
15742	PE PARKINSONS FEATURES
15743	DX CARDIOVASCULAR DISEASES DEGREE OF CO*
15745	MED HERPES
15746	HX TETANUS STATUS

List #	New Name
15747	HX GERD SX
15748	ROS GERD
15749	HX GERD SOCIAL
15750	PLAN GERD
15751	PLAN DISEASE FOLLOW UP
15752	HX BPH SYMPTOMS
15753	PLAN BPH
15754	DX SKIN LESION DX SUMMARY
15755	PLAN SKIN LESION
15756	PE SKIN LESION FEATURES
15757	PE HAIR EXAM
15758	PE NAIL EXAM
15759	PE TOE
15760	PE FINGER/HAND EXAM
15761	PE FOOT EXAM
15762	HX POSITIONS OF BODY
15763	PE DERMATITIS
15764	PE DERMATITIS MORPHOLOGY
15765	MED SBE PROPHYLAXIS DRUG CHOICES
15766	PE KNEE INJURY FINDINGS
15767	HX INJURY SYMPTOMS
15768	HX INJURY PRIOR PROBLEMS
15769	TEST XRAY INJURY FINDINGS
15770	DX INJURY
15771	PLAN INJURY
15772	PE HAND/WRIST/FINGER INJURY
15773	PE SHOULDER INJURY
15774	PE FOOT INJURY
15775	MED STEROID INJECTIONS
15776	PE ELBOW INJURY
15777	HX NECK PAIN PRIOR HX
15778	PE NECK INJURY
15779	HX PED GEN
15780	PE EYE LID_SIDE
15781	ROS ASTHMA/COPD
15782	PE ASTHMA/COPD EXAM
15783	PLAN ASTHMA/COPD
15784	HX PAIN
15803	POSTPARTUM PLAN OF CARE
15804	PE POSTPARTUM
15830	PE LYMPHATICS
15841	HX DIABETES FOLLOW UP-STABLE
15881	GEN NEGATIVE/POSITIVE
15900	PE PELVIC CHOICES
15901	PE VULVA INCL ABNORMAL DETAILS
15902	PE NEUROLOGICAL EXAM
15903	PE VAGINA INCL ABNORMAL DETAILS
15904	PE CERVIX INCL ABNORMAL DETAILS
15905	PE UTERUS INCL ABNORMAL DETAILS
15906	PE ADNEXA INCL ABNORMAL DETAILS
15910	PE CHEST PERCUSSION PALPATION
15911	PE CHEST WALL AND THORAX
15912	PE RECTAL FEMALE
15913	PE VAGINA PELVIC FLOOR
15914	TEST PAP DONE IN OFFICE
15916	PE HEART AUSCULTATION DETAILS

List #	New Name	List #	New Name
15917	PE HEART INSPECT_PALPATE	17894	PE KNEE ROM ORTHOSURG
15918	ROS CVS	17895	PE KNEE STRENGTH ORTHOSURG
15920	PE ABDOMEN GENERAL	17896	PE KNEE ALIGNMENT ORTHOSURG
15927	PE LYMPH NODE ANATOMICAL LOCATION	17897	PE KNEE STABILITY ORTHOSURG
15929	PE CHEST INSPECTION RESPIRATORY EFFORT	17898	PE KNEE GRADES ORTHOSURG
15931	PE CHEST BREATH SOUNDS DETAIL	17899	PE KNEE GAIT ORTHOSURG
15940	PE BACK EXAM	17900	PE KNEE CREPITUS ORTHOSURG
15942	PE BACK INSPECTION_PALPATION	17903	GEN NORMAL WEAK ORTHOSURG
15950	PE MUSCULOSKELETAL EXAM	17904	PE KNEE NEURO EXAM ORTHOSURG
15960	PE SKIN COMPLETE	17905	PE KNEE VASCULAR EXAM ORTHOSURG
17272	HX PAIN HAND LOCATION ORTHOSURG	17906	PE KNEE VASCULAR EXAM PULSES ORTHOSURG
17274	HX HAND MASS SWELLING LOCATION	17907	PE KNEE VASCULAR HAIR PATTERN ORTHOSURG
17276	HX PREVIOUS TREATMENT HAND ORTHO	17912	PE HIP EXAM LEG LENGTH
17277	HX IMPROVEMENT NSAID ORTHOSURG	17913	PE KNEE LUMBAR SPINE EXAM ORTHOSURG
17278	HX IMPROVEMENT ANTIBIOTICS/PAIN CLINIC ORTHOSURG	17914	PE BABINSKI ORTHOSURG
17279	HX IMPROVEMENT INJECTION ORTHOSURG	18369	PE ANKLE STABILITY ORTHO
17280	GEN NO/YES/DATE-NO DEFAULT ORTHOSURG	18443	HX KNEE ORTHOSURG
17281	HX PMH DEMENTIA ORTHOSURG	18444	HX HAND ORTHOSURG
17282	PMH MEDS ORTHOSURG	18484	HX PAIN SHOULDER ORTHOSURG
17283	PMH ALLERGIES ORTHOSURG	18485	HX PAIN LOCATION SHOULDER ORTHOSURG
17393	WORKUP BURN	18486	HX RADIATION PAIN SHOULDER ORTHOSURG
17395	WORKUP ABRASION	18487	HX PAIN SHOULDER NIGHT PAIN ORTHOSURG
17396	PE HAND EXAM W/WO SPLINT, CAST, DSG ORTHOSURG	18488	HX PAIN SHOULDER ALLEVIATING FACTORS ORTHOSURG
17397	WORKUP LACERATION	18489	HX PAIN SHOULDER EXACERTABING FACTORS ORTHOSURG
17449	PE SPECIAL TESTS HAND ORTHOSURG	18490	HX OF INJURY SHOULDER ORTHOSURG
17450	PE TINEL SIGN	18539	GEN WORK ACTIVITIES UPPER EXTREM ORTHOSURG
17464	PE HAND FRACTURE ORTHOSURG	18540	PE SKIN FRACTURE/INJURY ORTHOSURG
17466	PE HAND FRACTURE TENDERNESS ORTHOSURG	18543	PE KNEE FRACTURE/INJURY ORTHOSURG
17467	PE HAND FRACTURE STABILITY ORTHOSURG	18548	PE KNEE TENDERNESS MAXIMAL LOCATION FRACTURE ORTHO
17468	PE HAND FRACTURE DEFORMITY ORTHOSURG	18549	PE KNEE TENDERNESS FRACTURE/INJURY ORTHOSURG
17469	PE HAND FRACTURE NEURO EXAM ORTHOSURG	18695	HX SHOULDER ORTHOSURG
17470	PE HAND FRACTURE CAST/SPLINT FIT ORTHOSURG	18696	HX SHOULDER INSTABILITY ORTHOSURG
17471	PE HAND FRACTURE PIN SITES ORTHOSURG	18697	HX SHOULDER INSTABILITY CURRENT EPISODE ORTHOSURG
17472	PE HAND FRACTURE ROM ORTHOSURG	18699	HX SHOULDER INSTABILITY FIRST EPISODE ORTHOSURG
17542	HX IMPROVEMENT SURGERY ORTHOSURG	18700	HX SHOULDER INSTABILITY POSITION OF INSTABILITY ORTHOSURG
17553	GEN RIGHT LEFT BILATERAL SEVERITY ORTHO	18701	HX SHOULDER INSTABILITY OTHER JOINTS ORTHOSURG
17554	GEN NO YES FREE TEXT NO DEFAULT	18702	HX SHOULDER NEURO ORTHOSURG
17871	HX PAIN KNEE ORTHOSURG	18703	HX SHOULDER ASSOC SX ORTHOSURG
17874	HX KNEE PAIN RADIATION ORTHOSURG	18704	HX SHOULDER NECK PAIN ORTHOSURG
17875	HX KNEE PAIN EXACERBATING FACTORS ORTHOSURG	18706	HX PREVIOUS TREATMENT SHOULDER ORTHOSURG
17876	HX KNEE PAIN ALLEVIATING FACTORS ORTHOSURG	18711	PE SHOULDER ROM ORTHOSURG
17877	HX KNEE PAIN ASSOC SX ORTHOSURG	18712	PE SHOULDER STRENGTH ORTHOSURG
17878	HX KNEE NEURO SX ORTHOSURG	18713	PE SHOULDER STABILITY ORTHOSURG
17879	HX KNEE VASCULAR COMPLAINTS ORTHOSURG	18714	PE SHOULDER SULCUS SIGN ORTHOSURG
17880	HX KNEE AMBULATION ORTHOSURG	18715	PE SHOULDER STABILITY APPREHENSION TEST ORTHOSURG
17881	GEN DISTANCE ORTHOSURG	18716	PE SHOULDER STABILITY TRANSLATION GRADE ORTHOSURG
17882	HX KNEE AMBULATION AIDS ORTHOSURG	18717	PE SHOULDER INSTABILITY LIGAMENT LAXITY ORTHOSURG
17883	GEN NO YES INTERMITTENT ORTHOSURG	18718	PE SHOULDER SPECIAL TESTS ORTHOSURG
17884	HX KNEE PREV TREATMENTS ORTHOSURG	18719	PE SHOULDER HAWKIN'S TEST ORTHOSURG
17885	HX KNEE BRACING ORTHOSURG		
17886	HX KNEE ORTHOTICS ORTHOSURG		
17888	PE KNEE PEDAL EDEMA ORTHOSURG		
17889	PE SWELLING KNEE ORTHOSURG		
17890	PE KNEE EFFUSION ORTHOSURG		
17891	PE KNEE POST-OP WARMTH ORTHOSURG		

List #	New Name	List #	New Name
18720	PE SHOULDER CROSS CHEST ADD TEST ORTHOSURG	23011	PE PERIPHERAL PULSES
18721	PE SHOULDER O'BRIEN'S ORTHOSURG	23991	GEN OCCUPATION/ACTIVITIES LOWER EXTREM *
18722	PE SHOULDER LIU'S ORTHOSURG	29868	SECURE MESSAGING CHOICES
18723	PE SHOULDER NEURO ORTHOSURG	30593	HX ANKLE ORTHOSURG
18724	PE SHOULDER VASCULAR ORTHOSURG	30594	AMBULATION DIST ORTHOSURG
19600	PE SHOULDER FX ORTHOSURG	30595	AMBULATION DEVICE ORTHOSURG
19601	PE SHOULDER FX NECK EXAM ORTHOSURG	30596	HX AMBULATION ORTHOSURG
19602	GEN ROM ORTHO	30600	PE ANKLE SWELLING ORTHOSURG
19759	PE SHOULDER POST-OP SWELLING ORTHOSURG	30601	PE PEDAL EDEMA ORTHOSURG
19767	PE SHOULDER FX DEFORMITY ORTHOSURG	30602	PE ROM ANKLE ORTHOSURG
19768	PE SHOULDER FX ROM ORTHOSURG	30603	PE ANKLE NEURO EXAM ORTHOSURG
20021	GEN LEFT/RIGHT/BILATERAL	30604	PE NEURO QUESTION ORTHOSURG
20031	GEN IS/IS NOT	30606	PE TENDON ORTHOSURG
20339	PE RASH DESCRIPTORS	30609	PE ANKLE VASCULAR EXAM ORTHOSURG
20347	PE SKIN TYPE	30610	PE DOPPLER EXAM ORTHOSURG
20487	PE EOM EYE CARE	30612	PE HAIR PATTERN
20753	PE THYROID EXAM	30644	HX OF INJURY ANKLE FOOT ORTHOSURG
20778	PE BOWEL SOUNDS	30645	HX PAIN ANKLE ORTHOSURG
20785	PE ABD MASS	30649	HX PAIN LOCATION FOOT ORTHOSURG
21395	GEN ACTIVE INACTIVE	30651	HX RADIATION PAIN FOOT ORTHOSURG
21802	PE SHOULDER TENDERNESS ORTHO	30653	HX EXACERBATING FACTS ORTHOSURG
21803	HX PAIN LOCATION ELBOW ORTHOSURG	30655	HX PAIN ANKLE ALLEVIATING FACTORS ORTHOSURG
21804	HX PAIN ELBOW ORTHOSURG	30656	HX PAIN ONSET ORTHOSURG
21805	HX ELBOW ORTHOSURG	30658	HX PAIN NATURE ORTHOSURG
21806	HX MASS/SWELLING ELBOW ORTHOSURG	30660	HX ANKLE NEURO ORTHOSURG
21807	HX MASS/SWELLING LOCATION ELBOW ORTHOSURG	30662	HX ANKLE VASCULAR ORTHOSURG
21808	HX MASS/SWELLING EXACERB FACTS ORTHOSURG	30667	HX PREVIOUS TREATMENT ANKLE ORTHOSURG
21811	PE ELBOW SWELLING ORTHOSURG	30669	HX TAPING ORTHOSURG
21815	PE ELBOW EFFUSION ORTHOSURG	30670	HX BRACING ORTHOSURG
21819	PE ROM ELBOW ORTHOSURG	30672	HX ORTHOTICS ORTHOSURG
21820	PE ELBOW STRENGTH ORTHOSURG	30674	HX ASSOCIATED SYMPTOMS ORTHOSURG
21821	PE ELBOW STABILITY ORTHOSURG	31108	HX FOOT ORTHOSURG
21822	GEN GRADE ORTHOSURG	31110	HX PAIN FOOT ORTHOSURG
21824	PE ELBOW CREPITUS ORTHOSURG	31116	HX PAIN QUALITY ORTHOSURG
21826	PE ELBOW NEURO EXAM ORTHOSURG	31118	HX RADIATION PAIN ANKLE ORTHOSURG
21828	PE ELBOW VASCULAR EXAM ORTHOSURG	31119	HX PAIN LOCATION ANKLE ORTHOSURG
21853	GEN POSITIVE/NEGATIVE	31317	PE ANKLE/FOOT POST-OP ORTHOSURG
21886	HX IMPROVEMENT THERAPY ORTHOSURG	31343	HX COUMADIN ORTHOSURG
22360	PE ELBOW FX ORTHOSURG	31345	PE ANKLE/FOOT FRACTURE ORTHOSURG
22362	GEN STABLE/UNSTABLE ORTHOSURG	31346	PE SKIN FRACTURE ORTHOSURG
22414	GEN NORMAL/ABNORMAL_INCREASE/DECREASE	31347	PE ANKLE/FOOT FRACTURE TENDERNESS ORTHOSURG
22433	HX HIP PAIN LOCATION ORTHOSURG	31348	PE ANKLE/FOOT FRACTURE TENDERNESS LOCATION ORTHO
22434	HX HIP PAIN RADIATION ORTHOSURG	31349	PE ANKLE/FOOT FRACTURE STRENGTH ORTHOSURG
22436	HX HIP PAIN ALLEVIATING FACTORS ORTHOSURG	31351	PE ANKLE/FOOT FRACTURE GEN APPERANCE ORTHO
22437	HX PAIN HIP ORTHOSURG	31352	PE ANKLE/FOOT LYMPHATIC EXAM ORTHOSURG
22438	HX HIP ORTHOSURG	31353	PE ANKLE/FOOT LYMPHATIC PALPABLE EXAM ORTHO
22439	HX HIP PREV TREATMENTS ORTHOSURG	31354	PE ANKLE/FOOT THOMPSON TEST ORTHOSURG
22440	PE HIP TENDERNESS LOCATION ORTHOSURG	31370	PE ROM ANKLE/FOOT POST-OP ORTHOSURG
22441	PE HIP TENDERNESS ORTHOSURG	31963	HX PMH ALCOHOL ORTHOSURG
22442	PE HIP ROM ORTHOSURG	32170	PE WRIST HAND ORTHO
22443	PE HIP STRENGTH ORTHOSURG	32249	YES (PHONE NUMBER)/NO
22445	PE HIP GAIT ORTHOSURG	32322	PE POSTOP HIP ORTHOSURG
22447	PE HIP STABILITY ORTHOSURG	32323	PE POSTOP KNEE ORTHOSURG
22449	GEN PAIN DESCRIPTION LOWER EXTREMETY ORTHOSURG	32391	MED CHEMOTHERAPY
22453	PE HIP FX/INJURY ORTHOSURG		