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Appendix A.I:

Scribe Integration Resources

See “Appendix A.I Scribe Integration Resources” under the Resources Tab of the ScribeACCELERATOR website (www.scribeACCELERATOR.com) for a downloadable copy of this document.

Appendix A.II

Provider Preference Documents

Appendix A.II: Provider Preference Documents

All Providers (Alphabetically)	For children PX do the appropriate WCC templates; For women PAP use the appropriate template depending if the pt is receiving a lab order and a PX during the visit. Use either CVMG WELL WOMAN , CVMG WELL WOMAN EXAM or CVMG WVE ONLY .	HPI should only contain information pertaining to pt complaint and any updates the pt may have. Any additional complaints shall go in appropriate ROS category. Arrow labs into the p's chart. include abnormal lab findings, including if GFR <100.	Update there is problem list so that there are NO remaining ICD9 codes. Delete any duplicates of problem list assessments (i.e. BMI diagnoses). Only keep in the problem list the CURRENT diagnoses for the patient. Add all others to the medical hx and delete from the problem list.	Any complaints that are not in the CC go under their respective system under "Pt complaining." If CC is documented in HPI remove from ROS due to it being redundant. However, if it has many pertinent positives or negatives ask her what to remove so that the ROS is not so short.	Provider will dictate findings and you will place them under the appropriate system; Under Psych add the first 6 normals on the left hand box (click them over). Make sure you include in the general if they were accompanied by someone as well as if they use glasses, a device for walking, device for hearing, portable oxygen, overweight/obese/morbidly obese; If p's BMI is over 28, add in [Clinic A] weight mgmt overweight template. Include normal extremity exam by default if pt has hypertension unless pt has abnormal exam.	Use eClniSense to input treatment plans under each diagnosis. Listen carefully to what the provider tells the patient in the room, and record this in the plan. Comments put under "notes" are visible to the patient. Comments put under "clinical notes" are NOT visible to the patient.	Routine labs include: (CBC, CMP, UA, TSH, VID, lipid panel). For DM patients include a HgA1C and a microalbumin. ALL DM patients receive an accurate patient in the room, and record this in the plan. ALL pts with hx of anemia receive a hemocue during the visit- regardless of the visit type. ALL PX's should include a visual acuity (ordered under the 200.00 code). For Medicare patients, labs will only be covered (by the insurance) if they are ordered under specific diagnoses. Be sure to discuss with your provider if the labs are appropriately assigned.	Place obesity template for pt with BMI over 30. (BMI 30-34.9 obese, BMI 35-39.9 w/o comorbidity obese, BMI 35-39.9 w/ comorbidity obese, BMI greater than 40 morbidly obese). Each visit should have the following CPT codes: 94760 (measure blood only level) and 0001F (blood pressure measured), order a hemocue for anemic pts, order an accurate for DM pts.) Up to provider discretion if they would like an accurate for patients with IFG or pre-DM. All new patients and all PX's should be filling out a PQHR form for screening depression. All MEDICARE patients should have added CPT code "doc med verified".	
[Dr. A1.]	Dr. [Dr. A1 initials] all routine visits for all normal visits; [Dr. Dr. A1 initials] adult PX template for physicals; [Clinic A] Sports PX for sports PX; [Dr. A1 initials]- CKD description for pts with CKD, make sure she hasn't already brought it over.	Inclusive HPI, no need to add lab results if labs are arrowed into chart. For phone appts, verify hx and meds.	Check off boxes, if new Pt input the form, make sure MA verifies MEDS, allergies, and family HX. Liked to have MEDS updated. If you see any duplicates or meds w/o dosage alert Dr. B before entering the room so she can ask the patient.	Inclusive ROS that notes all pertinent complaints mentioned by the Pt in the HPI	Will dictate exam to scribe white in room, ask if unsure when you return to the office	Arrow over problem list for what the visit was in addition to any other topics that were discussed. She will also tell you what to place; if Pt has BMI 40 or above erase chest/abst unspecified and add morbidly obese.	If patient has pre-dm, IFG or DM diagnosis automatically input an accurate. If anemic a hemocue will be ordered. Include LAB results in A&P (no need to include in HPI)	take out UA, hearing, etc. only add as ordered, usually orders UA's for complaints of possible UTIs or dysuria. Every PX will have visual acuity	Oldest child named [X] after [sortain book]. Recently gave birth to 2nd child. Loves [X, Y, Z]. Graduated from [X Med School] and finished residency at [location].
[Dr. A2.]	[Dr. A2] basic exam; For male PX use L&E and add in [Dr. A2]-URI normal exam; Also add in [Dr. A2] URI normal exam for pts with cough and cold sxs; Document weight comparing last visit to today's visit for p's with BMI 28 and above, include date of last visit (month/year).	Inclusive HPI, no need to add lab results if labs are arrowed into chart. For phone appts, verify hx and meds.	Check off boxes, if new Pt input the form, make sure MA verifies MEDS and HX. Be sure to also verify the PFSH for the telephone encounters in addition to regular office visits.	Inclusive ROS that notes all pertinent complaints mentioned by the Pt in the HPI	Will dictate exam to scribe white in room, ask if unsure when you return to the office	Arrow over pertinent DX for p's visit; Will also dictate what DX to input. Prefers prediabetes to IFG.	Will dictate what labs are needed; PX labs order under routine general medical	You can add in vaccines for each patient	LOVES (movie), married to [spouse's name]- Dr. A2]. [spouse] also graduated from [X], did undergrad at [location] (Go Undergrad Medical!). also has 2 children named [X and Y].
[Dr. B.]	[Clinic B, Dr. B initials basic, Clinic B, Dr. B initials]; [Clinic B, Dr. B initials] HA for p's with HA (this includes her neuroexam as well)	Inclusive HPI, include any abnormal lab values as well as anything discussed with Pt.	Check off boxes, if new Pt input the form, Verify MEDS and HX.	Inclusive ROS that notes all pertinent complaints mentioned by the Pt in the HPI	Will dictate exam to scribe. Normal NEURO: cranial nerve 2-12 grossly intact, negative pronator drift, RAA's intact bil, finger to nose test intact BL, 5/5 muscle strength to BL, upper and lower extremities and grip strength, sensation to light touch intact in BL, upper and lower extremities and face	arrow over pertinent problem list codes; if unsure of what codes to use please ask Mrs. Borchers likes specific dx codes which bill higher (i.e. F codes vs Z codes); she will usually let you know which ones she likes; use the declined templates (from viray) for anyone that declines any vaccines or procedures; she usually does not diagnose CKD unless they have HTN or DM; add [Clinic C] JMGMT Overweight template for patient's BMI 26 and above when relevant to visit; i.g DM, back pain, PX, AHA (also add BPH, HTN, and stroke)	CBC, Comp, Lipid, TSH reflex T4, A1c, Urinalysis, and vita D. For WCC add IH visual acuity, hemocue, urinalysis and hearing screen.	You can arrow in lab results.	Graduated from [X] in [year], recently got married, likes [sports team], was previously a scribe for [X years] at [clinic]. Loves [TV show] and [coffee shop].
[Dr. C.]	[Dr. C initials] basic, [Mrs. C.] has several templates under [Dr. C initials] so add all templates and use accordingly	Inclusive HPI--arrow over lab work and include abnl values in HPI, however only arrow over lab work done for that specific visit (no previous lab work) this can be done by using the bigger arrow in comparison to the smaller one that is in the middle.	Check off boxes, if new Pt input the form, make sure to verify and update meds, hx, and social hx as needed. Ask her MA to get the information if it is missing, include living situations (living with mother, husband, etc), how many children, etc	Inclusive ROS, make sure HPI and ROS are not contradicting	Will dictate Exam Findings afterwards;	arrow over pertinent problem list codes; if unsure of what codes to use please ask Mrs. Borchers likes specific dx codes which bill higher (i.e. F codes vs Z codes); she will usually let you know which ones she likes; use the declined templates (from viray) for anyone that declines any vaccines or procedures; she usually does not diagnose CKD unless they have HTN or DM; add [Clinic C] JMGMT Overweight template for patient's BMI 26 and above when relevant to visit; i.g DM, back pain, PX, AHA (also add BPH, HTN, and stroke)	[Dr. C initials] Routine Labs Q, [Dr. C initials] Routine Labs Q w/ A1c, [Dr. C initials] Routine Labs L, [Dr. C initials] Routine Labs L w/ A1c created for routine lab orders. Provider prefers routine labs ordered relative to patient. Order routine labs with A1c when patient has BMI 30 or above. [Dr. C initials] STI Panel (QUEST)	put in FU in the next appt section (1 or 2 week, 1 month, etc); [Mrs. C.] uses the "browse" feature some of the x's plans you can use/search for are: GERD, flu, HTN, anxiety, arthritis, controlled and regulated drug given; "does not do PXs on first visit unless they do not have any other complaints"	Married, lives in [X], graduated from [X] Went to [X] for undergrad.
[Dr. D.]	@ [Dr. D initials] ROS EXAM; ...GENERAL ROS/EXAMINATION TEMPLATE for PX;	Inclusive HPI. Do NOT arrow labs into the chart. Prefers these abnormal values to be included in the treatment section (clinical notes) section under the corresponding diagnoses. For example, if a patient has a FBS of 110, this value should be included in the clinical notes under the diagnosis of "impaired fasting glucose". Make sure to also input pertinent values even if not ABNL. If pt has high CHOL, CKD, DM (ex. TRIG, HDL, LDL, for high CHOL; GFR for CKD; FBS and A1c for DM).	Check off boxes, if new Pt input the form, make sure to verify and update meds, hx, and social hx as needed. Ask her MA to get the information if it is missing.	Inclusive ROS. Make sure you include any pertinent positives or negatives. Make sure the ROS and HPI are not contradicting	Will dictate Exam Findings afterwards; use the Weight Management Template for all p's with BMI > 30	Arrow in pertinent problem list codes; he will tell you others	He writes down what labs/referrals are needed on the check out slip. If he has you order a CXR, it will usually be under ICD-10 code for Cough and in the notes section input. Please document calcification or ectasia of aorta; if they have a h/o smoking he will have you order an ABD US in the notes section put r/o AAA (men only)	He will have you set the next appointment and EM coding for him; most es[Dr. C initials]shad patients are a 14 code if they are discussing diabetes, HTN, cholesterol, etc. A 13 is usually a shorter visit (i.e. UTI, URI, or needs an XR) you can ask him and he will clarify. For new patients with a medical history (DM, HTN, etc) they will usually be an 03. If no complaints are addressed: 02. For PX: codes will go by age and in the modifiers section (M1) input 25 if pt has complaints.	BIRTHDAY: [Month, date] Has [H] children. They all play [sport] and [instrument]. Children's names are [W, X, Y, Z] [School name] alum [Go [Mascot]] and went to [Medical Scho name]. Fan of [sports teams] and was previously a [recreative job]. TIPS: always keep a pen on you sometimes he forgets to bring one into the room. Know which patient is in which room, he will usually ask you!
[Dr. E.]	[Clinic E.] Basic Exam NKH Template: MAKE SURE PROCEDURE CODES ARE INCLUDED (99214, 0001F, and 94760) or just use [Clinic E.] Basic Exam, Male PX and Female PX no WVE. Basic exam with depression screen and visual.	Inclusive HPI, include abnormal labs and anything discussed with pt.	Check off boxes, if new Pt input the form, make sure to verify and update meds, hx, and social hx as needed. (name) is her MA and will usually verify allergies, MEDS, and family HX. If there is no family or social HX ask her and she will get it for you	Inclusive ROS. Make sure you include any pertinent positives or negatives. Make sure the ROS and HPI are not contradicting	Will dictate exam to scribe--arrow over normal exam for extremities and neuro	If pre-op eval/PX order: CXR, EKG, Labs: CBC, COMP, ABO type, PT/INR, and TSH	Children PX's include a visual, hearing, hemocue and urine. Order labs under routine lab draw likes TSH reflex T4 for routine labs.	Put complete sentences in the referral notes, even if it's just "Please eval and treat."	BIRTHDAY: [date]. Graduated from [PA program] at [location, year]. Recently moved to [location] from [location]. Currently lives with [spouse and pet].

Alphabetical Order on Templates

***[Dr. A] Cortisone Injection
 ***[Dr. A] Female PX
 ***[Dr. A] Female PX w/o ord[Dr. B]s
 ***[Dr. A] Male CPX
 ***[Dr. A] Male PX w/o ord[Dr. B]s
 ***[Dr. A] Punch BX
 ***[Dr. A] Seborrheic K[Dr. B]atosis
 ***[Dr. A] Shave Biopsy
 ***[Dr. A] Skin tag removal
 ***[Dr. A] STI Panel (Quest)
 ***[Dr. A] Vaginitis
 ***[Dr. A] Wart Removal
 **AHA 2 (Updated)
 **[Dr. B] Physical
 **[Dr. B] QUEST (MALE >40)
 **QUEST LABS
 *AHA Follow UP
 *[Dr. C] basic
 *[Dr. C] Physical Exam
 *[Dr. C] PX (only - no labs)
 *L&E Basic Exam
 [Dr. D]y Basic
 ...GEN[Dr. B]AL ROS/EXAMINATION TEMPLATE

@[Dr. E.] ROS EXAM

CRC Screen (L)

CRC Screen (Q)

[Clinic A] 1 Preop Clearance

[Clinic A] Basic Exam

[Clinic A] Basic Exam NKH

[Clinic A] Basic Follow Up

[Clinic A] BP controlled

[Clinic A] Childhood Shot schedule

[Clinic A] Controlled Meds Appt

[Clinic A] Cryoth[Dr. B]apy

[Clinic A] CURES REVIEWED

[Clinic A] F/u Hospital Admission (within 7 days)

[Clinic A] F/u Hospital Admission (8-14 days after)

[Clinic A] Flochec

[Clinic A] FLU 19 and older

[Clinic A] FLU 2-18yrs old

Browse Treatment Plans:

- GERD

- Avoid foods that are high in saturated fat (for high cholesterol/mixed hyperlipidemia/high TRG)

- Vitamin D

- DM or diabetes mellitus

- Low Back Pain

- knee pain

- elevated bp
- URI (for URI's, and cough/cold stuff)
- UTI
- atherosclerosis
- edema
- pre-dm
- hyperlipidemia

Treatment Plans By Body Systems

CHRONIC DIAGNOSES

DM II

DM controlled/uncontrolled. Continue current meds/Start/Stop/Increase/Decrease [medication]. Advised low carb/sugar intake and daily exercise.

HTN - use template (\$BPCcontrolled)

BP controlled/uncontrolled. Continue current meds/Start/Stop/Increase/Decrease [medication]. Advised healthy diet and daily exercise.

Mixed hyperlipidemia/ High cholesterol/ Hyperlipidemia

Avoid foods that are high in saturated fat such as butter, cheese, whole milk, ice cream, fatty meats, fried foods, baked goods, and vegetable oil. Exercise at least 30 minutes a day of moderate aerobic exercise.

Vitamin D

Your Vitamin D levels are low. Vitamin D helps with absorption of calcium. Foods that contain calcium include milk, cheese, yogurt, spinach, soybeans, kale and salmon. You can also take over the counter Vitamin D supplements 1000 IU daily.

Chronic Pain

Controlled/Uncontrolled on [medication]. Refill [narcotic]. Continue current/Stop/Start [med].

Preop Exam/Other EKG related Dx

EKG done in office, negative/ [findings] noted.

SKIN

Acne

Clean skin gently with a mild, non-drying soap (such as Dove, Neutrogena, Cetaphil). Look for water-based or non-comedogenic formulas for cosmetics and skin creams. Remove all dirt or

makeup. Wash once or twice a day including after exercising. Avoid scrubbing or repeated skin washing. Shampoo your hair daily, especially if it is oily. Pulling her back to keep the hair out of your face. Try not to aggressively squeeze, scratch or rub the pimples. This can lead to skin infections and scarring. Avoid touching her face with her hands or fingers. Do not leave makeup on overnight.

Dermatitis

Avoid scrubbing or repeated skin washing. Avoid contact with harsh chemicals, alcohol, scents, and dyes. Avoid anything that you observe makes her symptoms worse. Call 911 if you have fainting, shortness of breath, tightness in her throat, tongue or face swelling, wheezing.

Eczema

Try not to scratch the rash or your skin in the inflamed area. Antihistamines taken by mouth may help with itching if you have allergies. Keep the skin lubricated or moisturized. Use ointments such as petroleum jelly, cream or lotion 2-3 times a day. Moisturizer should be free of alcohol, scents, dyes. Having humidifier in the home may also help. Moisturizers work best when they are applied to skin that is wet or damp. Avoid anything that you observe makes her symptoms worse. Bathe less often and keep water contact is brief as possible. Short cooler baths are better than long, hot baths. Do not scrub or dry the skin to harder for too long.

ENT/URI's

Nose Bleeds

To stop a nosebleed: Sit down and gently squeeze the soft portion of the nose between the thumb and finger for full 10 minutes. Lean forward to avoid swelling the blood and breathing through her mouth. We at least 10 minutes before checking the bleeding has stopped be sure to allow enough time for the bleeding to stop. It may help to apply cold compresses or ice across the bridge of the nose. Do not pack the inside of the nose with gauze. Get emergency care if bleeding does not stop after 20 minutes.

Otitis Externa

It is important to apply the ear drops correctly so that they reach the ear canal: Lie on your side

or tilt your head towards the opposite shoulder. Place the ear drops in the ear canal. Lie on your side for 20 minutes or place a cotton ball in the ear canal for 20 minutes. Finish the entire course of treatment, even if you begin to feel better within a few days. You should begin to feel better within 36 to 48 hours of starting treatment. If your pain worsens or does not improve within this time period, call your healthcare provider.

If you have bothersome ear pain, you can take a non-prescription pain medication. Avoid getting ears wet. During treatment, you should avoid getting the inside of your ears wet. While showering, you can place a cotton ball coated with petroleum jelly in the ear. However, you should not swim for 7 to 10 days after starting treatment. Avoid wearing hearing aids and in-ear headphones until pain improves.

NEURO

Headaches

To keep from getting headaches in the future, you can keep a “headache calendar.” In the calendar, write down every time you have a headache and what you ate and did before it started. That way you can find out if there is anything you should avoid eating or doing. Also write down what medicine you took for the headache and whether or not it helped.

CARDIO

Chest Pain

Apply hot or cold compresses to chest and avoid activities that make the pain worse. Takes Ibuprofen or Tylenol as needed for pain. Symptoms should resolve in a few days or weeks.

Call 911 or go to ER if experiencing any of the following symptoms: worsening chest pain, trouble breathing, high fever, any signs of infection such as pus, redness or swelling around your ribs, sharp pain with every breath.

Anxiety/Palpitations

Get enough sleep. Eat healthy foods. Keep a regular daily schedule. Exercise daily. Cut down or stop drinking coffee and other sources of caffeine. Stay away from alcohol and street drugs. Recommend journaling daily. Talk with family or friends when he feel nervous or frightened.

Call 911 or other emergency services if you have chest pain that is crushing or squeezing and comes with any of the following symptoms: sweating, shortness of breath, nausea or vomiting, pain that spreads from the chest to the neck, jaw, or one or both shoulders or arms, dizziness or lightheadedness, fast or irregular pulse, signs of shock (such as severe weakness or inability to stand or walk).

Lower extremity edema

Elevate legs regularly throughout the day and at night. Low salt diet recommended. Try OTC compression stockings. Avoid prolonged periods of sitting or standing.

Varicose veins

Compression stockings help with swelling in your legs. They can gently squeeze your legs to move blood up your legs. Do gentle exercises to build muscle and to move blood up your legs. Here are some suggestions:

- Lie on your back. Move your legs like you are riding a bike. Extend one leg straight up and bend the other leg. Then switch your legs.
- Stand on a step on the balls of your feet. Keep your heels over the edge of the step. Stand on your toes to raise your heels, then let your heels drop below the step. Stretch your calf. Do 20 to 40 repeats of this stretch.
- Take a gentle walk. Walk for 30 minutes 4 times a week.
- Take a gentle swim. Swim for 30 minutes 4 times a week.
- Raising your legs helps with pain and swelling. You can:
- Raise your legs on a pillow when you are resting or sleeping.
- Raise your legs above your heart 3 or 4 times a day for 15 minutes at a time.
- DO NOT sit or stand for long periods of time. When you do sit or stand, bend and straighten your legs every few minutes to keep the blood in your legs moving back to your heart.
- Keeping your skin well moisturized helps it stay healthy. Talk with your provider before using any lotions, creams, or antibiotic ointments.
- Watch for skin sores on your leg, mainly around your ankle. Take care of sores right away to prevent infection.

Call your provider if:

- Varicose veins are painful.
- Varicose veins are getting worse.
- Putting your legs up or not standing for a long time is not helping.
- You have a fever or redness in your leg.
- You have a sudden increase in pain or swelling.
- You get leg sores.

GI/ABD

Constipation

Increase fiber in diet. Drink plenty of water. Exercise regularly.

Hemorrhoids

Treatments for hemorrhoids include: Over-the-counter corticosteroid (for example, cortisone) creams to help reduce pain and swelling, hemorrhoid creams with lidocaine to help reduce pain, stool softeners to help reduce straining and constipation

Things you can do to reduce itching include: Apply witch hazel to the area with a cotton swab, wear cotton underwear, avoid toilet tissue with perfumes or colors. Use baby wipes instead, try not to scratch the area, sitz baths can help you to feel better. Sit in warm water for 10 to 15 minutes. If your hemorrhoids do not get better with home treatments, you may need some type of office treatment to shrink the hemorrhoids.

Stomach flu/ acute enteritis

The goal of treatment is to make sure the body has enough water and fluids. Fluids and electrolytes (salt and minerals) that are lost through diarrhea or vomiting must be replaced by drinking extra fluids. Even if you are able to eat, you should still drink extra fluids between meals.

Older children and adults can drink sports beverages such as Gatorade, but these should not be used for younger children. Instead, use the electrolyte and fluid replacement solutions or freezer pops available in food and drug stores.

Do NOT use fruit juice (including apple juice), sodas or cola (flat or bubbly), Jell-O, or broth. These liquids do not replace lost minerals and can make diarrhea worse.

Drink small amounts of fluid (2 to 4 oz. or 60 to 120 mL) every 30 to 60 minutes. Do not try to force down large amounts of fluid at one time, which can cause vomiting. Use a teaspoon (5 milliliters) or syringe for an infant or small child.

Babies can continue to drink breast milk or formula along with extra fluids. You do NOT need to switch to a soy formula.

Try eating small amounts of food frequently. Foods to try include:

- Cereals, bread, potatoes, lean meats
- Plain yogurt, bananas, fresh apples
- Vegetables

Most viruses and bacteria are passed from person to person by unwashed hands. The best way to prevent stomach flu is to handle food properly and wash your hands thoroughly after using the toilet.

MSK

Neck PN

Recommend heat/ice therapy and regular neck stretches. Ergonomic setup at work is very important. Drink plenty of water and exercise regularly.

Low back PN

People with low back pain recover faster if they stay active. Walk as much as you can. Stay active and learn exercises that help strengthen and stretch your back. Lift using your legs instead of your back. Avoid sitting or standing in the same position for too long. Drink plenty of water. Sleep with pillow under knees if you sleep on your back or pillow in between knees if side-sleeper. Alternate ice and heat therapy, NSAIDs and muscle relaxants as needed. Most people do not need an imaging test.

Call office or go to ER if experiencing numbness or weakness in lower extremities, bowel or bladder incontinence, fever and chills with back pain.

Sciatica

Sciatica often resolves with rest, ice or heat, massage, pain relievers and gentle stretches. Patient in pain using an ice pack for 20 minutes several times a day during the first 48-72 hr. Thereafter, a warm shower or heating pad on low setting may be added to relax muscles. Avoid bed rest.

Knee

Put ice on the knee to reduce pain and swelling. For the first few weeks after an injury, or after an activity that makes your pain worse, you can try icing your knee. Put a cold gel pack/bag of ice on the injured area every 1 to 2 hours, for 15 minutes each time. Put a thin towel between the ice (or other cold object) and your skin. To reduce swelling, sit or lie down and raise your leg above the level of your heart when you put ice on it. Don't use exercise machines, such as stair steppers or rowing machines. Instead, you can walk or swim (the front and back crawl strokes) for exercise. Take Tylenol or Ibuprofen for pain.

Shoulder/elbow

Put an ice pack on your elbow for 20-30 minutes every 3-4 hours for 2-3 days or until the pain goes away. You can also do ice massage. Massage your elbow with ice by freezing water and a Styrofoam cup peeling the top of the cup away to expose the ice and hold onto the bottom of the cup while you rub the ice over your elbow for 5-10 minutes. Take anti-inflammatories, such as ibuprofen, for 4-6 weeks. Wear a tennis elbow strap. Avoid repetitive motion of the elbow.

Carpal Tunnel

Wear wrist splint during sleep and avoid repetitive physical activities of the wrist and hand. Take Ibuprofen and Tylenol as needed for pain. Ice wrist for 15-20 minutes daily. Elevate your arm with pillows when you lie down.

Trigger finger

Take anti-inflammatory medication and use ice therapy. Rest and limit the activity of the affected fingers or fingers and of the hand and wrist. Can try over-the-counter trigger finger splint.

PODIATRY

Ingrown toenail

If you have diabetes, nerve problem in the leg or foot, poor blood circulation to your foot, or an infection around the nail, see a provider right away. Don't try to treat an ingrown nail at home.

Otherwise, to treat an ingrown nail at home:

- Soak the foot in warm water 3 to 4 times a day if possible. After soaking, keep the toe dry.
- Gently massage over the inflamed skin.
- Place a small piece of a cotton ball or some dental floss underneath the nail to take pressure off the toe. Wet the cotton or floss with water or antiseptic.
- When trimming your toenails:
 - Briefly soak your foot in warm water to soften the nails.
 - Use a clean, sharp trimmer.
 - Trim toenails straight across the top. Do not taper or round the corners or trim too short.
 - Do not try to cut out the ingrown portion of the nail yourself. This will only make the problem worse.
- Consider wearing sandals until the problem goes away. Over-the-counter medicine that is applied to the ingrown toenail may help with the pain, but it does not treat the problem.

Foot/ankle

Rest your ankle - use crutches or stay off your feet. Ice: apply a cold gel pack on your ankle every 1 to 2 hours, for 15 minutes each time. Put a thin towel between the ice and your skin. Use the ice for at least 6 hours after your injury. Have your ankle under slight pressure by wrapping it in an elastic "compression" bandage, but be sure not use too much pressure and cut off the blood flow to your foot. This helps reduce swelling and supports the ankle. Elevation: keep your foot raised up above the level of your heart by putting your foot on some pillows or blankets while you are lying down, or on a table or chair while you are sitting. Take Tylenol or Ibuprofen for pain.

Plantar fasciitis

Take ibuprofen as needed. Make sure to wear athletic shoes with proper cushion. Heel cushions can also be used for sole support. The best way to prevent plantar fasciitis is to wear shoes that are well made in. Freeze a plastic water bottle and roll your bare foot back-and-forth from the heel to mid arch with it. Repeat for 3-5 minutes in the morning.

Appendix A.III

Family Medicine Documentation Basics

PSYCH

Difficulty sleeping

Avoid caffeine at least 4 hours before bedtime. This includes coffee, teas, soft drinks and chocolate. Minimize noise in light in your bedroom. Try doing something to relax body and mind before going to bed, such as breathing and meditation. Exercising for at least 30 minutes 3 times a week. Establish a set nightly routine. Try waking up at the same time every day no matter how well or how poorly you have slept. Bed should be used strictly for sleeping. Try to avoid reading, watching television, working or sitting in bed. Decrease screen time 1-2 hours before bed.

Depression

Continue current meds. Encouraged regular FU with psychology and/or psychiatry.

URO

UTI

Make sure to finish entire course of medicine prescribed. Drink plenty of water and other fluids everyday. Cranberry juice may help prevent bladder infections. Empty your bladder as soon as you feel the urge. Go to the bathroom as soon as you can after sex. If you are prone to UTIs, avoid take bubble baths. Always wipe from front to back after using the toilet. This helps keep bacteria away from the opening of the urethra. If you use a diaphragm, clean it after each use. Take probiotics while on medication to prevent yeast infection.

Bacterial vaginosis

Take medication as advised. Pt advised to avoid EtOH during & 2wk after tx. Pt can take probiotics while taking antibiotics to prevent yeast infection.

See “Appendix A.II Provider Preference Documents” under the Resources Tab of the ScribeACCELERATOR website (www.scribeACCELERATOR.com) for a downloadable copy of this excel document.

Documentation:

How to:

- Check patient's Medicare status
 - ▶ Select "Info" button at top of page next to "Hub", if a pop-up appears select yes. Under Insurance, pt's insurances are listed. Select Medicare, then see when pt was first started with Medicare.
- Check patient's pharmacy
 - ▶ Select "Info" button at top of page next to "Hub", if a pop-up appears select yes. At the bottom left of the page, select "Additional Info". Pharmacies are listed at the bottom.

Allergies/Intolerances:

- To add allergies, go to PFSH section of the chart, select Allergies/Intolerance, click +Add
 - ▶ Select Structured and type out the medication. If it appears, select it, and document the reaction if the information is provided. If not,
 - ▶ Select Non structured and type out the medication. Document reaction.

Annual Health Assessment (AHA):

- Prime care patients >65 must have an AHA each year. To check if a pt is UTD with AHA, check their encounters, AHA will usually be listed in the encounter name. If it was done, note AHA (mm/dd/yy) in the yellow sticky. AHA should be the first thing listed in the sticky.
- To check if a pt has completed an AHA, look in their past encounters, AHA may be listed as a visit reason, or a previous telephone encounter may have asked a provider to convert a previous appt into an AHA.
- If a patient presents for an AHA, bring over ****AHA 2 (Updated)**.
- If a visit is changed into an AHA, e-mail Teresa Perez and/or Danielle Thompson.
- Be sure to update/fill out these sections appropriately, as it is required for AHA to be considered complete.
 - ▶ Social: This section MUST be filled out. If the patient did not fill this out in the questionnaire, make sure to notify the provider so that they can ask the patient. They will ask who the patient lives with, and if they drive or are driven (by whom)
 - ▶ Delete the PHQ2 and fill out the PHQ9

- ▶ Fill out “Activities of Daily Living”
- ▶ If pt has a chronic PN that they take medication for, make sure to update the Pain Screening section. Document the type/location of chronic PN, what medication they are taking, and how they are taking it.
- ▶ Screening Schedule: If patient is diabetic, make sure to update the screening schedule because the template says that patient is not diabetic. In the drop down list, select the appropriate screening (e.g. Diabetes Screening - HGA1C: Every 3 months).
- ▶ Foot Exam under PE: Default template says patient is not diabetic, make sure to change this if patient is diabetic.
- Patients usually complete AHA labs, can be ordered under
 - ▶ AHA, QUEST CUSTOM PANEL CP 337310

Coding:

- To add visit codes, go to “Next Appointment”, select “Add E&M” next to Procedure Codes
 - ▶ If a patient is here for an Office Visit, on the left hand column, under “E/M Services”
 - select “Est Patient” then select 99213 or 99214 based on length of office visit, if unsure, confirm with provider
 - or “New Patient” if a patient is establishing or re-establishing. Select 99203 or 99204 based on length of office visit, if unsure, confirm with provider
 - ▶ If a patient is here for any preventative medicine (PX, WWE, WCC)
 - Select “Est Patient” and select the appropriate code based on patient’s age.
 - If pt is establishing or re-establishing, select “New Patient” and select the appropriate code based on patient’s age.
 - If a patient also has a complaint, 2 more codes are needed. One is the appropriate Office Visit Code and another is a modifier.
 - ◆ Select “Modifiers”, and select 25 Separate E/M
- **X, Y, and Z codes** CANNOT be primary diagnosis so do not use any Dx that states Encounter for, Immunization counseling, or etc.
- ONLY use Z00.00 to establish care
- FU labs encounters should have codes for whatever is found in labs as Dx

Hospital Admissions, Follow Ups:

- If a pt is following up after being admitted to the ER, bring over the template with appropriate days:
 - ▶ **CVMG F/u Hospital Admission (within 7 days)**
 - ▶ **CVMG F/u Hospital Admission (8-14 days after)**
- Make sure to note the dates of admission and discharge (this section is included in the templates). If medications were not discussed, delete that MEDS were changed/not changed. If they were, make sure to check that MEDS were changed and note in the HPI what the changes were.

Medical History Verification:

- Make sure this is up to date with all the diagnoses in patient's problem list. When a chart is locked, the only diagnoses that appear are that in the Medical History and the Assessment. The patient's problem list is not included in a locked progress note so there is no way other specialists/providers know of the patient's Medical History unless it is updated.
- Make sure to delete duplicate diagnoses.

Medicare Wellness Exam:

- All Medicare patients require an annual wellness exam. Bring over the appropriate template based on how long pt has had Medicare. This can be checked by going to "Info", and clicking on their Medicare insurance. It should say when pt started with Medicare.
 - ▶ **CVMG MEDICARE WELLNESS >25months**
 - ▶ **CVMG MEDICARE WELLNESS 1-12months**
 - ▶ **CVMG MEDICARE WELLNESS 13-24months**
- Make sure that the patient received Medicare Exam paperwork or confirm with the MA/front desk that it was given then fill out the paperwork appropriately.
 - ▶ Medicare Wellness
 - ▶ Medicare Wellness Questionnaire
 - ▶ Activities of Daily Living
 - ▶ PHQ9

- Medicare templates have basic labs already in them that are covered by Medicare. If a provider wants to have pt complete labs for a Wellness Exam but the Exam isn't today's appt, make sure to order only the Medicare labs, otherwise, other labs won't be covered by insurance.

Medication Verification:

- Many patients will have laundry lists of current medications. Delete duplicate medications. If there is a medication with 2 different doses, ask the provider to verify MEDS.
- Delete old antibiotics.
- Some medications are listed as not-taking, verify if pt is really not taking it because sometimes they are.
- If there are controlled medications that should not be taken together, make sure to notify the provider. If you are unsure if they interfere with each other, just let the provider know that patient is taking ___ and ___. They will usually say if it is okay or not and verify with the patient.

MISC LABS:

- Cultures: urine, stool, throat, or any lesion
 - ▶ CULTURE, STOOL
 - ▶ CULTURE, THROAT
 - When a patient has a throat infection, pharynx erythematous/injected/swelling noted
 - ▶ CULTURE, URINE, ROUTINE
 - This is usually ordered if a patient has already completed an in-house urinalysis (UA). If it is positive for UTI, providers will usually say "send it out to be cultured" and this is the lab you would order.
 - ▶ CULTURE, AEROBIC AND ANAEROBIC W/ GRAM STAIN
 - Usually ordered for wounds/lesions that are infected and provider wants to see what kind of bacteria is causing the infection so the appropriate antibiotic can be prescribed.
 - ▶ CULTURE, BLOOD

- ▶ Stool Culture
- ▶ Blood Culture, Routine
- ▶ Anaerobic and Aerobic Culture

Physicals:

- All physicals must have a Z00.00 code, usually “Routine examination at medical facility” AND a Visual Acuity for it to count as a physical. Make sure that each PX also includes a Well Woman Questionnaire for women and a Depression screen for all PX.
- Different providers have different PX templates, some are gender specific.

Pre-Op Evaluation:

- Patients who need clearance for SX come in for clearance. Bring over **CVMG 1 Preop Clearance**. Patients will often come in with documents requesting labs, EKG, and/or CXR.
- The labs/radiology in the template are usually the labs that surgeons want done. Some may not require those labs or a CXR, just depends on the type of SX and surgeon. Take out/leave in the labs/radiology as is appropriate.
- Most surgeons require a CXR done within x 1 month of the SX date, if a patient has completed that they do not need to do an additional CXR.
- It is important to document in the HPI if pts deny chest PN, dizziness, and SOB with exertion, if they are able to walk up stairs without SOB, and if they have a HX of SX if they have ever had any complication to anesthesia.** Providers usually ask these questions so remember to take note.

Referrals:

- Make sure to check that you are not putting in a duplicate referral! Check by going to “Hub”-> “Referrals”-> “Outgoing”. If the referral is still active (end date has not expired) it can just be printed out for the patient.
 - ▶ ENT: Otolaryngology;
 - ▶ ORTHO: Orthopedic SX;
 - ▶ CCC: Coordinated Care Clinic
 - ▶ Diabetic Educator

Tobacco users (former or current):

- For all tobacco users, we must show that we “counseled” them of the risks of tobacco use.
 - ▶ Go to “Preventive Medicine” -> “Counseling” on the left column -> scroll all the way down to “Smoking” -> select the space under notes-> select “Value”
 - ▶ This notes that pt was counseled on that appointment day and shows that the clinic is fulfilling their core measure.
- ** Males ages 60-74 y/o who are former/current tobacco smokers require a 1 time AAA US.
- Some providers may choose to use an XR instead of an US- this is acceptable, but please only order if this is their preference.
- Related templates:
 - ▶ **Screening AAA US- former smoker**
 - ▶ **Screening AAA US- current smoker**
 - ▶ **Screening for AAA** <--- use this template if the provider would like to use an XR instead of an US (you also have to delete the US order in the template)

Weight Management:

- If any pt presenting has an issue with weight (BMI over 25), they should have preventative education. Go to Preventative Medicine (towards the bottom of the chart, under Procedure Orders) -> BMI Counseling -> Above normal BMI -> Select “Dietary Needs Education” under “Value”
- Comorbidities: Diabetes, HTN, Hyperlipidemia, Tobacco use
- BMI 25-29: Overweight (we only document if BMI is >28)
- BMI 30-39.99 without comorbidity: Obesity without comorbidity
- BMI 30-34.9 with comorbidity: Obesity with comorbidity
- BMI 35-35.9 with comorbidity: Morbidly obese
- BMI >40: Morbidly obese
 - ▶ **CVMG Weight management**
 - ▶ **CVMG Weight MGMT Overweight**
 - ▶ **CVMG Weight MGMT BMI 40-45**

Appendix A.IV

Documentation Basics for Common Chief Complaints in Family Medicine

- ▶ **CVMG Weight MGMT BMI 45-50**
- ▶ **CVMG Weight MGMT BMI 50-59**

Well Child Checks:

- All children under 18 y/o should have an annual PX, called WCC. Make sure that provider confirms if immunizations are UTD. Note the [age] WCC done [date]; Immunizations UTD (if this applies)
- If a child comes in and has not had a PX in a while, ask the provider if it is okay to convert the visit into a WCC. Make sure to notify the front to have WCC added to the visit reason and to include it in the CC and HPI.
- Bring over **CVMG Childhood Shot Schedule** for each WCC.
- Some WCC templates will have labs according to the patient's age, confirm with provider if labs are needed or not.
- WCC templates based on age:
 - ▶ **CVMG WCC 0 Months**
 - ▶ **CVMG WCC 1 Year**
 - ▶ **CVMG WCC 12-16 years**
 - ▶ **CVMG WCC 16-18 years (L)**
 - ▶ **CVMG WCC 16-18 years (Q)**
 - ▶ **CVMG WCC 2 Year**
 - ▶ **CVMG WCC 2Months**
 - ▶ **CVMG WCC 3 Year**
 - ▶ **CVMG WCC 4-5 Years**
 - ▶ **CVMG WCC 4Months**
 - ▶ **CVMG WCC 6-11 Years**
 - ▶ **CVMG WCC 6Months**
 - ▶ **CVMG WCC 9Months**

Common Chief Complaints - Basic Info:

Abdominal Pain:

- Most providers will complete an abdominal exam.
- Common exams are: no guarding or rigidity, no rebound tenderness, positive/negative Murphy's Sign, McBurney's Point Tenderness (RLQ palpated for PN), pos/neg Rovsing's signs, RUQ TTP
- Common lab/radiology orders:
 - ▶ Urea Breath Test to test for H. Pylori. We no longer order H. Pylori breath test for Quest, only Urea Breath Test.
 - ▶ H. Pylori Breath Test
 - ▶ Ultrasound : Abdominal
 - ▶ Upper gastrointestinal (UGI) series
 - ▶ Stool Culture
 - ▶ CULTURE, STOOL, SAL/SHIG/CAMPY AND SHIGA TOXINS EIA W/RLF E.COLI

Anemia:

- If a pt is known to be anemic, order a Hemocue. This is supposed to be a standard for CVMG but not all providers do this. Confirm with provider if they would like to order one.
- Males: Anemic if HGB <13
- Females: Anemic if HGB <11
- Common Labs:
 - ▶ IRON AND TOTAL IRON BINDING CAPACITY
 - ▶ IRON, TIBC AND FERRITIN PANEL
 - ▶ IRON, TOTAL
 - ▶ Iron and TIBC
 - ▶ Ferritin, Serum

Anti-Coagulants (Long term use of):

If a patient is taking a blood thinner, make sure that they have the diagnosis of "long term use

of anticoagulant” in their problem list

Birth Control:

- ALL patients presenting for birth control should complete a pregnancy test and it MUST be negative.

Breastfeeding:

- If a pt is breastfeeding, make sure to check the breastfeeding box in the medical history.
- Chest Pain:
- If a patient presents with chest pain, the provider will most likely order an EKG, sometimes a CXR and CARDIO referral.
- If a patient is complaining of chest pain that does not seem to be CARDIO related, do not put this in the ROS under CARDIO. Ask the provider if they would like to include this positive in the ROS. If it is not cardiac related (like chest PN similar to that of heartburn), most providers do not want it under CARDIO because this would mean that they would have to do a CARDIAC work up which would be unnecessary if this was something like heartburn.

Cholesterol:

- This includes Hyperlipidemia, Mixed Hyperlipidemia, Hypertriglyceridemia, Pure Hypertriglyceridemia, Hypercholesterolemia, Dyslipidemia.
- If a patient has multiple cholesterol related diagnoses, such as the above, try to use the one with higher priority. If lipid panel has improved, e.g. LDL no longer > 100, you can still use Mixed Hyperlipidemia and put that it is “At goal, continue current” in the treatment plan.
- Do not place multiple CHOL diagnoses in the assessment. Confirm with the provider which diagnoses to use if there are multiple ones.
- Dyslipidemia: This is used if a patient has elevated LDL AND low HDL.
- Mixed Hyperlipidemia is usually used when a patient has elevated CHOL and TRI. Pt’s chart should also have this if they taking a statin.
- Mixed Hyperglycemia with Hypercholesterolemia can be used for elevated Triglycerides and LDL as well.
- Pure indicates that it is solely elevated triglycerides or solely elevated cholesterol.

Chronic Kidney Disease:

- Check GFR when documenting labs that are reviewed.
- Apply the appropriate CKD stage diagnosis for each patient, make sure to check Non-African or African.
- Providers will often order “Ultrasound : Kidneys, bilateral, with doppler” and refer pts with low kidney function to Endocrinology
- CKD stages:
 - ▶ Stage I: GFR > 90
 - ▶ Stage II: GFR 60 - 89
 - ▶ Stage III: GFR 30 - 59
 - ▶ Stage IV: GFR 15-29
 - ▶ Stage V: GFR <15 (End stage renal disease)
- If a patient does not have any CKD in their problem list but GFR places them in Stage 1 or 2, do not add CKD as a new diagnosis unless they have an abnormal urinalysis as well (microalbumin, protein).
- If a patient already has CKD in their problem list, just bring it over during FU labs and note the most recent GFR. You can also compare it to the previous GFR to note if it is stable or not.
- If a patient does not have CKD in their problem list but have CKD Stage 3 or lower, add to their assessments and problem list.
- If a patient has a history of hypertension and were newly diagnosed with CKD, add in a “benign hypertensive ckd” diagnosis, there are many variations of this, some that include “with/without CHF”

Chronic Pain:

- If a patient is taking a Narcotic/Controlled Medication for chronic pain, make sure to document what type of pain it is, e.g. chronic back pain, what type of medication they are taking, the dosage, and how often.
- Some patients have the diagnosis of a type of chronic pain in their chart, if possible, try to add a more specific diagnosis into their problem list. E.G. if a patient has Chronic Back Pain in problem list and has completed a back XR, look at the XR to see if they

have any degenerative disc diseases/disorder and at that into the problem list (Lumbar Degenerative Disc Disease)

- If a patient presents for to refill controlled MEDS, add over **CVMG Controlled Meds Appt** if the medication is discussed (if the pt is okay on it, if there are any side effects). If the patient simply requests a refill, add over **SVP Controlled Medications**
- Some providers will review the pt's Cures report and will tell you what/when/how much a controlled medication was refilled. Sometimes they will tell you to document this in the "**CVMG CURES REVIEWED**" template. Sometimes the template has duplicate text in the clinical notes section, make sure to delete that so there is no redundancy.
- Make sure to note the chronic PN in ROS, e.g. chronic back/knee/shoulder pain, if a pt is coming in for their controlled MEDS refill. It wouldn't make sense if a provider refills their controlled medication and the pain the patient is complaining of is not documented in the ROS. Try to document in the HPI as well, although sometimes the pain is not even mentioned when patient just casually requests for a refill when they present with a different complaint.

Cryotherapy:

- This is usually done to treat warts or some skin lesions. If a provider treats with LN2 (liquid nitrogen) bring over the **CVMG Cryotherapy** template. This template contains 2 codes, for 1 lesion/for multiple lesions. Delete the appropriate code.

Diabetes Mellitus:

- ALL diabetics MUST have an Accucheck ordered, unless the provider specifically tells you to take it out. Order one even if it is not done, then document in the treatment notes why it was not completed, e.g. pt declined.
- Diabetic Markers are FBS >125 and A1c > 6.5.
- Some providers only need one marker while some need both to diagnose a pt with diabetes. If a patient does not have a diagnosis of DM in their problem list and this is a new diagnosis, make sure to confirm with the provider that the patient can be diagnosed with diabetes as this is a lasting diagnosis. Some would rather keep this diagnosis out of the chart until they are sure that the pt is diabetic.
- For patients <65 y/o, A1c < 7.0 is considered controlled.
- For patients >65, A1c < 9.0 is considered controlled.

- If a patient has uncontrolled diabetes, use the code Type 2 Diabetes Mellitus with Hyperglycemia.
- If a diabetic has elevated CHOL: Diabetes Mellitus with other specified complications
 - ▶ In the specify or notes part of Assessment tab, add in “with HLD”..
- Diabetics with CKD: Diabetes Mellitus with renal manifestations
- Diabetics with neuropathy: Diabetes Mellitus type 2 with neuro manifestation
- Diabetics with glaucoma: Diabetes Mellitus with ophthalmologic manifestation
- Diabetes Mellitus type 2 with peripheral arterial disease
- Diabetes Mellitus type 2 with peripheral vascular disease
- Diabetes Mellitus type 2 with peripheral angiopathy
- Diabetic neuropathy
- Diabetic retinopathy
- Prediabetes: Markers for diabetes are FBS > 100 or A1c > 5.7. Check with your provider or in the preference sheet if they prefer prediabetes or IFG (Impaired fasting glucose) as a DX. Some providers diagnose prediabetes differently. Some require both markers while others require one, make sure to confirm that they want the diagnosis.
- Quest labs:
 - ▶ DM PANEL, QUEST CUSTOM PANEL 327081
 - ▶ or
 - ▶ COMPREHENSIVE METABOLIC PANEL
 - ▶ CBC (INCLUDES DIFF/PLT)
 - ▶ LIPID PANEL
 - ▶ HEMOGLOBIN A1c
 - ▶ URINALYSIS, COMPLETE
 - ▶ MICROALBUMIN, RANDOM URINE (W/CREATININE)
- Labcorp:
 - ▶ Comp. Metabolic Panel (14)
 - ▶ CBC With Differential/Platelet

- ▶ Lipid Panel
- ▶ Hemoglobin A1c
- ▶ Urinalysis, Complete
- ▶ Microalb/Creat Ratio, Randm Ur

Deep Vein Thrombosis:

- Providers may order an arterial/venous ultrasound to evaluate for DVTs.
- To order the imaging, make sure you type the order as is listed since the search engine goes letter by letter. You may also select “Contains” instead of “Starts with” from the drop down box although it is not very accurate. At best it searches 1 word.
 - ▶ Ultrasound : Doppler : Veins
 - (Bil/Left/Right)
 - ▶ Ultrasound : Artery Doppler
 - (Low Ext/Upper Ext)

Hormone Testing:

- Prolactin, Progesterone, Testosterone, Estrogen, FSH, LH, TSH
- Quest has female and male hormone panels. You’ll have to order them individually for labcorp.
- Quest Labs:
 - ▶ HORMONE FEMALE , QUEST CUSTOM PANEL CP337311
 - ▶ HORMONE MALE , QUEST CUSTOM PANEL CP334627
 - ▶ Individual hormone labs for quest are under the same names as labcorp, just in all caps
- Labcorp Labs:
 - ▶ Prolactin
 - ▶ Progesterone
 - ▶ Testosterone, Free and Total
 - ▶ Estrogen

- ▶ FSH and LH
- ▶ TSH

Hypertension:

- All patients with HTN should have an extremities exam, any abnormal exams should be noted as well.
- Controlled BP: Systolic <140, Diastolic <90
- If a patient has hypertension and it is controlled, bring over **#Controlled BP** template.
- **# Controlled BP Codes** has only the codes
- If it is uncontrolled, make sure you note that BP is elevated in the treatment plan and if the provider makes any changes to their MEDS. Also note that the patient needs a FU BP by the end of the year
- Most patients have the assessment “Benign Essential Hypertension” in their problem list. This must be taken out if a patient also has Chronic Kidney Disease. This diagnosis can be replaced with any variation of Benign Hypertensive Chronic Kidney Disease Stage 1 - Stage 4. There is also one ICD 10 that includes CHF (Chronic Heart Failure) if relevant.
- Common TX notes: Monitor BP regularly. Keeping a BP log is recommended. Low sodium diet and decreased caffeine consumption advised. Practice adequate hydration. Let your provider know if you start experiencing edema, palpitations, SOB, or chest PN.

Immunity Status Testing:

- Some patients may request vaccines and providers will often order labs to test if the vaccines are still active.
- List of labs providers may order. Make sure to confirm with provider the appropriate labs according to the vaccines requested.
 - ▶ MMR (IGG) PANEL (MEASLES, MUMPS, RUBELLA)
 - ▶ VARICELLA ZOSTER VIRUS AB (IGG)
 - ▶ HEPATITIS A AB, TOTAL
 - ▶ HEPATITIS B IMMUNITY PANEL
 - ▶ HEPATITIS PANEL
 - ▶ Measles/Mumps/Rubella Immunity

- ▶ Varicella Zoster Abs, IgG/IgM
- ▶ Hepatitis B Surf Ab Quant
- ▶ Hepatitis Panel (4)

Joint Pain:

- Common Labs ordered for joint pain:
 - ▶ LUPUS (SLE) PANEL
 - ▶ RHEUMATOID FACTOR
 - ▶ C-REACTIVE PROTEIN
 - ▶ SED RATE BY MODIFIED WESTERGREN
 - ▶ CYCLIC CITRULLINATED PEPTIDE (CCP) AB (IGG)
 - ▶ Lupus (SLE) Analysis]
 - ▶ LUPUS PROFILE
 - ▶ C-Reactive Protein, Quant
 - ▶ Sedimentation Rate-Westergren

Musculoskeletal Complaints:

- Axial Pain (Cervical/Thoracic/Lumbar): Providers will usually order an XR and/or PT. If sx's persist then they may order an MRI and refer the patient to ORTHO.
- Appendicular Pain (limbs and girdle): When documenting any complaints, include laterality if mentioned. When ordering XRs, make sure to order the correct laterality:
 - ▶ Upper extremities: elbow, shoulder hand, wrist, radius, ulna, finger
 - ▶ Lower extremities: knee, humerus, tibia, fibula, foot, ankle
 - ▶ Girdle: hip

Pregnancy:

- If a patient has a positive pregnancy test, arrow over **CVMG Positive Pregnancy** template and mark that she is pregnant in her medical history.
- Some female providers will include EDD and gestation. If given, include these in the referral notes to OBGYN. You can also calculate this via google (and tell the provider, if they want to tell the patient)!

PSYCH: Anxiety/Depression/Stress:

- If a patient has a positive PHQ9, even if it is just 1 or 2 points, arrow over **CVMG Positive Depression** template.
- Always include a PSYCH exam (green arrow for PSYCH exams if normal) if a pt presents with any psychological issues especially if pt admits/denies suicidal ideations (SI), e.g. depression, anxiety, stress, SI.
- If a patient is following up on a psych issue, make sure to include pertinent positives in the ROS like “admits stressors, admits anxiety, or admits depressed mood” if sx's are continued. This does not need to be done if their sx's are managed or resolved. Their ROS should be consistent with the reason that they are following up.
- If patients have controlled PSYCH disorders but are still taking MEDS and are just presenting/requesting refill MEDS, make sure to admit anxiety/depression/stress in ROS. Even though they are controlled they are still taking MEDS so if they were to stop, sx's would still be present.
- Common Exams: normal/flat mood and affect, tearful, good/poor eye contact, non-cooperative/cooperative with exam,
- SIG E CAPS: Sleep decreased; Interest decreased in activities; Guilt or worthlessness; Energy decreased; Concentration difficulties; Appetite disturbance or weight loss; Psychomotor retardation/agitation; Suicidal thoughts
- Always type out psychology and psychiatry

Sleep Apnea:

- If a patient presents with a complaint of fatigue, some providers will order a sleep study. This is done as a referral to sleep medicine.
- If a patient already completed a sleep study and needs a CPAP, the referral to DME should include the recommended titration and oxygen levels. This is calculated if the patient has completed a split study where for half the night, patient's sleep apnea is evaluated, then for the second half of the night the patient sleeps with a mask to calculate titration and oxygen levels.
- DME referrals for CPAP: under notes, put “titration ____ mm H₂O”

- If patient has not completed a split study, they must be referred back to Sleep Medicine for a split sleep study.
- Make sure to confirm all this with the provider.

Soft Tissue/mass/lump:

- If a patient presents with a subdermal lump, providers will often order a soft tissue US to evaluate if it is a cyst/lipoma/etc.
- All soft tissue US are ordered under “Ultrasound : Soft Tissue” but you must specify what location of the body is to be US’d in the notes section of the imaging. Next to the order, when in the DI tab, there is a “...” button. Select that then specify location in notes.

STI testing:

- Some patients may request STI screenings.
- Quest has a panel: **HIGH RISK SEX, QUEST CUSTOM PANEL CP334628**
- Make sure to confirm with provider which labs they want if you are ordering them individually as some prefer different labs. The following labs are just examples of what the panel should contain.
- Individual exams are:
 - ▶ HEPATITIS PANEL, ACUTE W/REFLEX
 - ▶ CHLAMYDIA/N. GONORRHOEAE DNA, SDA
 - ▶ HIV AB, HIV ½, EIA, WITH REFLEXES
 - ▶ RPR (DX) W/REFL TITER AND CONFIRMATORY TESTING
 - ▶ HSV 1/2 IGG, HERPESELECT TYPE SPECIFIC AB
 - ▶ HSV 1/2 AB (IGM), IFA W/RFL TO TITER, SERUM
- **Lab Corp STD** template includes
 - ▶ RPR
 - ▶ HIV-1/0/2 Antibodies Panel
 - ▶ HSV 1 and 2-Specific Ab, IgG
 - ▶ HSV 1 and 2 IgM Abs, Indirect

- ▶ Chlamydia/GC Amplification
- ▶ Hepatitis Panel (4)

Thyroid Disorders:

- Hyperthyroidism: TSH is DECREASED.
- Hypothyroidism: TSH is ELEVATED.
- If a patient has a thyroid disorder and is taking thyroid medication (Levothyroxine, Synthroid, etc), try to check that they have had a thyroid lab within the past year. If not, ask the provider if they would like one ordered.
- Make sure to double check with providers what thyroid labs they want, as different providers may order different labs.
- If a patient has abnormal thyroid labs, providers will often order Ultrasound : Thyroid.
- Common Labs ordered:
 - ▶ TSH
 - ▶ TSH W/REFLEX TO FT4
 - ▶ THYROID PANEL
 - ▶ THYROID PANEL WITH TSH
 - ▶ THYROID PEROXIDASE ANITIBODIES
 - ▶ T3, FREE
 - ▶ T3, TOTAL
 - ▶ T4, FREE
 - ▶ T4, TOTAL
 - ▶ TSH
 - ▶ TSH reflex to T4F
 - ▶ Thyroid Panel
 - ▶ Thyroid Panel with TSH
 - ▶ Thyroid Peroxidase (TPO) Ab
 - ▶ TSH reflex to T4F

Appendix A.V

Documentation Basics for Preventive Measures in Family Medicine

- ▶ Triiodothyronine (T3)
- ▶ Thyroxine (T4)
- FYI: TSH is the Thyroid Stimulating Hormone produced by the pituitary gland. The thyroid produces T4 and T3. The brain increases or decreases the production of TSH based on the levels of T4/T3 detected. So, when a patient's labs come back with elevated TSH, the brain thinks the thyroid is not producing enough T4/T3, this is called hypothyroidism. When TSH is decreased, the brain thinks the thyroid is producing too much T4/T3, which is hyperthyroidism. Thyroid Peroxidase Antibodies lab is ordered to see if the body's immune system is attacking the thyroid.

Vitamin D Insufficiency/Deficiency:

- TOTAL VIT D 20<30 is categorized as insufficient. Some providers will RX VIT D, others will advise OTC VIT D supplements.
- TOTAL VIT D <20 is categorized as deficient. Most providers will RX VIT D 50,000 IU.
- Which VIT D lab to order? What's the difference?
- When ordering Vitamin D, just make sure you are ordering one that tests for VIT D 25 total.
 - ▶ VITAMIN D, 25-HYDROXY, LC/MS/MS
 - ▶ VITAMIN D, 1,25 DIHYDROXY LC/MS/MS
 - ▶ VITAMIN D, 25-HYDROXY AND 1,25 DIHYDROXY, LC/MS/MS
 - ▶ Vitamin D 25-Hydroxy
 - ▶ Vitamin D 25-Hydroxy, Total

Preventative Measures:

- Make sure to document ALL preventative measures discussed in HPI AND yellow sticky if a measure is done or if anything was ordered/referred/given/declined. E.G. COLO (referred mm/dd/yy); MAMMO (ordered mm/dd/yy); FLU (mm/dd/yy);
- Be sure to double check any measures to see if any new imaging has been done (if a pt recently completed a MAMMO or PAP or recently received a vaccine that has not been documented).
- Try to make the sticky as concise as possible, eliminate any unnecessary words. E.G. Instead of TDAP (given mm/dd/yy) or TDAP (per pt 2012) -> TDAP (mm/dd/yy). If the vaccine was given by us, it will be recorded so any time a sticky says TDAP (yy) and we did not give the vaccine, it is assumed they received it elsewhere.
- If some measures are declined, there is an assessment for it
 - ▶ Z53.20 Mammogram declined
 - ▶ Z53.20 Papanicolaou smear declined
 - ▶ Z28.21 Influenza vaccination declined
 - ▶ Z28.21 Pneumococcal vaccination declined
 - ▶ Z28.9 Tetanus, diphtheria, and acellular pertussis (Tdap) vaccination declined

COLO:

- For all pt's > 50 or sooner if pt has a fh/o colon cancer.
- If a patient says he/she completed a colonoscopy and that it was normal and were told to return in 10 years, it usually means there were no polyps found during examination. If a pt was told to return in 5 years, this usually means polyps were found.
- Colonoscopy reports can infrequently be found in operative reports (towards the bottom of Patient Docs) if they were sent to us.
- If a patient has completed a colonoscopy, they DO NOT need a FOBT.
- Stool tests are ordered for annual screenings IF THERE IS RECORD OF PATIENT COMPLETING A COLONOSCOPY, can be found under labs. Some patients prefer stool tests to getting colonoscopies. All positive stool tests are referred to GI for an eval or colonoscopy.
 - ▶ FECAL GLOBIN BY IMMUNOCHEMISTRY

- ▶ Occult Blood, Fecal, IA
- ▶ OCCBS (SARH)

DEXA:

- Women >65; Males >70.
- A patient only needs to complete a DEXA once if it was normal. If they are found to have osteopenia or osteoporosis, then they need a DEXA every x 2 years and should be taking Fosamax or Alendronate.
- Make sure to update any abnl results in sticky.

MAMMO:

- Screening for breast cancer starts for women at 40 y/o. Some providers will order a MAMMO if patients have a fh/o of breast cancer.
- MAMMOs that show abnormal results usually show breast cysts, breast asymmetry, focal asymmetry, etc. The reports will usually recommend additional imaging. Providers usually order a diagnostic MAMMO and and Ultrasound with the appropriate laterality or bilateral breasts.

PAP/WWE:

- Templates:
 - ▶ **CVMG WELL WOMAN (PAP + QUEST routine labs, Px)**
 - ▶ **CVMG WELL WOMAN EXAM (Pap + Px, no routine labs)**
 - ▶ **CVMG WWE Only (Pap, no Px, no routine labs)**
- All three templates have a quest and labcorp pap ordered. Make sure the appropriate lab is ordered, per patient's insurance, and delete the other lab.
 - ▶ AGE-BASED PAP
 - ▶ Age-based Pap
- Results can be found under labs if they did their PAP with us. Will usually be called Thin Prep or Age Related PAP.
- Make sure to check if a pt has had a hysterectomy before asking about PAP.

- Most patients who have had a TAH (total hysterectomy) no longer need PAPs unless they have a history of HPV positive. Date of hysterectomy does not need to be included in sticky but make sure hysterectomy and date are included in pt's surgical history.
- Patients with partial hysterectomy may or may not still have their cervix. Technically, if their cervix is still present, it is recommended that they still complete a PAP but most providers do not order one. Ask provider if they would like one done, they will either have pt schedule a PAP or refer pt to OBGYN.

PSA screening:

- Annually for males > 40 y/o.
- PSA is abnormal if it is elevated. If their %PSA is red, ignore.
- **PSA Screen (L)**
- **PSA Screen (Q)**

Pneumonia Vaccines:

- All patient > 65 y/o should receive the pneumonia vaccine series, a two shot series given a year apart. Once they receive the series they no longer need any pneumonia vaccines.
- This was implemented around 2014-2015 (fact check with a doctor) so many patients >70 y/o have not received Prevnar. If a pt >70 y/o says they have only ever received one PNA vaccine, they are most likely due for Prevnar. Of course, confirm with the provider first.
- CVMG usually gives Prevnar 13 first, unless it is out of stock, then Pneumovax 23 (usually documented in immunizations as pneumococcal when given).
- When documenting vaccines into sticky, make sure to differentiate between Prevnar and Pneumococcal, don't just put PNA dose 1 or pneumo, as those are ambiguous.
- **CVMG MA Prevnar (adult)**
- **CVMG MA Prevnar (PEDIATRIC PNEUMOCOCCAL)**
- **CVMG MA Pneumovax**

TDAP:

- Should be updated every 10 years.
- TDAP vaccinates for tetanus bacteria, diphtheria, and whooping cough, and pertussis. This

is commonly given to anyone who presents to UC/ER with a cut/wound and to pregnant women in their third trimester. Women with young children are usually UTD although it should be confirmed with them that they did receive a vaccine during pregnancy because in some cases they did not receive it (or are unaware that they did).

- Adolescents usually receive TDAP around 14-15 y/o. Since boosters should be given every 10 years, patients around 24-25 y/o are usually due.
- We do not give TDAP to patients >65 y/o. We either write them a RX to go to the pharmacy or the MAs give them in info sheet.
- **CVMG MA TDAP 18 yrs. And above**
- **CVMG MA Tdap 10 yrs to 17 yrs**
- **VIRAY - TDAP DECLINES**

Shingles vaccine:

- All patients >65 y/o. There are now 2 types of vaccinations for shingles, Zostavax and Shingrix. Shingrix is newer and may be given to patients younger than 65 but we usually don't give to patients <65 unless they specifically request it.

FLU vaccines:

- Bring over appropriate flu template. Delete or put N/A for "Last LNMP" if appropriate (for females over 50 and males).
- If it is flu season, make sure to document in the sticky if a patient has received the flu vaccine that season. It will make it easier for providers/MAs/scribes that see the patient next so they won't ask again.
- Pts with egg allergies are given vaccines without preservatives. Make sure to confirm with provider if pt has any type of egg allergy.
- **VIRAY - FLU DECLINES**

	Colonoscopy *every 10 years if normal FOBT *yearly Tdap *every 10 years PX *yearly Routine labs *yearly
19-39 y/o male	Tdap *every 10 years PX *yearly Routine labs *yearly
40-49 y/o male	PSA *yearly PX *yearly Routine labs *yearly
50-64 y/o male	Colonoscopy *every 10 years if normal FOBT *yearly PSA *yearly PX *yearly Routine labs *yearly
50-65 y/o male current or former smoker	1 time Abd XR for AAA
65- 69 y/o male	Pneumonia series Shingles vaccination Colonoscopy *every 10 years if normal FOBT *yearly PX *yearly Routine labs *yearly
70 and older male	DEXA *every 2 years if abnl Pneumonia series Shingles vaccination Colonoscopy *every 10 years if normal FOBT *yearly PX *yearly Routine labs *yearly

Reminders:

- All adults PX's should include PQH9 screening
- When ordering Zostavax- for most insurances (non PPO) you will make a REF to Pharmaceutical Services under the diagnosis of "Encounter for herpes zoster vaccination" ICD 10 code Z23. PPO insurance patients require a written Rx.
- Diabetic patients: annual DMEE; annual DM foot exam; order HgA1C, microalbumin and CMP when you order 'routine DM labs'. Controlled BP.

Appendix A.VI

E/M Level Coding Chart

APPENDIX F - E/M LEVEL CODING															
		3 Key Components (3/3 Required):								Contributing Factors:					
		History & Exam (1&2):				Medical Decision Making (3):				Presenting Problem Severity (1):				Additional Requirements, Examples	
		Problem-Focused	Expanded Problem-Focused	Detailed	Comprehensive	Straightforward	Low	Moderate	High	Diagnostic Studies Associated with Risk, MDM Complexity:	Self-Limited or Minor	Low to Moderate	Moderate		Moderate to High
E/M Level	I	HPI: 1-3e PE: 1-5e				Min: ddx, tx, risk, data				CXR; EKG; US; UA; LABS; KOH Prep	Defined, + prognosis				Suture Removal Superficial Dressing Immunizations (Tetanus)
	II		HPI: 1-3e ROS: ≥1 OS PE: 6+e				Limited ddx, tx, data; Low risk			Pulmonary Function Test; Barium Enema; Labs w Arterial Access		LR morbidity w tx, + recovery			"Fast Track" Simple localized rash, lesion, pain without injury
	III		HPI: 1-3e ROS: 1+ PE: 2-7 OS (6+e/1 OS)							Procedures Obtaining Fluid (Arthrocentesis, LP, Thoracentesis, Paracentesis); CV Imaging w Contrast but w/o RF; Physiologic Stress Tests (Cardiac/Fetal Stress Test)			MR morbidity, mortality w tx; Quaternary prognosis		Stable Chronic Dx (HTN, DM) IV Fluid Tx w/o Additives Minor Surgery w/o RF OTC Drug Rx Vaginal d/c, AP, Eye FB
	IV			HPI: 4+e ROS: 2-9s PFSH: 1+ PE: 2-7 OS (6+e/1nOS; 2+e/add'l OS)				Multiple ddx/tx; Moderate risk/data						Mod risk for morbidity w tx, ? Prognosis	Acute Complicated Injury (head injury w brief LOC) Undiagnosed New Problem Acute Illness w Systemic Sxs Rx Drug Management IV Fluid Tx w Additives Closed Tx of Fr/Dislocation Minor Surgery w RF Elective Surgery w/o RF
	V				HPI: 4+e ROS: 10s PFSH: 2/3hx PE: 8+ OS (2+e/OS)				Extensive ddx/tx, data; High risk	Cardiac Electrophys Tests; CV Imaging w RF; Endoscopies w RF				HR morbidity/mortality w tx, probable impairment	Hospital Admission Critical Care Time Neurologic Change (Sx, TIA) AMI, PE, ARF, CVA, SI (Psych) Drug Tx w Risk for Toxicity CP w cardiac RF, SOB w AMS Rapid-onset tachycardia "Worst HA of life," GI Bleed DNR/DNI Status

Appendix A.VII

Hierarchical Condition Category Coding and Risk Adjustment Factors (HCC & RAFs)

See “Appendix A.VII Hierarchical Condition Category Coding and Risk Adjustment Factors (HCC & RAFs)” under the Resources Tab of the ScribeACCELERATOR website (www.scribeACCELERATOR.com) for a downloadable copy of this document.

Appendix A.VIII

HIPAA & HITECH – In Greater Depth

See “Appendix A.VIII HIPAA & HITECH – In Greater Depth” under the Resources Tab of the ScribeACCELERATOR website (www.scribeACCELERATOR.com) for a downloadable copy of this document.

Appendix A.IX

Medical Terminology

Preventative Care Guidelines:

Patient (Age and Gender)	What is Needed?
0-11 years old M & F	Updated immunizations WCC *yearly
12-15 years old M & F	PHQ2 *yearly Updated immunizations WCC *yearly
16-18 years old M & F	Routine labs *yearly PHQ2 *yearly Updated immunizations WCC *yearly
19-20 y/o female	Tdap *every 10 years PX *yearly Routine labs *yearly
21-29 y/o female	PAP *every 3 years unless abnl Tdap *every 10 years PX *yearly Routine labs *yearly
30-49 y/o female	PAP *every 5 years unless abnl. Tdap *every 10 years PX *yearly Routine labs *yearly
40-49 y/o female	PAP *every 5 years unless abnl. Mammogram *yearly Tdap *every 10 years PX *yearly Routine labs *yearly
50-64 y/o female	PAP *every 5 years unless abnl. Colonoscopy *every 10 years if normal FOBT *yearly Mammogram *yearly PX *yearly Routine labs *yearly
65 and older female	PAP Pneumonia series Shingles vaccination DEXA *every 2 years if abnl Mammogram *yearly

- 2+ Reflexes: Normal reflexes (rated on a scale of 0-4/4 where 2/4 is normal)
- 5/5 Strength: Normal strength of the extremities

-A-

- A&Ox3: Alert & oriented to self, place, and time
- AAA (Abdominal Aortic Aneurysm): Abnormal blood-filled dilatation of the abdominal aorta, resulting from disease of the vessel wall; characterized by abdominal pain with life-threatening risk for rupture
- Abduction: Drawing away from the midline
- Abrasion: Rubbing or scraping away of the surface layer of tissue
- Abscess: Collection of pus beneath the skin
- Adduction: Drawing toward midline
- Afebrile: Without fever
- Affect: The expressed or observed emotional and social responses
- Ambulatory: Able to move about, not confined to a bed
- AMS (Altered Mental Status): Any of various states of awareness that deviate from and are usually clearly demarcated from ordinary walking-consciousness
- Anemia: Condition in which blood is deficient in RBC, HGB, or total volume
- Aneurysm: Localized ballooning of a vessel due to a weakened vessel wall
- Aphasic: Absence of the ability to neurologically generate or understand language; may be expressive with inability to create words or receptive with inability to understand words
- Arrhythmia: Disturbance of rhythm in the heartbeat
- Arthralgia: Joint ache
- Ascites: Abnormal accumulation of serous fluid in the abdominal cavity, in spaces between tissues and organs
- Asystole: Weakening or cessation of systole (heartbeats)
- AT/NC: Atraumatic and normocephalic; normal external head inspection Ataxia: Loss of coordination
- Auscultation: Listening with a stethoscope to sounds arising from within organs (as in the lungs)

- Avulsion : Tearing away of a body part, accidentally or surgically
- Axilla: Armpit

- B -

- Babinski Sign: The toes flex upward when sole of foot is stimulated, indicating motor nerve damage
- Baseline: The normal state of being for each specific patient
- Bell's Palsy: A localized facial nerve dysfunction that causes facial droop and numbness
- Benign: Mild type or character, not life-threatening; with good prognosis
- Bradycardia: Slow heart rate (HR<60)
- Bradypnea: Abnormally slow breathing
- Bruit: A whooshing sound heard during auscultation indicative of blockage or aneurysm

- C -

- C/T/L (Cervical/Thoracic/Lumbar) Pain or Tenderness: Referring to pain or tenderness in the cervical, thoracic, and/or lumbar spine
- CABG (Coronary Artery Bypass Graft): Surgical bypass operation performed to shunt blood around an obstruction in a coronary artery, usually involves grafting one end of a segment of vein removed from another part of the body into the aorta and the other end into the coronary artery beyond the obstructed area to allow for increased blood flow
- Cachectic: Extremely skinny, bony, malnourished
- CAD (Coronary Artery Disease): Condition that reduces blood flow through the coronary arteries to the heart muscle, usually caused by atherosclerosis; typically resulting in chest pain or heart damage
- Cardiomegaly: Enlarged heart
- Cardioversion: Application of an electric shock in order to restore normal heartbeat
- Carotid Bruit - Whooshing blood flow heard with auscultation (carotid narrowing or plaque)
- Catheter: Tubular medical device for insertion into canals, vessels, passageways, or body cavities for diagnostic or therapeutic purposes
- Cauterization: To sear, burn, or destroy tissue, usually performed to treat epistaxis

- Cellulitis: Localized or diffuse inflammation of connective tissue (as in skin)
- Cephalgia: Headache
- Cerumen: Earwax
- Cervical Os: The opening of the cervix; closed unless passing tissue from the cervix
- Cholecystectomy: Surgical removal of the gallbladder
- Cholelithiasis: Production of gallstones
- Cirrhosis: Inflammation of an organ by degenerative changes, especially of the liver
- CMT (Cervical Motion Tenderness): Tenderness with movement of the cervix, indicative of Pelvic Inflammatory Disease (PID)
- CN II-XII: Cranial Nerves 2-12 Coffee Ground Emesis: Dark colored vomit, indicative of lower GI bleeding
- Colonoscopy: Procedural examination of the colon through the use of a colonoscope, used to identify abnormal growths, inflamed tissue, presence of ulcers or bleeding, and to remove tissue for further examination
- Colostomy: Surgical procedure that provides an opening between the colon and abdominal wall
- Conjunctiva: Thin outer lining of the eye and eyelid
- COPD (Chronic Obstructive Pulmonary Disease):
- Pulmonary disease (as emphysema or chronic bronchitis) characterized by chronic, typically irreversible airway obstruction resulting in slowed rate of exhalation
- Cornea: Transparent frontal aspect of the eye, covering both the iris and pupil
- Costochondritis: Inflammation of the rib cartilage
- Crepitus: Grating or cracking sound or sensation with breathing, as produced by the fractured ends of bone moving against each other
- Croup: Viral infection of the upper airway with a barking cough and often stridor
- CSF (Cerebrospinal Fluid): Serum-like liquid secreted from the blood into the lateral ventricles of the brain that serves chiefly to maintain uniform pressure within the brain and spinal cord
- Cyanosis: Bluish discoloration (of the skin) due to deficient blood oxygenation

- D -

- Debridement: Surgical removal of foreign matter or dead tissue from a wound
- Decubitus Ulcer: Bedsore, ulceration of tissue deprived of adequate blood supply by prolonged pressure
- Dehiscence: Splitting apart or separation of skin, often used to describe a surgical wound that has reopened
- Diaphoresis: Perspiring profusely
- Diffuse: Generalized; not localized to any specific location
- Diplopia: Double vision
- Distal: Farther from the limb root
- Diverticulitis: Acute inflammation of the diverticular pouches
- DJD (Degenerative Joint Disease): Osteoarthritis, arthritis characterized by progressive degenerative and hypertrophic joint and cartilage changes
- Dry Mucosa: Dry tongue, mouth, and lips, indicating significant dehydration
- DTR (Deep Tendon Reflexes): Reflex commonly tested on neurological examination, rated on a scale of 0-4/4 where 2/4 is normal)
- DTs (Delirium Tremens): Violent delirium with tremors, induced by excessive and prolonged use of alcoholic liquors
- DVT (Deep Venous Thrombosis): Deep clot in the extremity
- Dyspepsia: Indigestion
- Dysphagia: Difficulty swallowing Dysphasia: Difficulty in neurologically generating or understanding language
- Dyspnea: Difficulty or pain with breathing
- Dysuria: Painful urination

- E -

- Ecchymosis: Bruising
- Eczematous Rash: Dry scaly skin, consistent with eczema
- Edema: Swelling, may be caused by circulatory problems

- Edentulous: Without teeth
- Effusion: Escape of fluid from an anatomical vessel, by rupture or exudate
- Egophony: A modification of the voice, resembling bleating, heard on auscultation of the chest in some diseases such as pleurisy with effusion
- Emaciated: Extremely thin and malnourished, wasting
- Emesis: Vomiting
- Endoscopy: Procedural examination of the interior of a hollow organ (such as the bladder or esophagus) through the use of an endoscope
- Enema: Injection of liquid into the intestines by way of the rectum
- EOMI: Extra ocular muscles intact
- Epigastrium: Upper central region of the abdomen, “upon the gastrum”
- Epistaxis: Hemorrhage from the nose; nosebleed
- Erythema/Erythematous: Redness/red
- Exudate: Exuded matter composed of serum, fibrin, and WBCs that escapes from the blood vessels into superficial lesions or areas of inflammation

- F -

- Facial Asymmetry: Drooping of one side of the face indicating neurological damage
- Febrile: Elevated body temperature, fever; indicative of infection
- Fissure: Tear in the anal tissue
- Flank: Area on the side-body, between the ribs and hip
- Fluctuance: Palpable fluid beneath the skin, indicative of infection/pus collection
- Fluorescein: Orange/yellow eye drops used to detect corneal lesions, abrasions, or foreign bodies
- Focal Weakness: Weakness localized to one body region, typically associated with a neurological deficit (Ex: Arm weakness)
- Folliculitis: Inflammation of the hair follicle
- Fontanel: Anatomical feature of an infant’s skull, the “soft spot”
- Frequency: Urinating often

- FROM (Full Range of Motion): Normal finding of neck or extremity
- Fundoscopic Exam: Ophthalmoscope use to look through the pupil to examine the interior surface of the posterior eye
- Fundus of the Eye: Interior surface of eye

- G -

- G-Tube (Gastrostomy Tube) Placement: Surgical formation of an opening through the abdominal wall into the stomach for procedural placement of a medical device used to provide nutrition to patients who cannot obtain nutrition by mouth, cannot swallow safely, or need nutritional supplementation
- G/P/A (Gravida/Para/Ab): Number of pregnancies, live births, and abortions
- Gallop: Group of 3-4 heart sounds, resembling the sounds of a gallop (common in CHF)
- Gangrene: Necrotic skin
- Gastric Bypass: Surgical bypass operation performed to restrict food intake and reduce absorption of calories and nutrients in the treatment of severe obesity that typically involves reducing the size of the stomach and reconnecting the smaller stomach to bypass the first portion of the small intestine
- GCS (Glasgow Coma Scale): Used to assess severity of a brain injury based on patient responses to certain standard stimuli
- GERD (Gastroesophageal Reflux Disease): Chronic condition characterized by heartburn
- Gingiva: Gums
- Gravid: State of being pregnant
- Greenstick Fracture: Partially breakage and bending of bone
- GUAIAc: Test for blood in stool
- Guarding: Tensing of abdominal wall muscles, which may be voluntary or involuntary; indicative of true abdominal disease

- H -

- Hematemesis: Vomiting blood
- Hematochezia: Bright red blood in the stool
- Hematoma: Raised area with underlying blood, results from ruptured blood vessels
- Hematuria: Blood in the urine

- Hemiparesis: Weakness of one half of the body
- Hemiplegia: Paralysis of one half of the body
- Hemocult: Relating to- or modified guaiac test for occult blood
- Hemoptysis: Coughing up blood
- Hemorrhage: Excessive or profuse bleeding
- Hemorrhoid: Mass of dilated veins in swollen tissue at the margin of the anus or nearby within the rectum
- Hepatomegaly: Enlarged liver
- Hernia: Protrusion of an organ through the wall within which it is normally contained
- HTN (Hypertension): High blood pressure (typically >140/90)
- Hydronephrosis: Swelling and distension of a kidney due to acute ureteral blockage causing urine retention
- Hyperglycemia: High blood sugar due to diabetes
- Hyperkalemia: High potassium, concerning for heart arrhythmias
- Hyponatremia: High sodium, dehydration
- Hyphema: Blood in anterior chamber of the eye, as seen during the fundoscopic exam
- Hypoglycemia: Low blood sugar
- Hypokalemia: Low potassium, concerning for heart arrhythmias
- Hyponatremia: Low sodium, dehydration
- Hypotension: Low blood pressure (typically <100/65)
- Hysterectomy: Surgical removal of the uterus

- I -

- I&D (Incision and Drainage): Procedure in which a surgical cut or incision is made into part of a body tissue to draw off fluid from an underlying cavity or wound
- IBS (Irritable Bowel Syndrome): Chronic functional disorder of the colon of unknown etiology but associated with abnormal intestinal motility and increased sensitivity to visceral pain, characterized by AP, with N/V/D
- IDDM (Insulin-Dependent Diabetes Mellitus): Type 1 Diabetes, characterized by severe insulin secretion deficiency and childhood onset of symptoms

- Incontinence: Inability to control the evacuative functions or to restrain sexual appetite
Induration: Hardened area of tissue
- Inferior: Lower, farther from crown
- Infiltrate: Substance that passes into body tissues forming abnormal accumulation
- Intubation: Introduction of a tube into a hollow organ to keep it open or to restore patency
Ischemia: Localized lack of blood supply

- J -

- Jaundice: Yellow discoloration of the skin, typically associated with a liver disorder
- JVD: Jugular vein distention, sign of heart dysfunction

- L -

- Lacrimal: Referring to tears
- Lateral: Relating to the side
- Lesion: Abnormal change in structure of an organ or part due to injury or disease
- LMP/LNMP (Last [Normal] Menstrual Period): Date of last (normal) menstruation
- LOC (Level of Consciousness): Level of awareness
- LOC (Loss of Consciousness): Unconsciousness
- Localized: Confined to one area
- LP (Lumbar Puncture): Surgical puncture of the subarachnoid space in the lumbar region of the spinal cord to withdraw cerebrospinal fluid or to inject anesthetic drugs
- LVH (Left Ventricular Hypertrophy): Enlargement of the muscle tissue surrounding the left ventricle (the heart's primary pumping chamber); associated with risk factors such as HTN and obesity, may contribute to CHF
- Lymphadenopathy: Enlarged lymph nodes

- M -

- Maculopapular Rash: Rash that is both red and raised
- Malaise: Generalized discomfort or weakness
- Malleolus: Bony prominence on each side of the ankle
- Malignant: Tending to metastasize, to produce death or deterioration; poor prognosis
- Malocclusion: Misalignment of the teeth or jaw, indicative of trauma or jaw fracture

- Malodorous: Foul-smelling
- McBurney's Point Tenderness: RLQ point tenderness indicative of appendicitis
- Medial: Nearer to the midline
- Mediastinum: Space in the chest between the pleural sacs of the lungs that contains the viscera of the chest, except the lungs and pleura
- Melanoma: Benign or malignant skin tumor containing dark pigment
- Melena: Black tarry stool, indicative of an upper GI bleed
- Meningismus: Triad of signs indicating meningitis; include headache, photophobia, and neck stiffness
- Mucosa: Mucous membranes, membranes rich in mucous glands that line the body passages and cavities, such as the respiratory and digestive tract openings of the nose and mouth
- Murmur: Abnormal heart sound, rated on 1-6 scale, indicating a structural or functional abnormality; may be systolic or diastolic
- Murphy's Sign: Pain with palpation of the liver
- Myalgia: Muscle aches Myocardium: Heart muscle

- N -

- NSAID (Non-Steroidal Anti- Inflammatory Drug): Class of drugs that provide analgesic, antipyretic (fever-reducing), and anti-inflammatory effects
- Naris: Nostril (pleural is nares)
- Nasal Flaring: Enlargement of nostrils with breathing (sign of respiratory distress)
- Nasopharynx: The upper pharynx, continuous with the nasal canal
- NIDDM (Non-Insulin-Dependent DM): Type 2 Diabetes, characterized by adult onset of hyperglycemia resulting from impaired insulin utilization; associated with environmental factors and obesity
- Non-toxic: Appearing stable and at no risk of deterioration
- Normocephalic: Normally sized and shaped head
- Nuchal Rigidity: Neck stiffness
- Nystagmus: Involuntary "shaking" eye

- O -

- Occipital/Occiput: The most posterior part of the skull, the back of the head
- Occlusion: Indicative of a blockage (Ex. TM's occluded by cerumen)
- Organomegaly: Enlarged organ
- Oriented x3: Oriented to person, place, and time
- Oropharynx: The back of the mouth, continuous with the throat
- Orthopnea: Difficulty breathing while lying flat, may be quantified by the number of pillows required for breathing comfort
- Otalgia: Earache
- Otitis Media: Middle ear infection
- Ovarian Torsion: Twisting of the ovarian artery or vein, compromises blood flow to the ovary

- P -

- Pale Conjunctiva: Pale inner aspect of the eyelid, typically due to anemia
- Pallor: Paleness due to anemia or various other causes
- Palpable: Able to be touched or easily perceived
- Palpation: Physical examination in medical diagnosis by pressure of the hand or fingers to the surface of the body to determine the condition of an underlying part of organ
- Palpitation: Sensation of an abnormal heartbeat
- Pancreatitis: Inflammation of the pancreas
- Paracentesis: Surgical puncture of a cavity of the body (as with a trocar or aspirator), usually to draw off any abnormal effusion, which may be sent for further laboratory study
- Paraspinal Tenderness: Tenderness of the muscles beside the spine
- Paresthesia: Abnormal tactile sensation often described as tingling, numbness, or pinpricking
- Parietal: Location across the posterior top of the skull
- Pericardium: The lining surrounding the heart
- Periorbital Ecchymosis: Bruising around the eyes, indicative of trauma

- Peritoneal Signs: Rebound tenderness, guarding, or rigidity; indicative of acute abdominal inflammation
- Peritonsillar Abscess: Collection of pus or fluid around the tonsil
- PERRL(A) (Pupils are Equal, Round, and Reactive to Light [and Accommodating]): Normal finding on eye examination
- Petechial Rash: Red or purple discolorations on the skin that do not blanch (lighten) on applying pressure, indicative of meningitis
- Pharyngitis: Throat infection
- Photophobia: Light sensitivity
- PICC (Peripherally Inserted Central Catheter) Line Placement: Surgical placement of a long, slender, flexible tube into a peripheral vein, typically in the upper arm, and advanced up to a large vein in the chest near the heart to obtain venous access
- Pitting Edema: Edema that retains an imprint after applying pressure
- Pleural Effusion: Exudation of fluid from the blood or lymph into a pleural cavity
- Pleurisy: General term for pain with breathing
- Polyuria: Urinating large amounts
- Post-Ictal: The state of somnolence and decreased responsiveness after a seizure
- Posterior: Back-side of an appendage or body
- Pronator Drift: Involuntary turning or lowering of forearm when outstretched
- Prone: Body position lying face down with forearms and hands turned palm side down
- Prophylactic: Preventative against spread or occurrence of disease or infection
- Pruritic: Itching
- Purulent: Containing pus; pus-like
- PVCs (Premature Ventricular Contractions): Extra, abnormal heartbeats that originate in the ventricles, very common and may be felt as “skipped beat” or an abnormal chest sensation when occurring

- R -

- Radial: Near or following the radius
- Rales: Crackles; wet crackling heard in the lungs due to pneumonia or CHF pressure

applied to the abdomen during palpation

- Renal Calculi: Kidney stone
- Retention: Inability to urinate
- Retractions: Visible drawing in of the soft tissue (skin) surrounding the chest wall with respiration, indicative of respiratory distress
- Rhinorrhea: Clear nasal discharge
- Rhonchi: Sound of mucous rolling around in the bronchioles/bronchi
- Rigidity: Abdominal muscle stiffness, indicative of acute abdominal inflammation
- Romberg's Sign: Falling to one side when standing with feet together and eyes closed, indicating abnormal cerebellar function or inner ear dysfunction
- Rovsing's Sign: RLQ pain with LLQ palpation, indicative of appendicitis
- RRR (Regular Rate and Rhythm): Referring to heart rate and rhythm

-S-

- Sciatica: Sciatic nerve compression, causes back pain radiating to posterior leg,
- Sclera: White part of the eye
- Sepsis: Dangerous infection of the blood with pathological microorganisms or their toxins
- Septal Hematoma: Bruising or swelling of the septum; indicative of nasal fracture
- Serosanguinous: Consisting of serum and blood
- Serous: Pertaining to serum
- SI (Suicidal Ideation): Thoughts of killing oneself
- Sinusitis: Infection of the sinuses, usually causing sinus pressure
- Slit Lamp Examination: Eye exam that uses a "slit lamp" for projecting a narrow beam of intense light used in conjunction with a biomicroscope for examining the anterior parts of the eye such as the conjunctiva or cornea
- SLR (Straight Leg Raise): Maneuver used to test for sciatica
- Somnolent: Appearing drowsy
- Splenomegaly: Enlarged spleen
- Splinting (on respiratory exam): Avoiding deep inspirations due to increased pain with

breathing

- Spotting: Passing very small amounts of blood from the vagina
- Sputum: Matter expectorated from the respiratory system composed primarily of mucus, but may contain pus, blood, fibrin, or other microorganisms such as bacteria
- Stenosis: Narrowing of a body opening or passage
- Step-Off: Misalignment of the spine, indicative of spinal fracture
- Sternotomy: Surgical incision made in the sternum
- Sticky/Tacky Mucosa: Sticky tongue, mouth, and lips indicating early dehydration
- Straight Catheter: Catheter tubing inserted only briefly to drain urine, then immediately removed
- Strength 5/5: Normal strength of the extremities
- Stress Test: ECG test of heart function before, during, and after a controlled period of increasingly strenuous exercise (as on a treadmill), or induced chemically through IV injection of pharmacologic agents (such as Adenosine)
- Stridor: Upper airway noise; common sign in croup
- Subconjunctival Hemorrhage: Blood in the white part of the eye
- Subluxation: Partial dislocation Superficial: Nearer to the surface Superior: Upper, nearer to crown of head
- Supine: Body position lying face-up Supple: Flexible, not stiff Suprapubic: Lower central region on the abdomen
- SVT (Supraventricular Tachycardia): Increased heart rhythm caused by impulses originating above the ventricles, as in the AV node
- Syncope: Loss of consciousness; fainting, “passing out”

-T-

- Tachycardia: Fast heart rate (HR>100)
- Tachypnea: Increased respiratory rate
- Tamponade: Closure of or blockage by any object or substance to stop bleeding; as of a tampon
- Tangential Thoughts: Thought processes that do not follow normal or logical progressions

Appendix A.X

Medical Abbreviations

- Testicular Torsion: Twisting of the spermatic cord, compromising testicular blood flow the RUQ during deep inspiration, indicative of cholecystitis
- Thrombus: Blood clot or blockage
- TIA (Transient Ischemic Attack): Brief episode of lack of oxygenated blood to the brain, characterized by blurred vision, slurred speech, paresthesias, or syncope; “mini stroke”
- Tinnitus: “Ringing in the ears,” the perception of ringing even with no external stimuli
- Tonic-Clonic: Description of a grand mal or generalized seizure with stupor and transient LOC
- Trismus: Inability to fully open the mouth due to an underlying dental or jaw abscess
- Turgor: Skin elasticity (poor turgor is a sign of dehydration or age)

- U -

- URI (Upper Respiratory Infection): Infection in the part of the respiratory system containing the nose, nasal passages, and nasopharynx
- Urgency: Abrupt onset of urge to urinate
- Urinary Retention: Inability to urinate Urticarial Rash: A patchy red raised rash, consistent with allergic reactions

- V -

- Vaginal Vault: The interior of the vagina
- Vasovagal Episode: Stimulation of the vagus nerve resulting in dim vision, sweaty palms, and syncope; often occurs after emesis, acute pain, or surprising stimuli
- Vertigo: Condition of feeling the room spinning
- Vesicular Rash: Vesicles; fluid filled blisters (Ex. Herpes)
- Vitiligo: Depigmentation of patches of skin
- Volar: Palm-side of the hand or body

- W -

- Wheezing: High pitched sound heard in asthmatics or lung disease

-A-

- A&O x3: Alert & Oriented to person, place, time
- AAA: Abdominal Aortic Aneurysm
- AB: Abortion
- ABG - Arterial Blood Gas
- ABX: Antibiotic
- ADL: Activities of Daily Living
- AFib: Atrial Fibrillation
- ALF: Assisted Living Facility
- AMA: Against Medical Advice
- AMI: Acute Myocardial Infarction
- AMS: Altered Mental Status
- approx.: Approximately
- appy: Appendectomy
- ASA: Acetylsalicylic Acid (Aspirin)

-B-

- BCP: Birth Control Pill
- bid: Twice Daily
- bilat: Bilateral
- BM: Bowel movement
- BP: Blood Pressure
- BS: Blood Glucose
- Bowel Sounds
- Breath Sounds

-C-

- C-Collar: Cervical Collar
- C-Section: Cesarean Section
- C-Spine: Cervical Spine

- c/o: Complains Of
- CA: Cancer
- CABG: Coronary Arterial Bypass Graft
- CAD: Coronary Artery Disease
- Cath: Catheter, catheterization
- CBC: Complete Blood Count
- CC: Chief Complaint
- CHF: Congestive Heart Failure
- CMS: Centers for Medicare & Medicaid Services
- CMT: Cervical Motion Tenderness
- CN: Cranial Nerve
- CO₂: Carbon Dioxide
- COPD: Chronic Obstructive Pulmonary Disease
- CP: Chest Pain
- CPAP: Continuous Positive Airway Pressure
- CPR: Cardiopulmonary Resuscitation
- CSF: Cerebrospinal Fluid
- CTA: CT Angiogram
- CV: Cardiovascular
- CVAT: Costovertebral Angle tenderness
- CXR: Chest X-Ray

- D -

- d/c: Discharge
- D&C: Dilatation & Curettage
- DD: Differential Diagnosis
- DJD: Degenerative Joint Disease
- DKA: Diabetic Ketoacidosis

- DM: Diabetes Mellitus
- DNR: Do Not Resuscitate
- DT: Delirium Tremens
- DTR: Deep Tendon Reflex
- DVT: Deep Vein Thrombosis
- Dx: Diagnosis

- E -

- EKG (ECG): Electrocardiogram
- EMS: Emergency Medicine Services
- EOMI: Extra Ocular Movements Intact
- Epi: Epinephrine
- EtOH: Ethyl Alcohol (consumption, dependency)
- ETT: Endotracheal Tube

- F -

- F/U: Follow Up
- FB: Foreign body
- FHx: Family History
- FROM: Full Range of Motion
- Fx: Fracture

- G -

- GCS: Glasgow Coma Scale
- GERD: Gastroesophageal Reflux Disease
- GI: Gastrointestinal
- G/P/Ab: Gravida/Para/Abortions
- GSW: Gunshot wound
- GU: Genitourinary

- H -

- h/o: History of

- H&P: History and Physical
- HA: Headache
- HCT: Hematocrit
- Hgb: Hemoglobin
- HIPAA: Health Insurance Portability and Accountability Act
- HITECH: Health Information Technology for Economic and Clinical Health (Act)
- HPI: History of Present Illness
- HR: Heart rate
- HTN: Hypertension
- Hx: History

- I -

- I&D: Incision and Drainage
- IBS: Irritable Bowel Syndrome
- ICD: Implantable Cardioverter- Defibrillator
- ICE: Ice, Compression, Elevation
- ICH: Intracranial Hemorrhage
- ICP: Intracranial Pressure
- IDDM: Insulin Dependent Diabetes Mellitus
- IM: Intramuscular
- IUP: Intrauterine Pregnancy
- IV: Intravenous
- IVP: Intravenous Push
- IVPB: Intravenous Piggyback

- J -

- JVD: Jugular Venous Distension

- K -

- KUB: Kidneys, Ureters, Bladder (XRay)

- L -

- L: Left
- L-Spine: Lumbar Spine
- Lac: Laceration
- LBBB: Left Bundle Branch Block
- LFT: Liver Function Test
- LLE: Left Lower Extremity
- LLQ: Left Lower Quadrant
- LMP: Last Menstrual Period
- LNMP: Last Normal Menstrual Period
- LOC: Loss of Consciousness
- LP: Lumbar Puncture
- LUE: Left Upper Extremity
- LUQ: Left Upper Quadrant
- LVH: Left Ventricular Hypertrophy

- M -

- MI: Myocardial Infarction
- MRN: Medical Record Number
- MU: Meaningful Use
- MVC: Motor Vehicle Collision

- N -

- N/V: Nausea and Vomiting
- N/V/D: Nausea, Vomiting, Diarrhea
- NAD: No Acute Distress
- Neb: Nebulizer/Nebulization
- NH: Nursing Home
- NKA: No Known Allergies

- NKDA: No Known Drug Allergies
- NL: Normal
- NPO: Nothing Per Os (by mouth)
- NRB: Nonrebreather (oxygen mask)
- NS: Normal Saline
- NSAID: Non-Steroidal Anti-Inflammatory Drug
- NSR: Normal Sinus Rhythm
- NTG: Nitroglycerin
- NVID: Neurovascularly Intact Distally

- O -

- O2: Oxygen
- Obs: Observe
- OD: Overdose
- Ortho: Orthopedic; orthopedics

- P -

- PA & Lat: Posteroanterior and lateral (XRays)
- PCN: Penicillin
- PCP: Primary Care Provider
- PE: Physical Examination
- Pulmonary Embolism
- PERRLA: Pupils Equal, Round and Reactive to Light and Accommodation
- PFSH: Past, Family, and Social History
- PID: Pelvic Inflammatory Disease
- PIP: Proximal Interphalangeal (joint)
- PO: Per os, oral administration
- Post-op: Post Operative
- PPD: Packs Per Day (cigarettes)

- PQRS: Physician Quality Reporting System
- preg: Pregnancy, pregnant
- PRN: As needed
- Pt: Patient
- PTA: Prior to Arrival
- PTX: Pneumothorax
- PVC: Premature Ventricular Contractions

- Q -

- q: Each, Every
- qd: Every Day
- qh: Every Hour
- q4h: Every 4 Hours
- qhs: At Bedtime, Every Night
- qid: Four Times Daily
- qod: Every Other Day

- R -

- R: Right
- R/O: Rule out
- RA: Rheumatoid Arthritis
- Room Air
- RBBB: Right Bundle Branch Block
- RBC: Red blood cell
- Resp: Respiration, respiratory
- RICE: Rest, Ice, Compress, Elevate
- RLE: Right Lower Extremity
- RLQ: Right Lower Quadrant
- ROM: Range of Motion

- ROS: Review of Systems
- RRR: Regular Rate and Rhythm
- RUE: Right Upper Extremity
- RUQ: Right Upper Quadrant
- Rx: Prescription

-S-

- s/p: Status Post
- SBO: Small Bowel Obstruction
- SI: Suicidal Ideation
- SL: Sublingual, under the tongue
- SLR: Straight Leg Raise
- SOAP: Subjective, Objective, Assessment, Plan
- SOB: Shortness of Breath
- SQ: Subcutaneous administration
- STAT, stat: At Once, Immediately
- STD: Sexually Transmitted Disease
- strep: Streptococcus
- SVT: Supraventricular Tachycardia
- Sxs: Symptoms
- Sz: Seizure

-T-

- T-Spine: Thoracic Spine
- tachy: Tachycardia
- TB: Tuberculosis
- TIA: Transient Ischemic Attack
- TJC: The Joint Commission
- TM: Tympanic Membrane

Appendix A.XI

**Scribe Documentation Tips
for Meeting Regulatory
Standards
(NPS, MIPS, & TJC)**

- trach: Tracheotomy, Tracheostomy
- TTP: Tender to Palpation
- Tx: Treatment

- U -

- UA: Urinalysis
- UDS: Urine Drug Screen
- UPT: Urine Pregnancy Test
- URI: Upper Respiratory Infection
- US: Ultrasound
- UTD: Up To Date
- UTI: Urinary Tract Infection

- V -

- V-Fib: Ventricular Fibrillation
- V-Tach: Ventricular Tachycardia
- VS: Vital Signs
- VSS: Vital Signs Stable
- VTE: Venous Thromboembolism

- W -

- WBC: White Blood Cell
- White Blood Count
- WNL: Within Normal Limits

- Y -

- YTD: Year To Date
- y/o: Years Old
- yom: Year old Male
- yof: Year old Female

DOCUMENTATION TIPS FOR MEETING REGULATORY STANDARDS

NATIONAL PATIENT SAFETY GOALS

1. **Universal Procedure Protocol:** Patient identity, procedure type, and location verified. Time-out conducted with all team members involved to confirm at a minimum: correct patient identity and correct procedure type and site. Time-out documented.
 - Risks and Benefits of the procedure often discussed with patient and documented as well; patient consent obtained and documented.
2. **Blood Transfusion:** Patient is correctly identified; blood type is correctly identified prior to transfusion. Identification verification is documented.
3. **Identify Patient Safety Risks:** Patients most likely to try to commit suicide are documented.
4. **Medicine Use Safety:** Extra care is taken for patients who take medicines to thin their blood. All patient's medicine list must be checked for accuracy and to make sure it is up to date. Patients must be informed on which medicines to take at home.
5. **Prevent Infection:** Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set and use goals for improving hand cleaning.
6. **24-hr Documentation:** *In accordance with TJC Standards, each patient must have a History and Physical (H&P) performed and documented within 24 hours of admission as an inpatient.*

MIPS' PROMOTING INTEROPERABILITY MEASURES (FORMERLY MEANINGFUL USE)

1. Record specific **demographics** including: language, sex, race, ethnicity, birth date
2. Record and chart **changes in vital signs**
3. Record **smoking status** for patients 13 years or older
4. Incorporate **clinical lab-test** results into EHR technology
5. Use clinically relevant information from EHR technology to identify patient-specific **educational resources** and provide these resources to the patient
 - Ex. Information on smoking cessation; resources for suicide hotlines

6. Record **electronic notes** into the patient record
7. Record patient **family health history** as structured data

MIPS' QUALITY CARE & IMPROVEMENT ACTIVITIES MEASURES (FORMERLY PQRS MEASURES)

1. **Aspirin** at arrival for **Acute Myocardial Infarction** (AMI)
2. **Emergency Medicine: 12-Lead ECG Performed for Non-Traumatic Chest Pain**
3. Emergency Medicine: **12-Lead ECG** Performed for **Syncope**
4. Acute Otitis Externa (**AOE**): **Topical Therapy**
5. Adult Major Depressive Disorder (AMDD): **Suicide Risk Assessment**
6. **Pain Assessment and Follow-Up**
7. **Falls: Risk Assessment**
8. **Tobacco Use: Screening and Cessation Intervention**
9. **Substance Use** Disorders: **Counseling** Regarding Psychosocial and Pharmacologic **Treatment Options** for Alcohol Dependence

TJC CORE MEASURES

1. **Acute Myocardial Infarction:**
 - Aspirin Administered upon Arrival
 - Aspirin Prescribed at Discharge
 - Beta-Blocker Prescribed at Discharge
2. **Pneumonia Care:**
 - Blood Cultures Performed Within 24 Hours prior to- or after hospital arrival for patients transferred or admitted to the ICU within 24 hours of hospital arrival
3. **Children's Asthma Care:**
 - Home Management Plan of Care (HMPC) Document Patient/Caregiver

4. Tobacco Treatment:

- Tobacco Use Treatment Provided or Offered at Discharge

5. Substance Use:

- Alcohol and Other Drug Use Disorder Treatment Offered or Provided at Discharge