Note Tips

Lea Monday MD, PharmD
Chief Resident: Quality + Safety

Note Tips

- What Note to pick
- Macros
  - ROS
  - Exam
  - A/P
  - Supportive care
  - Name

Document Viewing
Add
Catalog Tab → Name “DMC Internal Medicine ……”

Leave this box alone, it will change based on note type. (progress note for progress note, History for H+P, etc)

Name:
DMC Internal Medicine H&P
DMC Internal Medicine Progress Note
DMC Internal Medicine Discharge Summary

Select the note you want.
Can add to favorites by clicking “add to favorites”

Auto Populate Document

Patient Name: TEST, TEST MRN: S-842261164

Terms Available for Auto Population

- 07/02/19 17:56
- Allergy profile: No allergies have been recorded.
- Active Home Medications Documented Meds by Hx: atorvastatin (atorvastatin 40 mg oral tablet) 1 Tab 40 mg By Mouth Daily furosemide (La...
- *** No inpatient medications have been documented for this encounter ***
- Medication List Active Medications Documented atorvastatin: 40 mg, 1 Tab, By Mouth, Daily, 30 Tab, 0 Refill(s). furosemid...
- : No active or resolved past medical history items have been selected or recorded.
- Social & Psychosocial Habits No Data Available
- Family History: No family history items have been selected or recorded.
- *** No vitals have been documented for this encounter over the last 24 hours ***
- Pressure Ulcer data from flowsheet
- *** No Current Restraint Orders have been placed for this encounter ***

Previously Populated Data

OK Cancel

Next this box generates:
Select any boxes next to data you want to be pulled into note
Medications
Labs
Etc
(Can delete anything later if looks like too much)

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Follow the template
CC: -> HPI → Etc

Anything in yellow has to be filled out to sign the note

Macros

- Saved Text that you can personalize and name
- Can be used for anything from your exam to your signature
- Saves time and improves note quality IF accurate

- Whether using marcos or not…

Sloppy work = garbage notes

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Default exam in the EMR (not ideal)

- **General**: Alert and oriented, No distress.
- **Eye**: Pupils are equal, round and reactive to light, Normal conjunctiva.
- **HENT**: Normocephalic, Atraumatic, Normal hearing.
- **Respiratory**: Lungs CTA bilaterally, No wheeze, Respirations are non-labored, Breath sounds are equal.
- **Cardiovascular**: Regular rate, Regular rhythm, S1 auscultated, S2 auscultated, No murmur, Normal peripheral perfusion, No edema.
- **Gastrointestinal**: Soft, Non-tender, Non-distended, Normal bowel sounds, No organomegaly.
- **Musculoskeletal**: Normal strength, No tenderness, No swelling, No deformity.
- **Neurologic**: Alert, Oriented, Normal sensory, Normal motor function, No focal defects, Cranial Nerves II-XII are grossly intact.
- **Psychiatric**: Cooperative, Appropriate mood & affect, Non-suicidal.

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Supposed you have a perfect regular exam you would like to save as a Marco

Write it in exactly how you want, then highlight, then right click, save as autotext, and name.

Then next time you want to insert it you just type the name and the system will add it in.

t Recorded

Age:
DOB:

No XDocs

Document Viewing

Add Forward Dictate Find Term Required

DMC Internal Medicine H&P | List

Tahoma 10

- Document Created
- ✓ Date of Service
- Chief Complaint
- History of Present Illness
- ✓ Health Status
- Histories
- Review of Systems
- Physical Examination
- * Quality and Safety
- Review / Management
- Impression and Plan
- Created by
- Attestation

Physical Examination <Show Structure> <Use Free Text>

Perfect Physial Exam
ideal
clean
accurate
no fraud

*** Quality and Safety** <Hide Structure> <Use Free Text>

* Quality and Safety

Pressure Ulcer >>	Pressure Ulcer data from flowsheet
* Core Measures	* Indwelling Urethral Catheter Indication: Neurogenic Bladder / Urinary Tract Obstructio Hospice / Surgical Patient - D/C w/in 48 Hours / Urologic/Pelvic Procedure/Surgery Bladder Irrigation / Required Immobilization / Chronic Catheter on Admit / Patient d * Central Venous Catheter Indication: Vasopressors / TPN / Hemodynamic Monitoring Antibiotic Therapy / Patient does not have a central venous catheter / Unknown
Restraints	Restraints / Patient has current order(s) for restraints / OTHER
At risk for falls	
OTHER	

Sepsis

Note Details: History and Physical, MONDAY MD-Resident, LEA, 7/2/2019 17:53:00 EDT, DMC Internal Medicine H&P

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TAREN × TEST, TEST

Allergies Not Recorded

Age:
DOB:
No XDocs

Sex:
Attending:
Status:OUTPT-0.00 Days

Document Viewing

Add · Forward · Dictate · Find Term · Required

DMC Internal Medicine H&P · List

Tahoma 10

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Physical Examination <Show Structure> <Use Free Text>

Perfect Physial Exam
ideal
clean
accu
no fr

Cut
Copy
Paste
Insert Auto Text...
Save As Auto Text...

Catheter Indication: Neurogenic Bladder / Urinary Tract
Surgical Patient - D/C w/in 48 Hours / Urologic/Pelvic Procedu
Bladder Irrigation / Required Immobilization / Chronic Catheter on Admit

Central Venous Catheter Indication: Vasopressors / TPN / Hemodynamic
Antibiotic Therapy / Patient does not have a central venous catheter

Restraints: Restraints / Patient has current order(s) for restraints / OTHER

At risk for falls

OTHER

Note Details: History and Physical, MONDAY MD-Resident, LEA, 7/2

TEST, TEST - S-842261164 Opened by MONDAY MD-Resident, LEA

Task Edit View Patient Chart Links Notifications Documents Term Tools Help

Manage Auto Text

Abbreviation
Description
Show Auto Text Notifications
Show Advanced View

Tahoma 10

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ideal
clean
accurate
no fraud

Menu - All
Summary View
Womens Health Work
Perioperative Commu
Chart Search
SBAR Nursing Commu
Results Review
PowerOrders
Document Viewing
I/O & I-View Flowshee
MAR
MAR Summary
Medication List
Clin Doc
Immunization Schedul
Pt. Info
Patient Schedule
Allergies
Problems and Diagnos
Histories

Save
Cancel

Macros

- Can use for anything
  - ROS (or unable to determine)
  - Exam (cardio focused vs neuro focused)
  - A/P (CHF, COPD, Sick cell, etc)
  - Supportive care (pain, diet, bowel, DVT)
  - Name (Name, pager, service, attending)

Keep In Mind

- No one macro will be the same all the time
- Still need to make edits
- Don't be bad
  - Supportive care that says NPO from day 1 when patient has been eating now for 3 days

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Final Tips

- Make your exam accurate
  - Remove anything you didn't examine
- Assessment/Plan: More is not better
  - 3-4 lines assessment and 3-4 lines plan for primary problem
  - Consider less lines for secondary problems
  - A/P is not a running dialog of lines and lines that get added every day. OPQRST from HPI is not needed here.
- Use Dates
  - Yesterday, Today, Tomorrow (copy and pasted) now make no sense
  - Pt had surgery last year (copy and pasted for 6 years…)
- Speical Considerations (Discussing labs results)
  - Labs are in "results review" section
  - Na 122→124→123→126->128→130→134→136→140→142→144
  - Admission Na 122 (6/20/19), trending up to 144(7/2/19)

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Find this presentation in the Intern Lecture series boot camp area of www.wsumed.com

l clin... Free Hotmail Web Slice Gallery Suggested Sites

Problems? Contact Leslie Kao (313) 883-9168 lkao@med.wayne.edu

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- Schedules and Orientations
- Resident Resources (WSU Login Required)
- Social Determinants
- Resources & Rotation Guides
- QI and Patient Safety
- The Research Corner

Detroit Receiving Hospital

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