

# Take Ownership of Your Protocols

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PCC UC 2015



What do you want to be doing with your evening?

# Disclaimers

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I am not a protocol superhero

(Yes, this slide is HIPAA compliant)



# Disclaimers

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I am a mistake expert



# Disclaimers

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We have plagiarized and cannibalized other protocols

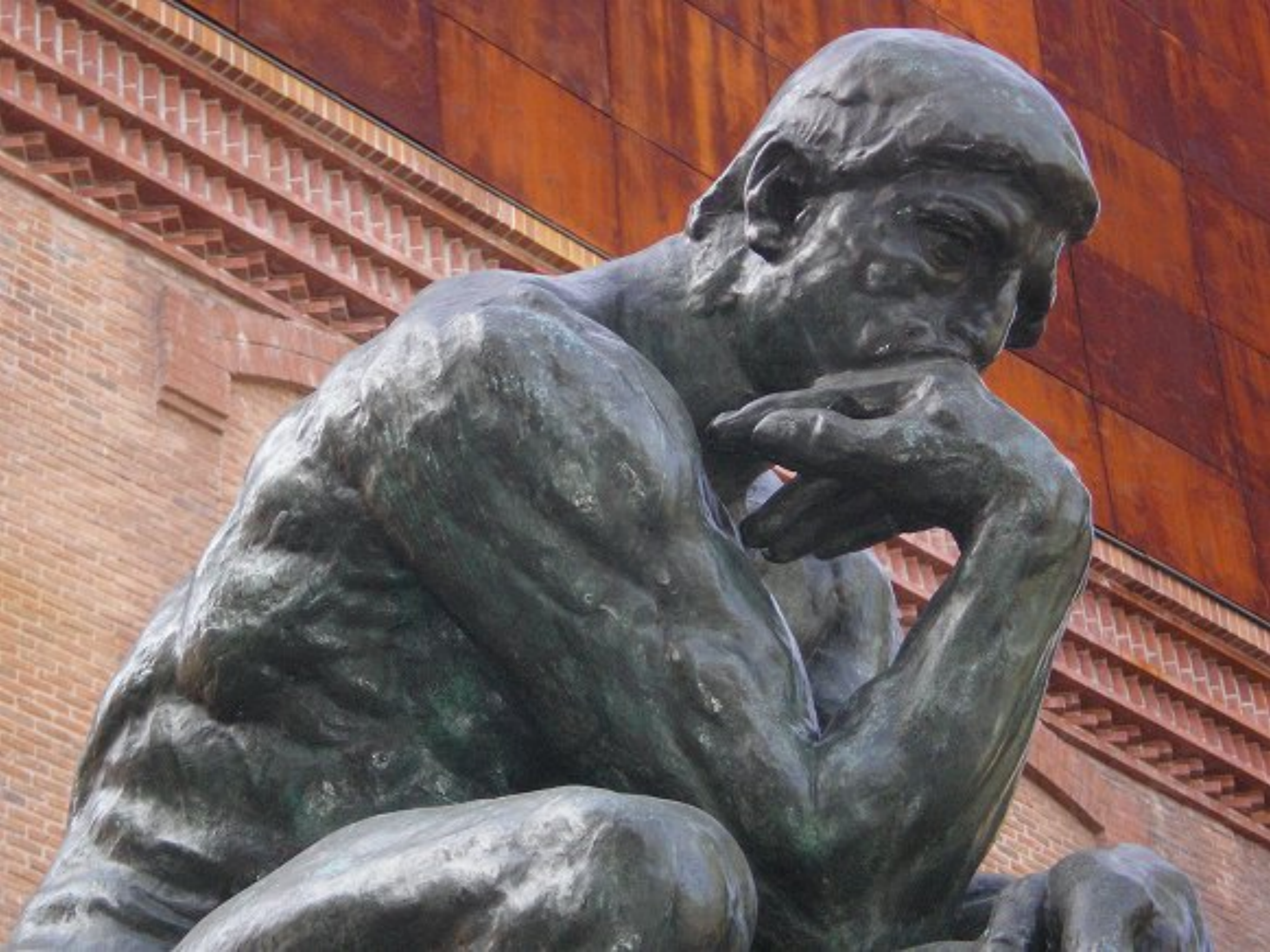


# Disclaimers

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One size does not fit all





# General thoughts

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Be patient

Be very patient





# General thoughts

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Watch out for decision paralysis



# General thoughts

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Be flexible



# General thoughts

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- Why are you doing what you are doing
- What are your goals
- Point of Care vs Population Management



# CRAFFT Questions for Substance Abuse Screening

Make All:

Yes No N/A

Have you ever ridden in a CAR driven by someone (including self) who was under the influence of drugs or alcohol?

Do you ever use drugs/ alcohol to RELAX, fit in, or feel better about yourself?

Do you ever use drugs / alcohol when you are ALONE?

Do you FORGET things that you did while using drugs / alcohol?

Do your FRIENDS / FAMILY tell you that you should cut down of drug / alcohol use?

Have you ever gotten into TROUBLE while using drugs / alcohol?

Why

Every detail in the note

# Screening

ASQ (Completed)

Ordered by katie

Last Saved by matthieu

Result: Pass [matthieu]

## 1 Document Attached



**Progress Note (6 Pages)**

**Attached to:** 01/28/15 - 9 Mo WCC - EPPC

Screening - ASQ

1 Task Completed

TASK: Final Results Ready

TO: matthieu

COMPLETED [matthieu]

Why

Track a score, scan the details



Flow

# MA Intake standardized across all protocols

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- Easy to navigate
- Avoids items getting missed
- Docs know where to find info
- Some customization with WCCs
- Don't worry about length



**Visit:**

Sick - EPPC

**Intake**

Chief Complaint

Medication History

Vitals

Immunizations

History of Present Illness

Physical Exam

Diagnoses

Plan

Followup

Screening

Medicalprocedure

Supply

Lab

Radiology

Medicaltest

Surgicalprocedure

Referral

Additional Notes

**Siblings (Chart-wide)**

None

**Reminders (Chart-wide)**

No Saved Notes

Edit

**Intake**

**Brought by/Relationship**

**Chief Complaint**

**PCC eRx Allergies (Chart-wide)**

Updated N/A

Drug	Reaction	Onset

**Allergies (Chart-wide)**

Display: All Statuses

Edit

Status	Allergy	Reaction	Onset	Resolved

**Medication History (Chart-wide)**

Updated N/A

Display: All Statuses

Active	Drug	Formula	Details

Previous

Next



**Visit:**

Sick - EPPC

**Intake**

Chief Complaint

Medication History

Vitals

Immunizations

History of Present Illness

Physical Exam

Diagnoses

Plan

Followup

Screening

Medicalprocedure

Supply

Lab

Radiology

Medicaltest

Surgicalprocedure

Referral

Additional Notes

**Current Medications**

[Empty dropdown menu]

**Transition of Care (ARRA)**

- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed

**Transition of Care Note**

[Empty dropdown menu]

**Vitals**

Temperature [ ] °F Method [ Unspecified ] +  
Weight [ ] lbs [ ] oz +  
Blood Pressure [ ] / [ ] systolic/diastolic Location [ Unspecified ] Position [ Unspecified ] +

[➔ More](#)

**Vital Notes**

[Empty dropdown menu]

**Smoking Status (ARRA)**

select smoking status [ ]

Previous

Next

**Visit:**

Sick - EPPC

**Intake**

Chief Complaint

Medication History

Vitals

Immunizations

History of Present Illness

Physical Exam

Diagnoses

Plan

Followup

Screening

Medicalprocedure

Supply

Lab

Radiology

Medicaltest

Surgicalprocedure

Referral

Additional Notes

**Immunization History**

**Select All**

Vaccines UTD.

notes

Vaccines needed:

notes

CDC VIS forms given for all vaccines due.

notes

Reminded patient due for WCC.

notes

add item

notes

**Flu vaccine screening questions**

Make All: **Yes** **No** **N/A**

Yes No N/A

Flu vaccine questionnaire reviewed and scanned into chart.

**Previous**

**Next**

**Visit:**

Sick - EPPC

Intake

Chief Complaint

Medication History

Vitals

**Immunizations**

History of Present Illness

Physical Exam

Diagnoses

Plan

Followup

Screening

Medicalprocedure

Supply

Lab

Radiology

Medicaltest

Surgicalprocedure

Referral

Additional Notes

**Vaccines**

There are no immunizations recorded for this patient

Ordered

**Diseases**

There are no vaccine-preventable diseases for this patient

**▼ Vaccines For Children**

**Insurance and Race** as of 07/21/15

Eligibility Status:

**Immunization Orders**

Order

Refuse

**Immunization Consent**

**Select All**

Counseled on recommended vaccines, and consent obtained.

This is not the note  
you learned in medical  
school

---

Your third year IM attending will not  
be reading this!

Make the protocol adapt to what  
you do, as you do it.



# Artichoke heart model

- Keep the heart of the visit together in one place
- Use anchors or scroll
- Easy to select yes to all, then quickly change anything that is not normal

**Visit:**

5 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

Screening

Growth Charts

Immunizations

History (Family, Social &...)

**History & ROS**

Nutrition

Oral Health Protective Fa...

Development

Anticipatory Guidance

Physical Exam

Diagnoses

Plan

Follow Up

Lab

Radiology

Medical Procedures

Referral

**History & Review**

Make All: **Yes** **N**

Yes No Unk

Bright F

No spec

notes

No pass

notes

Family s

notes

Prescho

notes

School

notes

After-sc

notes

**Previous** **Nex**

# Artichoke heart model

- Remember that the artichoke leaves are on the *outside*
- Because I'm going to discuss anticipatory guidance while I'm in the room, and will chart my physical exam after I leave... I [gasp!] put anticipatory guidance *before* the physical exam

**Visit:**  
5 Yr WCC - EPPC

Siblings  
Intake  
PCC eRx Allergies  
Medication History  
Vitals  
Screening  
Growth Charts  
Immunizations  
History (Family, Social &...  
History & ROS  
Nutrition  
Oral Health Protective Fa...  
Development  
**Anticipatory Guidance**  
Physical Exam  
Diagnoses  
Plan  
Follow Up  
Lab  
Radiology  
Medical Procedures  
Referral

**Anticipatory Guidance**

Make All: **Yes** **No**

Yes No N/A

Age appropriate

Nutrition  
daily, Limit  
 notes

Oral Health  
 notes

School Readiness  
Communication  
 notes

Encouragement  
 notes

Mental Health  
Limit TV  
 notes

Think *flow*!

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The Big Picture

# Avoid note bloat

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- Lifeless ED notes
- Old information copied and pasted
- The 45 point ROS including sexual history and full physical exam... done by the ENT... on a 2 year-old



# Tell a story

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- Make it readable
- Make the information understandable for the next person to see that patient
- Allow for the nuances that make each patient encounter unique



**Visit:**

15-17 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

Screening

Growth Charts

Immunizations

History (Family, Social ...)

History & ROS

Risk Assessment

**CONFIDENTIAL NOTE**

Adol Hearing/Vision Qu...

Anticipatory Guidance

Physical Exam

Diagnoses

Safety (home is free of violence, uses safety belts/equipment, has relat

notes

Sex (discussed sexual activity)

notes

Suicidality/mental health (has ways to cope with stress, displays self-co  
sleep, no problems with depression/anxiety/mood swings, denies though

notes

add item

notes

**CONFIDENTIAL NOTE**

[Empty text box for Confidential Note]

**Adol Hearing/Vision Questions**

Insert text boxes

Confidential Note (not chart-wide)

**Diagnoses**

Dietary amenorrhea

notes

ACTIVE ON PROBLEM LIST: Dietary amenorrhea

Bradycardia

Refine the diagnosis of Bradycardia

notes

Add to Problem List    Onset:     Problem Note:

Mild depression

Refine the diagnosis of Mild depression

notes

Add to Problem List    Onset:     Problem Note:

add diagnosis

notes

**Diagnosis Notes**

█ has done very well since her last visit one week ago; she has eaten more, she has kept a food diary, and she has complied with restrictions on her exercise levels. Despite some initial worsening of her mood, overall her mood has improved somewhat. She does endorse some anxiety about her training and not wanting to get "behind."

Insert text boxes

Diagnosis Notes

**Visit:**

ADHD Initial Eval - EPPC

Vitals

Immunizations

Description of Problems

**Strengths**

ADHD PMH & FH

Review of Systems

Physical Exam

Screening

ADHD Assessment- Van...

ADD Screening for Comor...

Diagnoses

Plan

Goals

Diet and Nutrition/Excerc...

Followup

Referral

Additional Notes

**Description of Problem: Home**

[Empty text box]

**Strengths**

[Empty text box]

**Additional History**

**Select All**

EPPC ADHD Questionnaire reviewed

notes [dropdown arrow]

School (Grade, School, Concerns)

notes [dropdown arrow]

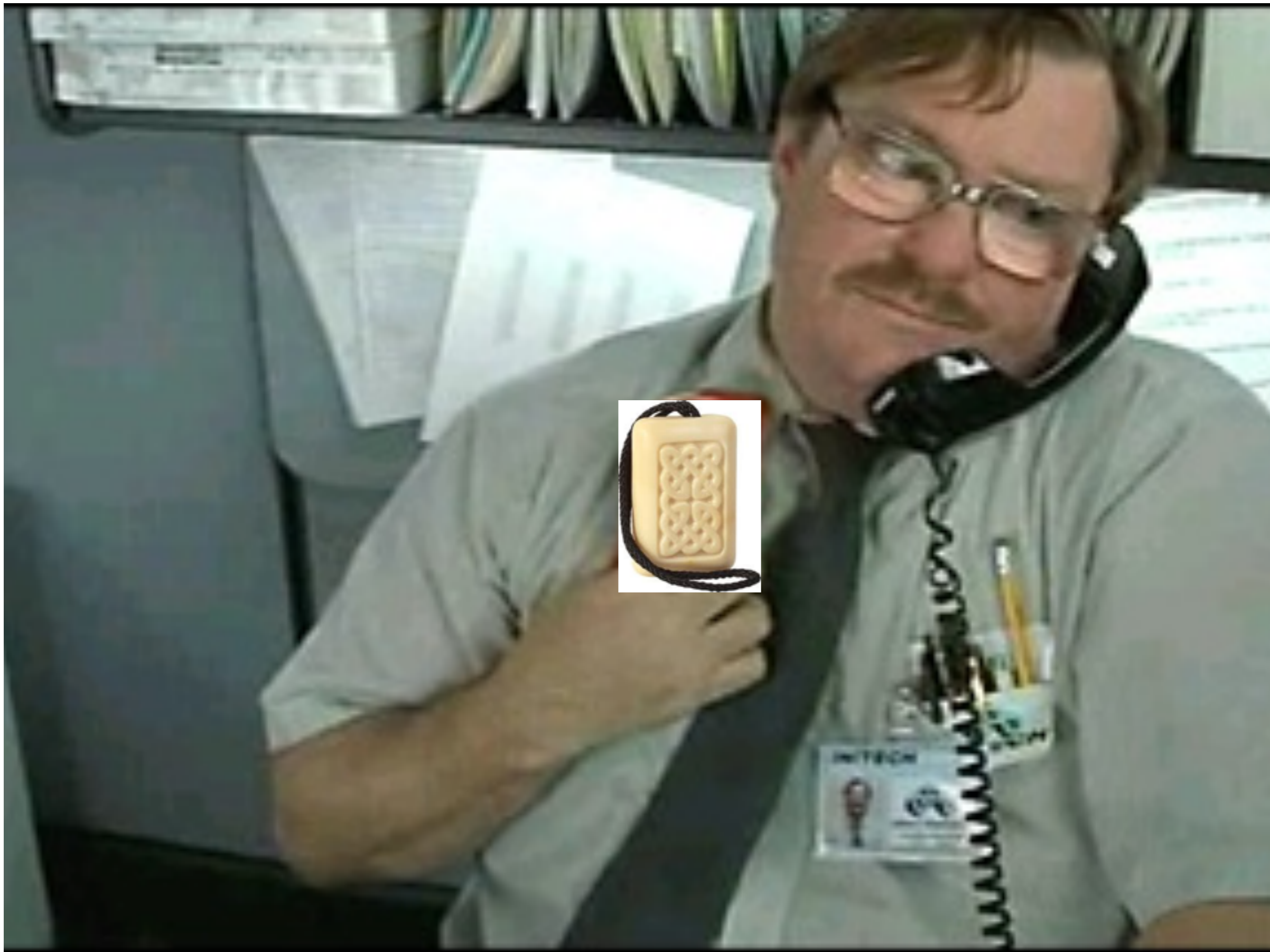
School accommodations or resources currently

notes [dropdown arrow]

Academic concerns

Insert text boxes

Strengths



**Visit:**

2 Mo WCC - EPPC

**History & Review of Systems**

Make All:

Yes No Unk

Bright Futures Previsit Questionnaire reviewed and discussed.

Passed newborn hearing screen.

Newborn Screening Test #2 normal.

Maternal depression screen negative.

No passive smoke exposure.

No special health care needs.

Check boxes & radio buttons

Fast documentation



**Visit:**

5 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

Screening

Growth Charts

Immunizations

History (Family, Social &...)

**History & ROS**

Nutrition

Oral Health Protective Fa...

Development

Anticipatory Guidance

Physical Exam

Diagnoses

Plan

Follow Up

Lab

School

notes

After-school care

notes

Rides in car seat (no booster until 40 lbs).

notes

Yes No Unk

Rides in booster seat (until 8 yrs, 80 lbs, and 4'9")

notes

Physical activity (play time 60 minutes)

notes

Screen time (less than 2 hrs)

notes

Sleep normal, good bedtime routine

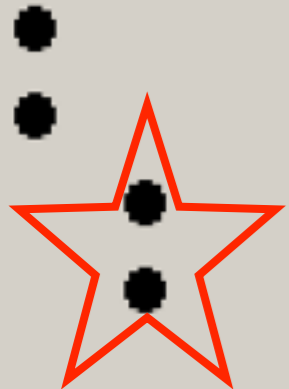
notes

Check boxes & radio buttons

Make it easy for auditors

# History & Review of Systems

Yes No Unk



- Bright Futures Previsit Questionnaire reviewed and discussed.
- No special health care needs.
- No passive smoke exposure.
- Family situation - No significant changes.
  - Mom going back to school, eventually computer scienced [Sharlene Matthieu, MD]
- Rides in rear-facing car seat.
- Sleep normal.
  - no set bedtime, usually 8-9p. Sleeps through the night, usually 8-9a or later. [Sha]
- Behavior normal.
- Child care.
  - PGM watches her while mom is in school (she lives with them) [Sharlene Matthie]

Check boxes & radio buttons

Ease of review



Details



Clinical prompts

John Bender's 19 year WCC

**Visit:**

18+ Yr WCC - EPPC

- Siblings
- Intake
- PCC eRx Allergies
- Medication History
- Vitals
- Screening
- Growth Charts
- Immunizations**
- History (Family, Social ...)
- History & ROS
- Risk Assessment
- Adol Hearing/Vision Qu...
- Anticipatory Guidance
- Physical Exam
- Diagnoses
- Plan
- Follow Up
- Lab
- Radiology
- Medical Test
- Medical Procedures

**Immunizations**

**Immunization History**

Select All

Gardasil due today (note changes below).

notes

Meningococcal (booster at 18 yrs if previous dose before 16th birthday).

notes

Meningococcal (19-21 yrs & 1st yr college student in dorm & 1st dose before 16th birthday).

notes

Meningococcal (military recruit)

notes

CDC VIS forms given for all vaccines due.

notes

Vaccines UTD.

notes

Vaccine refusal form signed.

notes

Clinical prompts

Where care has to be individualized

18 Mo WCC - EPPC

 More

### Vital Notes

### Screening

**Order** MCHAT

**Order**

Siblings

PCC eRx Allergies

Intake

Medication History

Vitals

**Screening**

Growth Charts

Nutrition

### Visit:

9-10 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

**Screening**

Growth Charts

### Screening

**Order** Color Vision

**Order** Vision Screen

**Order** Hearing -Audiogram

**Order**

### Growth Charts

Clinical prompts

Screening

**Visit:**

2 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

Screening

Growth Charts

Immunizations

History (Family, Social &...)

History & ROS

Development

Anticipatory Guidance

Physical Exam

Diagnoses

Plan

Follow Up

**Lab**

Radiology

Medical Test

**Lab**

**Order**

Lead Screen

**Order**

CBC with differential

**Order**

select a lab

**Radiology**

**Order**

select a radiology

**Medical Test**

**Order**

select a medical test

**Medical Procedure**

**Order**

select a medical procedure

**Supply**

**Order**

select a supply

Clinical prompts

Screening labs

**Visit:**

Depo Shot - Nurse Only or ...

**Intake**

Reason For Visit

Vitals

Immunizations

Lab

Medical procedure

Diagnoses

Plan

**Select All**

Here for Depo-Provera shot.

notes

Any side effects from last injection?

notes

Last medication check for birth control was ?

notes

Injection is within three months of last Depo shot, within dosing window, proceed.

notes

If last Depo shot was over 3 months ago, do HCG urine test. If neg. proceed.

notes

add item

notes

Clinical prompts

Procedures



**Visit:**

5 Yr WCC - EPPC

Siblings

Intake

PCC eRx Allergies

Medication History

Vitals

Screening

Growth Charts

Immunizations

History (Family, Social &...)

**History & ROS**

Nutrition

Oral Health Protective Fa...

Development

Anticipatory Guidance

Physical Exam

Diagnoses

Plan

Follow Up

Lab

School

notes

After-school care

notes

Rides in car seat (no booster until 40 lbs).

notes

Yes No Unk

Rides in booster seat (until 8 yrs, 80 lbs, and 4'9")

notes

Physical activity (play time 60 minutes)

notes

Screen time (less than 2 hrs)

notes

Sleep normal, good bedtime routine

notes

Clinical prompts

General reminders

# Add-on Protocols

- For when it's not appropriate to change the protocol
- New Patient intake
- Asthma
- Med Check
- Addendum
- Depo
- Can easily see in Visit History Index what was done when
- Meets charting requirements for additional service

**Visit:**  
Depo Shot - Nurse Only or ...

**Intake**

Reason For Visit

Vitals

Immunizations

Lab

Medicalprocedure

Diagnoses

Plan

**Select All**

Here for Depo-Provera shot.  
notes

Any side effects from last injection?  
notes

Last medication check for birth control was ?  
notes

Injection is within three months of last Depo shot, within dosing wind  
notes

If last Depo shot was over 3 months ago, do HCG urine test. If neg. p  
notes

add item  
notes

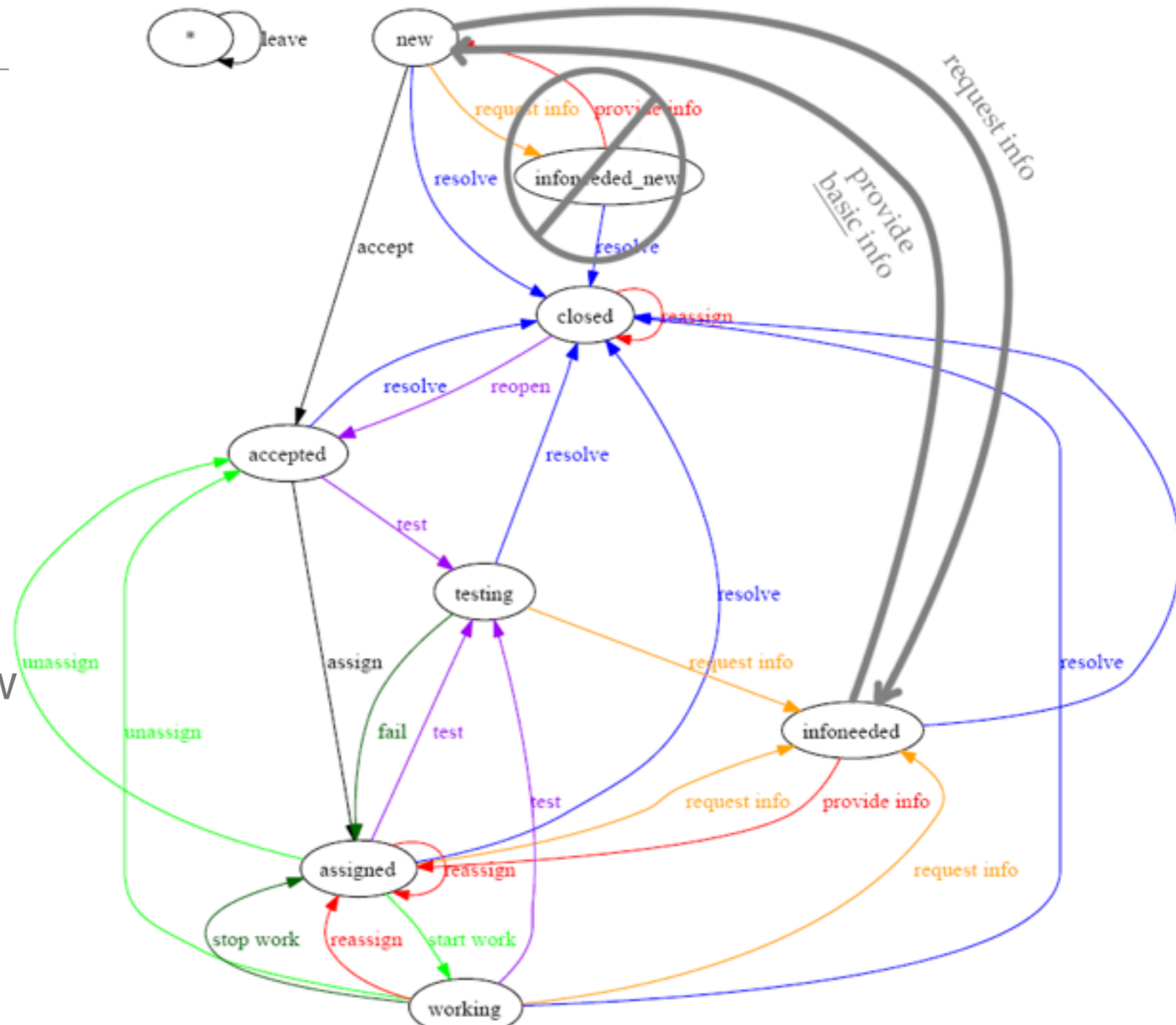
**Visit History Index**

Date	Age	Protocols
06/05/15	11m 1w	Depo Shot - Nurse Only or Add On EPPC
04/30/15	10m	Sick - EPPC, <u>Asthma Add-On - EPPC</u>
04/16/15	9m 3w	Nurse Only Visit - EPPC
04/14/15	9m 2w	SOAP Note - EPPC (2), <u>ADHD Follow-up - EPPC</u>
04/13/15	9m 2w	Nurse Only Visit - EPPC

**Print** **Edit** **View Documents**

# Customize Tasks & Users

- The more the better
- Keeps users as roles, not names
- Be specific
- Know thine own workflow
- Workflow, workflow, workflow



**Subject**

Question re ears - LMTCB 7/22

**Phone Note**

Mom is concerned that Mickey's ears stick out too much. Would like to be referred to a plastic surgeon.

**Tasks**

TASK  TO

NOTE  Task

**Add Task**

- Complete Task
- Call Back Needed
- Nurse's Attention Needed
- Referral Needed
- FYI
- Doctor's Attention Needed**
- Urgent Attention Needed
- Call Back Needed - Patient Only
- Appointment Needed
- Phone Message
- Confirm Outcome
- LMTCB
- PA Pending
- Parent Requests Phone call from Physician
- Prescription Needed
- Referral On Hold

**Bartol**

**Select**

add

not

Customize Tasks & Users

Phone Notes

Edit

✓ Newborn Screen #2

Completed

Result 1: 21356141795 [brittney]

Result 2: Normal [matthieu]

▶ 1 Document Attached

▼ 4 Tasks Completed

- 1 ✓ TASK: Complete Task **Lab is collected/sent** → TO: floor  
COMPLETED [brittney]
- 2 ✓ TASK: Pending Results **Staff tracks labs to completion** → TO: labspending  
COMPLETED [katie]
- 3 ✓ TASK: Final Results Ready **Physician notified of result** → TO: matthieu  
COMPLETED [matthieu]
- 4 ✓ TASK: Call Parent With Results **Parent/patient notified of result** → TO: advice  
NOTE: Spoke with mom regarding above [danielle 07/07/15 01:57pm]  
COMPLETED [danielle]

Customize Tasks & Users

Track labs

Edit

✓ Other

Completed

DETAILS Facility: Adventist

Order Date: 12/30/14

Result: Negative fungal culture [matthieu]

SIGNED BY: Sharlene Matthieu, MD 02/04/15

▶ 3 Documents Attached

▼ 5 Tasks Completed

- 1 ✓ TASK: Complete Task → TO: floor  
NOTE: Fungal culture, nail [matthieu 12/30/14 03:58pm]  
COMPLETED [katie]
- 2 ✓ TASK: Pending Results → TO: labspending  
NOTE: Spoke with lab, no final results yet. [katie 01/27/15 01:26pm]  
COMPLETED [katie]
- 3 ✓ TASK: Preliminary Results Ready → TO: matthieu  
NOTE: negative so far [matthieu 01/15/15 03:06pm]  
COMPLETED [matthieu]
- 4 ✓ TASK: Final Results Ready → TO: matthieu  
NOTE: negative [matthieu 02/03/15 09:52am]  
COMPLETED [matthieu]
- 5 ✓ TASK: Call Patient ONLY With Results → TO: advice  
NOTE: spoke with pt and informed per above [jennys 02/04/15 04:41pm]  
COMPLETED [jennys]

Customize Tasks & Users

Track preliminary labs

Test	Result	Units	Reference Range	Interpretation
Clam IgE	<0.10	k[IU]/L	<0.10	Normal
<b>Egg white IgE</b>	<b>0.47</b>	<b>k[IU]/L</b>	<b>&lt;0.10</b>	<b>Abnormal</b>
Codfish (whitefish) IgE	<0.10	k[IU]/L	<0.10	Normal
Corn (Maize) IgE	<0.10	k[IU]/L	<0.10	Normal
<b>Cows milk IgE</b>	<b>0.51</b>	<b>k[IU]/L</b>	<b>&lt;0.10</b>	<b>Abnormal</b>
Peanut IgE	<0.10	k[IU]/L	<0.10	Normal
Shrimp IgE	<0.10	k[IU]/L	<0.10	Normal
Scallop IgE	<0.10	k[IU]/L	<0.10	Normal
Soybean IgE	<0.10	k[IU]/L	<0.10	Normal
Walnut IgE	<0.10	k[IU]/L	<0.10	Normal
<b>Wheat IgE</b>	<b>0.11</b>	<b>k[IU]/L</b>	<b>&lt;0.10</b>	<b>Abnormal</b>
Immunoglobulin E	83.90	[IU]/L	0.00-100.00	Normal

▶ 2 Documents Attached

▼ 3 Tasks Completed

✓ TASK: Pending Results

TO: labspending

NOTE: Called mom and they went and had labs drawn yesterday. Called Legacy Lab and spoke with Amy; and she said the labs will not be ready for 2-4 days. [jordannah 06/23/15 03:12pm]

COMPLETED [jordannah]

✓ TASK: Final Results Ready

TO: 5oncalldoctor

NOTE: ok to wait for Dr. Matthieu [sequeira 06/23/15 06:40pm]

COMPLETED [sequeira]

✓ TASK: Final Results Ready

TO: matthieu

NOTE: See phone note [matthieu 07/08/15 07:23am]

COMPLETED [matthieu]

## Customize Tasks & Users

Think about using a phone note when there are a lot of labs

Edit

✓ ENT

Completed

▶ 1 Document Attached

▼ 2 Tasks Completed

✓ TASK: Referral Needed

TO: referrals

NOTE 1: 4th round of strep (and scarlet fever) since January 2015 [matthieu 04/28/15 04:40pm]

NOTE 2: Referral faxed to Mt Scott ENT, they will call pt to schedule the appt [caryn 04/29/15 10:06am]

COMPLETED [caryn]

✓ TASK: Confirm Outcome

TO: 9referralpending

COMPLETED [caryn]

Referral Needed

Complete Task

Referral Needed

Urgent Referral

FYI

Confirm Outcome

LMTCB

PA Pending

Referral On Hold

Schedule Appointment

Specialist Appointment Pending

Customize Tasks & Users

Referrals



## Followup

Edit

➔ 30 minute med check in 3-4 weeks

Ordered

▼ 1 Task 0 Completed

➔ TASK: Complete Task

TO: followup

Edit

➔ Please make daily calls to check on patient status

Ordered

▼ 1 Task 0 Completed

➔ TASK: Complete Task

TO: advice

Order

select a followup

Please call to check on patient status

Please make daily calls to check on patient status

Return to office (list reason and time frame)

Schedule ADHD follow-up in 3-4 weeks

Schedule ADHD follow-up in 3 months

Schedule ADHD follow up in 6 months

Schedule asthma eval or phone encounter with nurse (intermittent asthma only)

Schedule asthma evaluation

Schedule asthma eval with spirometry

Scoliosis recheck in 6 months

Order

select a lab

## Lab

Order

Order

Order

Order

Customize Tasks & Users

Follow-up

# Customize Orders

- Ability to track what you've done
- Ability to follow results in flowsheets
- Have them pre-populated in your protocol
- Helps you bill for what you've done
- Can set some up to not bill (e.g. Asthma Action Plan, Environmental Exposures Questionnaire)

Order Type	Order Name	ICD-9 Billing Diagnosis	CPT Billing Procedure
Screening	CRAFFT/PHQ		[x] 96127-CR ADHD/Depression
Screening	Depression screening for...		[x] 96127 ADHD/Depression s
Screening	GAD-7		[x] 96127 ADHD/Depression s
Screening	PHQ-9		[x] 96127 ADHD/Depression s
Screening	PHQ-A		[x] 96127 ADHD/Depression s
Screening	Vanderbilt (parent)		[x] 96127 ADHD/Depression s
Screening	Vanderbilt (teacher)		[x] 96127 ADHD/Depression s

The screenshot shows a clinical order entry interface. On the left, under the heading "Visit:", there is a list of visit types: "15-17 Yr WCC - EPPC", "Siblings", "Intake", "PCC eRx Allergies", "Medication History", "Vitals", "Screening" (which is highlighted with a blue bar), "Growth Charts", "Immunizations", "History (Family, Social ...)", and "History & ROS". On the right, under the heading "Screening", there is a list of screening orders, each with an "Order" button: "Color Vision", "Vision Screen", "Hearing -Audiogram", "CRAFFT/PHQ", and an empty "Order" button with a text input field. Below this, under the heading "Smoking Status (ARRA)", there is a text input field with the placeholder text "select smoking status".

<b>GAD-7</b>  Result: Order: Status:	10/23/14 (16y) 3 GAD-7 Completed	10/01/14 (16y) 21: severe anxiety GAD-7 Completed
<b>PHQ-9</b>  Result: Order: Status:	10/01/14 (16y) 16: moderately severe depression PHQ-9 Completed	
<b>PHQ-A</b>  Result: Order: Status:	10/23/14 (16y) 7 PHQ-A Completed	

Customize Orders

Flowsheet to monitor progress

<b>Vanderbilt (parent)</b>	07/23/15 (1y)	07/23/15 (1y)
	Result: I 6/9, HA 3/9. Performance 5/8	I 4/9 (total 13), HA 2/9 (total 8) on 18 mg Concerta
	Order: Vanderbilt (parent)	Vanderbilt (parent)
Status: Completed	Completed	

Customize Orders

Flowsheet to monitor progress

Sick - Bright Futures Bartholome Flickinger 16 yrs, 5 mos 9/04/98 M

### Screening

EDITING

➔ **Depression Screening** Ordered TO: enter user name

SNOMED CT: Depression screening

Test	Result	Units	Reference Range	Interpretation
Adolescent depression screening assessment	<input type="button" value="Neg"/> <input type="button" value="Pos"/>		Negative	<input type="button" value="select interpretation"/>

Note: enter notes

Signature Required  Refused  Contraindicated  Canceled

Include on Patient Reports

Customize Orders

Now can add result fields



# Plan

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- Write your plan with your patient
- It's patient-centered
- It saves time
- The AVS is ready to go
- The hardest portion of the note is now done!



## Plan Notes

1. Good job making an appointment with a counselor! You are off to a good start.
2. Keep the same dose for right now (20 mg), and we will see about making changes ne
3. Try some melatonin 3 mg two hours before bedtime.
4. Keep up your activity even during spring break.
5. Make another appointment here in 3-4 weeks.

Plan



## Plan Notes

### CONSTIPATION

Encourage your child to drink plenty of liquids daily, especially water. Offer water frequently. Fluids help the stool to remain soft.

Increase physical activity.

Add high fiber foods to the daily diet. Examples of high fiber foods are prunes (some have orange, cherry or lemon flavoring added), cooked beans (like pinto or kidney beans), plums, peas, broccoli, whole grain breads, and whole grain cereal. Read food labels to determine which foods have higher fiber content.

### HOW TO USE MIRALAX

Miralax is a stool (poop) softener. It works by adding water to the stool. The more Miralax your child takes, the softer his or her stools will be. Miralax is not a laxative and will not cause cramps. It is not habit forming. It has no taste or smell and dissolves easily into good-tasting drinks, like juice, water and Crystal Light.

### HOW DO I MEASURE AND MIX MIRALAX?

The measuring cap has a line on the inside that says "17 grams." Fill the cap to the 17 gram line and mix with one cup (8 ounces) of water, juice, Crystal Light or any other non-fizzy drink. It takes about 5 minutes, stirring once in a while, to dissolve. It is important to always mix 17 grams of Miralax into one cup (8 ounces) of drink.

You can mix up more than one cup at a time. For example, you can mix 8 cups (2 quarts) of drink with 8 capfuls of Miralax. You can keep this in the refrigerator and pour your child's daily doses from this supply. Stir or mix a little bit before pouring.

### HOW MUCH SHOULD I GIVE?

Please give Evan 2-4 ounces of drink with Miralax every day. You may give it all at one time, or some in the morning and the rest in the evening.

### HOW DO I ADJUST THE DOSE?

I want Evan to have 2 or 3 soft stools every day. The stool should be as soft as a milkshake. If the stools are too hard or if your child does not have 2-3 a day, have your child drink more of the Miralax mix. If the stools are too watery or your child is having more than 2-3 a day, have your child

Plan

Copy & paste longer text

ICD-10

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**Visit:**

- Injury EPPC
- Intake
- Chief Complaint
- Medication History
- Vitals
- Immunizations
- History of Present Ill...**
- Physical Exam
- Diagnoses
- Plan
- Followup
- Screening
- Medical Procedures
- Surgical Procedure Orders
- Supply
- Lab
- Radiology
- Medicaltest
- Referrals

**History of Present Illness**

|

**History of Present Illness**

**Select All**

Date and time of injury?

notes

Place of occurrence?

notes

Activity being performed when injured?

notes

Mechanism of injury?

notes

Location and nature of pain?

notes

Swelling, bruising or deformity?

notes

ICD-10

Injury protocol

**Visit:**

Injury EPPC

Intake

Chief Complaint

Medication History

Vitals

Immunizations

**History of Present Ill...**

Physical Exam

Diagnoses

Plan

Followup

Screening

Medical Procedures

Surgical Procedure Orders

Supply

Lab

Radiology

Medicaltest

Referrals

Any treatment (ice, medication, etc.)?

notes

ER or other medical attention?

notes

Other injuries?

notes

A - First encounter

notes

D - Subsequent encounter

notes

S - Sequela

notes

Other notes

notes

add item

notes

ICD-10

Injury protocol

**Visit:**

Injury EPPC

Intake

Chief Complaint

Medication History

Vitals

Immunizations

History of Present Illness

**Physical Exam**

Diagnoses

Plan

Followup

Screening

Medical Procedures

Surgical Procedure Orders

Supply

Lab

Radiology

Medicaltest

Referrals

**Physical Exam**

Make All: **ABN** **NL** **N/E**

ABN NL N/E

General Appearance

Back/Spine

notes

Right upper extremities

notes

**Laterality**

Left upper extremities

notes

Right lower extremities

notes

Left lower extremities

notes

ICD-10

Injury protocol

# Physical Exam

Make All:

**ABN**

**NL**

**N/E**

ABN NL N/E

General Appearance

Head/Fontanelle

Eyes

Right Ear (serous/mucoid, note any perforation)

Left Ear (serous/mucoid, note any perforation)

**Laterality & Specifics**

ICD-10

AOM

## History of Present Illness

## History of Present Illness

Select All

Recurrent otitis media **Documentation of recurrence**

notes

Chronic otitis effusion

notes

Other recurrent illness (e.g. strep, sinusitis, UTI)

notes

add item

notes

ICD-10

AOM

## Social Hx

Make All:

Yes No NA

In school/child care

notes

Ill family member

notes

Passive smoke exposure

**Document associated factors**

notes

Travel

notes

Military (patient or family member)

notes

Other

notes

ICD-10

AOM



Think outside the box

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Love & Hope for Children  
Digestive Disorders

Digestive Topics A-Z

Celiac Disease

Eosinophilic Esophagitis

Inflammatory Bowel Disease

Obesity & Nutrition

Reflux & GERD



# Welcome to GIKids

## Children's Digestive Health Information for Kids and Parents

Millions of children are living with pediatric digestive and nutritional disorders. GIKids provides easy to understand information about the treatment and management of these pediatric digestive conditions for children and parents.

We welcome you to explore GIKids to learn more about pediatric digestive disorders, how they are diagnosed, the treatment and management of conditions, and our patient and parent resources.

### Join Our Growing Community:

 Facebook

 Twitter

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#### FEATURED RESOURCES

Taking your IBD  
Medications

#### FEATURED RESOURCES

JUST LIKE

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Patient resources

## Information on the Use of Miralax (PEG 3350)

At this time, there is no evidence to support serious side effects of Miralax (PEG 3350). Most commonly reported side effects include diarrhea, bloating and nausea. No psychiatric/neurological issues are reported in the scientific literature. Similar to many commonly used medications, the use of Miralax (PEG3350) is approved by FDA for adults only, due to lack of clinical trials in children. In the many years' experience of most pediatric gastroenterologists, Miralax appears to be devoid of serious side effects. Its metabolism and long term use in children is being studied. The results from those studies are not likely to be available in the near future. Like all medications, the decision to use Miralax (PEG 3350) should be based on weighing benefits and possible unproven risks. If there is concern for the use of Miralax/PEG 3350 (for your child), please address it directly with their care provider.

### [Frequently Asked Questions](#)

Learn More about constipation: Listen to the [segment on constipation](#) for Healthy Children Radio — an educational resource offered to parents and caregivers by the American Academy of Pediatrics (AAP).

## Video

### **The Poo in You**

If your child is having problems with [soiling accidents](#) (encopresis, "poo accidents," "poo-ing" in pants), you're certainly not alone. This is one of the most common problems seen by both pediatric GI and primary care providers. This interactive animated video explains what causes the accidents, why they happen so often, and how we can treat the problem. Watch the video, developed by APGNN member Becky Kendall, NP, from Children's Hospital Colorado, supported by an educational grant from the NASPGHAN Foundation.



[Video en Español](#)



Think outside the box



A picture is worse a thousand words



Think outside the box

Distraction

## HNF1B – Patient Information

- [How the illness affects people](#)
- [What can be done about it?](#)
- [Other peoples' experiences](#)
- [Patient Support Group](#)
- [How the disease works](#)
- [What's new? Opportunities for research and development](#)

### How the illness affects people

Hepatocyte Nuclear Factor-1 Beta (HNF1B) is a gene involved in the development of

#### RECENT POSTS

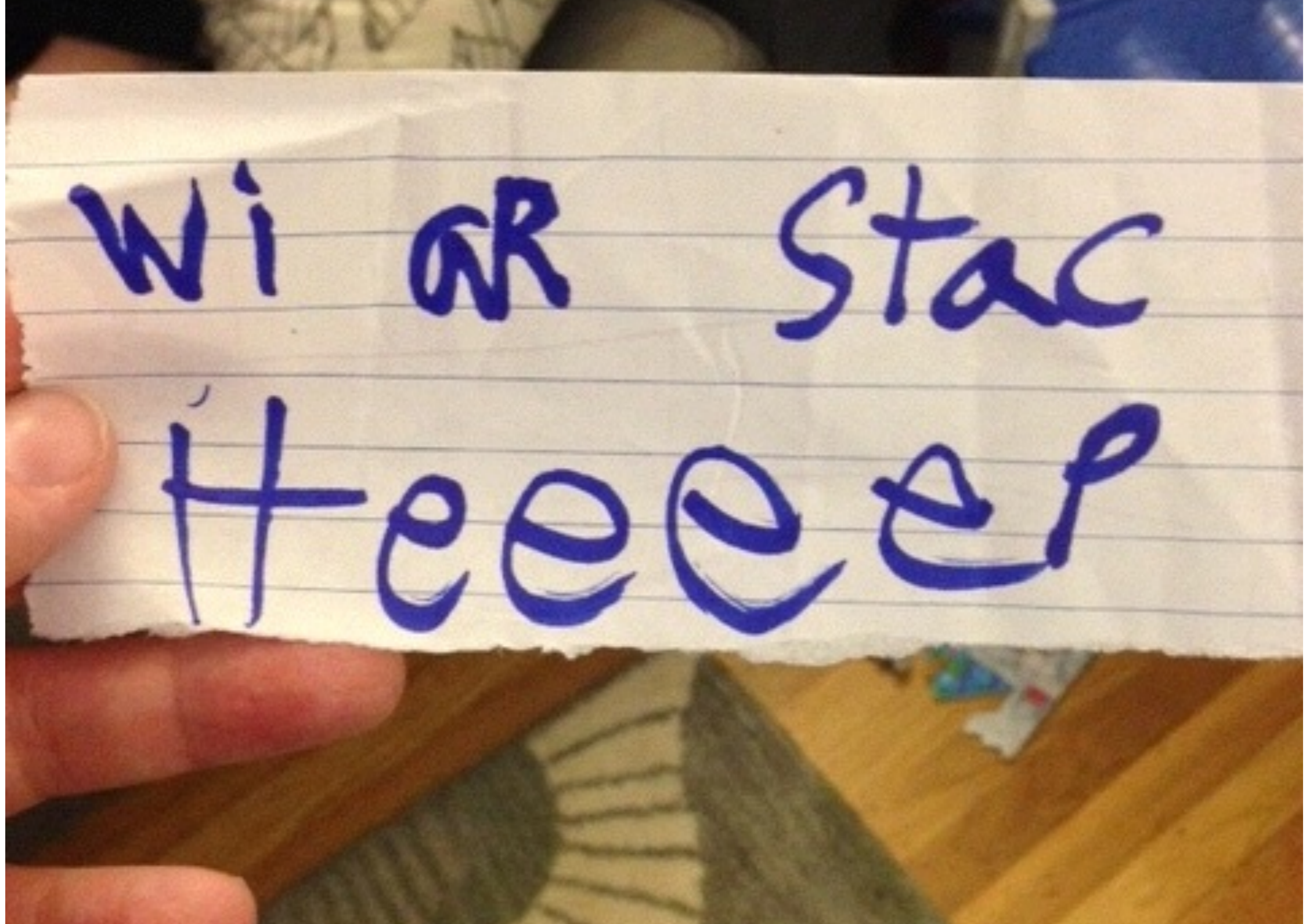
- [ARPKD Presentations Available](#)
- [Nephrotic Syndrome Patient Support Groups](#)
- [North East and North Cumbria Kidney Patient and Family/Carer Day](#)
- [RaDaR Newsletter](#)

#### LINKS

[RaDaR](#)

Think outside the box

Save resources as pdf's and scan into chart



Don't forget to ask for help!

We practically stalked some practices

# Questions

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503-936-2610

