

# PROVIDER DOCUMENTATION – MEDITECH

## H & P

HPI ROS PMHx Exam Results ProgNote

**OBS Unit Documentation**

**History of Present Illness**

HPI

*Date		Comment:
*Time		Comment:
PCP		
Cardiologist		
*OBS Unit Medical Necessity		
HPI		

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**OBS Unit Documentation**

**Review of Systems**  N

Constitution  N

Constitution	<input type="checkbox"/> N	Fever	Weight Loss	Other
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Chills	Diaphoresis	

EENT  N

Eyes	<input type="checkbox"/> N	Pain	Blurriness	Diplopia
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Redness	Discharge	Other
		Changes	Strabismus	
Ears	<input type="checkbox"/> N	Change in Hearing	Pain	Ringing
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Discharge	Other	
Nose	<input type="checkbox"/> N	Congestion	Rhinorrhea	
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Epistaxis	Other	
Throat	<input type="checkbox"/> N	Lymphadenopathy	Sore Throat	Other
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil			

Respiratory  N

Respiratory	<input type="checkbox"/> N	Cough	SOB	Other
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil			

Cardiovascular  N

Cardiovascular	<input type="checkbox"/> N	Chest Pain	Palpitations	Other
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil			

Gastrointestinal  N

GI	<input type="checkbox"/> N	Abdominal Pain	Diarrhea	Other
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Black or Bloody Stool	Nausea	
		Constipation	Vomiting	

Genitourinary  N

GU	<input type="checkbox"/> N	Discharge	Frequency	Retention
Yes/No	<input type="checkbox"/> All <input type="checkbox"/> Nil	Dysuria	Hematuria	Other

<input type="checkbox"/> Neurological <span style="float: right;"><input type="checkbox"/> N</span>			
Neurological	<input type="checkbox"/> N	Dizziness	Syncope
Yes/No	<input checked="" type="radio"/> All <input checked="" type="radio"/> Nil	Headache	Other
<input type="checkbox"/> Musculoskeletal <span style="float: right;"><input type="checkbox"/> N</span>			
Musculoskeletal	<input type="checkbox"/> N	Myalgia	Painful Extremity      Other
Yes/No	<input checked="" type="radio"/> All <input checked="" type="radio"/> Nil		
<input type="checkbox"/> Skin <span style="float: right;"><input type="checkbox"/> N</span>			
Skin	<input type="checkbox"/> N	Bruise	Swelling
Yes/No	<input checked="" type="radio"/> All <input checked="" type="radio"/> Nil	Rash	Other
<input type="checkbox"/> Psych <span style="float: right;"><input type="checkbox"/> N</span>			
Psych	<input type="checkbox"/> N	Anxiety	Depression      Other
Yes/No	<input checked="" type="radio"/> All <input checked="" type="radio"/> Nil		
<input type="checkbox"/> Additional Findings			
Additional Findings <span style="float: right;">▼</span>			

HPI   ROS   PMHx   Exam   Results   ProgNote

**OBS Unit Documentation**

Past Medical History

Past Medical History

Medical History	<p><b>Denies</b></p> Other Acute MI <input type="checkbox"/> Anxiety <input type="checkbox"/> Arrhythmia/Irregular Heartbeat <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma Bipolar Disorder Bronchitis Coronary Artery Disease Cancer Cellulitis Chronic Back Pain Concussion Congestive Heart Failure <input type="checkbox"/> COPD <input type="checkbox"/> CVA/TIA Deep Vein Thrombosis Degenerative Disc Dementia Depression Developmental Disability	Diabetes Mellitus Gastroesophageal Reflux Disease GI Bleed Hepatitis <input type="checkbox"/> High Cholesterol <input type="checkbox"/> HIV Hypertension Kidney Stones Mental Health Disorders Migraines Multiple Sclerosis Murmur Parkinsons <input type="checkbox"/> Peripheral Vascular <input type="checkbox"/> Pneumonia Pulmonary Embolism Renal Disease Seizures Sleep Apnea Suicide Attempt Thyroid Disorder Ulcers
Other Medical History	<span style="float: right;">▼</span>	
<input type="checkbox"/> Treatment History		
Treatment History	Denies    Other    Anticoagulant Therapy    Chemotherapy    Dialysis	Home Oxygen Use
Other Treatment History	<span style="float: right;">▼</span>	
<input checked="" type="checkbox"/> Allergies		
Allergies/Adverse Reactions	<input type="button" value="Edit"/>	Penicillins Allergy (Verified 01/03/14 06:52) Anaphylaxis

[-] Social History										
Smoking Status	Current every day smoker			Current some day smoker			Former smoker			Never smoker
Amount Smoked Daily	Less Than 1/2 Pack			1 Pack			2 Packs			Smoker, status unknown Unknown if ever smoked
	1/2 Pack			1 & 1/2 Pack			More Than 2 Packs			
Time Spent on Smoking Cessation Counseling	3 - 10 minutes			greater than 10 minutes						
Drugs	None			Heroin			Other			
	Cocaine			Marijuana						
Alcohol	None			Occasional						
	Rare			Heavy						
Other Social History										
[-] Family History										
Mother	Alive	Well	HTN	Diabetes	CAD	Deceased	Cause	Other		
Father	Alive	Well	HTN	Diabetes	CAD	Deceased	Cause	Other		
Other Family History										
[x] [-] Surgical History										
Surgical History	Denies			Bowel Surgery			Prostatectomy			
	Other			CABG			Prosthesis			
	AAA Repair			Cholecystectomy			Thyroidectomy			
	Adenoidectomy			Coronary Stent			Tonsillectomy			
	Airway Support			Dialysis Catheter/Fistula			Transplant			
	Amputation			Hysterectomy			Tubal Ligation			
	Appendectomy			Internal Defibrillator			Valve Replacement			
	Arterial Stent			Joint Replacement			Vasectomy			
	Back Surgery			Mastectomy						
	Bladder Surgery			Pacemaker						
	Other Surgical History									
	[x] [-] Medications									
	Home Medications	<a href="#">Edit</a>	Carvedilol • [Coreg * Beta Blocker * •] 3.125 mg PO BIDWC #30 tab Docusate Sodium • [Colace •] 100 mg PO QDAY Furosemide Tab • [Lasix Tab •] 20 mg PO QDAY #20 tab HYDROcodone BIT/ACETAMINOPHE • [Vicodin 5-500 MG •] 1 tab PO Q4H PRN Omeprazole Cap • [Prilosec Cap •] 20 mg PO QDAY Simvastatin • [Zocor •] 20 mg PO HS oxyCODONE/ACETA 5-325 MG • [Percocet 5-325 mg Tab •] 1 tab PO Q4H PRN #30 tab							

OBS Unit Documentation			
[-] Physical Exam <span style="float: right;">N</span>			
[-] General <span style="float: right;">N</span>			
Distress	N	None Mild Moderate Severe	Other
Nutrition	N	Well Nourished Malnourished	Obese Other
Hydration	N	Well Hydrated	Dehydrated Other
[-] Eyes <span style="float: right;">N</span>			
Eyes	N	PERRL EOMI	Other
All			
[-] ENT <span style="float: right;">N</span>			
ENT	N	Norm Ext Insp Face/Head Norm Oropharynx, Mucosa	Other
All			
[-] Neck <span style="float: right;">N</span>			
Neck	N	Supple Nontender	Other
All			
[-] Cardiovascular <span style="float: right;">N</span>			
Cardiovascular	N	Regular Rate, Rhythm Normal Heart Sounds No Murmur	Dist Pulses Strng/Symetric Other
All			
[-] Respiratory <span style="float: right;">N</span>			
Respiratory	N	Breath Sounds Clear Breath Sounds Not Clear Breath Sounds Equal	Breath Sounds Not Equal Distress Other
All			
[-] Abdomen <span style="float: right;">N</span>			
Abdomen	N	Soft, Nontender No Organomegaly Non-Distended	Distended Positive Bowel Sounds Negative Bowel Sounds
All			
[-] Musculoskeletal <span style="float: right;">N</span>			
Musculoskeletal	N	No Abnormalities Noted	Other
All			
[-] Neurologic <span style="float: right;">N</span>			
Neurological	N	Alert/Oriented x 3 Cranial Nerve 2-12 Intact Normal Motor	Normal Sensory Other
All			
[-] Skin <span style="float: right;">N</span>			
Skin	N	Warm, Dry No Rash	No Pre-Tibial Edema Other
All			
[-] Lymph <span style="float: right;">N</span>			
Lymph	N	No Adenopathy	Other
All			
[-] Psych <span style="float: right;">N</span>			
Psych	N	Normal Affect, Mood	Normal Judgement Other
All			
[-] Additional Information			
Additional Information			

**PROGRESS NOTE**

HPI ROS PMHx Exam Results ProgNote

**OBS Unit Documentation**

- Results

✓ - Results

Vitals/Labs/RAD

EKG <Entered>

HPI ROS PMHx Exam Results ProgNote

**OBS Unit Documentation**

- OBS Unit Progress Note

- Initial - From ED

+ New OBS Unit Pr... ▾

**Assessment/Plan**

- Progress Note 1
- Progress Note 2
- Progress Note 3
- Progress Note 4
- Progress Note 5
- Progress Note 6
- Progress Note 7
- Progress Note 8
- Progress Note 9

# DISCHARGE

Discharge

Problem <a href="#">Edit</a>	Curr Visit ▼	Status	Priority	Diagnosis Date

[-] **OBS Unit Discharge**

[-] OBS Unit Discharge

[-] OBS Unit Data

Time placed in OBS	<Entered>	▼
Labs		▼
*Disposition	Home / Self Care    Skilled Nursing Facility    Assisted Living Another Acute Care Fac/Hosp    AMA    Expired Pt    External BHU Facility FMH Acute Care From BHU    FMH BHU Unit From FMH Acute Hospice Non-FMH Inpatient    Home Care    Non-FMH Home Care Care Of Parent/Guardian    To Hospice	▼
Discharge Vitals		▼
Referrals		▼
DC Plan discussed with	Patient    Family    Other	▼
Condition	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">All</span>	▼
Condition	expired    improved    stable    unchanged	▼
Prescriptions		▼
Discharge Instructions		▼
Additional Instructions		▼
Forms		▼

Discharge Order	<click to place order>
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