

July 2004

This distribution contains change pages for patch MD*1*2 of the Clinical Procedures 1.0 User Manual.

Patch MD*1*2 pages:

Replace Pages:

Revision History

i-ii

5.1-5.6

6.1-6.2

With Pages:

Revision History

i-ii

6.1-6.6

7.1-7.2

Add Pages:

5.1-5.26

Revision History

Description	Date
Originally released.	April 2004
¹ Patch MD*1*2 released.	July 2004

¹ Patch MD*1*2 July 2004 Patch 2 release added.

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² Patch MD*1*2 July 2004 New chapter added.

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5. ³Viewing the Reports

After installing the Medicine patch MC*2.3*39 and the Clinical Procedures (CP) patch MD*1.0*2, you can view the CP interpretations, which are TIU documents, along with Medicine reports on the Computerized Patient Record System (CPRS) Reports tab.

Four changes are introduced with patches MC*2.3*39 and MD*1*2.

- On the CPRS Reports tab the Medicine folder has been renamed Medicine/CP.
- The CP procedure interpretations have been added to the list of Medicine procedures for viewing and displaying on the CPRS Reports tab.
 - Only completed and signed CP procedures are displayed for CP reports.
 - Unless you are a Subspecialty or a Manager key holder within the Medicine package, only released and verified Medicine procedures are displayed for Medicine reports. However, if the View All field for a specific procedure in the Procedure/Subspecialty (#697.2) file is set to Yes, then all Medicine procedures of that type display.
 - If you are a Subspecialty key holder within the Medicine package you can view all statuses of Medicine procedures for that subspecialty.
 - If you are a Manager key holder within the Medicine package you can view all statuses of Medicine procedures.
- The Medicine View file (#690.2) controls which fields are displayed in the Medicine reports except for the PFT reports. Because of the numerous background calculations in the PFT report, this report remains unchanged.
- You can configure the Medicine Report to display in CPRS. See [Configuring the Medicine Report to Display in CPRS](#).

The difference between a Medicine Report and a CP Report is that all CP interpretations have a consult number associated with them. The interpretation is the TIU document. Medicine reports may have a consult procedure request number depending on whether the report was associated with a consult request or not. Another difference is that the Medicine report displays the discrete data entered through the Medicine package.

You can print these reports by first viewing the report, opening the File menu and clicking Print. Then select a Windows printer to print the report.

The Abnormal, Full Captioned, Full Report, Procedures (local only) and Procedures reports display a message at the end of each procedure, which indicates if there are images associated with that procedure. The text is as follows:

NOTE: Images are associated with this procedure. Please use Imaging Display to view the images.
--

³ Patch MD*1*2 July 2004 Viewing the Reports chapter added.

Viewing the Reports

After installing MD*1.0*2, your Medicine/CP folder will look similar to the following. (Click on a report to view the new format):

Clinical Reports

Medicine/CP

[Abnormal](#)

[Brief Report](#)

[Full Captioned](#)

[Full Report](#)

[Procedures \(local only\)](#)

[Procedures](#)

Some of these reports are also located under the Health Summary folder:

Health Summary

Adhoc Report

Medicine Abnormal Brief [MEDA]

Medicine Brief Report [MEDB]

Medicine Full Captioned [MEDC]

Medicine Full Report [MEDF]

Medicine Summary [MEDS] – This is a listing of procedure headings that fall within a specified date range.

The Procedures (local only) report can also be found under the list of Available Reports.

Abnormal

This report shows all Medicine and CP interpretations that have a Procedure Summary Code of Abnormal. The name of the report, selected date range and maximum number of occurrences (Max/site) appear above the report.

Medicine/CP Abnormal [From: May 4,2003 to May 3,2004] Max/site: 10

Printed for data from 05/04/2003 to 05/03/2004 05/03/2004 13:16
 ***** CONFIDENTIAL SUMMARY pg. 1 *****
 TEST,PATIENT 125-43-2111 3AS DOB: 02/03/1943

----- MEDA - Med Abnormal -----

 COLONOSCOPY APR 16,2004@15:38 ABNORMAL

APPOINTMENT DATE/TIME: 4/16/04@15:38
 MEDICAL PATIENT: TEST,PATIENT
 PROTOCOL: STOMACH TEST
 EGD SIMPLE PRIMARY EXAM: Y
 LAB OR XRAY: LAB
 OCCULT BLOOD:
 SPECIMEN COLLECTION:
 INDICATION COMMENT: TESTING

LOCATION EVALUATED:
 COLON ASCENDING
 GROSS: ABSENCE
 MEASUREMENT:
 IMPRESSION:

FELLOW:
 SUMMARY: ABNORMAL
 PRIMARY DIAGNOSIS:
 PROCEDURE SUMMARY: TESTING THE PROCEDURE

INSTRUMENT:
 SCOPE 1
 ENDOSCOPIST: DEMO,CP
 WHERE PERFORMED:
 WARD/CLINIC: GI LAB
 TIME STARTED: 0600
 TIME COMPLETED: 1000
 URGENCY OF PROCEDURE: ELECTIVE
 PREPARATION DIET: CLEAR LIQUIDS
 DIET COMMENT:
 ENEMAS: PHOSPHASODA
 COMMON BILE DUCT SIZE (mm):
 PANCREATIC DUCT SIZE (mm):
 DEPTH OF INSERTION:
 POST-PROC INSTRUMENT CLEANSING:
 SECOND FELLOW:

INSTRUCTIONS TO PATIENT:

 PULMONARY FUNCTION TEST MAR 16,2004@13:40 ABNORMAL

Viewing the Reports

SEX: M AGE: 61 90 in/160 lb AMBIENT: 35C/600T
 RACE: WHITE, NOT OF HISPANIC ORIGIN TECH: SMITH, JOE
 SMOKER CURRENT BRONCHODILATOR USE EFFORT: GOOD

CONSULT DX:

COUGH
 ASTHMA
 INTERSTITIAL LUNG DISEASE

.....
 UNITS PRED ACTUAL %PRED PREV1 PREV2 CI
 VOLUMES.....

INERT GAS DILUTION 6/30/03 6/6/02
 (NOTES): TEST INERT GAS
 TLC L 10.53 9.00 85.5 5.00 8.00 9.09
 VC L 7.76 3.00 38.7 7.00 7.00
 FRC L 4.38 4.00 91.4 3.00 6.50 U 5.42
 RV L 2.80 5.00 178.3 4.00 4.00 U 3.68
 RV/TLC % 56

BODY BOX 6/30/03 6/6/02
 (NOTES): TEST BODY BOX
 TLC L 10.53 3.00 28.5 7.00 9.90 9.09
 VC L 7.76 2.00 25.8 6.00 7.00
 FRC L 4.38 4.00 91.4 4.00 6.00 U 5.42
 RV L 2.80 5.00 178.3 2.00 5.00 U 3.68
 RV/TLC % 167

NITROGEN WASH OUT 6/6/02 5/31/02
 (NOTES): TEST NITROGEN WASH OUT
 TLC L 10.53 7.00 66.5 6.00 7.00 9.09
 VC L 7.76 4.00 51.5 5.50 6.00
 FRC L 4.38 3.00 68.6 4.00 4.00 U 5.42
 RV L 2.80 2.00 71.3 3.00 3.00 U 3.68
 RV/TLC % 29

X-RAY PLANIMETRY 6/6/02 5/30/02
 (NOTES): TEST X-RAY
 TLC L 10.53 5.00 47.5 7.00 9.00 9.09
 VC L 7.76 4.00 51.5 6.40 6.00
 FRC L 4.38 7.00 160.0 3.00 4.00 U 5.42
 RV L 2.80 8.00 285.2 1.00 5.00 U 3.68
 RV/TLC % 160

UNITS PRED ACTUAL %PRED PREV1 PREV2 CI
 FLOWS.....

MACHINE: FLOW TURBINE

STANDARD STUDY 6/6/02 5/30/02
 (NOTES): TEST STANDARD
 FVC L 7.76 4.30 55.4 8.00 9.00
 FEV1 L 5.79 2.20 38.0 6.00 4.00 4.94
 PF L/SEC 10.986 3.200 29.1 5.000 5.000 8.02
 FEF25-75 L/SEC 4.478 4.500 100.5 4.000 15.000 2.81
 MVV L/MIN 211.72 3.00 1.4 4.00 10.00 163.87
 FEV1/FVC % 51

AFTER INHALATION CHALLENGE 6/6/02 5/31/02

(NOTES): AFTER INHALATION										
FVC	L	7.76	7.00	90.2	8.00	9.00				
FEV1	L	5.79	4.00	69.1	7.00	8.00	4.94			
PF	L/SEC	10.986	3.000	27.3	6.000	7.000	8.02			
FEF25-75	L/SEC	4.478	5.000	111.6	5.000	10.000	2.81			
MVV	L/MIN	211.72	3.00	1.4	4.00	50.00	163.87			
FEV1/FVC	%		57							
AFTER EXERCISE					6/6/02	5/31/02				
FVC	L	7.76	5.00	64.4	8.00	9.90				
FEV1	L	5.79	3.00	51.9	7.00	8.00	4.94			
PF	L/SEC	10.986	2.000	18.2	6.000	7.000	8.02			
FEV1/FVC	%		60							
DIFFUSION.....										
METHOD: STEADY STATE										
DLCO-SB	L	37.16	33.00	88.8	6/30/03	6/6/02				
Corr DLCO for HB & COHB:		37.16	32.55	87.6	45.00	50.00	29.18			
BLOOD GASES.....										
STUDY TYPE	pH	pCO2	pO2	O2HB	COHB	MHB	HB	FiO2	A-aO2	QS/QT
(NORMAL)	7.36-7.44	36-44	80-100	>88%	<3%	<2%			<22	
100% O2 STUDY	7.000	0.0	0.0	4.0%	0.0%	0.0%	3.0	0.500	277	
PATIENT TEMPERATURE (C): 35										
MAX EXERCISE	8.000	44.0	3.0	53.0%	33.0%	23.0%	15.4	0.343	132	
PATIENT TEMPERATURE (C): 30										
(NOTES): TEST QS										
SUPPLEMENTAL	8.000	9.0	0.0	67.0%	0.0%	56.0%	0.0	0.900	486	
PATIENT TEMPERATURE (C): 32										
POST EXERCISE	7.456	99.0	345.0	78.0%	45.0%	45.0%	15.1	1.000	84	0.52
PATIENT TEMPERATURE (C): 33										
(NOTES): TEST QS										
SPECIAL STUDIES.....										
MAXIMUM PRESSURES					6/30/03	6/6/02				
(NOTES): 44										
PiMAX	cmH2O		5.00		99.00	68.00				
MECHANICS					6/30/03	6/6/02				
Raw	cmH2O/L/S		4.00		15.00	10.00				
SGaw	L/S/cmH2O		0.30		0.30	0.20				
Cst	4cmH2O		0.50		1.00	0.40				
SMALL AIRWAY					6/30/03	6/6/02				
Cdyn	L/cmH2O		0.40		1.00	0.45				
FEF50 He-Air	L/Sec		45.00		45.00	56.00				
VISOV	L		3.00		5.00	5.00				
CV	L		5.00		4.00	5.00				
CV/VC	%		2.50							
CV/TLC	%		1.67							
VISOV/CV	%		0.60							
EXERCISE					6/30/03	6/6/02				
(NOTES): fgdgrdgtgdg										

Viewing the Reports

VEmax(BTPS)	L	44.00	90.00	90.00
BR	L	34.00	50.00	50.00
VD/VT MAX	L	0.70		0.43
VERest(BTPS)	ml/beat	3.00	35.00	30.00
EKG		ABNORMAL		
Wmax	wrpm/min	2.00	100.00	245.00
WRI/WRT	watts/min	3.00	35.00	40.00
Max Speed	mph	15.00	20.00	15.00
TOTAL TIME	min	100.00	100.00	600.00
Exercise Testing Mode: BIKE ERGOMETER				
REASON(S) FOR STOPPING:				
		Patient cannot work on Bike Treadmill anymore. he will work on something different such as a Cardioglider.		
INTERPRETATION:				
COMMENTS AND RECOMMENDATIONS:				
INTERPRETED BY:				
		SMITH,JOE		
PREDICTED VALUE FORMULAS USED				
TLC		.078*HT-7.3	BOREN & KORY '66	
VC		.06*HT-(.0214*AGE)-4.65	CRAPO '81	
FRC		.032*HT-2.94	BOREN & KOREY '66	
RV		.019*HT+(.0115*AGE)-2.24	BOREN & KORY '66	
FVC		.06*HT-(.0214*AGE)-4.65	CRAPO '81	
FEV1		.0414*HT-(.0244*AGE)-2.190	CRAPO '81	
PF		3.9*HT-(3*AGE)-49.36/60	FERRIS '64	
FEF25-75		.0204*HT-(.038*AGE)+2.133	CRAPO '81	
MVV		1.356*HT-(1.26*AGE)-21.4	BOREN & KOREY '66	
DLCO-SB		12.9113-(.229*AGE)+(.1672*HT)	MILLER '83	
COHB CORR.		ACT*(1+(COHB/100))	MORRIS '85	
HB CORR.		HB+10.22/(1.7*HB)*ACT	COTES '72	
NOTE: HT=height,WT=weight,ACT=actual measurement value				
*** END ***** CONFIDENTIAL SUMMARY pg. 1 *****				

Brief Report

This report lists all procedures (Medicine and CP) that fall within a specified date range and the maximum number of occurrences (Max/site). The name of the report, selected date range and maximum number of occurrences (Max/site) appear above the report. These procedures are listed according to Consult Number, Completed Procedures, Date/Time Performed and Procedure Code (also known as Procedure Summary Code).

Medicine/CP Brief Report [From: May 4,2003 to May 3,2004] Max/site: 10

CONSULT NUMBER		COMPLETED PROCEDURES	DATE/TIME PERFORMED	PROCEDURE CODE
Printed for data from 05/04/2003 to 05/03/2004 05/03/2004 13:22 ***** CONFIDENTIAL SUMMARY pg. 1 ***** TEST,PATIENT 125-43-2111 3AS DOB: 02/03/1943 ----- MEDB - Med Brief Report -----				
COLONOSCOPY APR 16,2004@15:38 ABNORMAL PULMONARY FUNCTION TEST MAR 30,2004@13:43 PULMONARY FUNCTION TEST MAR 16,2004@13:40 ABNORMAL ELECTROPHYSIOLOGY JUN 30,2003@10:40 ABNORMAL PULMONARY FUNCTION TEST JUN 30,2003@09:37 NORMAL				
*** END ***** CONFIDENTIAL SUMMARY pg. 1 *****				

Full Captioned

This report shows all Medicine and CP reports within a specified date range and the maximum number of occurrences (Max/site). The name of the report, selected date range and maximum number of occurrences (Max/site) appear above the report. Fields that do not contain data within the Medicine reports do not display.

Medicine/CP Full Captioned [From: May 20,2003 to May 19,2004] Max/site: 10

```

Printed for data from 05/20/2003 to 05/19/2004                                05/19/2004 14:54
***** CONFIDENTIAL SUMMARY pg. 1 *****
TEST,PATIENT      125-43-2111          3AS                                DOB: 02/03/1943

----- MEDC - Med Full Captioned -----

-----
                COLONOSCOPY                                APR 16,2004@15:38      ABNORMAL
-----

APPOINTMENT DATE/TIME:   4/16/04@15:38
MEDICAL PATIENT:        TEST,PATIENT
PROTOCOL:               STOMACH TEST
EGD SIMPLE PRIMARY EXAM:  Y
LAB OR XRAY:            LAB
INDICATION COMMENT:     TESTING

LOCATION EVALUATED:
  COLON ASCENDING
  GROSS: ABSENCE
SUMMARY:                ABNORMAL
PROCEDURE SUMMARY:     TESTING THE PROCEDURE

INSTRUMENT:
  SCOPE 1
ENDOSCOPIST:           DEMO,CP
WARD/CLINIC:           GI LAB
TIME STARTED:          0600
TIME COMPLETED:       1000
URGENCY OF PROCEDURE:  ELECTIVE
PREPARATION DIET:      CLEAR LIQUIDS
ENEMAS:                PHOSPHASODA

-----
                PULMONARY FUNCTION TEST                    MAR 30,2004@13:43
-----

SEX: M  AGE: 61          85 in/167 lb          AMBIENT: 35C/600T
RACE: WHITE, NOT OF HISPANIC ORIGIN          TECH: SMITH,JOE
NON-SMOKER          CURRENT BRONCHODILATOR USE  EFFORT: GOOD

CONSULT DX:
          COUGH
.....

                UNITS      PRED      ACTUAL      %PRED      PREV1      PREV2      CI
VOLUMES.....
          BODY BOX
          TLC           L           9.54       2.00       21.0       3.00       7.00       8.10
    
```

VC	L	7.00	3.00	42.9	2.00	6.00		
FRC	L	3.97	4.00	100.8	4.00	4.00	U	5.01
RV	L	2.56	5.00	195.0	5.00	2.00	U	3.44
RV/TLC	%		250					
INTERPRETATION:								
COMMENTS AND RECOMMENDATIONS:								
INTERPRETED BY:								
PREDICTED VALUE FORMULAS USED								
TLC		.078*HT-7.3			BOREN & KORY '66			
VC		.06*HT-(.0214*AGE)-4.65			CRAPO '81			
FRC		.032*HT-2.94			BOREN & KOREY '66			
RV		.019*HT+(.0115*AGE)-2.24			BOREN & KORY '66			
FVC		.06*HT-(.0214*AGE)-4.65			CRAPO '81			
FEV1		.0414*HT-(.0244*AGE)-2.190			CRAPO '81			
PF		3.9*HT-(3*AGE)-49.36/60			FERRIS '64			
FEF25-75		.0204*HT-(.038*AGE)+2.133			CRAPO '81			
MVV		1.356*HT-(1.26*AGE)-21.4			BOREN & KOREY '66			
DLCO-SB		12.9113-(.229*AGE)+(.1672*HT)			MILLER '83			
COHB CORR.		ACT*(1+(COHB/100))			MORRIS '85			
HB CORR.		HB+10.22/(1.7*HB)*ACT			COTES '72			
NOTE: HT=height,WT=weight,ACT=actual measurement value								

PULMONARY FUNCTION TEST			MAR 16,2004@13:40			ABNORMAL		

SEX:	M	AGE:	61	90 in/160 lb	AMBIENT: 35C/600T			
RACE:	WHITE, NOT OF HISPANIC ORIGIN				TECH: SMITH,JOE			
SMOKER		CURRENT BRONCHODILATOR USE			EFFORT: GOOD			
CONSULT DX:								
	COUGH							
	ASTHMA							
	INTERSTITIAL LUNG DISEASE							
.....								
	UNITS	PRED	ACTUAL	%PRED	PREV1	PREV2	CI	
VOLUMES.....								
INERT GAS DILUTION					6/30/03	6/6/02		
(NOTES): TEST INERT GAS								
TLC	L	10.53	9.00	85.5	5.00	8.00		9.09
VC	L	7.76	3.00	38.7	7.00	7.00		
FRC	L	4.38	4.00	91.4	3.00	6.50	U	5.42
RV	L	2.80	5.00	178.3	4.00	4.00	U	3.68
RV/TLC	%		56					
BODY BOX					6/30/03	6/6/02		
(NOTES): TEST BODY BOX								
TLC	L	10.53	3.00	28.5	7.00	9.90		9.09
VC	L	7.76	2.00	25.8	6.00	7.00		
FRC	L	4.38	4.00	91.4	4.00	6.00	U	5.42
RV	L	2.80	5.00	178.3	2.00	5.00	U	3.68
RV/TLC	%		167					
NITROGEN WASH OUT					6/6/02	5/31/02		
(NOTES): TEST NITROGEN WASH OUT								

Viewing the Reports

TLC	L	10.53	7.00	66.5	6.00	7.00	9.09			
VC	L	7.76	4.00	51.5	5.50	6.00				
FRC	L	4.38	3.00	68.6	4.00	4.00	U 5.42			
RV	L	2.80	2.00	71.3	3.00	3.00	U 3.68			
RV/TLC	%		29							
X-RAY PLANIMETRY					6/6/02	5/30/02				
(NOTES): TEST X-RAY										
TLC	L	10.53	5.00	47.5	7.00	9.00	9.09			
VC	L	7.76	4.00	51.5	6.40	6.00				
FRC	L	4.38	7.00	160.0	3.00	4.00	U 5.42			
RV	L	2.80	8.00	285.2	1.00	5.00	U 3.68			
RV/TLC	%		160							
	UNITS	PRED	ACTUAL	%PRED	PREV1	PREV2	CI			
FLOWS.....										
MACHINE: FLOW TURBINE										
STANDARD STUDY					6/6/02	5/30/02				
(NOTES): TEST STANDARD										
FVC	L	7.76	4.30	55.4	8.00	9.00				
FEV1	L	5.79	2.20	38.0	6.00	4.00	4.94			
PF	L/SEC	10.986	3.200	29.1	5.000	5.000	8.02			
FEF25-75	L/SEC	4.478	4.500	100.5	4.000	15.000	2.81			
MVV	L/MIN	211.72	3.00	1.4	4.00	10.00	163.87			
FEV1/FVC	%		51							
AFTER INHALATION CHALLENGE					6/6/02	5/31/02				
(NOTES): AFTER INHALATION										
FVC	L	7.76	7.00	90.2	8.00	9.00				
FEV1	L	5.79	4.00	69.1	7.00	8.00	4.94			
PF	L/SEC	10.986	3.000	27.3	6.000	7.000	8.02			
FEF25-75	L/SEC	4.478	5.000	111.6	5.000	10.000	2.81			
MVV	L/MIN	211.72	3.00	1.4	4.00	50.00	163.87			
FEV1/FVC	%		57							
AFTER EXERCISE					6/6/02	5/31/02				
FVC	L	7.76	5.00	64.4	8.00	9.90				
FEV1	L	5.79	3.00	51.9	7.00	8.00	4.94			
PF	L/SEC	10.986	2.000	18.2	6.000	7.000	8.02			
FEV1/FVC	%		60							
DIFFUSION.....										
METHOD: STEADY STATE										
DLCO-SB L					6/30/03	6/6/02				
		37.16	33.00	88.8	45.00	50.00	29.18			
Corr DLCO for HB & COHB:										
		37.16	32.55	87.6						
BLOOD GASES.....										
STUDY TYPE	pH	pCO2	pO2	O2HB	COHB	MHB	HB	FiO2	A-aO2	QS/QT
(NORMAL)	7.36-7.44	36-44	80-100	>88%	<3%	<2%			<22	
100% O2 STUDY	7.000	0.0	0.0	4.0%	0.0%	0.0%	3.0	0.500	277	
PATIENT TEMPERATURE (C): 35										
MAX EXERCISE	8.000	44.0	3.0	53.0%	33.0%	23.0%	15.4	0.343	132	
PATIENT TEMPERATURE (C): 30										
(NOTES): TEST QS										
SUPPLEMENTAL	8.000	9.0	0.0	67.0%	0.0%	56.0%	0.0	0.900	486	
PATIENT TEMPERATURE (C): 32										

POST EXERCISE 7.456 99.0 345.0 78.0% 45.0%45.0% 15.1 1.000 84 0.52
 PATIENT TEMPERATURE (C): 33
 (NOTES): TEST QS

UNITS	ACTUAL	PREV1	PREV2
SPECIAL STUDIES.....			
MAXIMUM PRESSURES (NOTES): 44		6/30/03	6/6/02
PiMAX cmH2O	5.00	99.00	68.00
MECHANICS		6/30/03	6/6/02
Raw cmH20/L/S	4.00	15.00	10.00
SGaw L/S/cmH20	0.30	0.30	0.20
Cst 4cmH20	0.50	1.00	0.40
SMALL AIRWAY		6/30/03	6/6/02
Cdyn L/cmH20	0.40	1.00	0.45
FEF50 He-Air L/Sec	45.00	45.00	56.00
VISOV L	3.00	5.00	5.00
CV L	5.00	4.00	5.00
CV/VC %	2.50		
CV/TLC %	1.67		
VISOV/CV %	0.60		
EXERCISE (NOTES): fgdgrdgtgd		6/30/03	6/6/02
VEmax(BTPS) L	44.00	90.00	90.00
BR L	34.00	50.00	50.00
VD/VT MAX L	0.70		0.43
VErest(BTPS) ml/beat	3.00	35.00	30.00
EKG	ABNORMAL		
Wmax wrpm/min	2.00	100.00	245.00
WRI/WRT watts/min	3.00	35.00	40.00
Max Speed mph	15.00	20.00	15.00
TOTAL TIME min	100.00	100.00	600.00

Exercise Testing Mode: BIKE ERGOMETER

REASON(S) FOR STOPPING:

Patient cannot work on Bike Treadmill anymore.
 he will work on something different such as a
 Cardioglider.

INTERPRETATION:

COMMENTS AND RECOMMENDATIONS:

INTERPRETED BY:

SMITH,JOE

PREDICTED VALUE FORMULAS USED

TLC	.078*HT-7.3	BOREN & KORY '66
VC	.06*HT-(.0214*AGE)-4.65	CRAPO '81
FRC	.032*HT-2.94	BOREN & KOREY '66
RV	.019*HT+(.0115*AGE)-2.24	BOREN & KORY '66
FVC	.06*HT-(.0214*AGE)-4.65	CRAPO '81
FEV1	.0414*HT-(.0244*AGE)-2.190	CRAPO '81
PF	3.9*HT-(3*AGE)-49.36/60	FERRIS '64
FEF25-75	.0204*HT-(.038*AGE)+2.133	CRAPO '81

Viewing the Reports

```
MVV          1.356*HT-(1.26*AGE)-21.4      BOREN & KOREY '66
DLCO-SB      12.9113-(.229*AGE)+(.1672*HT) MILLER '83
COHB CORR.   ACT*(1+(COHB/100))           MORRIS '85
HB CORR.     HB+10.22/(1.7*HB)*ACT        COTES '72
NOTE: HT=height,WT=weight,ACT=actual measurement value
*** END ***** CONFIDENTIAL SUMMARY pg. 1 *****
```

Full Report

This report shows all Medicine and CP reports within a specified date range and the maximum number of occurrences (Max/site). The name of the report, selected date range and maximum number of occurrences (Max/site) appear above the report. All data fields, including null values, are displayed.

Medicine/CP Full Report [From: May 20,2003 to May 19,2004] Max/site: 10

```

Printed for data from 05/20/2003 to 05/19/2004                                05/19/2004 13:25
***** CONFIDENTIAL SUMMARY pg. 1 *****
TEST,PATIENT      125-43-2111          3AS                                DOB: 02/03/1943

----- MEDF - Med Full Report -----

-----
                                COLONOSCOPY                                APR 16,2004@15:38      ABNORMAL
-----

APPOINTMENT DATE/TIME:   4/16/04@15:38
MEDICAL PATIENT:        TEST,PATIENT
PROTOCOL:               STOMACH TEST
EGD SIMPLE PRIMARY EXAM:  Y
LAB OR XRAY:            LAB
OCCULT BLOOD:
SPECIMEN COLLECTION:
INDICATION COMMENT:     TESTING

LOCATION EVALUATED:
  COLON ASCENDING
  GROSS: ABSENCE
  MEASUREMENT:
  IMPRESSION:

FELLOW:
SUMMARY:                ABNORMAL
PRIMARY DIAGNOSIS:
PROCEDURE SUMMARY:      TESTING THE PROCEDURE

INSTRUMENT:
  SCOPE 1
ENDOSCOPIST:           DEMO,CP
WHERE PERFORMED:
WARD/CLINIC:           GI LAB
TIME STARTED:          0600
TIME COMPLETED:        1000
URGENCY OF PROCEDURE:   ELECTIVE
PREPARATION DIET:      CLEAR LIQUIDS
DIET COMMENT:
ENEMAS:                PHOSPHASODA
COMMON BILE DUCT SIZE (mm):
PANCREATIC DUCT SIZE (mm):
DEPTH OF INSERTION:
POST-PROC INSTRUMENT CLEANSING:
SECOND FELLOW:

INSTRUCTIONS TO PATIENT:

-----
                                PULMONARY FUNCTION TEST                                MAR 30,2004@13:43

```

Viewing the Reports

SEX: M AGE: 61 85 in/167 lb AMBIENT: 35C/600T
 RACE: WHITE, NOT OF HISPANIC ORIGIN TECH: JACKSON, SARAH
 NON-SMOKER CURRENT BRONCHODILATOR USE EFFORT: GOOD

CONSULT DX:

COUGH

	UNITS	PRED	ACTUAL	%PRED	PREV1	PREV2	CI
VOLUMES.....							
BODY BOX					3/16/04	6/30/03	
TLC	L	9.54	2.00	21.0	3.00	7.00	8.10
VC	L	7.00	3.00	42.9	2.00	6.00	
FRC	L	3.97	4.00	100.8	4.00	4.00	U 5.01
RV	L	2.56	5.00	195.0	5.00	2.00	U 3.44
RV/TLC	%		250				

INTERPRETATION:

COMMENTS AND RECOMMENDATIONS:

INTERPRETED BY:

	PREDICTED VALUE FORMULAS USED	
TLC	.078*HT-7.3	BOREN & KORY '66
VC	.06*HT-(.0214*AGE)-4.65	CRAPO '81
FRC	.032*HT-2.94	BOREN & KOREY '66
RV	.019*HT+(.0115*AGE)-2.24	BOREN & KORY '66
FVC	.06*HT-(.0214*AGE)-4.65	CRAPO '81
FEV1	.0414*HT-(.0244*AGE)-2.190	CRAPO '81
PF	3.9*HT-(3*AGE)-49.36/60	FERRIS '64
FEF25-75	.0204*HT-(.038*AGE)+2.133	CRAPO '81
MVV	1.356*HT-(1.26*AGE)-21.4	BOREN & KOREY '66
DLCO-SB	12.9113-(.229*AGE)+(1.1672*HT)	MILLER '83
COHB CORR.	ACT*(1+(COHB/100))	MORRIS '85
HB CORR.	HB+10.22/(1.7*HB)*ACT	COTES '72

NOTE: HT=height, WT=weight, ACT=actual measurement value

PULMONARY FUNCTION TEST MAR 16, 2004@13:40 ABNORMAL

SEX: M AGE: 61 90 in/160 lb AMBIENT: 35C/600T
 RACE: WHITE, NOT OF HISPANIC ORIGIN TECH: SMITH, JOE
 SMOKER CURRENT BRONCHODILATOR USE EFFORT: GOOD

CONSULT DX:

COUGH
 ASTHMA
 INTERSTITIAL LUNG DISEASE

	UNITS	PRED	ACTUAL	%PRED	PREV1	PREV2	CI
VOLUMES.....							
INERT GAS DILUTION					6/30/03	6/6/02	
(NOTES): TEST INERT GAS							

TLC	L	10.53	9.00	85.5	5.00	8.00	9.09
VC	L	7.76	3.00	38.7	7.00	7.00	
FRC	L	4.38	4.00	91.4	3.00	6.50	U 5.42
RV	L	2.80	5.00	178.3	4.00	4.00	U 3.68
RV/TLC	%		56				
BODY BOX					6/30/03	6/6/02	
(NOTES): TEST BODY BOX							
TLC	L	10.53	3.00	28.5	7.00	9.90	9.09
VC	L	7.76	2.00	25.8	6.00	7.00	
FRC	L	4.38	4.00	91.4	4.00	6.00	U 5.42
RV	L	2.80	5.00	178.3	2.00	5.00	U 3.68
RV/TLC	%		167				
NITROGEN WASH OUT					6/6/02	5/31/02	
(NOTES): TEST NITROGEN WASH OUT							
TLC	L	10.53	7.00	66.5	6.00	7.00	9.09
VC	L	7.76	4.00	51.5	5.50	6.00	
FRC	L	4.38	3.00	68.6	4.00	4.00	U 5.42
RV	L	2.80	2.00	71.3	3.00	3.00	U 3.68
RV/TLC	%		29				
X-RAY PLANIMETRY					6/6/02	5/30/02	
(NOTES): TEST X-RAY							
TLC	L	10.53	5.00	47.5	7.00	9.00	9.09
VC	L	7.76	4.00	51.5	6.40	6.00	
FRC	L	4.38	7.00	160.0	3.00	4.00	U 5.42
RV	L	2.80	8.00	285.2	1.00	5.00	U 3.68
RV/TLC	%		160				
	UNITS	PRED	ACTUAL	%PRED	PREV1	PREV2	CI
FLOWS.....							
MACHINE: FLOW TURBINE							
STANDARD STUDY					6/6/02	5/30/02	
(NOTES): TEST STANDARD							
FVC	L	7.76	4.30	55.4	8.00	9.00	
FEV1	L	5.79	2.20	38.0	6.00	4.00	4.94
PF	L/SEC	10.986	3.200	29.1	5.000	5.000	8.02
FEF25-75	L/SEC	4.478	4.500	100.5	4.000	15.000	2.81
MVV	L/MIN	211.72	3.00	1.4	4.00	10.00	163.87
FEV1/FVC	%		51				
AFTER INHALATION CHALLENGE					6/6/02	5/31/02	
(NOTES): AFTER INHALATION							
FVC	L	7.76	7.00	90.2	8.00	9.00	
FEV1	L	5.79	4.00	69.1	7.00	8.00	4.94
PF	L/SEC	10.986	3.000	27.3	6.000	7.000	8.02
FEF25-75	L/SEC	4.478	5.000	111.6	5.000	10.000	2.81
MVV	L/MIN	211.72	3.00	1.4	4.00	50.00	163.87
FEV1/FVC	%		57				
AFTER EXERCISE					6/6/02	5/31/02	
FVC	L	7.76	5.00	64.4	8.00	9.90	
FEV1	L	5.79	3.00	51.9	7.00	8.00	4.94
PF	L/SEC	10.986	2.000	18.2	6.000	7.000	8.02
FEV1/FVC	%		60				
DIFFUSION.....							
METHOD: STEADY STATE							
					6/30/03	6/6/02	

Viewing the Reports

DLCO-SB	L	37.16	33.00	88.8	45.00	50.00	29.18			
Corr DLCO for HB & COHB:		37.16	32.55	87.6						
BLOOD GASES.....										
STUDY TYPE	pH	pCO2	pO2	O2HB	COHB	MHB	HB	FiO2	A-aO2	QS/QT
(NORMAL)	7.36-7.44	36-44	80-100	>88%	<3%	<2%			<22	
100% O2 STUDY	7.000	0.0	0.0	4.0%	0.0%	0.0%	3.0	0.500	277	
PATIENT TEMPERATURE (C): 35										
MAX EXERCISE	8.000	44.0	3.0	53.0%	33.0%	23.0%	15.4	0.343	132	
PATIENT TEMPERATURE (C): 30										
(NOTES): TEST QS										
SUPPLEMENTAL	8.000	9.0	0.0	67.0%	0.0%	56.0%	0.0	0.900	486	
PATIENT TEMPERATURE (C): 32										
POST EXERCISE	7.456	99.0	345.0	78.0%	45.0%	45.0%	15.1	1.000	84	0.52
PATIENT TEMPERATURE (C): 33										
(NOTES): TEST QS										
SPECIAL STUDIES.....										
UNITS					ACTUAL		PREV1		PREV2	
MAXIMUM PRESSURES										
(NOTES): 44										
PiMAX	cmH2O		5.00		99.00		68.00		6/30/03	6/6/02
MECHANICS										
Raw	cmH2O/L/S		4.00		15.00		10.00		6/30/03	6/6/02
SGaw	L/S/cmH2O		0.30		0.30		0.20			
Cst	4cmH2O		0.50		1.00		0.40			
SMALL AIRWAY										
Cdyn	L/cmH2O		0.40		1.00		0.45		6/30/03	6/6/02
FEF50 He-Air	L/Sec		45.00		45.00		56.00			
VISOV	L		3.00		5.00		5.00			
CV	L		5.00		4.00		5.00			
CV/VC	%		2.50							
CV/TLC	%		1.67							
VISOV/CV	%		0.60							
EXERCISE										
(NOTES): fgdgrdgtgd										
VEmax(BTPS)	L		44.00		90.00		90.00		6/30/03	6/6/02
BR	L		34.00		50.00		50.00			
VD/VT MAX	L		0.70				0.43			
VERest(BTPS)	ml/beat		3.00		35.00		30.00			
EKG			ABNORMAL							
Wmax	wrpm/min		2.00		100.00		245.00			
WRI/WRT	watts/min		3.00		35.00		40.00			
Max Speed	mph		15.00		20.00		15.00			
TOTAL TIME	min		100.00		100.00		600.00			
Exercise Testing Mode: BIKE ERGOMETER										
REASON(S) FOR STOPPING:										
Patient cannot work on Bike Treadmill anymore. he will work on something different such as a Cardioglider.										
INTERPRETATION:										

COMMENTS AND RECOMMENDATIONS:

INTERPRETED BY:

SMITH, JOE

PREDICTED VALUE FORMULAS USED

TLC	$.078*HT-7.3$	BOREN & KORY '66
VC	$.06*HT-(.0214*AGE)-4.65$	CRAPO '81
FRC	$.032*HT-2.94$	BOREN & KOREY '66
RV	$.019*HT+(.0115*AGE)-2.24$	BOREN & KORY '66
FVC	$.06*HT-(.0214*AGE)-4.65$	CRAPO '81
FEV1	$.0414*HT-(.0244*AGE)-2.190$	CRAPO '81
PF	$3.9*HT-(3*AGE)-49.36/60$	FERRIS '64
FEF25-75	$.0204*HT-(.038*AGE)+2.133$	CRAPO '81
MVV	$1.356*HT-(1.26*AGE)-21.4$	BOREN & KOREY '66
DLCO-SB	$12.9113-(.229*AGE)+(.1672*HT)$	MILLER '83
COHB CORR.	$ACT*(1+(COHB/100))$	MORRIS '85
HB CORR.	$HB+10.22/(1.7*HB)*ACT$	COTES '72

NOTE: HT=height, WT=weight, ACT=actual measurement value

*** END ***** CONFIDENTIAL SUMMARY pg. 1 *****

Procedures (local only)

This report component lists all Medicine and CP procedures for a selected patient in CPRS. The Procedures (local only) list contains the following column elements: Procedure Date/Time, Medicine Procedure Name, and Report Status (also known as the Procedure Summary Code).

Medicine/CP Procedures (local only)				
Procedure Date/Time	Medicine Procedure Name	Report Status	[+]	↑
04/16/2004 15:38	COLONOSCOPY	ABNORMAL	[+]	↓
03/30/2004 13:43	PULMONARY FUNCTION TEST		[+]	
03/16/2004 13:40	PULMONARY FUNCTION TEST	ABNORMAL	[+]	
07/23/2003 09:00	BRONC W/BRONC WASHING	NORMAL	[+]	
06/30/2003 10:40	ELECTROPHYSIOLOGY	ABNORMAL	[+]	
06/30/2003 09:37	PULMONARY FUNCTION TEST	NORMAL	[+]	↓

The Procedure Date/Time column lists the procedures in chronological order. Both the Medicine and CP procedures are listed together. After you select the procedure that you want to view, the report is displayed in the lower-right portion of your screen. If you see an interpretation (TIU document), then you are viewing a CP procedure, otherwise you are viewing a Medicine procedure.

Here is an example of a CP Report.

```

Pg. 1
                HINES VAMC
                SPIROMETRY, PRE and POST
TEST,PATIENT    125-43-2111          DOB: FEB 3,1943  (61) 3AS
-----
                TITLE: HISTORICAL PROCEDURE REPORT
DATE OF NOTE: JUL 03, 2003@13:46    ENTRY DATE: JUL 03, 2003@13:46:22
AUTHOR: JACKSON,SARAH                EXP COSIGNER:
URGENCY:                               STATUS: COMPLETED

PROCEDURE SUMMARY CODE: Abnormal
DATE/TIME PERFORMED: JUL 03, 2003@13:45

TEST

/es/ SARAH JACKSON
MEDICAL SPECIALIST
Signed: 03/12/2004 11:04
-----

                TITLE: PFT
DATE OF NOTE: JUL 03, 2003@13:53    ENTRY DATE: JUL 03, 2003@13:53
AUTHOR:                               EXP COSIGNER:
URGENCY:                               STATUS: UNDICTATED

PROCEDURE SUMMARY CODE:
DATE/TIME PERFORMED: JUL 03, 2003@13:45

```

TITLE: PFT
DATE OF NOTE: JUL 03, 2003@14:34:32 ENTRY DATE: JUL 03, 2003@14:34:32
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: UNDICTATED

PROCEDURE SUMMARY CODE:
DATE/TIME PERFORMED: JUL 03, 2003@13:45

=====
NOTE: Images are associated with this procedure.
Please use Imaging Display to view the images.

Viewing the Reports

Here is an example of a Medicine Report.

```
Pg. 1                HINES VAMC                05/03/04 13:30
                ELECTROPHYSIOLOGY REPORT - RELEASED ON-LINE VERIFIED
TEST,PATIENT      125-43-2111                DOB: FEB 3,1943 (61) 3AS
-----
DATE/TIME:       6/30/03@10:40
MEDICAL PATIENT: TEST,PATIENT
WARD/CLINIC:    CARDIAC CLINIC
CARDIAC DX:     AORTIC STENOSIS
REASON FOR STUDY:  AGINA PROBLEMS.

SYMPTOM:
  UNSTABLE ANGINA

RISK FACTOR:
  CARDIOMEGALY (X-RAY)

ARRHYTHMIA DX:
  HEART BLOCK-MOBITZ II

HX:
  This is the HX text.

-----
                R e p o r t   R e l e a s e   S t a t u s

Current          Date      Person Who
Report           Status   Last Changed          Date of      Report
Status           Changed The Status          Entry        Version
=====
RELEASED ON-LINE VERIFIED
                6/30/03  NA JACKSONS                6/30/03                1 of 1
```

Procedures

This report component lists Medicine and CP procedures for a selected patient visiting your facility, who is typically seen at another facility. You can view a patient's data from a remote facility, which is called remote data viewing.

Medicine/CP Procedures [From: Aug 12,2000 to May 18,2003] Max/site:10			
Procedure Date/Time	Medicine Procedure Name	Summary	Detailed Report
12/04/2002 09:00	BRONC W/BRONC WASHING	No Summary	: ...
09/10/2002 12:00	ECG	No Summary	: ...
05/29/2002 11:08	ECHO	No Summary	: ...
07/19/2002 17:00	LAPARASCOPY	No Summary	Protocol: ...
05/28/2002 14:00	PULMONARY PROCEDURES	No Summary	: ...
05/28/2002 14:00	SPIROMETRY, PRE and POST	No Summary	: ...
05/28/2002 14:00	SPIROMETRY, PRE and POST	No Summary	: ...

The procedures are listed in chronological order within a specified date range and a maximum number of occurrences (Max/site). The name of the report, selected date range and maximum number of occurrences (Max/site) appear above the procedure list.

Procedure Date/Time	09/02/2003 16:30
Medicine Procedure Name	ECHO
Summary	No Summary
Detailed Report	:

TITLE: ECHO EXAM	
DATE OF NOTE: MAR 05, 2002@08:53 ENTRY	
DATE: MAR 05, 2002@08:53:14	
AUTHOR: JACKSON, SARAH	EXP COSIGNER:
URGENCY: COMPLETED	STATUS:
PROCEDURE SUMMARY CODE: Abnormal	
DATE/TIME PERFORMED: MAR 04, 2002@12:21	
test	
/es/ TEST JACKSONS	
MEDICAL SPECIALIST	
Signed: 03/05/2002 12:06	

TITLE: ECHO EXAM	

Viewing the Reports

```
DATE OF NOTE: SEP 02, 2003@15:48:49 ENTRY
DATE: SEP 02, 2003@15:48:49
AUTHOR: EXP COSIGNER:
URGENCY: STATUS:
UNDICTATED
PROCEDURE SUMMARY CODE:
DATE/TIME PERFORMED: SEP 02, 2003@16:30
=====
Facility: SUPPORT ISC
=====
```

Configuring the Medicine Report to Display in CPRS

The Medicine View file (#690.2) controls which fields are displayed in the Medicine reports. You can add and delete fields in the procedure type view template, which is located in the Medicine View file. When you edit the template, the Medicine reports within the Procedures (local only), Medicine/CP tree listing and the Health Summary reports are affected.

If the report does not display, be sure the procedure that you want to display is entered in the PROCEDURE field for the appropriate template.

You can use FileMan to add fields to the Medicine View file. The following are examples of adding a multiple field and a single field to a print template.

- Here is an example of how to add field #37.1, which is a sub-file (multiple field) to the Full GI Medicine View entry.

VA FileMan 22.0

Select OPTION: **1** ENTER OR EDIT FILE ENTRIES

INPUT TO WHAT FILE: HEALTH SUMMARY COMPONENT// **690.2** MEDICINE VIEW
(36 entries)

EDIT WHICH FIELD: ALL// **<RET>**

Select MEDICINE VIEW PRINT VIEW TEMPLATE NAME: **Full GI**
ENDOSCOPY/CONSULT

PRINT VIEW TEMPLATE NAME: Full GI// **<RET>**

PRIMARY FILE: ENDOSCOPY/CONSULT// **<RET>**

Select FIELD NUMBER: 203// **<RET>**

FIELD NUMBER: 203// **<RET>**

ORDER ENTRY USAGE: UNKNOWN// **<RET>**

ASTM: **<RET>**

VALUE TYPE: **<RET>**

UNITS: **<RET>**

RANGES: **<RET>**

SEG: **<RET>**

PIECE: **<RET>**

CODING METHOD: **<RET>**

Select FIELD NUMBER: **37.1**

Are you adding '37.1' as a new FIELD NUMBER (the 46TH for this MEDICINE VIEW)? No// **y** (Yes)

FIELD NUMBER ASTM: **<RET>**

ORDER ENTRY USAGE: **<RET>**

ASTM: **<RET>**

VALUE TYPE: **<RET>**

UNITS: **<RET>**

RANGES: **<RET>**

SEG: **<RET>**

Viewing the Reports

```
PIECE: <RET>
CODING METHOD: <RET>
Select FIELD NUMBER: <RET>
Select SUB-FILE: 699.19// <RET>
SUB-FILE: 699.19// <RET>
Select SUB-FIELD: .01// <RET>
SUB-FIELD: .01// <RET>
ORDER ENTRY USAGE: <RET>
ASTM: <RET>
VALUE TYPE: <RET>
UNITS: <RET>
RANGES: <RET>
SEG: <RET>
PIECE: <RET>
CODING: <RET>
Select SUB-FIELD: <RET>
Select SUB-FILE: 699.04
Are you adding '699.04' as a new SUB-FILE (the 23RD for this MEDICINE
VIEW)? No// Y (Yes)
Select SUB-FIELD: .01
Are you adding '.01' as a new SUB-FIELD (the 1ST for this SUB-FILE)? No// Y
(Yes)
SUB-FIELD ASTM: <RET>
ORDER ENTRY USAGE: <RET>
ASTM: <RET>
VALUE TYPE: <RET>
UNITS: <RET>
RANGES: <RET>
SEG: <RET>
PIECE: <RET>
CODING: <RET>
Select SUB-FIELD: <RET>
Select SUB-FILE: <RET>
Select PROCEDURE: GEN// ?
Answer with PROCEDURE
Choose from:
COL
EGD
ERC
GEN
GIENDO
LAP
LV PARAC
PARAC
VAS

You may enter a new PROCEDURE, if you wish

Answer with PROCEDURE/SUBSPECIALTY NAME, or GLOBAL LOCATION, or
TYPE OF PROCEDURE, or PRINT NAME
Do you want the entire 83-Entry PROCEDURE/SUBSPECIALTY List? N (No)
Select PROCEDURE: GEN// <RET>
Type: Full// <RET>

Select MEDICINE VIEW PRINT VIEW TEMPLATE NAME: <RET>
```

- Here is an example of how to add a single field #204.5 to the Full GI Medicine View file (#690.2).

```

Select MEDICINE VIEW PRINT VIEW TEMPLATE NAME:      Full GI
ENDOSCOPY/CONSULT
PRINT VIEW TEMPLATE NAME: Full GI// <RET>
PRIMARY FILE: ENDOSCOPY/CONSULT// <RET>
Select FIELD NUMBER: 37.1// <RET>
  FIELD NUMBER: 37.1// <RET>
  ORDER ENTRY USAGE: <RET>
  ASTM: <RET>
  VALUE TYPE: <RET>
  UNITS: <RET>
  RANGES: <RET>
  SEG: <RET>
  PIECE: <RET>
  CODING METHOD: <RET>
Select FIELD NUMBER: 204.5
Are you adding '204.5' as a new FIELD NUMBER (the 47TH for this MEDICINE
VIEW)? No// Y (Yes)
  FIELD NUMBER ASTM: <RET>
  ORDER ENTRY USAGE: <RET>
  ASTM: <RET>
  VALUE TYPE: <RET>
  UNITS: <RET>
  RANGES: <RET>
  SEG: <RET>
  PIECE: <RET>
  CODING METHOD: <RET>
Select FIELD NUMBER: <RET>
Select SUB-FILE: 699.04// <RET>
  SUB-FILE: 699.04// <RET>
  Select SUB-FIELD: .01// <RET>
    SUB-FIELD: .01// <RET>
    ORDER ENTRY USAGE: <RET>
    ASTM: <RET>
    VALUE TYPE: <RET>
    UNITS: <RET>
    RANGES: <RET>
    SEG: <RET>
    PIECE: <RET>
    CODING: <RET>
  Select SUB-FIELD: <RET>
Select SUB-FILE: <RET>
Select PROCEDURE: GEN// <RET>
Type: Full// <RET>

Select MEDICINE VIEW PRINT VIEW TEMPLATE NAME: <RET>

```


6. ⁴Glossary

Access Code A unique sequence of characters known by and assigned only to the user, the system manager and/or designated alternate(s). The access code (in conjunction with the verify code) is used by the computer to identify authorized users.

Action A functional process that a clinician or clerk uses in the TIU computer program. For example, “Edit” and “Search” are actions. Protocol is another name for Action.

ADP Coordinator/ADPAC/Application Coordinator Automated Data Processing Application Coordinator. The person responsible for implementing a set of computer programs (application package) developed to support a specific functional area such as clinical procedures, PIMS, etc.

Application A system of computer programs and files that have been specifically developed to meet the requirements of a user or group of users.

Archive The process of moving data to some other storage medium, usually a magnetic tape, and deleting the information from active storage in order to free-up disk space on the system.

ASU Authorization/Subscription Utility, an application that allows sites to associate users with user classes, allowing them to specify the level of authorization needed to sign or order specific document types and orderables. ASU is distributed with TIU in this version; eventually it will probably become independent, to be used by many VistA packages.

Attachments Attachments are files or images stored on a network share that can be linked to the CP study. CP is able to accept data/final result report files from automated instruments. The file types that can be used as attachments are the following:

.txt	Text files
.rtf	Rich text files
.jpg	JPEG Images
.jpeg	JPEG Images
.bmp	Bitmap Images
.tiff	TIFF Graphics (group 3 and group 4 compressed and uncompressed types)
.pdf	Portable Document Format
.html	Hypertext Markup Language

.DOC (Microsoft Word files) are not supported. Be sure to convert .doc files to .rtf or to .pdf format.

⁴ Patch MD*1*2 July 2004 Chapter number changed from 5 to 6.

Background Processing Simultaneous running of a "job" on a computer while working on another job. Examples would be printing of a document while working on another, or the software might do automatic saves while you are working on something else.

Backup Procedures The provisions made for the recovery of data files and program libraries and for restart or replacement of ADP equipment after the occurrence of a system failure.

Boilerplate Text A pre-defined TIU template that can be filled in for Titles, Speeding up the entry process. TIU exports several Titles with boilerplate text which can be modified to meet specific needs; sites can also create their own.

Browse Lookup the file folder for a file that you would like to select and attach to the study. (e.g., clicking the "..." button to start a lookup).

Bulletin A canned message that is automatically sent by MailMan to a user when something happens to the database.

Business Rule Part of ASU, Business Rules authorize specific users or groups of users to perform specified actions on documents in particular statuses (e.g., an unsigned TIU note may be edited by a provider who is also the expected signer of the note).

Class Part of Document Definitions, Classes group documents. For example, "CLINICAL PROCEDURES" is a class with many kinds of Clinical Procedures notes under it. Classes may be subdivided into other Classes or Document Classes. Besides grouping documents, Classes also store behavior which is then inherited by lower level entries.

Consult Referral of a patient by the primary care physician to another hospital service/ specialty, to obtain a medical opinion based on patient evaluation and completion of any procedures, modalities, or treatments the consulting specialist deems necessary to render a medical opinion.

Contingency Plan A plan that assigns responsibility and defines procedures for use of the backup/restart/recovery and emergency preparedness procedures selected for the computer system based on risk analysis for that system.

CP Clinical Procedures.

CP Definition CP Definitions are procedures within Clinical Procedures.

⁵CP Procedure A procedure whose data is stored in the Clinical Procedures package.

CP Study A CP study is a process created to link the procedure result from the medical device or/and to link the attachments browsed from a network share to the procedure order.

⁵ Patch MD*1*2 July 2004 New Glossary term added.

CPRS Computerized Patient Record System. A comprehensive VistA program, which allows clinicians and others to enter and view orders, Progress Notes and Discharge Summaries (through a link with TIU), Problem List, view results, reports (including health summaries), etc.

Data Dictionary A description of file structure and data elements within a file.

Device A hardware input/output component of a computer system (e.g., CRT, printer).

Document Class Document Classes are categories that group documents (Titles) with similar characteristics together. For example, Cardiology notes might be a Document Class, with Echo notes, ECG notes, etc. as Titles under it. Or maybe the Document Class would be Endoscopy Notes, with Colonoscopy notes, etc. under that Document Class.

Document Definition Document Definition is a subset of TIU that provides the building blocks for TIU, by organizing the elements of documents into a hierarchy structure. This structure allows documents (Titles) to inherit characteristics (such as signature requirements and print characteristics) of the higher levels, Class and Document Class. It also allows the creation and use of boilerplate text and embedded objects.

Edit Used to change/modify data typically stored in a file.

Field A data element in a file.

File The M construct in which data is stored for retrieval at a later time. A computer record of related information.

File Manager or FileMan Within this manual, FileManager or FileMan is a reference to VA FileMan. FileMan is a set of M routines used to enter, edit, print, and sort/search related data in a file, a database.

File Server A machine where shared software is stored.

Gateway The software that performs background processing for Clinical Procedures.

Global An M term used when referring to a file stored on a storage medium, usually a magnetic disk.

GUI Graphical User Interface - a Windows-like screen that uses pull-down menus, icons, pointer devices, and other metaphor-type elements that can make a computer program more understandable, easier to use, allow multi-processing (more than one window or process available at once), etc.

Interpreter Interpreter is a user role exported with USR*1*19 to support the Clinical Procedures Class. The role of the Interpreter is to interpret the results of a clinical procedure. Users who are authorized to interpret the results of a clinical procedure are sent a notification when an instrument report and/or images for a CP request are available for interpretation. Business rules are used to determine what actions an interpreter can perform on a document of a specified class, but the interpreter themselves are defined by the Consults application. These individuals are 'clinical update users' for a given consult service.

IRMS Information Resource Management Service.

Kernel A set of software utilities. These utilities provide data processing support for the application packages developed within the VA. They are also tools used in configuring the local computer site to meet the particular needs of the hospital. The components of this operating system include: MenuMan, TaskMan, Device Handler, Log-on/Security, and other specialized routines.

LAYGO An acronym for Learn As You Go. A technique used by VA FileMan to acquire new information as it goes about its normal procedure. It permits a user to add new data to a file.

M Formerly known as MUMPS or the Massachusetts (General Hospital) Utility Multi-Programming System. This is the programming language used to write all VistA applications.

MailMan An electronic mail, teleconferencing, and networking system.

| **⁶Medicine Procedure** A procedure who's data is stored in the Medicine package.

Menu A set of options or functions available to users for editing, formatting, generating reports, etc.

Module A component of a software application that covers a single topic or a small section of a broad topic.

Namespace A naming convention followed in the VA to identify various applications and to avoid duplication. It is used as a prefix for all routines and globals used by the application.

Network Server Share A machine that is located on the network where shared files are stored.

Notebook This term refers to a GUI screen containing several tabs or pages.

OI Office of Information, formerly known as Chief Information Office Field Office, Information Resource Management Field Office, and Information Systems Center.

⁶ Patch MD*1*2 July 2004 New Glossary term added.

Option A functionality that is invoked by the user. The information defined in the option is used to drive the menu system. Options are created, associated with others on menus, or given entry/exit actions.

Package Otherwise known as an application. A set of M routines, files, documentation and installation procedures that support a specific function within VistA.

Page This term refers to a tab on a GUI screen or notebook.

Password A protected word or string of characters that identifies or authenticates a user, a specific resource, or an access type (synonymous with Verify Code).

Pointer A special data type of VA FileMan that takes its value from another file. This is a method of joining files together and avoiding duplication of information.

Procedure Request Any procedure (EKG, Stress Test, etc.) which may be ordered from another service/specialty without first requiring formal consultation.

Program A set of M commands and arguments, created, stored, and retrieved as a single unit in M.

Queuing The scheduling of a process/task to occur at a later time. Queuing is normally done if a task uses up a lot of computer resources.

RAID Redundant Array of Inexpensive Drives. Imaging uses this to store images.

| ⁷Remote Data Viewing The act of viewing a patient's data from a remote facility.

Result A consequence of an order. Refers to evaluation or status results. When you use the Complete Request (CT) action on a consult or request, you are transferred to TIU to enter the results.

<RET> Carriage return.

Routine A set of M commands and arguments, created, stored, and retrieved as a single unit in M.

Security Key A function which unlocks specific options and makes them accessible to an authorized user.

Sensitive Information Any information which requires a degree of protection and which should be made available only to authorized users.

⁷ Patch MD*1*2 July 2004 New Glossary term added.

Site Configurable A term used to refer to features in the system that can be modified to meet the needs of each site.

Software A generic term referring to a related set of computer programs. Generally, this refers to an operating system that enables user programs to run.

Status Symbols Codes used in order entry and Consults displays to designate the status of the order.

Task Manager or TaskMan A part of Kernel which allows programs or functions to begin at specified times or when devices become available. See Queuing.

Title Titles are definitions for documents. They store the behavior of the documents which use them.

TIU Text Integration Utilities.

User A person who enters and/or retrieves data in a system, usually utilizing a CRT.

User Class User Classes are the basic components of the User Class hierarchy of ASU (Authorization/Subscription Utility) which allows sites to designate who is authorized to do what to documents or other clinical entities.

User Role User Role identifies the role of the user with respect to the document in question (e.g., Author/Dictator, Expected Signer, Expected Cosigner, Attending Physician, etc.).

Utility An M program that assists in the development and/or maintenance of a computer system.

Verify Code A unique security code which serves as a second level of security access. Use of this code is site specific; sometimes used interchangeably with a password.

VistA Veterans Health Information Systems and Technology Architecture.

Workstation A personal computer running the Windows 9x or NT operating system.

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⁸ Patch MD*1*2 July 2004 Chapter number changed from 6 to 7 and new entries added.

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