



Compensation and Pension Record Interchange (CAPRI)

CAPRI-Templates - Standard Objects, Phase I (DVBA*2.7*142) Release Notes

October 2009

Department of Veterans Affairs
Office of Enterprise Development
Management & Financial Systems

Preface

Purpose of the Release Notes

The Release Notes document describes the new features and functionality of CAPRI Templates - Standard Objects, Phase I (DVBA*2.7*142) patch.

Reference Numbering System

This document uses a numbering system to organize its topics into sections and show the reader how these topics relate to each other. For example, section 1.3 means this is the main topic for the third section of Chapter 1. If there were two subsections to this topic, they would be numbered 1.3.1 and 1.3.2. A section numbered 2.3.5.4.7 would be the seventh subsection of the fourth subsection of the fifth subsection of the third topic of Chapter 2. This numbering system tool allows the reader to more easily follow the logic of sections that contain several subsections.

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1. Overview

In the Compensation and Pension Record Interchange (CAPRI), there was a need to standardize the exam questions being asked across Compensation and Pension Worksheet Module (CPWM) templates as they relate to certain body systems. In order to accomplish this goal, the CAPRI development team has developed Standardized Panels that contain standardized components known collectively as Standard Objects (SO).

A major benefit of Standardized Panels and Standard Objects is to eliminate duplicate data entry on the CAPRI CPWM templates. The benefits of Standard Objects are seen when two or more CAPRI CPWM templates that present the same question(s) are merged. For example, once data has been entered on one of the merged templates, it appears on all of the other merged templates that share its Standard Objects. In addition, report coding has been revised for the Standard Objects so that the report format for each Standardized Panel or other Standard Object is consistent across the templates.

These new Standard Objects will be incorporated into the set of CPWM templates in three phases. The main purpose of the CAPRI Templates - Standard Objects, Phase I (DVBA*2.7*142) patch is to incorporate the first phase of the Standard Objects into the set of CPWM templates.

In addition, two defects have been corrected in the Medical Opinion template.

The information contained in this document is not intended to replace the CAPRI User Manual. The software defects and enhancements are briefly discussed so that readers are aware of high-level functional changes. The CAPRI User Manual should be used to obtain detailed information regarding specific functionality.

2. Associated Remedy Tickets and New Service Requests

There are no Remedy tickets or New Service Requests associated with this patch.

3. Defect Fixes

3.1 Defect fixes without Remedy tickets

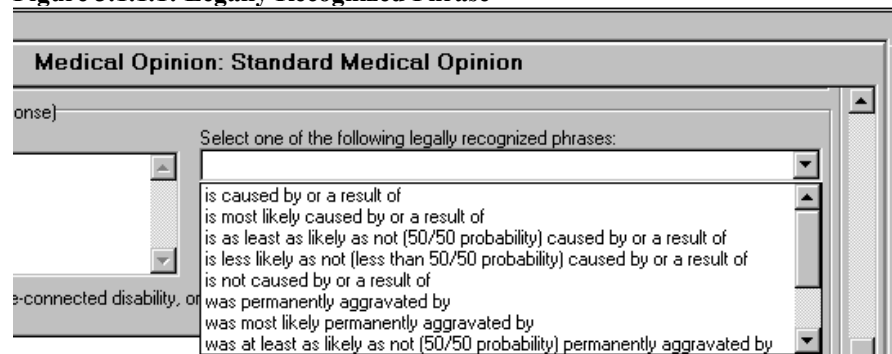
3.1.1. Medical Opinion Template Corrections

Two defects have been corrected in the Medical Opinion template:

3.1.1.1. Legally Recognized Phrase

The legally recognized phrase 'Was less likely as not (50/50 probability) permanently aggravated by' will be changed to 'Was less likely as not (less than 50/50 probability) permanently aggravated by'. The legally recognized phrases are selectable when entering a standard medical opinion.

Figure 3.1.1.1: Legally Recognized Phrase



3.1.1.2. Standard Examiners Medical Opinion

'NONSTANDARD EXAMINERS MEDICAL OPINION' will be displayed as 'STANDARD EXAMINERS MEDICAL OPINION' on the report when a standard medical opinion is selected.

Figure 3.1.1.2: Standard Examiners Medical Opinion

COMPENSATION AND PENSION EXAMINATION
MEDICAL OPINION
=====

A STANDARD MEDICAL OPINION WAS REQUESTED.
PROVIDERS RESTATEMENT OF REQUESTED MEDICAL OPINION. THIS IS NOT THE MEDICAL
OPINION ITSELF:
Condition is due to or a result of Illness...
WERE PRIVATE MEDICAL RECORDS REVIEWED: No
WERE SERVICE MEDICAL RECORDS REVIEWED: No
WERE VETERANS ADMINISTRATION RECORDS REVIEWED: No
WERE OTHER RECORDS REVIEWED: No

(STANDARD EXAMINERS MEDICAL OPINION)
THE CONDITION/DISABILITY Condition IS AS LEAST AS LIKELY AS NOT (50/50
PROBABILITY) CAUSED BY OR A RESULT OF Illness...
RATIONALE FOR OPINION GIVEN: Rationale entered here...

FULL REPORT

3.1.2. Vital Signs Weight Percentage

The values for the weight gain or loss percentage entered with Vital Signs on the Physical Exam tab did not display the percent sign (%) with the possible values. The values are now displayed as <10%, 10%, 20%, 30% and 40% or more. This change was implemented in all thirteen templates in the CAPRI Templates - Standard Objects, Phase I (DVBA*2.7*142) release: Hypertension, Respiratory, Heart, Diabetes Mellitus, Arrhythmias, General Medical Exam, Thyroid, Respiratory Diseases (Misc.), Pulmonary Tuberculosis Mycobacterial, Hemic, Acromegaly, Gulf War, and POW.

4. Enhancements

The following section is an overview of the enhancements that have been added in the CAPRI Templates - Standard Objects, Phase I (DVBA*2.7*142) patch release.

4.1 Standard Object Enhancements

4.1.1. Standardized Panels

The Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) approved the content for the Standardized Panels. These Standardized Panels were applied to the CAPRI CPWM template History tab, Physical Exam tab, Tests tab, and Diagnosis tab for thirteen templates in SO Phase I.

4.1.1.1. Standardized History Tab

Figure 4.1.1.1a: History Tab

The screenshot shows the 'History' tab selected in a software interface. At the top, there are four tabs: 'History', 'Physical Exam', 'Tests', and 'Diagnosis'. Below the tabs, there is a sub-tab labeled 'Cardiac_Standard'. The main content area is divided into two columns. The left column contains a 'Records Review' button, followed by a question 'Is or was a neoplasm present?' with radio button options 'Yes', 'No', and 'Unknown'. Below this is the text 'Neoplasm will be unique for each template'. Further down is the question 'Is there a history of trauma?' with radio button options 'Yes' and 'No', followed by the text 'Trauma summary will be unique for each template'. The right column contains four buttons stacked vertically: 'Cardiac History (Brief)', 'Cardiac History (Comprehensive)', 'Pulmonary History (Brief)', and 'Pulmonary History (Comprehensive)'.

Figure 4.1.1.1b: Trauma

SO: Trauma

Type of injury and cause:

Specific body part(s) injured:

Date injured:

Submit

Trauma summary:

Close

Figure 4.1.1.1c: Neoplasm

SO: Neoplasm

Is or was it a malignant neoplasm: ☐ Yes ☐ No ☐ Unknown

Exact date (day, month, year) of last anti-neoplastic treatment:

Exact diagnosis:

Location of neoplasm:

Type(s) of treatment:

Other comments:

Summary of neoplasms:

Submit

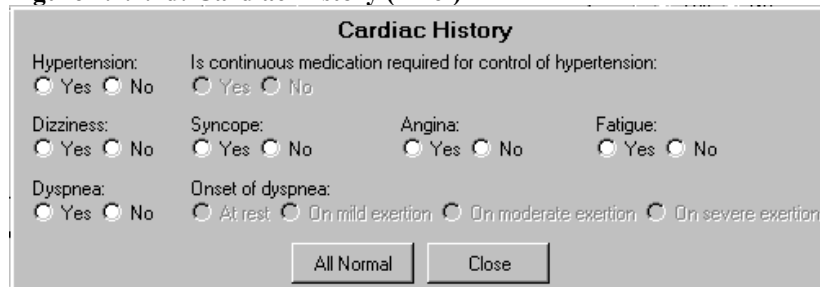
Close

Date of diagnosis:

Dates of treatment(s):

Has treatment been completed: ☐ Yes ☐ No ☐ Unknown

Figure 4.1.1.1d: Cardiac History (Brief)



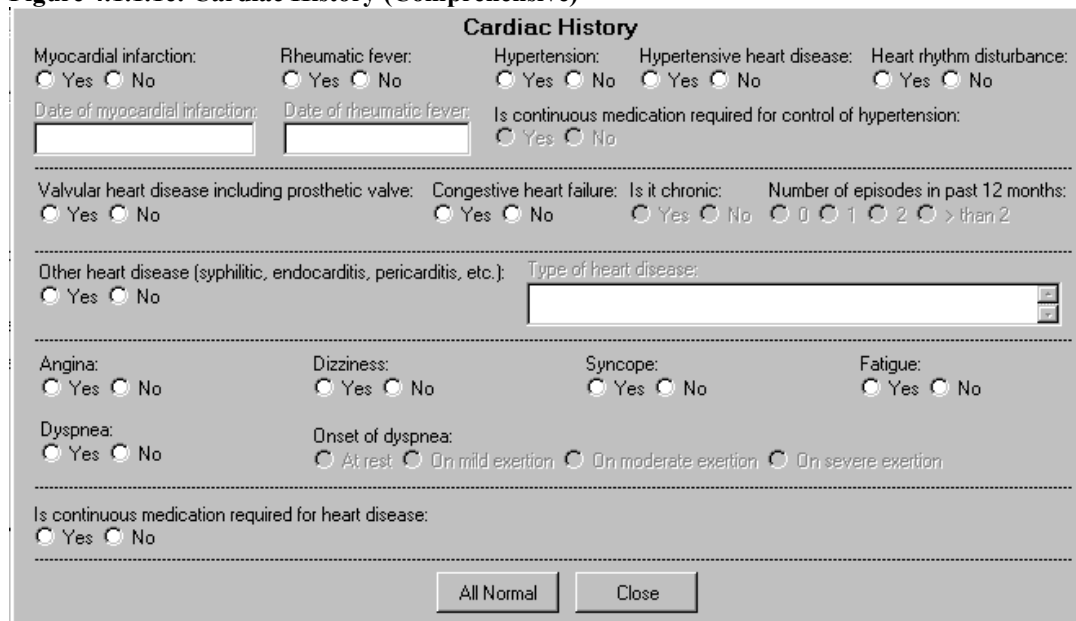
Cardiac History

Hypertension: ☐ Yes ☐ No Is continuous medication required for control of hypertension: ☐ Yes ☐ No

Dizziness: ☐ Yes ☐ No Syncope: ☐ Yes ☐ No Angina: ☐ Yes ☐ No Fatigue: ☐ Yes ☐ No

Dyspnea: ☐ Yes ☐ No Onset of dyspnea: ☐ At rest ☐ On mild exertion ☐ On moderate exertion ☐ On severe exertion

Figure 4.1.1.1e: Cardiac History (Comprehensive)



Cardiac History

Myocardial infarction: ☐ Yes ☐ No Rheumatic fever: ☐ Yes ☐ No Hypertension: ☐ Yes ☐ No Hypertensive heart disease: ☐ Yes ☐ No Heart rhythm disturbance: ☐ Yes ☐ No

Date of myocardial infarction: Date of rheumatic fever: Is continuous medication required for control of hypertension: ☐ Yes ☐ No

Valvular heart disease including prosthetic valve: ☐ Yes ☐ No Congestive heart failure: ☐ Yes ☐ No Is it chronic: ☐ Yes ☐ No Number of episodes in past 12 months: ☐ 0 ☐ 1 ☐ 2 ☐ > than 2

Other heart disease (syphilitic, endocarditis, pericarditis, etc.): ☐ Yes ☐ No Type of heart disease:

Angina: ☐ Yes ☐ No Dizziness: ☐ Yes ☐ No Syncope: ☐ Yes ☐ No Fatigue: ☐ Yes ☐ No

Dyspnea: ☐ Yes ☐ No Onset of dyspnea: ☐ At rest ☐ On mild exertion ☐ On moderate exertion ☐ On severe exertion

Is continuous medication required for heart disease: ☐ Yes ☐ No

Figure 4.1.1.1f: Pulmonary History (Brief)

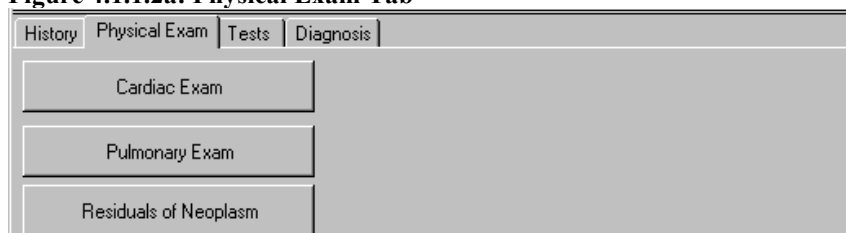
Pulmonary History			
Non-productive cough: <input type="radio"/> Yes <input type="radio"/> No	Frequency of cough: Near-constant One or several times daily Intermittent (less than daily)	Productive cough: <input type="radio"/> Yes <input type="radio"/> No	Type of productive cough: Clear Purulent or mucopurulent Blood-tinged
Wheezing: <input type="radio"/> Yes <input type="radio"/> No	Frequency of wheezing: <div></div>		
Dyspnea: <input type="radio"/> Yes <input type="radio"/> No	Onset of dyspnea: <input type="radio"/> At rest <input type="radio"/> On mild exertion <input type="radio"/> On moderate exertion <input type="radio"/> On severe exertion		
Non anginal chest pain: <input type="radio"/> Yes <input type="radio"/> No	Pain occurs at rest: <input type="radio"/> Yes <input type="radio"/> No	Pain occurs on exertion: <input type="radio"/> Yes <input type="radio"/> No	
Describe pain: <div></div>			
History of hemoptysis: <input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Moderate <input type="radio"/> Massive		Frequency: <div></div>	
Fever: <input type="radio"/> Yes <input type="radio"/> No	Anorexia: <input type="radio"/> Yes <input type="radio"/> No	Night sweats: <input type="radio"/> Yes <input type="radio"/> No	Other symptoms (describe and state frequency): <div></div>
All Normal		Close	

Figure 4.1.1.1g: Pulmonary History (Comprehensive)

Pulmonary History			
Non-productive cough: <input type="radio"/> Yes <input type="radio"/> No	Frequency of cough: Near-constant One or several times daily Intermittent (less than daily)	Productive cough: <input type="radio"/> Yes <input checked="" type="radio"/> No	Type of productive cough: Clear Purulent or mucopurulent Blood-tinged
Wheezing: <input type="radio"/> Yes <input type="radio"/> No	Frequency of wheezing: <input type="text"/>		
Dyspnea: <input type="radio"/> Yes <input type="radio"/> No	Onset of dyspnea: <input type="radio"/> At rest <input type="radio"/> On mild exertion <input type="radio"/> On moderate exertion <input type="radio"/> On severe exertion		
Non anginal chest pain: <input type="radio"/> Yes <input type="radio"/> No	Pain occurs at rest: <input type="radio"/> Yes <input type="radio"/> No	Pain occurs on exertion: <input type="radio"/> Yes <input type="radio"/> No	
Describe pain: <input type="text"/>			
History of hemoptysis: <input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Moderate <input type="radio"/> Massive		Frequency: <input type="text"/>	
Fever: <input type="radio"/> Yes <input type="radio"/> No	Anorexia: <input type="radio"/> Yes <input type="radio"/> No	Night sweats: <input type="radio"/> Yes <input type="radio"/> No	Respiratory failure: <input type="radio"/> Yes <input type="radio"/> No
Other symptoms (describe and state frequency): <input type="text"/>		Number of episodes: <input type="text"/>	
History of cor pulmonale, RVH, or pulmonary hypertension: <input type="radio"/> Yes <input type="radio"/> No		History of chronic pulmonary mycosis: <input type="radio"/> Yes <input type="radio"/> No	
Symptoms that may be related to sleep apnea: None Daytime hypersomnolence Snoring Sleep disruption Other	History of spontaneous pneumothorax: <input type="radio"/> Yes <input type="radio"/> No	Was it complete: <input type="radio"/> Yes <input type="radio"/> No	Number of episodes: <input type="text"/>
Describe other sleep apnea symptoms: <input type="text"/>		Date of first and last episodes: <input type="text"/>	
History of asthma: <input type="radio"/> Yes <input type="radio"/> No	Clinical visits for exacerbations: <input type="text"/>	Frequency of acute attacks: <input type="text"/>	
History of bronchiectasis: <input type="radio"/> Yes <input type="radio"/> No	Have there been incapacitating episodes due to infection: <input type="radio"/> Yes <input type="radio"/> No		
Total number of days of incapacitation in the past 12 months: <input type="text"/>			
History of gun shot wound with retained missile in lung: <input type="radio"/> Yes <input type="radio"/> No	Pain or discomfort on exertion: <input type="radio"/> Yes <input type="radio"/> No		
History of pulmonary embolism: <input type="radio"/> Yes <input type="radio"/> No	Currently symptomatic: <input type="radio"/> Yes <input type="radio"/> No	Was IVC surgery required: <input type="radio"/> Yes <input type="radio"/> No	
History of pleurisy with empyema: <input type="radio"/> Yes <input type="radio"/> No	Date: <input type="text"/>		
<input type="button" value="All Normal"/> <input type="button" value="Close"/>			

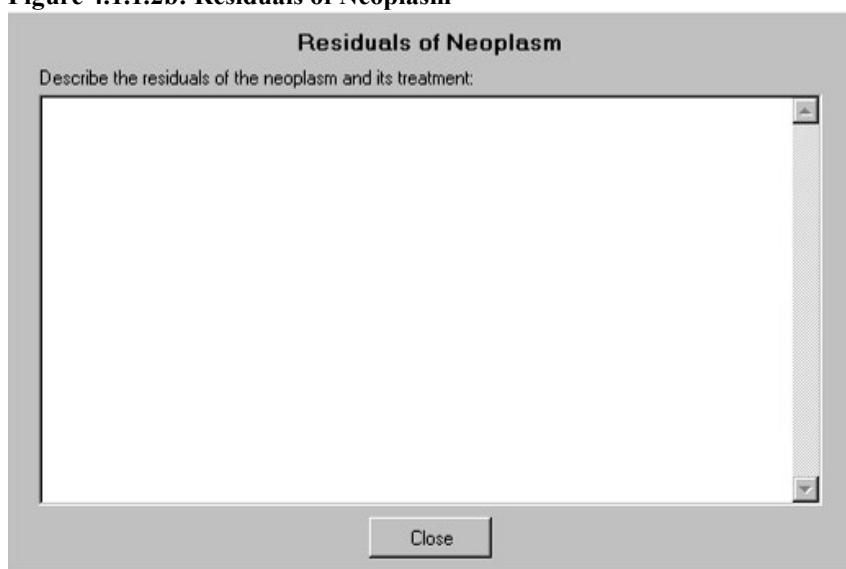
4.1.1.2. Standardized Physical Exam Tab

Figure 4.1.1.2a: Physical Exam Tab



The image shows a software interface with a tabbed menu at the top containing 'History', 'Physical Exam', 'Tests', and 'Diagnosis'. The 'Physical Exam' tab is selected. Below the tabs, there are three buttons stacked vertically: 'Cardiac Exam', 'Pulmonary Exam', and 'Residuals of Neoplasm'.

Figure 4.1.1.2b: Residuals of Neoplasm



The image shows a dialog box titled 'Residuals of Neoplasm'. Inside the dialog, there is a text prompt 'Describe the residuals of the neoplasm and its treatment:' followed by a large, empty rectangular text area with a vertical scrollbar on the right side. At the bottom center of the dialog is a 'Close' button.

Figure 4.1.1.2c: Cardiac Examination

Cardiac Examination		
Heart sounds: <input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 Describe and state significance of abnormality of heart sounds (S3 or S4): <div></div>		
Extra heart sounds: No abnormal sounds Murmur Opening snap Click Friction rub Other Describe and state significance of extra heart sounds noted: <div></div>		
Other comments on cardiac findings: <div></div>		
Rhythm: <input type="radio"/> Regular <input type="radio"/> Regularly irregular <input type="radio"/> Irregularly irregular PMI location: <input type="radio"/> 4th ICS MCL <input type="radio"/> 5th ICS MCL <input type="radio"/> 6th ICS MCL Are there signs of congestive heart failure: <input type="radio"/> Yes <input type="radio"/> No Are there signs of pulmonary hypertension: <input type="radio"/> Yes <input type="radio"/> No		
Signs of congestive heart failure: Cardiomegaly Peripheral edema (legs)-1+,2+,3+,4+ Hepatomegaly Ascites Pulmonary congestion Pleural effusion Tachycardia Jugular venous distention Other		
Signs of pulmonary hypertension: Accentuated P2 Paradoxical splitting of P2 Murmur of tricuspid regurgitation Right ventricular heave Pulmonary ejection click Other		
Other signs of congestive heart failure: <div></div>		
Other signs of pulmonary hypertension: <div></div>		
<div> <div>All Normal</div> <div>Close</div> <div>Note to Examiner</div> </div>		

Figure 4.1.1.2d: Pulmonary Exam

Pulmonary Exam	
Are breath sounds normal: <input type="radio"/> Yes <input type="radio"/> No	
Abnormal breath sounds present (Right): None Rhonchi (sonorous wheezes) Wheezes Crackles (rales) Stridor Decreased sounds Pleural rub Prolonged expiration Other	Abnormal breath sounds present (Left): None Rhonchi (sonorous wheezes) Wheezes Crackles (rales) Stridor Decreased sounds Pleural rub Prolonged expiration Other
Describe other: <div></div>	Describe other: <div></div>
Other comments on pulmonary findings: <div></div>	
<div>Close</div>	

4.1.1.3. Standardized Tests Tab

The Tests tab contains Standard Objects for Stress Test, LV Dysfunction, and Heart Size that may be displayed together on a template or independently.

Figure 4.1.1.3a: Tests Tab – Stress Test

Stress test results: METS

Other than authorized exceptions listed, the METs level, determined by exercise testing, at which symptoms of dyspnea, fatigue, angina, dizziness, or syncope result, is required as part of the examination for:

Valvular Heart Disease	Heart Valve Replacement	Syphilitic Heart Disease
Endocarditis	Coronary Bypass Surgery	Arteriosclerotic Heart Disease
Pericarditis	Cardiac Transplantation	Myocardial Infarction
Pericardial Adhesions	Cardiomyopathy	Hypertensive Heart Disease
Sustained Ventricular Arrhythmia	Atrioventricular Block	
Implantable Cardiac Pacemakers (If ventricular arrhythmia or atrioventricular block was the reason for the pacemaker)		

Check for Exceptions to Stress Test

Even when special examinations and tests (e.g., exercise testing or LV ejection fraction test) are not required under the examination protocol guidelines, they may be requested or conducted at the discretion of the examiner, when the examiner believes that the available information does not fully reflect the severity of the veteran's cardiovascular disability.

Figure 4.1.1.3b: Tests Tab – Exceptions to ETT Requirement

Exceptions to ETT Requirement

1.) Is exercise testing medically contraindicated:
☐ Yes ☐ No

Provide the medical reason exercise testing should not be conducted:

Provide an estimate of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing) that results in dyspnea, angina, dizziness, or syncope:

Provide specific examples:

2.) Does the record show LV dysfunction present by ejection fraction test:
☐ Yes ☐ No

2.a.) Is ejection fraction 50% or less:
☐ Yes ☐ No

3.) Is chronic congestive heart failure present:
☐ Yes ☐ No

4.) Has there been more than 1 episode of ACUTE CHF in the past year:
☐ Yes ☐ No

5.) Is there active infection with valvular heart disease:
☐ Yes ☐ No

6.) Is this exam being conducted within three months following cessation of therapy for active valvular infection:
☐ Yes ☐ No

7.) For endocarditis, is this examination being conducted within three months following cessation of therapy for active infection with cardiac involvement:
☐ Yes ☐ No

8.) For pericarditis, is this examination being conducted within three months following cessation of therapy for active infection with cardiac involvement:
☐ Yes ☐ No

9.) Is this exam being conducted within 3 months following an MI:
☐ Yes ☐ No

10.) For valve replacement, is this exam being conducted within 6 months following date of hospital admission for surgery:
☐ Yes ☐ No

11.) For CABG, is this exam being conducted within 3 months following admission for surgery:
☐ Yes ☐ No

12.) Has there been a cardiac transplant within the past year:
☐ Yes ☐ No

13.) Has there been a cardiac transplant more than one year ago but patient is still convalescing:
☐ Yes ☐ No

14.) Was an exercise test done and recorded within the past year:
☐ Yes ☐ No

14.a.) Is there no indication of a change in the cardiac status of the veteran since last ETT:
☐ Yes ☐ No

15.) Is it within six months following discharge for initial evaluation and medical therapy of a sustained ventricular arrhythmia or for ventricular aneurysmectomy:
☐ Yes ☐ No

16.) Is an automatic implantable Cardioverter-Defibrillator (AICD) in place:
☐ Yes ☐ No

17.) Is it within two months following hospital admission for implantation or reimplantation of an implantable cardiac pacemaker:
☐ Yes ☐ No

Close

Figure 4.1.1.3c: Tests Tab – LV Dysfunction

LV Dysfunction

Was testing for LV dysfunction done?

☐ Yes ☐ No

What was the ejection fraction?

Figure 4.1.1.3d: Tests Tab – Heart Size

Heart Size

What is the heart size?

☐ Normal ☐ Smaller than normal ☐ Larger than normal

Method of determination of size? Other method:

X-ray
Echocardiogram
Electrocardiogram
Other

4.1.1.4. Standardized Diagnosis Tab

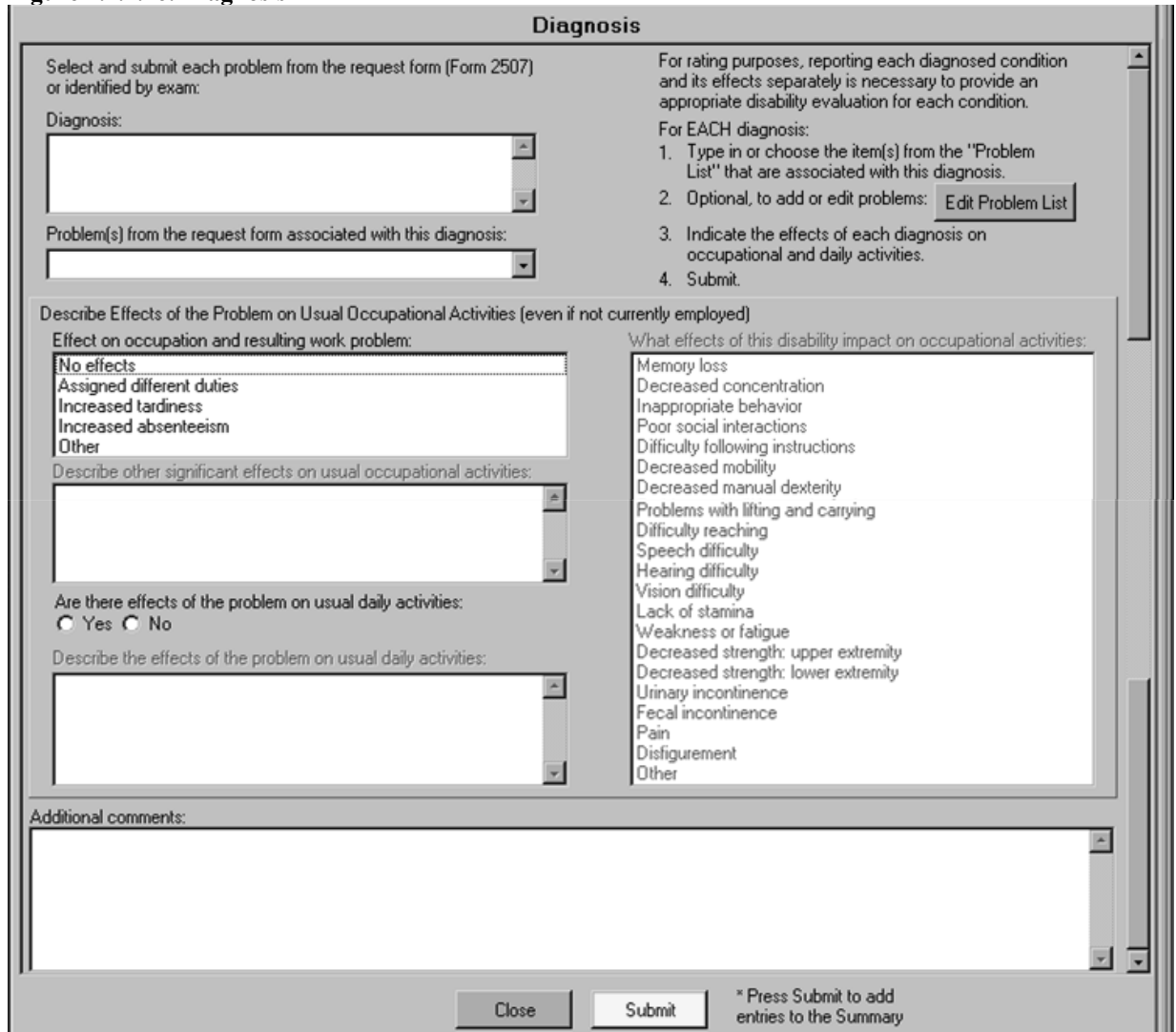
Figure 4.1.1.4a: Diagnosis Tab

The screenshot shows a software window with a tabbed interface. The 'Diagnosis' tab is selected, showing a sub-tab 'Cardiac_Standard'. Below this, there is a question 'Was a Medical Opinion Requested?' with radio buttons for 'Yes' and 'No'. Two buttons, 'Employment' and 'Diagnosis', are visible. At the bottom, there is a section titled 'Summary of diagnosis:' followed by a large, empty text area with a vertical scrollbar.

Figure 4.1.1.4b: Employment History

The screenshot shows a form titled 'Employment History'. It is divided into two main columns. The left column contains fields for 'Usual occupation:', 'Is veteran currently employed:' (with 'Yes' and 'No' radio buttons), 'Type of employment:', 'Time lost from work during last 12-month period:', 'Cause(s) of time lost from work in last 12-month period:', and 'Other occupational history since discharge (with dates) or since last exam if this is a review exam:'. The right column contains fields for 'Retired or unemployed' (with 'Is veteran retired:' and 'Date of retirement:'), 'Cause of retirement:' (with a list of options: 'Eligible by age or duration of work', 'Medical (physical problem)', 'Medical (psychiatric problem)', and 'Other'), 'Specify medical (physical) problems:', 'Specify psychiatric problems:', 'Other cause of retirement:', 'Is veteran unemployed but not retired:' (with 'Yes' and 'No' radio buttons), 'Duration of current unemployment:', and 'Reasons given for unemployment:'. A 'Close' button is located at the bottom center.

Figure 4.1.1.4c: Diagnosis



Diagnosis

Select and submit each problem from the request form (Form 2507) or identified by exam:

Diagnosis:

Problem(s) from the request form associated with this diagnosis:

Describe Effects of the Problem on Usual Occupational Activities (even if not currently employed)

Effect on occupation and resulting work problem:

No effects
Assigned different duties
Increased tardiness
Increased absenteeism
Other

Describe other significant effects on usual occupational activities:

Are there effects of the problem on usual daily activities:
☐ Yes ☐ No

Describe the effects of the problem on usual daily activities:

What effects of this disability impact on occupational activities:

Memory loss
Decreased concentration
Inappropriate behavior
Poor social interactions
Difficulty following instructions
Decreased mobility
Decreased manual dexterity
Problems with lifting and carrying
Difficulty reaching
Speech difficulty
Hearing difficulty
Vision difficulty
Lack of stamina
Weakness or fatigue
Decreased strength: upper extremity
Decreased strength: lower extremity
Urinary incontinence
Fecal incontinence
Pain
Disfigurement
Other

Additional comments:

Close Submit * Press Submit to add entries to the Summary

4.1.2. Acromegaly Template

The following Standard Objects were added to the Acromegaly template:

4.1.2.1. History Tab

Standardized Panels for the History tab include:

- Neoplasm
- Cardiac History (Brief)

4.1.2.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.2.3. Tests Tab

Standardized Panels for the Tests tab include:

- Heart Size

4.1.2.4. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.3. Arrhythmias Template

The following Standard Objects were added to the Arrhythmias template:

4.1.3.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Brief)

4.1.3.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.3.3. Tests Tab

Standardized Panels for the Tests tab include:

- Stress Test
- LV Dysfunction
- Heart Size

4.1.3.4. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.4. Diabetes Mellitus Template

The following Standard Objects were added to the Diabetes Mellitus template:

4.1.4.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Brief)

4.1.4.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.4.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.5. General Medical Examination Template

The following Standard Objects were added to the General Medical Examination template:

4.1.5.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Comprehensive)

4.1.5.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.5.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

In addition, the Capacity to Handle Financial Affairs button has been removed from the Diagnosis Tab on the General Medical Examination template.

4.1.6. Gulf War Guidelines Template

The following Standard Objects were added to the Gulf War Guidelines template:

4.1.6.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Comprehensive)

4.1.6.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.6.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.7. Heart Template

The following Standard Objects were added to the Heart template:

4.1.7.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Brief)

4.1.7.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.7.3. Tests Tab

Standardized Panels for the Tests tab include:

- Stress Test
- LV Dysfunction
- Heart Size

4.1.7.4. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.8. Hemic Diseases Template

The following Standard Objects were added to the Hemic Diseases template:

4.1.8.1. History Tab

Standardized Panels for the History tab include:

- Neoplasm
- Cardiac History (Brief)
- Pulmonary History (Brief)

4.1.8.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.8.3. Tests Tab

Standardized Panels for the Tests tab include:

- Heart Size

4.1.8.4. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.9. Hypertension Template

The following Standard Objects were added to the Hypertension template:

4.1.9.1. History Tab

Standardized Panels for the History tab include:

- Cardiac History (Comprehensive)
- Pulmonary History (Brief)

4.1.9.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Cardiac Examination
- Pulmonary Exam

4.1.9.3. Tests Tab

Standardized Panels for the Tests tab include:

- Stress Test
- LV Dysfunction
- Heart Size

4.1.9.4. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.10. Prisoner of War Protocol Examination Template

The following Standard Objects were added to the Prisoner of War Protocol Examination template:

4.1.10.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Comprehensive)
- Pulmonary History (Comprehensive)

4.1.10.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.10.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.11. Pulmonary Tuberculosis and Mycobacterial Diseases Template

The following Standard Objects were added to the Pulmonary Tuberculosis and Mycobacterial Diseases template:

4.1.11.1. History Tab

Standardized Panels for the History tab include:

- Neoplasm
- Cardiac History (Brief)
- Pulmonary History (Comprehensive)

4.1.11.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.11.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

In addition to the standard Diagnosis panel questions on the Pulmonary Tuberculosis and Mycobacterial Diseases template, the Diagnosis tab now includes questions specific to pulmonary tuberculosis and mycobacterial diseases that were previously displayed with the Diagnosis button. Submit logic has been removed from the Diagnosis section.

4.1.12. Respiratory (Obstructive, Restrictive, and Interstitial) Template

The following Standard Objects were added to the Respiratory (Obstructive, Restrictive, and Interstitial) template:

4.1.12.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Cardiac History (Brief)
- Pulmonary History (Comprehensive)

4.1.12.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Cardiac Examination
- Pulmonary Exam

4.1.12.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.13. Respiratory Diseases, Miscellaneous Template

The following Standard Objects were added to the Respiratory Diseases, Miscellaneous template:

4.1.13.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Brief)
- Pulmonary History (Comprehensive)

4.1.13.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination
- Pulmonary Exam

4.1.13.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.14. Thyroid and Parathyroid Diseases Template

The following Standard Objects were added to the Thyroid and Parathyroid Diseases template:

4.1.14.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm
- Cardiac History (Brief)
- Pulmonary History (Brief)

4.1.14.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Cardiac Examination

- Pulmonary Exam

4.1.14.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.2 Template Enhancements

On the Vital Signs panel, the Weight Gain or Loss section has been enhanced. When the user selects 'Loss' or 'Gain' in the 'Weight Change' field, but the percentage to baseline is not selected, the report will display the Weight Change value without its comparison to baseline. The 13 templates being released with SO Phase I have been modified to reflect this enhancement: Hypertension, Respiratory, Heart, Diabetes Mellitus, Arrhythmias, General Medical Exam, Thyroid, Respiratory Diseases (Misc.), Pulmonary Tuberculosis Mycobacterial, Hemic, Acromegaly, Gulf War, and POW.

The following are examples of when the Vital Signs Weight Loss or Weight Gain percentage follow-on questions have not been answered and how the report will now display:

4.2.1. Weight Change: Loss with no % of weight change selected

Figure 4.2.1a: Weight Change: Loss – Entered on Template

Weight: 120 Pounds Height: 69 ☐ inch ☒ cm

Weight Change ☐ None ☒ Loss ☐ Gain

Weight Loss (percent of weight loss compared to baseline) (average weight in the 2 years preceding onset of disease)

Weight Gain (percent of weight gain compared to baseline) (average weight in the 2 years preceding onset of disease)

Figure 4.2.1b: Weight Change: Loss – Displayed on Report

```
PHYSICAL EXAM
=====

VITAL SIGNS
-----

HEIGHT: 69 cm.
WEIGHT: 120 lbs.
WEIGHT CHANGE: Loss
    WEIGHT CHANGE: Loss; COMPARED TO BASELINE

TESTS
=====

DIAGNOSIS
=====

*** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***

FULL REPORT
```

4.2.2. Weight Change: Gain with no % of weight change selected

Figure 4.2.2a: Weight Change: Gain – Entered on Template

Weight: 120 Pounds Height: 69 ☐ inch ☒ cm

Weight Change ☐ None ☐ Loss ☒ Gain

Weight Loss (percent of weight loss compared to baseline) (average weight in the 2 years preceding onset of disease)

Weight Gain (percent of weight gain compared to baseline) (average weight in the 2 years preceding onset of disease)

Close

Figure 4.2.2b: Weight Change: Gain – Displayed on Report

```
PHYSICAL EXAM
=====

VITAL SIGNS
-----

HEIGHT: 69 cm.
WEIGHT: 120 lbs.
WEIGHT CHANGE: Gain
    WEIGHT CHANGE: Gain; COMPARED TO BASELINE

TESTS
=====

DIAGNOSIS
=====

*** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***
```

FULL REPORT

4.2.3. Weight Change: None

Figure 4.2.3a: Weight Change: None – Entered on Template

Weight: 120 Pounds Height: 69 ☐ inch ☒ cm

Weight Change ☒ None ☐ Loss ☐ Gain

Weight Loss (percent of weight loss compared to baseline) (average weight in the 2 years preceding onset of disease)

Weight Gain (percent of weight gain compared to baseline) (average weight in the 2 years preceding onset of disease)

Close

Figure 4.2.3b: Weight Change: None – Displayed on Report

PHYSICAL EXAM
=====

VITAL SIGNS

HEIGHT: 69 cm.
WEIGHT: 120 lbs.
WEIGHT CHANGE: None

TESTS
=====

DIAGNOSIS
=====

*** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***** DRAFT ***

FULL REPORT

5. Software and Documentation Retrieval

5.1 VistA Patch DVBA*2.7*142

The VistA software is being distributed as a PackMan patch message through the National Patch Module (NPM). The KIDS build for this patch is DVBA*2.7*142.

5.2 User Documentation

The user documentation for this patch may be retrieved directly using FTP. The preferred method is to FTP the files from:

REDACTED

This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:

OI&T Field Office	FTP Address	Directory
REDACTED		

The following files will be available:

File Name	Format	Description
DVBA_27_P142_RN.PDF	BINARY	Release Notes

The VistA Documentation Library (VDL) web site will also contain the 'DVBA*2.7*142 Release Notes'. This web site is usually updated within 1-3 days of the patch release date: <http://www.va.gov/vdl/application.asp?appid=133>