

Guidelines for Past Medical History Data Entry

Goals

- Clarity
- Brevity

Use a bullet format, using a tick mark (-) as the bullet at the beginning of each line, for additional information or modifying information added in “Comments.”

Special conditions

Obesity is a major comorbidity affecting multiple gastrointestinal, liver and sedation-related matters. It must always be defined if present in our EMR. Do not specify the BMI in the “Disease” box. It can be added, if desired, in the comment box as “-BMI 46.” Please round to the nearest full unit. Please use one of the following terms in the Metabolic/endocrine pull-down:

- Obesity, class I (*BMI 30-34.9*)
- Obesity, class II (*BMI 35-39.9*)
- Obesity, class III (*BMI >40*)
- Overweight (*BMI 25-25.9*)
-

Cardiac testing data should be organized, when pertinent, with the test date under the test category:

- Catheterization data (identify type of stents and whether drug-eluting, if known)
- Echocardiogram data (includes stress echo data)
- Myocardial imaging data (for Myoview or other scintigraphic data)

This scheme reduces the potential for confusion in which test data describing one condition is listed in a narrative under another disease process and reduces duplicate entry. Significant diseases states must be individually identified in line item entries even if reported in a test data entry.

Implanted cardiac devices (pacemakers and ICDs)

In patients with implanted cardiac devices, delineate the following in the pertinent comments box:

- type of cardiac device
- indication for the device
- underlying cardiac rhythm
- degree of pacemaker-dependence

Chronic kidney disease should be classified using current National Kidney Foundation terminology. Chronic kidney disease is defined as either kidney damage or GFR <60 mL/min/1.73 m² for ≥3 months

- Chronic kidney disease, stage 1 (normal or increased GFR: ≥90)
- Chronic kidney disease, stage 2 (mildly decreased GFR: 60-89)
- Chronic kidney disease, stage 3 (moderately decreased GFR: 30-59)
- Chronic kidney disease, stage 4 (severely decreased GFR: 15-29)
- Chronic kidney disease, stage 5 (kidney failure: GFR <15 or dialysis)

General conventions

- Use the “Conditions” box for diagnoses (names of acute or chronic diseases). Leave a tick mark (-) in this box if a “procedure” only needs to be listed and no diagnosis is known. This is necessary because NextGen “looks” in the “Conditions” box to determine if it will print the line of interest when a print report is generated. If the “Conditions” box is empty, nothing will print, even if “appendectomy” has been entered on this line as a “Procedure.” Anything in the box (such as a -) will cause the line to print.
- List the year a procedure is performed or a condition is established, if pertinent to GI or sedation-related care
- List modifying information in an outline form using a tick mark (-) preceding each line in the Comments section if pertinent. Leave the “Condition” as simple as possible, placing appropriate additional information in outline form in Comments.
- For Conditions and Procedures, use the provided pull down lists unless the appropriate term is not provided, and list modifying factors after the primary disease state or procedure
 - Examples
 - Favored: “Barrett’s esophagus, short segment
 - Avoid: Short segment Barrett’s esophagus
 - Favored: “Nephrectomy-L”
 - Avoid: Left nephrectomy
- Specify “Obesity” for BMI of >30 and <40 and “Obesity, morbid” for BMI >40.

Special conditions

Do

- Use predefined disease descriptions in pull-down menus

Do not

- Free-form type a diagnosis, unless it is not provided in the pull-down menu
- Precede the diagnosis with “Hx of” (modifiers, if needed, should follow the diagnosis)
- List diseases in the “Procedure” box
- List procedures in the “Conditions” box
- List “medications” or “meds” in the “management” box (medications are listed in the medication module)
- List endoscopic procedures (colonoscopy, EGD) in the procedure’s box
- List dates in the “Condition” or “Procedure” box (use the year box for most cases, adding the month if the procedure is recent and the information is pertinent)
- Use abbreviations that are not defined in our pull-down menus
- Use narrative sentences in “Comments” (outline phrases are preferred)
- Use terms such as “recent” in ascribing a time element (remember that your description may be read years from now, and what is presently “recent” will not be recent then)