



Provider Workflow mPage + DynDoc

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Table of Contents

Provider Workflow mPage+DynDoc.....	2
View only components.....	2
Modifiable components.....	2
Filters.....	3
Toggle between table and flowsheet view.....	3
Refreshing individual components.....	4
Document review.....	4
Lab Reports	5
Diagnostic Imaging	5
Medications.....	6
Order Entry.....	6
Free text Components.....	8
Contextual View of Text boxes	8
Tagging	9
Tagging Lab Values	10
Tagging Text From Clinical Documents.....	11
Tagging Text From Radiology Reports	11
Creating A Clinical Note Using Dynamic Documentation.....	11
Review Note Type	15
Distribution of Provider DynDoc notes	16
Sending reports to out-of-province providers.....	17
Example of the final note.....	18

Provider Workflow mPage+DynDoc

The screenshot shows a web-based medical record system. On the left, a sidebar lists various patient data categories: Patient Information, Problems and Diagnosis, Documents (7), Order Profile (45), Histories, New Order Entry, Vital Signs, Labs (1), Microbiology ..., Pathology ..., Diagnostic Imaging ..., Visits ..., Immunizations ..., Allergies ..., Medications ..., Home Medications ..., Medications ..., Subsystem History of Present Disease, Objective/Physical Exam, Hospital Course, Review of Systems, Assessment and Plan, Create Note, History & Physical, and Physician Progress Note. The main area is divided into several components: 'Patient Information' (Addresses, Contact Information, Emergency Contact), 'Problems and Diagnosis' (Classification: Medical an., Add as This Visit, Vocabulary: SNOMED CT, Add Problem, Active Problems list including Diabetes Mellitus, Pneumonia, Bipolar, Congestive heart failure, and a 'Resolved Chronic Problems' section), and 'Subjective/History of Present Illness' (Font, Size, Bold, Italic, Underline, etc., with a 'Save' button). Other visible components include 'Objective/Physical Exam', 'Hospital Course' (with a text box containing 'this is free text' and a timestamp 'Constantine, Marc, RN NOV 20, 2025 11:40'), and 'Review of Systems'.

The provider specific Workflow mPage will replace the Patient Summary. The components on the mPage display information about the patient.

View only components

Some components are for display purposes only. An example of this would be the “Patient Information” Component.

This screenshot shows the 'Patient Information' component. It is divided into three sections: 'Addresses' (Home: 12 Water, Charlottetown, PE X0X0X0), 'Contact Information' (Home Phone: (902) 222-2222, Preferred: --), and 'Emergency Contact' (Name: ZZTEST, MOTHER, Relationship: Mother, Home: (902) 222-2222).

Modifiable components

Other components are interactive in that they contain links or allow certain functions to be performed. An example is “Allergies.” It displays current food and drug allergies and allows the addition of new or undocumented allergies.

This screenshot shows the 'Allergies' component. It lists two allergies: penicillin (Medium severity, Drug category, Active status) and Bee Stings (High severity, Environment category, Active status). A search bar at the top right contains the text 'clinda'. Below the list is a 'Histories' section with tabs for Problems, Procedure, Family, and Social History. The 'Problems' tab is selected, showing a list of past conditions: Appendectomy, Chronic congestive heart failure, and Resolved Problems (2). A classification dropdown is also present.

Filters

Some components contain filtering options as well. An example is the Documents component. Users can view documents for certain timeframes in the past (1 week, 12 months, etc.). They can also filter to just view documents authored by them, documents by encounter, etc.

Documents (7)					
Time of Service		Subject	Note Type	Author	Last Updated
DEC 15, 2021 14:51	Daily Progress / SOAP...	Physician Progress Note	Test, Hospitalist,	DEC 15, 2021 15:04	Test, Hospitalist,
SEP 14, 2021 15:30	Daily Progress / SOAP...	Physician Progress Note	Test, Hospitalist,	SEP 14, 2021 15:30	Test, Hospitalist,
SEP 14, 2021 15:22	Daily Progress / SOAP...	Physician Progress Note	Test, Hospitalist,	SEP 14, 2021 15:22	Test, Hospitalist,
DEC 02, 2021 12:01	Daily Progress / SOAP...	Physician Progress...	Test, Hospitalist,	DEC 02, 2021 12:13	Test, Hospitalist,
SFP 14. 2021 15:06	Daily Progress / SOAP...	Physician Progress Note	Test, Hospitalist.	SFP 14. 2021 15:07	Test, Hospitalist.

Toggle between table and flowsheet view.

Some components contain options to allow for different display views. An example can be found on the Vital Signs component. The end user can toggle between table and flowsheet views (iVIEW).

Vital Signs					
		Today	06:00	04:00	02:15
Temp	degC	36.4	35.9	36.0△	36.2△
Peripheral Pulse Rate	bpm	85	78	76	80
BP	mmHg	118 / 68	120 / 90	122 / 80△	130 / 85△
HR	bpm	85	78	76	80
Respiratory Rate	br/min	18	18△	20△	16△
SpO2 Saturation	%	98	99	98△	100△
Blood Glucose	Ca... mmol/L	4.6	5.2	--	--

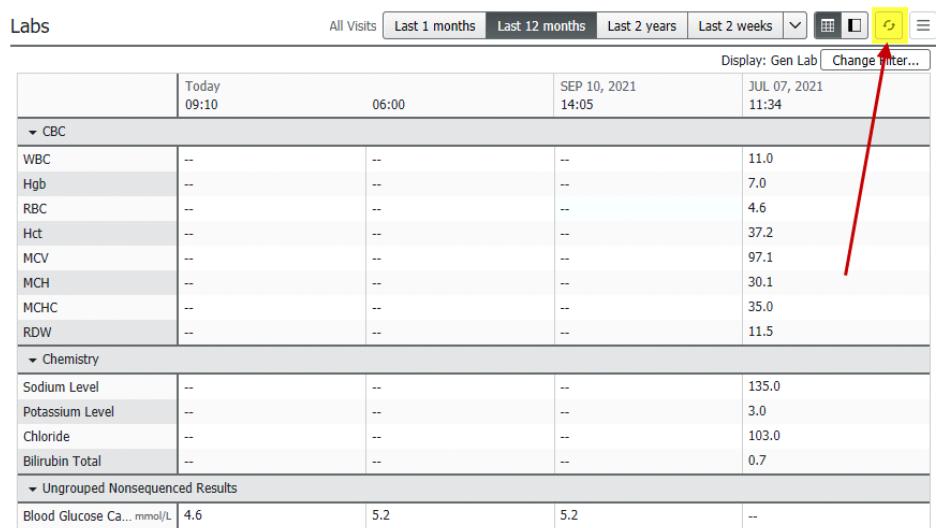
Table view

Vital Signs		
Latest		
Temp	36.4	35.9
degC	DEC 16, 2021 09:10	DEC 16, 2021 06:00
Peripheral Pulse Rate	85	78
bpm	DEC 16, 2021 09:10	DEC 16, 2021 06:00
BP	118 / 68	120 / 90
mmHg	DEC 16, 2021 09:10	DEC 16, 2021 06:00
HR	85	78
bpm	DEC 16, 2021 09:10	DEC 16, 2021 06:00
Respiratory Rate	18	18△
br/min	DEC 16, 2021 09:10	DEC 16, 2021 06:00
SpO2 Saturation	98	99

Flowsheet view (iVIEW)

Refreshing individual components

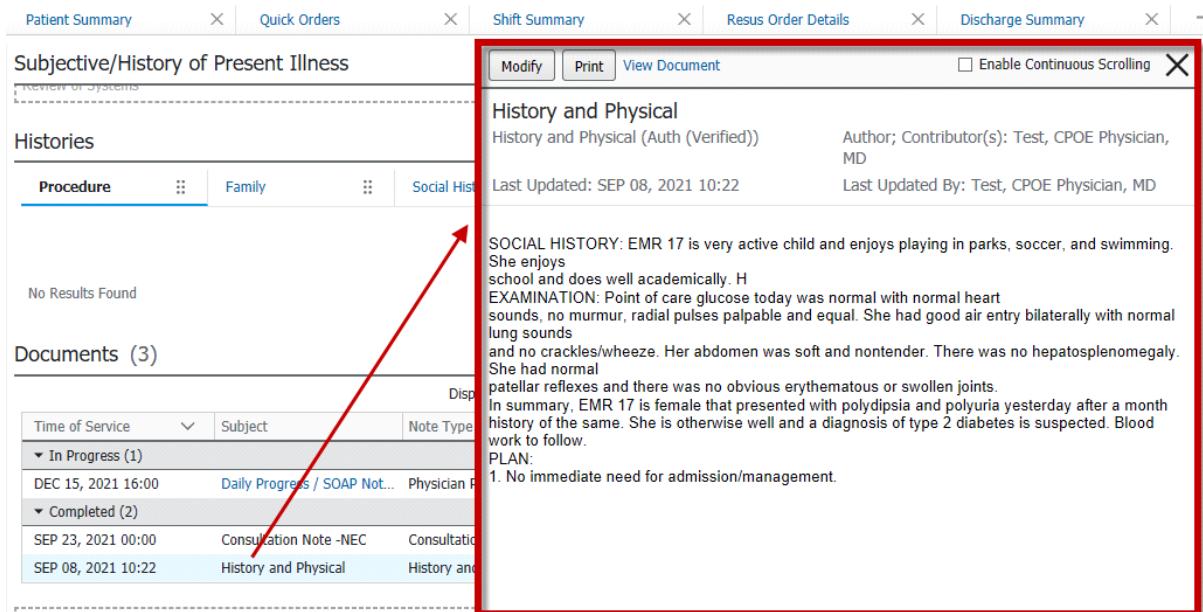
Some components also have a refresh option that can be used to update the content to the most current. For example, if you know that a CBC result is pending on a patient, but you do not see it posted, you can refresh the Lab component, and if processed, the result will display.



A screenshot of the 'Labs' component in a medical software. The interface includes a header with time filters (All Visits, Last 1 months, Last 12 months, Last 2 years, Last 2 weeks) and a refresh button (a circular arrow icon). Below the header is a table of laboratory results. The table has columns for Test, Today, 09:10, 06:00, SEP 10, 2021, 14:05, and JUL 07, 2021, 11:34. The table is divided into sections: 'CBC', 'Chemistry', and 'Ungrouped Nonsequenced Results'. A red arrow points from the text above to the refresh button in the header.

Document review

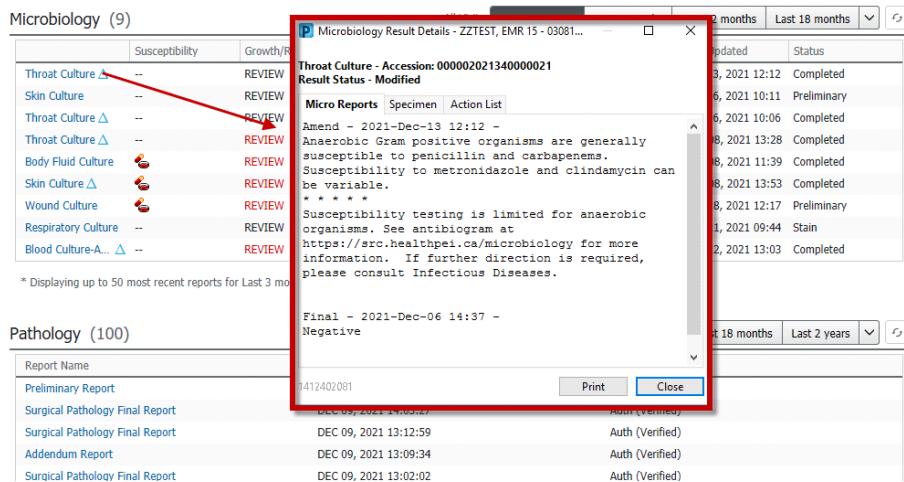
You can review documents in the Document component by clicking on the document name and a window will pop up which allows you to view the content.



A screenshot of the 'Document' component in a medical software. The interface shows tabs for 'Patient Summary', 'Quick Orders', 'Shift Summary', 'Resus Order Details', and 'Discharge Summary'. A red box highlights a 'View Document' window for a 'History and Physical' note. The window contains fields for 'Modify', 'Print', and 'View Document'. It also includes 'Enable Continuous Scrolling' and a close button. The document content is visible within the window, showing sections for 'History and Physical', 'Author/Contributor(s)', 'Last Updated', and 'Last Updated By'. A red arrow points from the text above to the 'View Document' button in the highlighted window.

Lab Reports

Lab reports also function in a similar fashion. The Microbiology and Pathology components each contain lab reports based on the filters chosen. Click on the title of the report, and the document will open for viewing.



Microbiology (9)

	Susceptibility	Growth/R
Throat Culture	--	REVIEW
Skin Culture	--	REVIEW
Throat Culture	--	REVIEW
Throat Culture	--	REVIEW
Body Fluid Culture		REVIEW
Skin Culture		REVIEW
Wound Culture		REVIEW
Respiratory Culture	--	REVIEW
Blood Culture-A...	--	REVIEW

* Displaying up to 50 most recent reports for Last 3 months

Pathology (100)

Report Name
Preliminary Report
Surgical Pathology Final Report
Surgical Pathology Final Report
Addendum Report
Surgical Pathology Final Report

Diagnostic Imaging

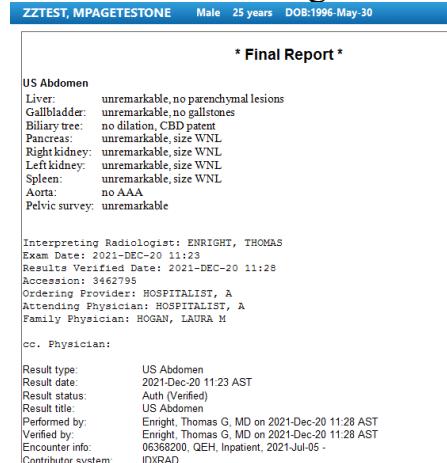
The Diagnostic Imaging component is organized into sections that each display links to reports based on the test ordered.



Diagnostic Imaging (1)

Name	Reason For Exam	Resulted	Last Updated	Status
▼ Computed Tomography (0)				
▼ X-Ray (0)				
▼ Magnetic Resonance Imaging (0)				
▼ Mammography (0)				
▼ Nuclear Medicine (0)				
▼ Ultrasound (1)				
US Abdomen	--	DEC 20, 2021 11:23	DEC 20, 2021 11:28	Auth (Verified)
▼ Special/Interventional (0)				

The title of each diagnostic report is a link to the radiology report and will open.



*** Final Report ***

US Abdomen

Liver: unremarkable, no parenchymal lesions
Gallbladder: unremarkable, no gallstones
Biliary tree: no dilation, CBD patent
Pancreas: unremarkable, size WNL
Right kidney: unremarkable, size WNL
Left kidney: unremarkable, size WNL
Spleen: unremarkable, size WNL
Aorta: no AAA
Pelvic survey: unremarkable

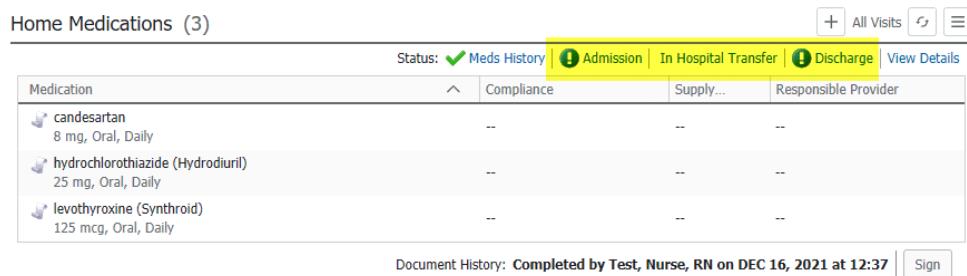
Interpreting Radiologist: ENRIGHT, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462795
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M
cc. Physician:

Result type: US Abdomen
Result date: 2021-Dec-20 11:23 AST
Result status: Auth (Verified)
Result title: US Abdomen
Performed by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
Verified by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
Encounter info: 06368200, QEH, Inpatient, 2021-Jul-05
Contributor system: IDRAD

Medications

The Home Medications component displays a list of the current home medications and the status of the medication documentation. The various stages of reconciliation can also be completed from this component by using the links provided.

When transferring a patient from one acute facility to another intra-provincially, the Hospital-to-Hospital Medication Reconciliation must be completed through the “Orders Page” - NOT from the M pages.



Home Medications (3)

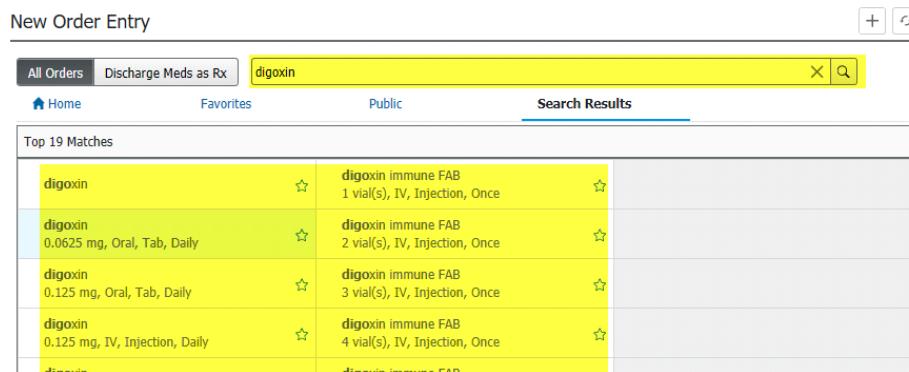
Status: Meds History | Admission | In Hospital Transfer | Discharge | View Details

Medication	Compliance	Supply...	Responsible Provider
candesartan 8 mg, Oral, Daily	--	--	--
hydrochlorothiazide (Hydrodiuril) 25 mg, Oral, Daily	--	--	--
levothyroxine (Synthroid) 125 mcg, Oral, Daily	--	--	--

Document History: Completed by Test, Nurse, RN on DEC 16, 2021 at 12:37 | Sign

Order Entry

Orders can be entered using the New Order Entry component. The search field will return results for the medication below and display all associated order sentences.



New Order Entry

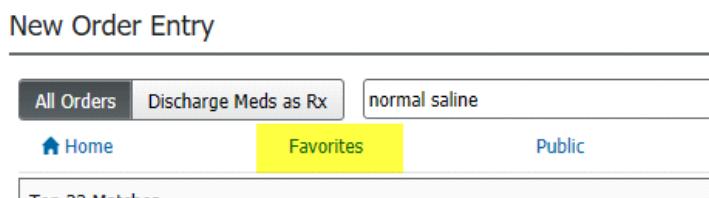
All Orders Discharge Meds as Rx

Home Favorites Public Search Results

Top 19 Matches

digoxin	digoxin immune FAB 1 vial(s), IV, Injection, Once
digoxin 0.0625 mg, Oral, Tab, Daily	digoxin immune FAB 2 vial(s), IV, Injection, Once
digoxin 0.125 mg, Oral, Tab, Daily	digoxin immune FAB 3 vial(s), IV, Injection, Once
digoxin 0.125 mg, IV, Injection, Daily	digoxin immune FAB 4 vial(s), IV, Injection, Once
digoxin	digoxin immune FAB

You can also access your Favorites folder here as well.



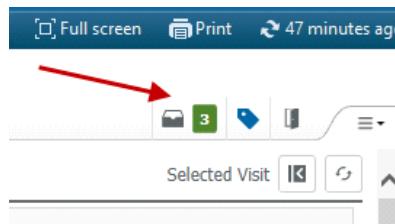
New Order Entry

All Orders Discharge Meds as Rx

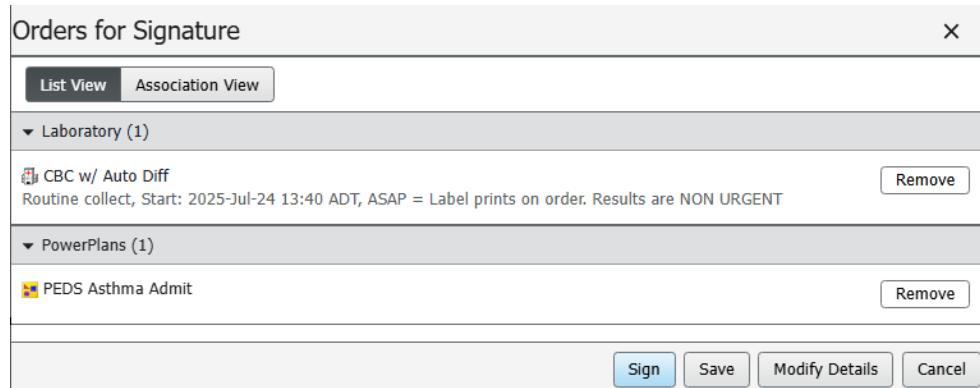
Home Favorites Public

Top 22 Matches

A small green icon with the number of orders selected will appear in the upper right corner of the screen.



Click on the green icon and a box will appear that contains all the orders & sentences you selected on the component. The orders can be removed, modified, or signed.



Any newly signed orders will appear, along with other current and active orders, on the Order Profile component. This component will display orders for the current patient encounter.

Order Profile (22)					Selected Visit
Daily COVID-19 Symptom Assessment	2021-Jul-05 14:51, Once, Stop Date 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
Hand Hygiene	Start: 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
TLR	2021-Jul-05 14:51, Stop Date 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
Continuous Infusions (1)					
Normal Saline IV Bolus 250 mL	250 mL/hr, IV, Stop: 2021-Dec-16 14:58	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
Medications (7)					
alprazolam (Xanax)	1 mg, Oral, BID	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
amLODIPine	5 mg, Oral, Daily	DEC 17, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
cefazolin	2,000 mg, IV, interval q12h	DEC 01, 2021...	Ordered	DEC 01, 2021...	Test, CPOE Ph...
diclofenac	25 mg, Oral, TID	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
digoxin	0.0625 mg, Oral, Daily	DEC 17, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
insulin lispro (Humalog insulin)	2 unit(s), Subcutaneous, Morning	DEC 02, 2021...	Ordered	DEC 01, 2021...	Test, CPOE Ph...
metoprolol	2.5 mg, IV, q5minutes	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
Non Categorized (2)					
Automate Patient Data Hospitalist Adult	2021-Jul-07 11:33, Stop Date 2021-Jul-07 11:33	JUL 07, 2021 1...	Ordered	JUL 07, 2021 1...	Unknown Physi...
Automate Patient Data Hospitalist Adult	2021-Jul-07 11:15, Stop Date 2021-Jul-07 11:15	JUL 07, 2021 1...	Ordered	JUL 07, 2021 1...	Test, Hospitalist,

Free text Components

The mPage contains free text components that allow you to enter notations while you are reviewing documentation. In any of these free text fields, Dragon Dictation can be utilized. These components are:

- Subjective/History of Present Illness
- Objective/Physical Exam
- Review of Systems
- Assessment and Plan
- Hospital Course

These components allow you to add text that will eventually become part of the note you will create (i.e., pediatrician consults, ambulatory clinic consults, pediatric discharges, and physician progress notes). The components can be viewed where they are among the other mPage components, or they can be moved to the far right of the screen where they are always visible and require less scrolling to locate them.

Contextual View of Text boxes

Use the Contextual View icon to move the component to the right and to move it back to the left with the other components.

The screenshot displays the mPage interface with several components:

- Selected Visit:** A header with a yellow contextual view icon and a refresh icon.
- Documents (9):** A list of documents with a contextual view icon.
- Home Medications (2):** A table showing medications with a contextual view icon.
- New Order Entry:** A section with a contextual view icon.
- Subjective/History of Present Illness:** A free text component with a contextual view icon.
- Objective/Physical Exam:** A free text component with a contextual view icon.
- Hospital Course:** A free text component with a contextual view icon.

If you do not see the option to toggle on contextual view, try lowering your magnification from 100% to 90% or by unpinning your blue menu so it is hidden to the left.



The text you enter in each component will disappear from the component when you create your note, so they are primarily used for single-note creation.

The Hospital Course component will retain the information you enter throughout the patient's stay and will remain until the current encounter is discharged electronically.

Text entered in "hospital course" remains on patient's chart regardless of whether patient is transferred between providers during an encounter.

Hospital Course

Selected Visit

Tahoma 9

Dec 18/21 - Pt admitted with left calf pain and localized redness & edema.
Dec 19/21 - Patient reported feeling anxious at bedtime last night and unable to settle for sleep.
Dec 20/21 - US and imaging negative for vascular issues. Blood cultures sent. No fever but elevated discomfort in left lower leg.

Save

Tagging

The Workflow mPage allows the end-user to select certain information and place it on a virtual clipboard so it can be included later while creating a document.

Information that can be tagged includes:

- Lab values
- Text from clinical documents
- Text from radiology reports

Text tagged from clinical documents and radiology reports will appear on a clipboard when you are in the document window. Tagged lab values will appear in a lab values section on the note template. See screen shots below.

Patient Summary Quick Orders Shift Summary Resus Order Details Di

Vital Signs All Visits Last 7 days **Tag** View Details X

Labs All Visits Last 1 months Last 12

DEC 16, 2021 10:40 09:10

▼ Coagulation

PT	sec(s)	15.0	--
INR		1.2	--

▼ Ungrouped Nonsequenced Results

Blood Glucose Ca... mmol/L	--	4.6
----------------------------	----	-----

↑ 15.0 sec(s)
PT DEC 16, 2021 10:40
Normal High Normal Low
14.8 11.2
Critical High Critical Low
--
Normal Reference Text
--
Status
Auth (Verified)

Tagging Lab Values

Select a lab value from the Lab component. The result view window will open and a Tag option will appear in the upper left of the screen. Click Tag and the value will be pulled into the note template when you launch it later.

To tag multiple lab values at once, press the Ctrl key on the keyboard while selecting values. The tag button will change to display the number of values selected. Clicking Tag will pull all of the selected values into your note.

All Visits Last 1 months Last 12 **Tag (5)**

JUL 14, 2021 20:59 14:57

13.0	12.0
9.0	9.0
4.6	4.6
36.0	36.0
96.4	96.5
31.0	29.6

5 results selected
All Visits - Last 12 months

13.0	WBC
9.0	Hgb
4.6	RBC

Tagging Text From Clinical Documents

Open the document and select text within the document that you would like to have available on the clipboard later when you are creating a note. Once you have text selected (highlighted), a Tag option will appear. Click on Tag to save the highlighted text to the clipboard.

Tagging Text From Radiology Reports

Open a radiology report, highlight text and click on the Tag option that appears.

ZZTEST, MPAGETESTONE Male 25 years DOB:1996-May-30

*** Final Report ***

US Abdomen
Resulting DI US exam! TEST

Interpreting Radiologist: ENRIGHT, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462795
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M

cc. Physician:

Result type: US Abdomen
Result date: 2021-Dec-20 11:23 AST
Result status: Auth (Verified)
Result title: US Abdomen
Performed by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
Verified by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
Encounter info: 06368200, QEH, Inpatient, 2021-Jul-05 -
Contributor system: IDXRAD

 Tag
Tag selected

Creating A Clinical Note Using Dynamic Documentation

Along the bottom of the mPage menu are links to documentation templates. The template links will launch the most used document templates. Scroll through the mPage and tag applicable lab results, text from clinical notes and a radiology report (if available).

Specific note types such as History and Physical, Consults, Discharge Summaries,

Physician progress, and other notes types relevant to your practice will auto-populate documented information to your note from the chart and freetext components.

Create Note

Pediatric Consult

Pediatric Discharge

Physician Progress

Ambulatory Consult

Select Other Note

Tahoma 9 Font Size Font Text Color Background Color Text Style Text Alignment Text Spacing Text Underline Text Strike Text Italic Text Bold Text Subscript Text Superscript

Consult Reason

Problem List/Past Medical History
Operative
 Appendectomy
 Chronic congestive heart failure
Historical
 Gall Bladder
 Gout

Procedure/Surgical History
 • Diabetes clinic (02/10/2024)

History of Present Illness

Review of Systems

Physical Exam
Vitals & Measurements

Assessment and Plan

****Confirm Copies to on Sign/Submit Note section****

Copies to:

Medications
Inpatient
 metoprolol, 12.5 mg, Oral, Daily
 ramipril, 2.5 mg, Oral, Daily
Home
 Tylenol chewtabs, 400 mg, 10 mg/kg, Oral, q6h timed, PRN
 ramipril, 2.5 mg, Oral, Daily

Immunizations

Allergies
 penicillin
 Bee Stings

Social History
Alcohol
 Alcohol Use: Current. Type: Liquor. Frequency: Weekly.
Tobacco/Vaping
 Exposure to Tobacco Smoke: Patient smokes. Use per day: 30-34 cigarettes/day.

Family History
Aneurysm: Mother.

Lab Results
 No qualifying data available.

Diagnostic Results

Tagged text will appear on a clipboard along the left side.

Daily Progress / SOAP Note		X	List
Tagged Text		Ta	
US Abdomen	12/20/2021 11:23...	<u>Su</u>	
US Abdomen Resulting DI US exam! TES...		Pt a	
Sept 20, 2021	09/10/2021 14:13...	R	
Pt admitted this morning with calf pain, d...		<u>Obj</u>	
		<u>Vi</u>	
		<u>Pl</u>	

Tagged lab results will appear within the body of the note in a Lab Results section.

Diagnoses**Lab Results**

Test Name	Test Result	Date/Time
PT	15.0 sec(s) (High)	12/16/2021 10:40 AST
INR	1.2 (High)	12/16/2021 10:40 AST
Blood Glucose Capillary, Hospital Device	4.6 mmol/L	12/16/2021 09:10 AST

Information you recorded in the freetext components on the mPage will appear under the appropriate sections.

Subjective

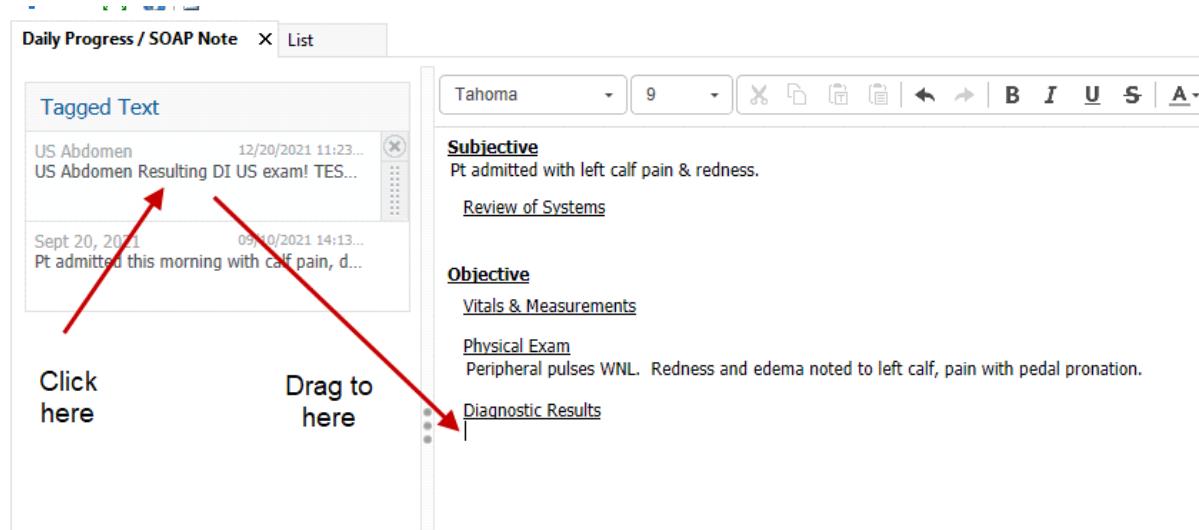
Pt admitted with left calf pain & redness.

Review of Systems**Objective**Vitals & MeasurementsPhysical Exam

Peripheral pulses WNL. Redness and edema noted to left calf, pain with pedal pronation.

Diagnostic Results

You can drag the tagged text from the clipboard into sections of the note (see below).



The tagged text will appear in your note. A footnote will be created along the

bottom of the page indicating the original author/source and date & time it was created.

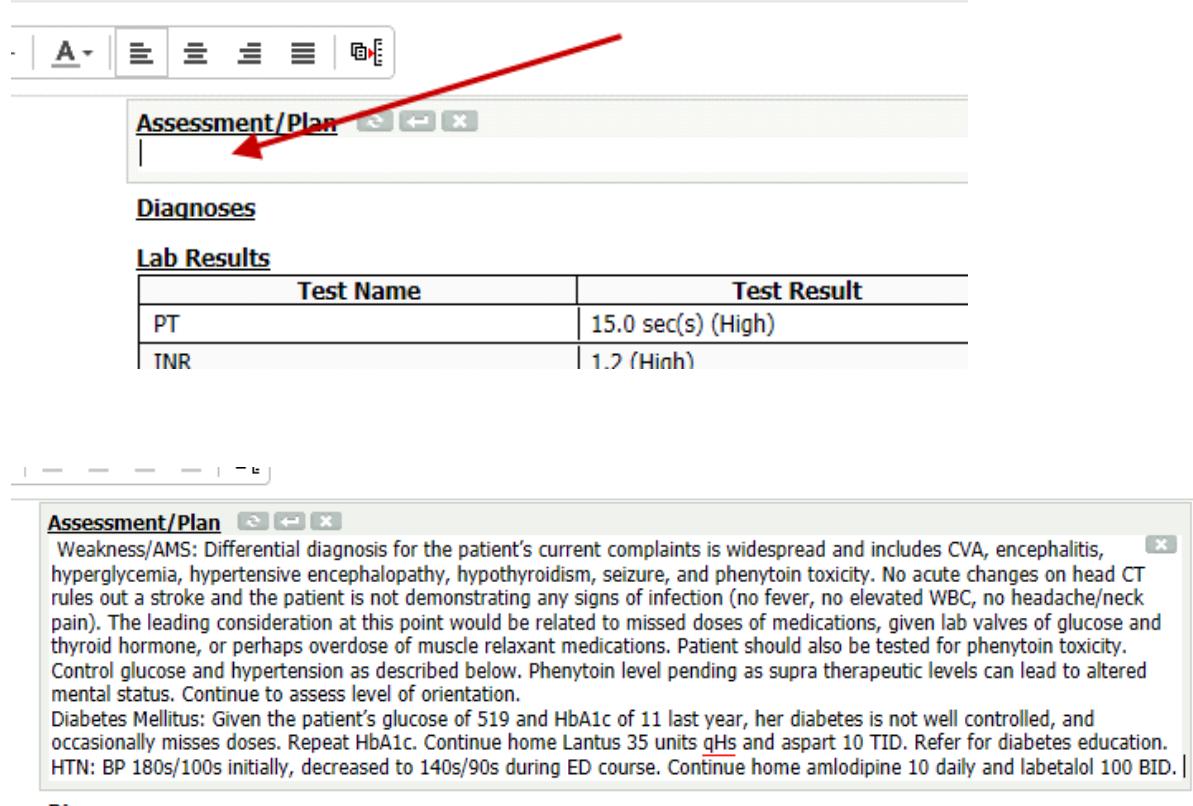
Diagnostic Results

US Abdomen
Resulting DI US exam! TEST

Interpreting Radiologist: ENRIGHT, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462795
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M [1]

[1] US Abdomen; Enright, Thomas G, MD 12/20/2021 11:23 AST

Adding custom text to the note is easy. Click within a section and use the keyboard or Dragon to enter your documentation.



The screenshot shows a medical note template with the following sections:

- Assessment/Plan** (highlighted with a red arrow)
- Diagnoses**
- Lab Results**

Test Name	Test Result
PT	15.0 sec(s) (High)
TNR	1.2 (Hinh)

Assessment/Plan (expanded view):

Weakness/AMS: Differential diagnosis for the patient's current complaints is widespread and includes CVA, encephalitis, hyperglycemia, hypertensive encephalopathy, hypothyroidism, seizure, and phenytoin toxicity. No acute changes on head CT rules out a stroke and the patient is not demonstrating any signs of infection (no fever, no elevated WBC, no headache/neck pain). The leading consideration at this point would be related to missed doses of medications, given lab values of glucose and thyroid hormone, or perhaps overdose of muscle relaxant medications. Patient should also be tested for phenytoin toxicity. Control glucose and hypertension as described below. Phenytoin level pending as supra therapeutic levels can lead to altered mental status. Continue to assess level of orientation.

Diabetes Mellitus: Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lantus 35 units qHS and aspart 10 TID. Refer for diabetes education.

HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

You can remove a section from a note by clicking on the X beside the title.

Diabetes Mellitus. Given the patient's glucose of 519 and now occasionally misses doses. Repeat HbA1c. Continue home Lan

HTN: BP 180s/100s initially, decreased to 140s/90s during ED

Diagnoses 

Lab Results 

Test Name	Test Result
PT	15.0 sec(s) (High)

Example of a completed note template.

Daily Progress / SOAP Note 

Subjective
Pt admitted this morning with calf pain, d-dimer normal. Vasc scan ordered and awaiting apt. Pt comfortable with no complaints. [1]

Review of Systems
Vitals - temp 98.2, pulse 80, blood pressure 140/90, oxygen saturation 98%.
Skin - clear to bases
Abdomen - obese, non-tender
Cardio - heart rate regular, no bruits noted, peripheral pulses present, no pedal edema, hx of intermittent atrial fibrillation (abated 2027)
Gastrointestinal - bowel sounds present, reg diet

Objective
Vitals & Measurements
Physical Exam
Peripheral pulses WNL. Redness and edema noted to left calf, pain with pedal pronation.

Diagnostic Results
US Abdomen
Resulting DI US exam! TEST

Assessment/Plan
Weakness/AMS: Differential diagnosis for the patient's current complaints is widespread and includes CVA, encephalitis, hyperglycemia, hypertension, hypothyroidism, septicemia, and phenytoin toxicity. No acute changes on head CT rules out a stroke and the patient is not demonstrating any signs of septicemia. Hypertension should be managed with antihypertensive medications. Hyperglycemia should be managed with insulin and glucose. Hypothyroidism should be managed with levothyroxine. Phenyltoin toxicity should be managed with discontinuation of the medication and supportive care. Patient should also be tested for phenytoin toxicity. Control glucose and hypertension as described below. Phenyltoin level pending as supra therapeutic levels can lead to altered mental status, confusion, and seizures.

Diabetes Mellitus: Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lanbut 35 units qhs and aspirin 10 TID. Refer for diabetes education.

HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home lisinopril 10 daily and losartan 100 BID.

Vascular US studies ordered and pending. Blood work normal. Cultures of left calf obtained and sent.

Lab Results

Test Name	Test Result	Date/Time
PT	15.0 sec(s) (High)	12/16/2021 10:40 AST
INR	1.2 (High)	12/16/2021 10:40 AST
Blood Glucose Capillary, Hospital Device	4.6 mmol/L	12/16/2021 09:10 AST

Note Details: Physician Progress Note, Test, Hospitalist, 2021-Dec-21 15:11 AST, Daily Progress / SOAP Note 

The note can be saved for later use or signed. These buttons are found along the bottom of the documentation screen.



Review Note Type

Once sign / submit is selected, from the body of the note, a new window will open. From this window, you can review the note type. The note type should default correctly (i.e a Progress Note template will default with Physician Progress Note as the type. Change the title of the note if necessary.

P Sign/Submit Note

***Type:** Pediatrics Consultation

Note Type List Filter: All

***Author:** Test, Pediatrician, MD

Title: Pediatric Consult Template



Distribution of Provider DynDoc notes

	History and Physical	Consult	Ambulatory Consult	Discharge Summary
Telus EHR	Automatic	Automatic	Automatic	Automatic
Family physician	Automatic	Automatic	Automatic	Automatic
Author		Automatic	Automatic	
Additional recipients	If typed into “copies to” and added to the “recipient” area	If typed into “copies to” and added to the “recipient” area	If typed into “copies to” and added to the “recipient” area	If typed into “copies to” and added to the “recipient” area

The provider you have manually listed in the “copies to” section in the main body of the note *should match* the list of recipients. Once sign / submit is selected, from the body of the note, a new window will open. Recipients are entered in this window by searching and selecting providers from the “provider name search” box. Favorites can be added to a list by selecting the star icon.

The only exception to having the “copies to” list and the “recipients” list match, would be the family doctor. There is no need to add the family doctor in the recipients as they are automatically a recipient.

Assessment and Plan

****Confirm Copies to on Sign/Submit Note section****

Copies to: Dr Family doc, Dr. Gamester, Dr. Bylhouwer, Dr. Trainor, Dr. IWK

*Type: Pediatrics Consultation Note Type List Filter: All

*Author: Test, Pediatrician, MD Title: Pediatric Consult Template *Date of Service: 2025-Jul-29 1351 ADT

Forward Options

Provider Name Search

Favorites Recent Relationships

Contacts

Default	Name
★	Austin, Heather A, MD
★	Unspecified - ED Physician
★	Barry, Ryan,
	Database Coordinator - DBA
★	Brown, Spencer S, MD
	Unspecified - ED Physician
★	Chan, Jason C, MD
	Unspecified - ED Physician
★	Extra, Copy,
	Unspecified - Physician
★	IWK - Cytogenetics, , Fax 902-470-8082,
	Unspecified -
★	IWK - Oncology-Hematology, , Fax 470-7208,
	Unspecified - Provider
★	Sansom, Teryl N, MD
	Unspecified - Pediatrician

Recipients

Default	Name	Comment	Sign	Review/CC
★	Bylhouwer, Amy L, RN		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - Nurse			
★	Gamester, Colin A, RN		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - Nurse			
★	IWK - Immunology, , Fax 902 470-7812,		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - Provider			
★	Trainor, Carson J, RN		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - OBGYN Nurse			

Sending reports to out-of-province providers

When sending a copy of a note to an out-of-province provider, search for the receiving physician, facility or department in the “provider name search”. For example, typing “IWK” or “Moncton” in the search bar will pull up lists of possible recipients. If the recipient is not listed, choose “EXTRA, COPY” as the name of the recipient and in the comment box, type the name of the recipient, fax # and location.

Provider Name Search

Recipients

Default	Name	Comment	Sign	Review/CC
★	Extra, Copy,		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - Physician	IWK - Shields, Allie, MD		
★	IWK - Neurology, , Fax 902 470 0486,		<input type="radio"/>	<input checked="" type="radio"/>
	Unspecified - Provider			

In the "extra copy" comment - please list the location, name and credentials of the provider.

Example of the final note.

Consult Reason

Patient consulted for ongoing headaches

Problem List/Past Medical History

Ongoing

Appendectomy

Chronic congestive heart failure

Historical

Gall bladder

Gout

Procedure/Surgical History

- Diabetes clinic (02/10/2024)

History of Present Illness

13-year-old patient presents with a two-week history of intermittent frontal headaches. Headaches occur several times per week, typically in the afternoon, and are described as dull and mild to moderate in intensity. Episodes are occasionally associated with nausea and light sensitivity. No vomiting, visual changes, or aura reported. Over-the-counter analgesics provide partial relief. No recent illness, trauma, or known triggers. Sleep and concentration have been mildly affected. No significant family history of migraines or neurological conditions.

Review of Systems

General: No fever, chills, or weight changes reported.

HEENT: Headaches are frontal and recurrent; no visual disturbances, photophobia noted during episodes; no hearing loss, ear pain, or nasal congestion.

Cardiovascular: Denies chest pain, palpitations, or syncope.

Respiratory: No cough, wheezing, or shortness of breath.

Gastrointestinal: Occasional nausea with headaches; no vomiting, diarrhea, or constipation.

Genitourinary: No dysuria, hematuria, or urinary frequency.

Musculoskeletal: No joint pain, stiffness, or muscle weakness.

Neurological: No seizures, numbness, or focal deficits; endorses difficulty concentrating during headache episodes.

Psychiatric: Mood is stable; mild sleep disturbances reported.

Skin: No rashes, lesions, or changes in skin integrity.

Assessment and Plan

Likely Diagnosis: Tension-Type Headache

Headache characteristics (frontal, dull, afternoon onset, no aura) and normal neurological exam suggest a primary headache, most consistent with tension-type. No red flags for secondary causes (e.g., trauma, seizures, focal deficits).

Lifestyle Modifications

Encourage regular hydration, sleep hygiene, and reduced screen time.

Recommend keeping a headache diary to identify potential triggers and patterns.

Symptomatic Treatment

Continue use of OTC analgesics such as ibuprofen or acetaminophen as needed, not exceeding recommended dosing.

Consider non-pharmacologic options like relaxation techniques or cold compresses.

Follow-Up and Monitoring

Schedule follow-up in 4–6 weeks to reassess frequency, severity, and response to interventions.

Refer to pediatric neurology if headaches worsen, become more frequent, or new symptoms emerge.

Medications

Inpatient

metoprolol, 12.5 mg, Oral, Daily
ramipril, 2.5 mg, Oral, Daily
Tylenol chevtabs, 400 mg, 10 mg/kg, Oral, q6h timed, PRN
Tylenol chevtabs, 400 mg, 10 mg/kg, Oral, q4h timed, PRN

Home

ramipril, 2.5 mg, Oral, Daily

Allergies

penicillin

Bee Stings

Social History

Alcohol

Alcohol Use: Current. Type: Liquor.
Frequency: Weekly.

Tobacco/Vaping!

Exposure to Tobacco Smoke: Patient smokes. Use per day: 30-34 cigarettes/day.

Family History

Aneurysm: Mother.

Lab Results

No qualifying data available.