



Healthcare Account Specifics

[Click here to view the Tenet Facility Websites](#)

Platform: eScripton

Account Mnemonic or Institution Code: tenet

IMPORTANT: All directions in these Account Specifics are superseded by the MT Instructions in EditScript.

Check the MT Instructions on EVERY document.

MT Instructions ALWAYS WIN!

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FORMATTING INSTRUCTIONS

AUTO-NUMBERING

Turn off auto-formatting feature.

FONT

Times New Roman 11 or 12 pt. Font standardizes on upload.

- QC/QA: Not a gradable issue.

FORBIDDEN CHARACTERS

Do NOT use the following characters. They are not accepted in the electronic interface: Pipe |, Caret ^, Backslash \, Tilde ~.

NOTE: The ampersand (&) is appropriate to use in an acronym as dictated, i.e., H&H, C&S, D&C, etc. Do not use ampersand in headings.

SPECIAL FORMATTING

Do not bold, underline, superscript, subscript. Do not use RTF formatting.

TABS

Do not use TABS.

PENDING INSTRUCTIONS

Do NOT include personal notes or opinions in pend notes. Keep all comments direct, professional, and to the point.

Non-DSP MLS: Select NTS_NonDSP pend reason on EVERY dictation. Leave a comment indicating any issues with the dictation, such as verify patient, verify visit, verify WT, etc.

ABBREVIATIONS/ACRONYMS/BRIEF FORMS

Transcribe all abbreviations and/or acronyms as dictated.

- Do not expand unless they are dictated in their expanded state.
- Do not abbreviate unless dictated as an abbreviation.
- However, if the draft comes in with an abbreviation expanded, it is acceptable to leave it expanded, as long as the expansion is correct.
- Abbreviations/Acronyms should not be expanded if the meaning of the acronym is ambiguous and isn't clearly defined in the dictation or if this is a well-documented/widely acceptable, common laboratory or radiologic abbreviation, i.e., CT scan, CBC, EKG, IV.
- Do not expand brief forms, such as "sat" for saturation, "vfib" for ventricular fibrillation, or "tox" for toxicity.

EXCEPTION: Expand all acronyms/abbreviations/brief forms *related to the diagnosis* under **ANY** diagnosis, assessment, or impression heading, to include but not limited to, PREOPERATIVE DIAGNOSIS, POSTOPERATIVE DIAGNOSIS, DISCHARGE DIAGNOSIS, ADMISSION DIAGNOSIS, etc. Common lab and radiologic abbreviations do not need to be expanded.

Example under DIAGNOSIS heading:

Dictated: COPD. Awaiting results from CT lung, CBC.

Transcribed: Chronic obstructive pulmonary disease. Awaiting results from CT lung, CBC.

Example under IMPRESSION heading:

Dictated: EKG evidence of MI

Transcribed: EKG evidence of myocardial infarction.

Example under PLAN heading:

Dictated: Continue IV fluids

Transcribed: Continue IV fluids.

OPERATIVE NOTES: When speaker states “postoperative diagnosis, same,” do NOT transcribe the word "same". Copy the preoperative diagnosis text and paste it after the POSTOPERATIVE DIAGNOSIS heading; then transcribe any additionally dictated postoperative diagnosis information.

When a clinician dictates “q.” followed by a complete word, separate the ‘q.’ from the rest of the phrase with a single space.

Correct	Incorrect
q. noon	q.noon
q. day	q.day

Write exactly what you hear the speaker say, even if there is an equivalent abbreviation.

Clinician Dictates	Correct	Incorrect
as needed	as needed	p.r.n.
twice a day by mouth	twice a day by mouth	b.i.d. p.o.

Use the ampersand (&) as part of an acronym if the rest of the acronym is simply spoken letters.

Correct	Incorrect
CTA&P	CTA and P
H&H	H and H
H&P	H and P

JCAHO Prohibited Abbreviations

Expand all JCAHO required AND optional do-not-use entries as follows:

U (unit)	Write "unit"
IU (International Unit)	Write "International Unit"
Q.D., QD q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* (see note below) Lack of leading zero (.X mg)	Write X mg Write 0.X mg
*Exception to above: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.	
MS MSO ₄ and MgSO ₄	Write "morphine sulfate" Write "magnesium sulfate"
ug (for microgram)	Write "mcg"
h.s., H.S., Q.H.S., q.h.s.	Write out "half-strength" or "at bedtime"

T.I.W. (for three times a week)	Write "3 times weekly" or "three times weekly"
S.C. or S.Q. (for subcutaneous)	Write "Sub-Q", "subQ", or "subcutaneously"
D/C (for discharge or discontinue)	Write "discharge" or "discontinue"
cc (for cubic centimeter)	Write "mL" for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	Write: "left ear", "right ear" or "both ears" Write: "left eyes", "right eyes" or "both eyes"

ADDENDUM

Upload directly. Do not pend. If speaker says addendum but dictates a correction to a prior report, follow Corrections to Prior Reports instructions.

ALLERGY STATEMENTS

Uppercase for positive allergy statements (including environmental allergies and intolerances); lowercase otherwise.

Example:

ALLERGIES: No known drug allergies.

ALLERGIES: ALLERGIC TO PENICILLIN, TIMOTHY GRASS AND ANIMAL DANDER. CODEINE GIVES STOMACH UPSET.

ALPHA CODE

The alpha code is 3 letters which identify the facility/hospital for which you are transcribing.

- The alpha code for the Business Entity (in the header) must match in the following:
 - Speaker field
 - Signing Clinician field (if required)
 - Street 1 field of any CC added
- Example: Centennial's alpha code is FRH.

Speaker:	PENG, MING Y. MD (605FRH)	Worktype:	History and Physical (01)
Business Entity:	Centennial	Signing Clinician:	PERALES, BOBBY J. MD (714FR)

Currently Selected Contacts:
SMITH, DEMETRIA MD (FRH) 8404 STACY ROAD MCKINNEY, TX 75070

BLANKS

2 or less blanks: Upload directly to client without pending.

3 or more blanks: Pend as **NTS_Blanks Remain**.

BLANK LINES—EXTRA SPACES—HARD RETURNS

Once you reach the end of your document and are beyond the last character, using <Ctrl> +<Shift>+<End> will highlight all blank lines from that point to the end of the document. Press the delete key.

CANCELED DICTATION OR NO DICTATION

Type what is dictated about cancel/disregard the dictation. If No Dictation, do not type anything in the body of the report. Change worktype to Cancelled Worktype and upload.

CCs/COPIES

If the correct name is not found in the database, use Create New Entry. If you know both first and last name, fill them in, spelling phonetically if necessary, along with any other information dictated for the other fields. If only first name or last name is known, fill in the unknown field with a blank, the word unknown, or Dr. if dictated as such. **Place the alpha code at the beginning of the street 1 field.**

Do not CC the speaker, even if requested.

CONTRACTIONS

Transcribe as dictated or expand, either way is acceptable.

COPY/PASTE

If a speaker requests a copy/paste from a prior report (not a template or normal), type request as dictated in ALL CAPS and pend as **Tenet_Other** with comment "Speaker requests copy/paste from prior report."

CORRECTIONS TO PRIOR REPORTS

If speaker requests correction to a prior report, type what is dictated and pend as **Tenet_Other** with comment "Correction to prior report".

DATE FORMAT

Concise numerics as dictated, including if in a dictated heading. Examples:

Clinician Dictates	Transcriptionist Types
"I saw the patient on one twelve."	I saw the patient on 1/12.
"January twelfth"	1/12
"Oh one oh two oh nine"	01/02/09
"January second"	1/2
"the twelfth of January"	1/12
"one twelve two thousand nine"	1/12/2009
"last January"	last January

DATE OF SERVICE / PROCEDURE DATE FIELD IN HEADER

Basic Rule:

- Transcribe dictated date of service in body of text (or on a Discharge Summary, dictated date of admission and date of discharge).
- Do NOT enter a date in the Procedure Date field in the header.
- WATCH carefully for MT Instruction, which may indicate to do something different.

QC: Review or charge for Procedure Date field ONLY if MTI indicates date must be filled in.

DEPARTMENT NAMES - CAPITALIZATION

Capitalize only Emergency Department or Emergency Room. Do NOT capitalize any other department or unit name unless it appears as a proper noun.

Examples:

The patient came into the Emergency Department.

Tenet Emergency Department

Kaplan Cancer Center

cardiac cath lab

intensive care unit

DISCREPANCIES

For any discrepancies that cannot be resolved with complete confidence, pPend as **Tenet_Other** and comment Discrepancy.

HEADER AND FOOTER INFORMATION

Because this information is already in the header, do NOT include headings for or repeat the following information in the body of the report: Patient name, MRN, date of birth, worktype, or priority.

HEADINGS AND SUBHEADINGS

If a heading or subheading is not dictated, it may be added but is not required to be added. It is acceptable to drop down to the next paragraph (next line for a subheading) if the speaker is clearly dictating a new section of the report. If you are certain what the heading/subheading should be, you may add it. If the draft has a correct heading/subheading, you may leave it even if it was not dictated.

Headings:

- Heading followed by colon and 2 spaces with text immediately afterward.
- 1 blank line between main section headings.

SOCIAL HISTORY: The patient denies history of alcohol use.

FAMILY HISTORY: The patient's sister has a history of COPD.

Subheadings:

- Drop-down format.

PHYSICAL EXAMINATION:

GENERAL: Patient appears weak.

HEENT: Unremarkable.

SKIN: Warm and dry.

HEART: Normal.

Repetition of heading: Do NOT type any text immediately after a heading that the clinician dictates which repeats the meaning of the heading.

Example:

DICTATED: Past medical history. The patient's past medical history is significant for asthma.

TRANSCRIBED: PAST MEDICAL HISTORY: Significant for asthma.

INAUDIBLE

If a dictation is over half inaudible, pend as **Tenet_Poor Sound Quality/Static** with comment "Inaudible, not edited" or "Inaudible, not transcribed". Notify supervisor of inaudible pend and include the account, site, speaker, and dictation ID.

INCOMPLETE DICTATION/ABRUPT-END DICTATION

Transcribe/edit as dictated and pend as **Tenet_Incomplete Dictation**.

LISTS

Enumerate only if indicated by the speaker, such as, "Number two", "number next", "next" or "next item." Format with the number, a period and 2 spaces, in stacked format, left margin. Do NOT use tabs.

If there is no indication to enumerate, transcribe as a comma-separated list.

Example:

MEDICATIONS: Lescol 2 mg at bedtime, DiaBeta 5 mg and ibuprofen.

NORMAL (template) NOT AVAILABLE

Transcribe name of requested normal in ALL CAPS where requested in the body of the report and pend as **Tenet_Normal not found**.

NUMERICS

Quantities: Write all quantities as Arabic numerals with the following exceptions:

Examples:

The patient has had 2 mammograms within the past 3 years.

But

Two small cysts were removed.

And

There was another one on the left side.

I observed hundreds of particles.

OB/GYN: Always spell out "gravida 1, para 1" even if dictated in abbreviated form such as "G1, P1."

Vertebral spaces: Fill in the missing type and use "-" for example when the second 'C' is not dictated:
"C1-C2"

Roman Numerals vs. Arabic Numerals:

- Use Roman numerals for "grades" of conditions and diseases
Example "grade I/VI systolic murmur"
- Use Roman numerals for "stages" of conditions and diseases
Example "stage II cancer"
- Use Roman numerals for cranial nerve numbering
Example "CN II-XII"
- Use Arabic numerals for "types" of conditions or diseases
Example "diabetes mellitus type 2"

Decimals: Use decimal form in metric measurements when dictated as a fraction:

Example:

2.5 cm (not 2-1/2 cm)

0.25% Marcaine (not ¼ percent or ¼%)

PATIENT NAME

Transcribe patient name as dictated.

PHYSICIAN NAMES IN REPORTS

For stand-alone physician names after a heading, use **ALT + i** to insert full name and credentials. If name imports in all caps, correct to mixed case.

EXCEPTION: If you are unable to determine the correct physician by looking at his/her specialty, transcribe as dictated. If no title is given, add "Dr."

Correct: ASSISTANT: Dr. Khan

Incorrect: ASSISTANT: Khan

For physician names within the body of the report, transcribe as dictated.

SIGNATURE LINE

Signature lines are auto-generated by EditScript. Do not type in any requested signature lines.

SIGNING CLINICIAN

First, verify if speaker has signing rights by checking if their name is in the Signing Clinician drop down in the header.

Speaker IS in Signing Clinician Dropdown:

- Leave Signing Clinician field blank.
- If speaker states they are dictating for someone else, mentions an attending, etc., type that dictated information in the body of the report.

Speaker IS NOT in Signing Clinician Dropdown:

- Select the appropriate Signing Clinician from the dropdown.
- If the speaker does not dictate signing clinician, pend as **Tenet_Verify Signing Clinician**.

WATCH carefully for MT Instruction, which may indicate to do something different.

SPLIT DICTATIONS/MULTIPLE DICTATIONS

If you DO NOT have permission to split dictations: Transcribe/edit the entire dictation and pend as **NTS_Split Dictation**.

NTS US MLS:

- Edited dictations: Complete the split.
- Transcribed dictations: Per your preference, split or pend as **NTS_Split Dictation**.

TIME FORMAT

Transcribe/edit as dictated, per the following:

Provider dictates:	Transcriptionist types:
I saw the patient at one fifteen.	I saw the patient at 1:15.
... quarter past one.	... 1:15.
... one fifteen p.m.	... 1:15 p.m.
... one p.m.	... 1:00 p.m.
... thirteen fifteen hours.	... 1315 hours. (Note: No colon.)
... thirteen hundred fifteen.	... 1315. (Note: No colon.)
... around one o'clock.	... around 1:00.

UNKNOWN PATIENT

If the patient information in the header does not match what was dictated:

- Search by entering the account number as the MRN.
- Search by partial or full dictated name.
- If appropriate visit not found, pend as **Tenet_Verify Patient Demographics** and include patient name (spell phonetically if needed) and any other dictated identifying information in comment.

VERBATIM VS NON-VERBATIM

Verbatim.

- We are not required to correct grammar; it is acceptable to type as dictated.
- Omit comments that are NOT pertinent to the dictation. Example: "This is the third time I have dictated this chart! I won't dictate it a fourth time!" If in doubt, pend to NTS.
- Discrepancies or content error: Replace with blank(s) and/or pend as **Tenet_Other** with appropriate comment as needed.

WORK TYPE INCORRECT

Using the *work type lists at the end of this document*, find the correct region and then the correct Business Entity to see listing of valid work types for that business entity and correct the WT.

If you cannot verify the proper worktype, pend as **Tenet_Verify Worktype**.

APPENDIX A

Alpha Code, Business Entity, Location, Website

CALIFORNIA REGION			
Alpha Code / Business Entity	City, State	Facility Website	
DES	Desert Regional Medical Center	Palm Springs, CA	http://www.desertmedctr.com
FVR	Fountain Valley Hospital	Fountain Valley, CA	http://www.fountainvalleyhospital.com/en-US/Pages/default.aspx
EMC	Emanuel Medical Center	Turlock, CA	https://www.emanuelmedicalcenter.org/
IND	JFK Memorial Hospital	Indio, CA	http://www.jfkmemorialhosp.com
LAK	Lakewood Regional Medical Center	Lakewood, CA	http://www.lakewoodregional.com/en-US/Pages/default.aspx
LOM	Los Alamitos Medical Center	Los Alamitos, CA	http://www.losalamitosmedctr.com
MAN	Manteca	Manteca, CA	http://www.doctorsmanteca.com
MOD	Doctors Medical Center of Modesto	Modesto, CA	http://www.dmc-modesto.com
PLA	Placentia-Linda Hospital	Placentia, CA	http://www.placentialinda.com
SRM	San Ramon Regional Medical Center	San Ramon, CA	http://www.sanramonmedctr.com
SVM	Sierra Vista Regional Medical Center	San Luis Obispo, CA	http://www.sierravistaregional.com/en-US/Pages/default.aspx
TWI	Twin Cities Community Hospital	Templeton, CA	http://www.twincitieshospital.com
PHILADELPHIA REGION			
Alpha Code / Business Entity	City, State	Facility Website	
HAH	Hahnemann University Hospital	Philadelphia, PA	http://www.hahnemannhospital.com/en-US/Pages/default.aspx
	St. Christopher's Hospital for Children	Philadelphia, PA	http://www.stchristophershospital.com/
CENTRAL REGION			
Alpha Code / Business Entity	City, State	Facility Website	
BAR	St. Francis Hospital - Bartlett	Memphis, TN	http://www.saintfrancisbartlett.com
CYF	Cypress Fairbanks Medical Center	Houston, TX	http://www.cyfairhospital.com
DHF	Doctors Hospital at White Rock Lake	Dallas, TX	http://www.doctorshospitaldallas.com/en-US/Pages/default.aspx
DHW	Des Peres Hospital	Saint Louis, MO	http://www.despereshospital.com/en-US/Pages/default.aspx
FRH	Centennial Medical Center	Frisco, TX	http://www.centennialmedcenter.com
HNM	Houston Northwest Medical Center	Houston, TX	http://www.hnmc.com
LPX	Lake Pointe Medical Center	Rowlett, TX	http://www.lakepointemedical.com
NMC	Nacogdoches Medical Center	Nacogdoches, TX	http://www.nacmedicalcenter.com/en-US/Pages/default.aspx
PPH	Park Plaza Hospital	Houston, TX	http://www.parkplazahospital.com
PRV	Providence Memorial Hospital	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
PSH	Plaza Specialty Hospital	Houston, TX	http://www.plazaspecialtyhospital.com
SES	Sierra Providence East Medical Center	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
SFH	St. Francis Hospital - Memphis	Memphis, TN	http://www.saintfranchishosp.com
SIE	Sierra Medical Center	El Paso, TX	http://www.sphn.com/en-US/Pages/default.aspx
SLU	St. Louis University Hospital	Saint Louis, MO	http://www.sluhospital.com/en-US/Pages/default.aspx
TRA	Texas Regional	Sunnyvale, TX	http://www.texasregionalmedicalcenter.com/index.html
FLORIDA REGION			
Alpha Code / Business Entity	City, State	Facility Website	
CGH	Coral Gables Hospital	Coral Gables, FL	http://www.coralgableshospital.com/en-US/Pages/default.aspx
DEL	Delray Medical Center	Delray Beach, FL	http://www.delraymedicalctr.com/en-US/Pages/default.aspx
FLO	Florida Medical Center	Lauderdale Lakes, FL	http://www.floridamedicalctr.com/en-US/Pages/default.aspx
GSM	Good Samaritan Medical Center	West Palm Beach, FL	http://www.goodsamaritanmc.com/en-US/Pages/default.aspx
HIA	Hialeah Hospital	Hialeah, FL	http://www.hialeahhosp.com/en-US/Pages/default.aspx
NOS	North Shore Medical Center	Miami, FL	http://www.northshoremedical.com/en-US/Pages/default.aspx
PBG	Palm Beach Gardens Medical Center	Palm Bch Gardens, FL	http://www.pbgmc.com/en-US/Pages/default.aspx
PGH	Palmetto General Hospital	Hialeah, FL	http://www.palmettogeneral.com/en-US/Pages/default.aspx
SMH	St. Mary's Medical center	West Palm Beach, FL	http://www.stmarysmc.com/en-US/Pages/default.aspx
WBO	West Boca Medical Center	Boca Raton, FL	http://www.westbocamedctr.com/en-US/Pages/default.aspx
SOUTHERN REGION			
Alpha Code / Business Entity	City, State	Facility Website	
BMC	Brookwood Medical Center	Birmingham, AL	http://www.bwmc.com/en-US/Pages/default.aspx
CCA	Central Carolina Hospital	Sanford, NC	http://www.centralcarolinahosp.com/en-US/Pages/default.aspx
CCD	Coastal Carolina Hospital	Hardeville, SC	http://www.ccmc-cares.com/en-US/Pages/default.aspx
ECH	East Cooper Medical Center	Mt. Pleasant, SC	http://www.eastcoopermedctr.com/en-US/Pages/default.aspx
FRM	Frye Regional Medical Center	Hickory, NC	http://www.fryemedctr.com/en-US/Pages/default.aspx
GBH	Atlanta Medical Center	Atlanta, GA	http://www.atlantamedcenter.com/en-US/Pages/default.aspx
HHH	Hilton Head Regional Medical Center	Hilton Head Isle, SC	http://www.hiltonheadregional.com/en-US/Pages/default.aspx
NFR	North Fulton Hospital	Roswell, GA	http://www.nfultonhospital.com/en-US/Pages/default.aspx
PMC	Piedmont Medical Center	Rock Hill, SC	http://www.piedmontmedicalcenter.com/en-US/Pages/default.aspx
SRE	Spalding Regional Medical Center	Griffin, GA	http://www.spaldingregional.com/en-US/Pages/default.aspx
SYL	Sylvan Grove Hospital	Jackson, GA	http://www.sylvangrovehospital.com/en-US/Pages/default.aspx

APPENDIX B

Valid Work Types by Region

CALIFORNIA REGION WORK TYPES
Desert Regional Medical Center (DES)
DES CancerCenter
Consultation (03)
Follow-up Note (90)
History and Physical (01)
Letters (24)
Procedure Note (36)
Progress Note (37)
Treatment Summary (167)
DRMC
Barium Swallow (234)
Cardiac Cath (08)
Cardiac Surgery Progress Note (69)
Carotid Studies
Code Blue (10)
Consultation (03)
Coronary Angiograms
Critical Care Note (77)
Delivery Note (78)
Death Summary (12)
Discharge Summary (04)
Echocardiogram (15)
Electroencephalogram (20)
Electrophysiology Lab (83)
Electrophysiology Studies
Emergency Room Report (05)
Endoscopy Report (85)
Fiberoptic Bronchoscopy (89)
History and Physical (01)
Holter Monitor
HP Discharge Summary (100)
Hospice Eligibility Confirmation (98)
Hospice Recertification Statement (99)
Implant Devices
Informed Consent Note (102)
Intracardiac Echocardiography (424)
Letters (24)
Letters to Administration / Medical Staff (105)
Neurosurgical Progress Note (119)
Operative Report (02)
Orthopedic Trauma Consultation (260)
Orthopedic Trauma H&P (261)
Orthopedic Trauma OP Report (262)
Orthopedic Trauma Progress Note (263)
OT Discharge (192)
OT Initial Evaluation (28)
OT Progress Note (30)
Pain Clinic Procedure/Operative Report (188)
Peripheral Arterial Studies (428)
Peripheral Cath Studies (423)
Pharmacologic Stress ECG (425)
Pre-Operative History and Physical (32)
Procedure Note (36)
Progress Note (37)
PT Discharge (195)
PT Initial Eval (41)
PT Progress Note (43)
Radiology Interp (143)
Rehab Service History and Physical (145)
Short Stay Summary (47)
Social Service Assessment (153)
ST Discharge Summary (184)
ST Initial Evaluation (182)

ST Progress Note (310)
Stress-Echo Imaging
Stress Nuclear Imaging (427)
Thoracentesis Report (162)
Transepophageal Echocardiogram (165)
Transfer Summary (53)
Trauma Progress Note (166)
Trauma Transfer Note (319)
Vascular Ultrasound (172)
Venous Studies (429)
Wound Care Discharge Note (267)
Wound Care Initial Evaluation (264)
Wound Care Monthly Note (266)
Wound Care Progress Note (177)
DES-ICON Neuro
Consultation (03)
Follow-Up Note (90)
DES-ICON Ortho
Consultation (03)
Follow-Up Note (90)
Preop H&P
Radiology Interp (143)
Emanuel Medical Center (EMC)
Cardiac Catheterization Report (08)
Carotid Study (316)
Consultation (03)
Critical Care Note (77)
Diabetes Education Note (500)
Discharge Summary (04)
Echocardiogram (15)
EEG (20)
Electrophysiology Studies (421)
Emergency Room Report (05)
History and Physical (01)
Letters (24)
Operative Report (02)
Procedure Note (36)
Progress Note (37)
PT Initial Evaluation (41)
Radiation Oncology Consultation (179)
Radiation Oncology Followup Note (202)
Radiation Oncology Procedure Note (233)
Radiation Oncology Treatment Summary (142)
Tilt Table Test (163)
Treadmill/Stress (54)
Fountain Valley Hospital (FVR)
Cardiac Catheterization Report (08)
Carotid Ultrasound (73)
Code Blue (10)
Consultation (03)
Death Summary (12)
Discharge Summary (04)
Doppler (14)
Echocardiogram (15)
ED Expedited - Admit (17)
EEG (20)
Emergency Room Report (05)
Evoked Response Report (88)
History and Physical (01)
Holter (21)
Letters (24)
Note (26)
Operative Report (02)
OT Initial Evaluation (28)
Pain Mgmt Cons (31)
Podiatry Consultation (33)
Podiatry History and Physical (34)

Pre-Operative History and Physical (32)
Procedure Note (36)
Progress Note (37)
PTCA (140)
PT Initial Evaluation (41)
Pulmonary Function Study (141)
Social Service Assessment (153)
Special Procedure (249)
Stress Echo (159)
Transfer Summary (53)
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Discharge Summary
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Pathology - Gross (131)
Pathology - Micro (130)
Pre-Operative History and Physical (32)
Procedure Note (36)
Progress Note (37)
Transfer Summary (53)
Lakewood Regional Medical Center (LAK)
Arterial Study (257)
Cardiac Catheterization Report (08)
Code Blue (10)
Consultation (03)
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Diagnostic Imaging (13) (Persantine Thallium Stress)
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Echocardiogram (15) (TEE)
EEG (20)(Electroencephalogram)
Emergency Room Report (05)(ED Note, ER Supervision Note, ED Addendum,ED Intubation, ED Procedure)
Endoscopy Report (85) (GI Procedures)
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Letters (24)
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Operative Report (02)
Other (225)
PA Consultation (126)
PA Follow-Up Note (127)
Pathology Micro (131) inhouse only
Pathology Gross (130) inhouse only
Procedure Note (36) (Bronchoscopy, Cardioversion, Delivery Note, Electromyogram, Epidural Steroid Injection, Pulmonary Function Test, Visual or Auditory Evoked Response)
Progress Note (37) (Off Service Note, Soni-Critical Care)
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Operative Report (02)
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OT Autism Evaluation- Abington (408)
OT Discharge (192)
OT Discharge- Abington (432)
OT Initial Evaluation (28) - offshore only
OT Initial Evaluation- Abington (409)
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PT Discharge- Abington (405)
PT Initial Evaluation (41) - offshore only

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Venous Doppler Study - Bil Lower Ext. (244)
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Venous Study - Unilateral Left Upper Ext. (242)
Venous Study - Unilateral Right Lower Ext. (245)
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Clinic Note (7)
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Echocardiogram (15)
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Holter (21)
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Pre-operative History and Physical (32)
Progress Note (37)
Pulmonary Function Study (141)
Stress Echo (159)
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EEG (20)
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APPENDIX C CA Region Modesto Valley Heart

If you work Modesto overflow on weekends, you may get a report with a patient name of Valley Heart or Signout Hosp. Leave the patient name and visit as they come in.

- Worktype must be Other
- Patient name in header will be left as Valley Heart or Signout Hosp.
- Multiple patients stay on one report as dictated –DO NOT SPLIT
- Spell patient names as best you can if not spelled by speaker.
- Type hospital information as dictated, ex: Memorial, Kaiser, etc
- Format as below

CALL LIST

First Last – DMC

This patient came with severe bilateral claudication for elective peripheral angiography and underwent angioplasty of the right SFA. No other active issues with him. If he does have any complications, he will be discharged home tomorrow.

MMC Patients

First Last
Room 335

Basically came with COPD exacerbation. She also has known coronary artery disease. The patient also had an episode of paroxysmal atrial fibrillation, but she is back in sinus. The plan for us basically is medical management, controlling her heart rate. She is also on Coumadin.

First Last
Room 210A

Basically came with altered level of consciousness. He had severe ischemic cardiomyopathy with ejection fraction of 15%. Also has a history of recurrent DVT. He has atrial fibrillation. The plan from our side is basically beta blockers, Coumadin anticoagulation, ACE inhibitors. ARBs cannot be used because of low blood pressure. The patient will require cardiac ischemic workup as an outpatient by Dr. Do.

First Last
Room 217

Gentleman with moderate to severe cardiomyopathy, ejection fraction of 30-35%. Came with CHF exacerbation, pneumonia. He also has atrial fibrillation history. Because of his tremors, I stopped his Amiodarone. He is on IV

Lasix, p.o. Aldactone for diuresis. He is doing a lot better from CHF perspective, but his pneumonia is still a ways from getting better. Plan on him is basically electrolyte follow-up as well as diuresis management.