

Ohio Health Information Partnership

CliniSync HIE
(Technical Platform provided by Medicity)

'Default' Template
EMR Results Delivery Guide



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PREFACE

Overview

This document is intended to provide an overview of the 'default' HL7 message structure that is available for a 'unidirectional' interface from CliniSync (aka - CliniSync). Latter sections of the document discuss basic functionality and expectations a receiving interface would be expected to support.

It should be noted that the examples provided in this document are considered the 'default' standard and are intended to follow general HL7 specification guidelines. In cases where EMR vendors have specific requirements, customizations can be made to support the technical or workflow requirement.

Examples of potential changes:

- Converting ORU to MDM format
- Customizing values in MSH-3 (Ancillary System), MSH-4 (Sending Facility), MSH-5 (Receiving System), MSH-6 (Practice ID)
- Various flag translations
- Insertion or suppression of values in particular fields
- Converting HL7 report text to embedded PDF or converting HL7 report text to a PDF document and referencing with a 'pointer'

HL7 and Result Types

'Default' HL7 Sample Set



Default HL7 Sample Set - No PHI.txt

Result Types

CliniSync has available the following result types:

- Laboratory (Discrete)
- Blood Bank (Discrete)
- Microbiology (Textual)
- Pathology reports (Textual)
- Radiology reports (Textual)
- General/Transcription reports (Textual)
- ADT

Result Types – MSH values

Result Type	MSH-3	MSH-4	MSH-5	MSH-6
Laboratory	NOVOLAB	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>
Blood Bank	NOVOBBK	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>
Pathology	NOVOPHTH	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>
Radiology	NOVORAD	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>
Transcription	NOVORPT	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>
Microbiology	NOVOMIC	<SENDING FAC>	<EMR NAME>	<PRACTICE ID>

Note – MSH-4 will contain a unique value per originating facility. MSH-5 will contain receiving system identifier and MSH-6 will contain unique receiving practice identifier.

Note – As of 01/24/12 the only facility code being used is SRMC (St. Rita's Medical Center). Additional facilities will be added in the future.

Flags

Patient Type

Code	Description
I	Inpatient
O	Outpatient
E	Emergency
P	Preadmit
R	Recurring

Result

Code	Description
F	Final
P	Prelim
C	Corrected
X	Canceled

Type

Abnormal Flags -Lab

Code	Description
L	Below low normal
H	Above high normal
LL	Below lower panic limits
HH	Above upper panic limits
<	Below absolute low-off instrument scale
>	Above absolute high-off instrument scale
N	Normal (applies to non-numeric results)
A	Abnormal (applies to non-numeric results)
AA	Very Abnormal (applies to Non-numeric units, analogous to panic limits for numeric units)
null	No range defined, or normal ranges don't apply
U	Significant change up
D	Significant change down
B	Better—use when direction not relevant
W	Worse—use when direction not relevant

Producer ID (Performing Lab)

Displaying the ‘Producer ID’ (aka – Performing Lab) for Lab and Micro results within the EMR application is required per CAP/CLIA guidelines. CliniSync can support the EMR vendor leveraging one of the approaches outlined below:

- Producer ID information will be displayed in the HL7 as an OBX/NTE pair at the bottom of each OBR segment
 - o NOTE – Producer ID can be sent as text in OBX-5 instead of an NTE if requested.

- Producer ID information will be populated in each OBX, in the 15th component (OBX-15). It is the EMRs responsibility to take this information and dynamically display it appropriately.
 - o OBX-15-1-1 – Unique facility ID
 - o OBX-15-1-2 – Facility name
 - o OBX-15-1-3 – Street Address 1
 - o OBX-15-1-4 – Street Address 2
 - o OBX-15-1-5 – City
 - o OBX-15-1-6 – State
 - o OBX-15-1-7 – Zip
 - o OBX-15-1-8 – Directory
 - o OBX-15-1-9 – CLIA #

- NOTE – The location of the information may potentially be moved to other locations per vendor request. For example, the code can reside in OBX-15-1-1, and the remaining information can be placed as a comma delimited string in OBX-15-1-2.

- Producer ID code will be populated in each OBX, in the 15th component (OBX-15), and a cross reference table can be provided to the EMR vendor to manually insert into their configuration. It is the EMRs responsibility to display the cross referenced information appropriately.

Compendium

A compendium for each result type can be provided upon request from CliniSync.

General Concepts

Communications

Results and reports messages can be delivered to the EMR in two ways:

1. Folder based:
 - a. The messages can be dropped into folders shared by the practice and the Practice Results Agent. The folder can be configured to be different for each type of result, e.g. a lab results folder can be specified to be different from the radiology results folder.
 - b. The Practice Results Agent can be configured to read acknowledgements in folders shared between the Results Agent and the practice. The name of the acknowledgement file must match the name of the related result file deposited by the Results Agent.
2. TCP/IP port based:
 - a. The messages can be sent to an HL7 listener on a predetermined TCP/IP port(s) provided by the receiving vendor.
 - b. Each message sent should be acknowledged synchronously by the EMR interface.

Patient Matching

The Practice Results Agent expects the EMR to implement a patient matching algorithm based on patient demographic fields available in the message. Unique identifiers such as a patient ID or requisition number used by the practice system are typically not available in the HL7 messages (a patient ID may be present but it typically is the ID used by the sending facility, not the receiving facility):

- Patient Name
- Gender
- Date of Birth
- Social Security Number

It is also expected that the EMR provide a reconciliation mechanism to its users to manually link results with patients if they are not deemed an exact match by the matching algorithm.

Provider Matching

The result messages will contain a provider code in the standard provider role fields. The Results Agent will populate this field (or an agreed-upon custom field) with the code of the provider that should receive the result. This code will be specific to the hospital system, and will usually not match the code of the same provider in the EMR database. Medicity expects the EMR to implement a mapping mechanism to be able to route the result to the appropriate physician in its own database. If applicable, the provider code can be mapped to NPI or EMR requested code.

Addendum

HL7 Samples

An embedded text document is provided earlier in the document for ease of viewing (turn off word wrap), but in those cases such as those using Mac/Office where embedded documents do not open, the HL7 is provided here as well.

These are examples of the clinical result types available and the 'default' format/structure. Modifications to HL7 can be discussed to meet customer workflow or EMR vendor requirements.

LABORATORY (Discrete)

```
MSH|^~\&|NOVOLAB|SRMC|EMRNAME|PRACTICEID|20120103004001||ORU^R01|62776001|P|2.3
PID|1||001031111||TESTPAT^NOVO^A|19710101|F|||||6741111
PV1|1||5C|||017xxx^Testdoc01^Novo A|||||017xxx^Testdoc01^Novo A|||||201201030149
OBR|1|407590111|L7030273|URCS2^UA WITH
MICROSCOPIC||201201030218|||||201201030230||novo123^Novo^Test|||||201201030245||LAB|F
OBX|1|ST|GLUCO^GLUCOSE||NEGATIVE|mg/dl|NEGATIVE|||F|||201201030237|NVML
OBX|2|ST|BILIRUBIN||SMALL||NEGATIVE|A|||F|||201201030237|NVML
OBX|3|ST|KETU^KETONES||40||NEGATIVE|A|||F|||201201030237|NVML
OBX|4|ST|SGU^SPECIFIC GRAVITY||>=1.030||1.002-1.03|||F|||201201030237|NVML
OBX|5|ST|HGBU^BLOOD||TRACE||NEGATIVE|A|||F|||201201030237|NVML
OBX|6|ST|PHU^PH||6.5|5.0 - 9.0|||F|||201201030237|NVML
OBX|7|ST|PROTU^PROTEIN||TRACE||NEGATIVE|A|||F|||201201030237|NVML
OBX|8|ST|UURO^UROBILINOGEN||0.2|eu/dl|0.0 - 1.0|||F|||201201030237|NVML
OBX|9|ST|RNITU^NITRITE||NEGATIVE||NEGATIVE|||F|||201201030237|NVML
OBX|10|ST|RLEUU^LEUKOCYTES||NEGATIVE||NEGATIVE|||F|||201201030237|NVML
OBX|11|ST|COLU^COLOR||YELLOW||STRAW-YELL|||F|||201201030237|NVML
OBX|12|ST|CHAU^CHARACTER||SLCLOUDY||CLEAR-SL C|||F|||201201030237|NVML
OBX|13|ST|RRBCU^RBC||2-4|/hpf|0-2/hpf|||F|||201201030242|NVML
OBX|14|ST|RWBCU^WBC||0-2|/hpf|0-4/hpf|||F|||201201030242|NVML
OBX|15|ST|REPUCO^EPITHELIAL||3-5|/hpf|3-5/hpf|||F|||201201030242|NVML
OBX|16|ST|RMUCO^MUCOUS||THREADS||NONE SEEN|||F|||201201030242|NVML
OBX|17|ST|RBACT^BACTERIA||FEW|/hpf|FEW/NONE S|||F|||201201030242|NVML
OBX|18|ST|RCAST^CASTS||NONE SEEN|/lpf|NONE SEEN|||F|||201201030242|NVML
OBX|19|ST|RCRY^CRYSTALS||NONE SEEN||NONE SEEN|||F|||201201030242|NVML
OBX|20|ST|NovoInsPL^Performing Lab:||see note|||||F
NTE|1||NVML - New Vision Medical Laboratories 750 West High Street Lima OH 45801
```

```
MSH|^~\&|NOVOLAB|SRMC|EMRNAME|PRACTICEID|20120103005002||ORU^R01|62776002|P|2.3
PID|1||001031111||TESTPAT^NOVO^A|19710101|F|||||6741111
PV1|1|E|Emergency|||000xx^ED^MD|||||201201030132
OBR|1|407590222|L7030260|EGFR1^GFR,
ESTIMATED||201201030205|||||201201030233||novo123^Novo^Test|||||201201030246||LAB|F
OBX|1|NM|GFR4^ESTIMATED GFR||80|ml/min/1.73m2|A|||F|||201201030246|NVML
NTE|1|R|Stage Description GFR, ml/min/1.73 m2
NTE|2|R| - At increased risk > or = 60 (with chronic
NTE|3|R| kidney disease risk factors)
NTE|4|R| 1 Normal or increased GFR > or = 90
NTE|5|R| 2 Mildly or decreased GFR 60 - 89
NTE|6|R| 3 Moderately decreased GFR 30 - 59
NTE|7|R| 4 Severely decreased GFR 15 - 29
NTE|8|R| 5 Kidney failure <15 (or dialysis)
NTE|9|R|Estimated GFR calculated using abbreviated MDRD formula as
NTE|10|R|recommended by National Kidney Foundation. Calculation based
NTE|11|R|upon serum creatinine and adjusted for age, gender
NTE|12|R|Ann. Internal Med., Vol. 139 (2) pg 137-147.
OBX|2|ST|NovoInsPL^Performing Lab:||see note|||||F
```

NTE|1||NVML - New Vision Medical Laboratories 750 West High Street Lima OH 45801

BLOOD BANK

MSH|^~\&|NOVOBBK|SRMC|EMRNAME|PRACTICEID|20120102044005||ORU^R01|62738005|P|2.3
PID|1||001031111||TESTPAT^NOVO^A||19710101|F|||||||6741111
PV1|1||7K|||036xx^TestdocF^Novo|||||||036xx^TestdocF^Novo|||||||20120102
OBR|1|407429111|L7020268|LRC^LEUKO-REDUCED
RC||201201020530|||||201201020601||novo123^Novo^Test|||||201201020648||BB|P
OBX|1|TX|LRC^LEUKO-REDUCED RC|||||P|||201201020647
NTE|1|R|38E55086 selected
NTE|2|R|38C92214 selected

MSH|^~\&|NOVOBBK|SRMC|EMRNAME|PRACTICEID|20120102045006||ORU^R01|62739006|P|2.3
PID|1||001031111||TESTPAT^NOVO^A||19710101|F|||||||6741111
PV1|1||7K|||036xx^TestdocF^Novo|||||||036xx^TestdocF^Novo|||||||20120102
OBR|1|407446222|L7020268|GT+S^GEL TYPE AND
SCREEN|||201201020530|||||201201020601||novo123^Novo^Test|||||201201020654||BB|F
OBX|1|TX|ABO^ABO|O|||||F|||201201020643
OBX|2|TX|RH^RH|POS|||||F|||201201020643
OBX|3|TX|GIAT^GEL INDIRECT COOMBS||NEG|||||F|||201201020654

MICROBIOLOGY (Textual)

MSH|^~\&|NOVOMIC|SRMC|EMRNAME|PRACTICEID|20120102041004||ORU^R01|62736004|P|2.3
PID|1||001031111||TESTPAT^NOVO^A||19710101|F|||||||6741111
PV1|1||4B|||014xx^TestdocD^Novo|||||||01461^TestdocD^Novo|||||||201112231604
OBR|1|407339222|L7011111|CBF^BODY FLUID
CULTURE|||201201011231|||||201201011322|BW|novo123^Novo^Test|||||201201020614||MIC|P
OBX|1|TX|CBF^BODY FLUID CULTURE|||||P
NTE|1
NTE|2|| MICROBIOLOGY REPORT
NTE|3|| New Vision Medical Labs
NTE|4|| St Rita's Medical Center, 750 West High Street, Lima, OH, 45801
NTE|5
NTE|6||PATIENT: TESTPAT, NOVO G MRN: 1031111 ACCOUNT#: 6741111
NTE|7||LOCATION: 4B -xx -x DOB: 01/01/1971 AGE: xx SEX: F
NTE|8||ADM: 12/23/11 Att. Physician: TestdocD, Z
NTE|9||Order Id: L7011111 Req. Physician: TestdocE, Novo
NTE|10
NTE|11||Source: bronchial washings
NTE|12||Site: fluid left tracheo-bronchial
NTE|13||Collected: 01/01/12 12:31
NTE|14||Current Antibiotics: Piperacillin/Tazobactam, Vancomycin, Ciprofloxacin
NTE|15||Antibiotics comment: Zosyn, Vancomycin, Ciprofloxacin to follow
NTE|16
NTE|17
NTE|18|| STATUS OF ORDERED AND REPORTED TESTS
NTE|19||BODY FLUID CULTURE CANCELLED 01/01/12
NTE|20||ANAEROBIC CULTURE CANCELLED 01/01/12
NTE|21||GRAM STAIN DIRECT FINAL 01/01/12
NTE|22||RESPIRATORY CULTURES INTERIM 01/02/12
NTE|23
NTE|24
NTE|25||BODY FLUID CULTURE - CANCELLED 01/01/12 13:23
NTE|26
NTE|27||ANAEROBIC CULTURE - CANCELLED 01/01/12 13:23
NTE|28

PATHOLOGY (Textual)

MSH|^~\&|NOVOPTH|SRMC|EMRNAME|PRACTICEID|20120103065012||ORU^R01|12010308501914951012|P|2.3

PID|1||001031111||TESTPAT^NOVO^T||19710101|F||||||6741111

PV1|1||8A||||01900^Testdoc^Novo||||||019xx^Testdoc^Novo|||||||20111229

OBR|1|92111|11-SR-

09111|SUR^SURGICAL||201112290826||||201112300826|UTCE|novo123^Novo^Test||||201201030850||PAT|F|1

OBX|1|TX|SUR^SURGICAL|||||F

NTE|1||Lima Pathology Assoc. TESTPAT, NOVO 11-SR-09111

NTE|2||750 W High St Page 1 of 1

NTE|3||Lima, OH 45801

NTE|4

NTE|5||NVML/St. Ritas's PROC: 12/29/2011

NTE|6||730 W. Market St RECV: 12/30/2011

NTE|7||Lima, OH 45801 RPTD: 01/03/2012

NTE|8|| MRN: 1177111 LOC: 8A

NTE|9|| ACCT: 6741111 SEX: F

NTE|10|| DOB: 01/01/1971 AGE: xx Y

NTE|11|| SURGICAL PATHOLOGY

NTE|12|| REPORT

NTE|13|| ATTN: XXX Testdoc

NTE|14|| REQ: XXX Testdoc

NTE|15

NTE|16

NTE|17||Copies To: DOCTORS NO ADDITIONAL

NTE|18

NTE|19||Clinical Information: CHRONIC PELVIC PAIN, DUB

NTE|20

NTE|21||FINAL DIAGNOSIS:

NTE|22||Uterus and cervix, hysterectomy:

NTE|23|| Cervix with features suggestive of prolapse.

NTE|24|| No endometrial surface is identified.

NTE|25|| Myometrium with adenomyosis.

NTE|26||Right ovary and fallopian tube, biopsy:

NTE|27|| Ovary with no histopathologic abnormalities.

NTE|28|| Fallopian tube with no histopathologic abnormalities.

NTE|29

NTE|30||Specimen:

NTE|31||A) UTERUS AND CERVIX, RIGHT TUBE AND OVARY

NTE|32

NTE|33

NTE|34||Gross Examination:

NTE|35||The container is labeled NOVO TESTPAT, uterus, cervix, right

NTE|36||tube and ovary. Received in formalin is a 154 gm. uterus with attached

NTE|37||right fallopian tube segment and ovary. The specimen is received

NTE|38||incised along the anterior and posterior aspects of the specimen. The

NTE|39||uterus measures 10 cm. from the external os to the top of the fundus, 6

NTE|40||cm. from cornu to cornu and 4.5 cm. from anterior to posterior fundus.

NTE|41||The serosal surface is tan, smooth and glistening. There are no

NTE|42||adhesions or implants. The exocervix is tan, smooth and glistening

NTE|43||with no discrete lesions. The endocervix is patent with normal

NTE|44||trabeculated appearance. The endometrial cavity is stenotic and has a

NTE|45||scarred appearance. There is no discrete identifiable endometrium.

NTE|46||Sections through the myometrium reveal changes suspicious for

NTE|47||adenomyosis. There is a 0.8 cm. blood-filled cavity. No large masses

NTE|48||are identified. The right fallopian tube has previously been ligated.

NTE|49||The fallopian tube segment measures 2 cm. in length x 0.6 cm. in

NTE|50||diameter and is congested. The right ovary measures 4 x 2.5 x 1.5 cm.

NTE|51||and has a tan smooth surface. Sections through the ovary reveal several

NTE|52||smooth-walled fluid-filled cysts varying up to about 0.4 cm. There is

NTE|53||a small corpus luteum. No masses or papillary excrescences are
NTE|54|identified. Representative sections are submitted. #1 - cervix, #2 -
NTE|55|anterior uterine wall, #3 - posterior uterine wall with myometrial
NTE|56|hemorrhagic cavity, and #4 - right fallopian tube and ovary. ss.
NTE|57||xxx/DKR:sr
NTE|58|
NTE|59||Microscopic Examination:
NTE|60||Sections submitted from the cervix contain both squamous and
NTE|61|endocervical mucosa. The squamous epithelium exhibits acanthosis with
NTE|62|parakeratosis and reactive features suggestive of prolapse. Very
NTE|63|little inflammation is
NTE|64|present. There is no evidence of either squamous dysplasia or
NTE|65|adenocarcinoma in situ. No endometrial surface is identified
NTE|66|consistent with the gross description. Sections submitted from
NTE|67|myometrium contain multiple foci of adenomyosis. The epithelium within
NTE|68|these foci is benign. There is no evidence of hyperplasia or atypia.
NTE|69|
NTE|70||Sections from the ovary contain small numbers of follicles in various
NTE|71|stages of development and regression. There is no evidence of
NTE|72|neoplasm. The fallopian tube is unremarkable. There is no evidence of
NTE|73|endometriosis.
NTE|74|
NTE|75||xxx:klw
NTE|76||88307
NTE|77||T
NTE|78||<Sign Out Dr. Signature>
NTE|79||XXXXXX XXXXXX, M.D., F.C.A.P.
NTE|80|
NTE|81|
NTE|82||NVML/ St. Rita's Medical Center Printed on: 1/3/2012
NTE|83||750 West High
NTE|84||Lima, Ohio 45801
NTE|85||Original print date: 01/03/2012

RADIOLOGY (Textual)

MSH|^~\&|NOVORAD|SRMC|EMRNAME|PRACTICEID|20120102072008||ORU^R01|Q382756465T381966008|P|2
.3
PID|1|1031111|001031111||TESTPAT^NOVO^A||19710101|F|||||6741111|487781111
PV|1|I|4K^14^A^001|||023xx^TestdocG^Novo||039xx^TestdocF^NOVO~044xx^TESTDOCH^NOVO~027xx^TEST
DOCI^NOVO~026xx^TestdocG^NOVO~024xx^TESTDOCJ^NOVO|||||030xx^TESTDOCK^NOVO|I|||||2
0111227124100
OBR|1|407356111|00000DI20120000239|MCXR^Chest Mobile
Single||20120102061000|||||novo123^Novo^Test|||||20120102091854||RAD|F|1
OBX|1|TX|MCXR^Chest Mobile Single|||||F||20120102091854
NTE|1|
NTE|2|| St. Ritas Medical Center Patient Name: TESTPAT, NOVO R
NTE|3| Patient Type: Inpatient MRN: 001031111
NTE|4| Gender: Male Account Number: 6741111
NTE|5| Ord Phys: TESTDOCI, NOVO A. M.D. Date of Birth: 01/01/1971
NTE|6| Pt Loc: 4K
NTE|7|
NTE|8|
NTE|9| Radiology Report
NTE|10|
NTE|11|| Accession Number: Procedure Name: Exam Date/Time:
NTE|12|| DI-12-0000111 Chest Mobile Single 1/2/2012 6:10:00 AM
NTE|13|
NTE|14|| CPT4 code
NTE|15|| 71010
NTE|16|

NTE|17
NTE|18|| Reason For Exam
NTE|19|| Congestive Heart Failure
NTE|20
NTE|21
NTE|22|| REPORT
NTE|23|| MOBILE CHEST (0610 HOURS):
NTE|24
NTE|25|| CLINICAL INFORMATION: Heart failure, pneumonia, respiratory distress.
NTE|26
NTE|27|| TECHNIQUE: A single mobile view of the chest was obtained.
NTE|28
NTE|29|| COMPARISON: Comparison is made to a study from 12-30-11.
NTE|30
NTE|31|| RESULTS:
NTE|32|| 1. MODERATE CARDIOMEGALY. TRACHEOSTOMY TUBE.
NTE|33|| PICC LINE ON THE RIGHT SIDE WITH ITS TIP IN THE
NTE|34|| SUPERIOR VENA CAVA.
NTE|35|| 2. QUESTIONABLE MINIMAL RESIDUAL ATELECTASIS/PNEUMONIA
NTE|36|| IN THE LEFT LUNG BASE. MILD PLEURAL THICKENING ALONG
NTE|37|| THE LATERAL ASPECT OF THE RIGHT LUNG.
NTE|38|| 3. THE OVERALL APPEARANCE OF THE CHEST HAS IMPROVED
NTE|39|| SINCE 12-30-11.
NTE|40|| *****FINAL REPORT*****
NTE|41|| Dictated By : TESTDOCL, T. W. M.D.
NTE|42|| Certified Electronic Signature
NTE|43|| Lima Radiological Associates, Inc.
NTE|44|| Dictated Date and Time: 02-JAN-2012 07:54
NTE|45|| Transcribed By: KG
NTE|46|| Transcribed Date and Time: 02-JAN-2012 08:31
NTE|47|| Approved By: TESTDOCL, T. W. M.D.
NTE|48|| Approve Date and Time: 02-JAN-2012 09:18
NTE|49
NTE|50|| Technologist: XXXXX, XXXXX E. RT(R),XXXXXXXX, XXXXXX G. RT(R)
NTE|51
NTE|52
NTE|53|| Page 1 of 1 Print date/time:1/2/2012 9:20 AM

TRANSCRIPTION (Textual)

MSH|^~\&|NOVORPT|SRMC|EMRNAME|PRACTICEID|20120102011010||ORU^R01|20120102023233BAS010|P|2.
3
PID|1||001031111||TESTPAT^NOVO A.||19710101000000|NG|||||||6741111
PV1|1|O
OBR|1|120102023233BASI111 |120102023233BASI111
|CN^CONSULTATION^TRANS||20111229205600|||||||novo123^Novo^Test|||||||F
OBX|1|ST|CN^CONSULTATION|||||||F
NTE|1|| ST. RITA'S MEDICAL CENTER
NTE|2|| LIMA, OHIO
NTE|3||
NTE|4|| CONSULTATION
NTE|5||
NTE|6||TO: Hospitalist Program RE: TESTPAT, NOVO A.
NTE|7|| MED REC NO: ROOM: 8A 00xx
NTE|8|| 001031111
NTE|9||FROM: XXXXXX J. NOVO, M.D. ACCT NO: 6741111 ADMIT:
NTE|10|| 12/29/2011
NTE|11|| DATE: 01/01/12 DOB: 01/01/1971
NTE|12||
NTE|13|| REPORT OF CONSULTATION: FINDINGS, OPINIONS and RECOMMENDATIONS
NTE|14||
NTE|15||

NTE|16||We were asked to see the patient for abdominal pain.
NTE|17||
NTE|18||The patient is an xx-year-old female who has past medical history of atrial
NTE|19||fibrillation, on Coumadin. She has had DVT, atherosclerotic heart disease,
NTE|20||heart failure, hypertension, hyperlipidemia, valvular heart disease. She has
NTE|21||had prior myocardial infarction. She has had pneumonia, TIA, GERD, renal
NTE|22||insufficiency and some polymyalgia. Also question of dementia. She has had
NTE|23||pancreatitis in the past. The patient describes for the past 2 weeks she
NTE|24||has been having some abdominal pain, also diminished p.o. intake. It goes to
NTE|25||her back occasionally exacerbated by eating. No nausea or vomiting. No
NTE|26||melena or blood per rectum. No fevers or chills. She presented because of
NTE|27||these symptoms.
NTE|28||
NTE|29||CAT Scan of the abdomen and pelvis was done which was normal. She has mildly
NTE|30||elevation in lipase without abnormal liver transaminases. She is now without
NTE|31||symptoms eating and tolerating p.o. and is scheduled to be discharged.
NTE|32||
NTE|33||MEDICATIONS AS AN OUTPATIENT: Tylenol, Vicodin, Mylanta, Xanax, Ecotrin,
NTE|34||Bumex, Fortical, Os-Cal, Premarin, vitamin B12, folate, Neurontin, Anusol,
NTE|35||levothyroxine, Aspercreme, Toprol, Protonix, Paxil, MiraLax and Coumadin.
NTE|36||
NTE|37||ALLERGIES: BACTRIM, DEMEROL, UNASYN, AMPICILLIN, PREDNISOLONE AND
VANCOMYCIN.
NTE|38||
NTE|39||SOCIAL HISTORY: No tobacco or alcohol use.
NTE|40||
NTE|41||FAMILY HISTORY: Positive for diabetes.
NTE|42||
NTE|43||REVIEW OF SYSTEMS: GENERAL: Fevers, chills and a few lb weight loss. EYES:
NTE|44||Negative. EARS, NOSE, THROAT: Negative. CARDIAC: As per HPI. LUNGS: She has
NTE|45||had pulmonary embolus. GI: As per history of present illness. GU:
NTE|46||Unremarkable. MUSCULOSKELETAL: Fibromyalgia and degenerative joint disease.
NTE|47||SKIN/BREAST: Unremarkable. NEUROLOGIC: TIA. EMOTIONAL: A history of
NTE|48||anxiety. ENDOCRINE: No diabetes, she does have hypothyroidism. HEMATOLOGIC:
NTE|49||No anemia or bleeding disorder. IMMUNOLOGIC: No HIV or lupus. CANCER: No
NTE|50||history of cancer.
NTE|51||
NTE|52||PHYSICAL EXAMINATION: Awake and alert x3. The patient is afebrile, heart
NTE|53||rate 60, respirations 16 and blood pressure 156/70.
NTE|54||HEAD/EARS/EYES/NOSE/THROAT EXAMINATION: Normocephalic and atraumatic.
NTE|55||Extraocular movements intact. Sclerae anictNOVO. Mouth mucosae is pink and
NTE|56||moist. NECK: Supple, no JVD. LUNGS: Clear. HEART: Regular rate. ABDOMEN:
NTE|57||Soft, nontender to palpation. No guarding or rigidity. RECTAL: Not done at
NTE|58||this time. EXTREMITIES: Nonpitting edema of both lower extremities.
NTE|59||NEUROLOGIC: Awake and alert x3. Cranial nerves II-XII grossly intact.
NTE|60||
NTE|61||LABORATORY DATA: Mild anemia on admission. Lipase is mildly elevated.
NTE|62||Amylase is normal. Urinalysis unremarkable. Creatinine 1.8. Cholesterol
NTE|63||219. Cardiac enzymes negative. Liver profile normal.
NTE|64||
NTE|65||IMPRESSIONS:
NTE|66|| 1. 2-4 weeks abdominal pain with some weight loss.
NTE|67|| 2. A history of pancreatitis.
NTE|68|| 3. Heart disease as noted.
NTE|69|| 4. Cardiac dysrhythmia.
NTE|70|| 5. Cardiac valve disease.
NTE|71|| 6. Atherosclerotic heart disease.
NTE|72|| 7. Transient ischemic attack in the past.
NTE|73|| 8. A history of deep vein thrombosis.
NTE|74|| 9. Hypothyroidism.
NTE|75|| 10. Renal insufficiency.
NTE|76||

NTE|77||PLAN:

- NTE|78|| 1. Abdominal pain has resolved, she has minimal elevation of
NTE|79|| lipase without changes on CAT Scan. This has resolved,
NTE|80|| symptoms have resolved. She can be discharged tomorrow. We
NTE|81|| will follow her up as an outpatient in the office in 5-6 weeks.
NTE|82|| If symptoms recur we can consider MRCP (if she can have this
NTE|83|| done).
NTE|84|| 2. A history of gastroesophageal reflux disease, continue Protonix.
NTE|85|| 3. Atherosclerotic heart disease by history.
NTE|86|| 4. Cardiac dysrhythmia.
NTE|87|| 5. Hypothyroidism, on replacement.
NTE|88|| 6. Renal insufficiency which is chronic.
NTE|89|| 7. Mild anemia.
NTE|90|| 8. Fibromyalgia and polymyalgia.

NTE|91||

NTE|92||

NTE|93||Thank you for asking us to see this patient.

NTE|94||

NTE|95||

NTE|96||

NTE|97||

NTE|98||

NTE|99||XXXXXX J. NOVO, M.D.

NTE|100||

NTE|101||

NTE|102||D: 01/01/2012 20:56 T: 01/02/2012 02:32 kmb

NTE|103||

NTE|104||CC:

NTE|105||Hospitalist Program

NTE|106||

NTE|107||

NTE|108||

NTE|109||

NTE|110||

NTE|111||Disclaimer: This report is an unsigned version. If any amendments were made to the final version prior to authentication, it is available in PowerChart at St. Rita's Medical Center, Lima, Ohio. If you wish to review a final copy, please view the document in PowerChart, or, contact 419-226-9018 for a copy.