

MEDSYS

DOCTORS MODULE

User's Manual



MEDSYS

Kaiser - dela Cruz Consulting, Inc.

January 19, 2023

Table of Contents

INTRODUCTION	4
Overview	4
Objectives	4
GETTING STARTED	5
How to Access the Program	5
PROGRAM OPERATION	5
Patient Searching	5
Patient Dashboard.....	7
Patient Menu.....	9
Admission Record/Consultation Record.....	11
a. Clinical Summary	11
b. Vital Signs.....	12
c. Allergies	12
d. Admission Record.....	13
e. Review of Systems	14
f. Discharge Home Instructions.....	15
Claim Form 4(CF4)	15
Course in the Ward	18
Claim Form 3(CF3)	18
Doctor's Order	19
Lab Results.....	21
Imaging/PACS	22
Other Results.....	23
Doc Referral.....	24
Prescription	25
Physical Exam	27
Patient Care Plan.....	28
Input/Output.....	28
Discharge Notes/Professional Fee.....	29
Pending Actions	29
Documents.....	29
Procedure Request	30
Pharmacy Request	31
Central Supplies	33

Nurses Notes	34
Operative Record	34
Medical Checkup	35
Patient Information	35
Review of Systems	37
Medication Profile	37
Diagnostics Data Sheet	38
Clinical Notes	38
Doctors Page.....	38
More Features.....	39
Diagrams	39
Chest	39
Dental	40
ENT.....	41
Kidney	42
Allergies	42
Check-up for P.E.	43
Request Status	43
Schedule O.R.....	44
Home Meds	45
Immunization Schedule.	45
Medical Certificate.....	46
Appointments	47

OVERVIEW



Doctors Module is an electronic medical record (EMR) system used by physicians to create, gather and manage health-related information of an individual. This helps to improve the overall patient-doctors services and outcomes.

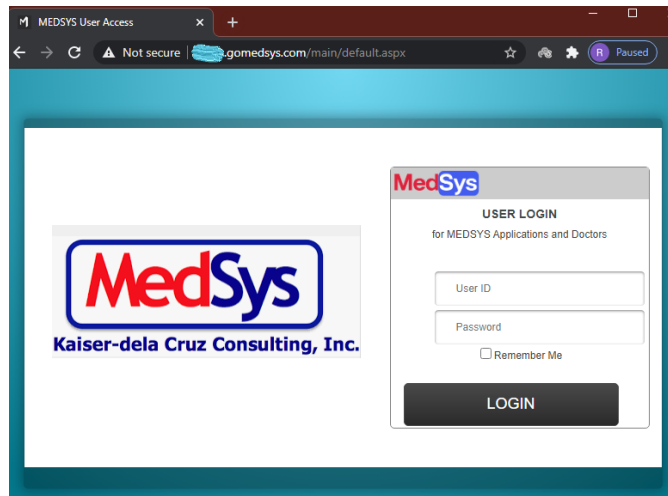
OBJECTIVE

- To improve the quality of health care and patient safety

GETTING STARTED

How to Access the Module

1. Open browser and key in the address/IP in the URL tab (address bar).
NOTE: The module is optimized for chrome. The use of Google Chrome is highly recommended.

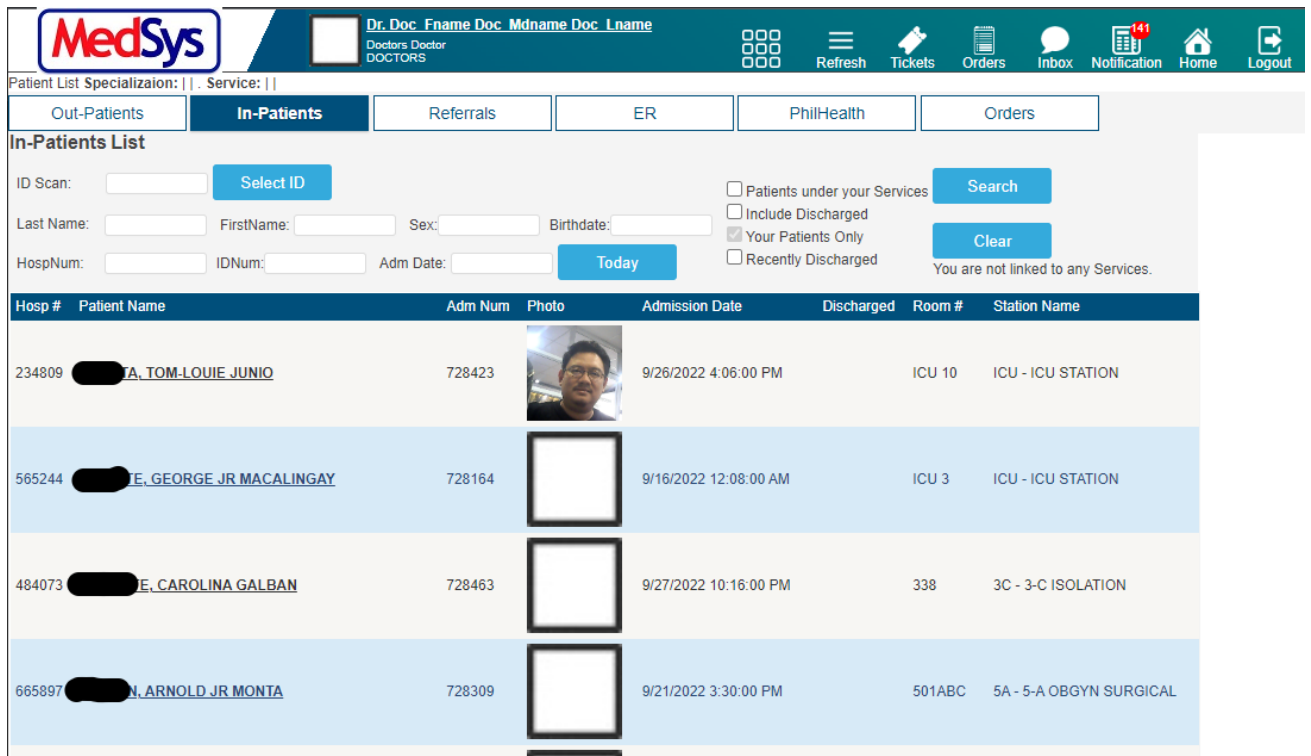






2. Enter your user login and password.
3. Click/Tap the **LOGIN** button (or hit the <Enter> key on keyboard) to log in.

PROGRAM OPERATION

Patient Searching

Once logged in, all current consultations/admissions tagged under doctor's service will be displayed. Patients are displayed per category (Out-Patients, In-Patients, Referrals, ER, Philhealth and Orders).



Hosp #	Patient Name	Adm Num	Photo	Admission Date	Discharged	Room #	Station Name
234809	[REDACTED] TA, TOM-LOUIE JUNIO	728423		9/26/2022 4:06:00 PM		ICU 10	ICU - ICU STATION
565244	[REDACTED] E, GEORGE JR MACALINGAY	728164		9/16/2022 12:08:00 AM		ICU 3	ICU - ICU STATION
484073	[REDACTED] E, CAROLINA GALBAN	728463		9/27/2022 10:16:00 PM		338	3C - 3-C ISOLATION
665897	[REDACTED] N, ARNOLD JR MONTA	728309		9/21/2022 3:30:00 PM		501ABC	5A - 5-A OBGYN SURGICAL

IN-PATIENTS

A. ADMITTED PATIENTS

These are the currently confined patients.

- i. To search for a certain patient, input either one of the following on the textbox:
 1. ID Scan – the consultation or admission ID number of patient
 2. Last Name – family name of patient
 3. HospNum – the MRN or unique number identifier of patient
- ii. Click/Tap the **Search** button afterwards (or hit the **Enter** key of keyboard)

In-Patients List

ID Scan:

Last Name: Gender:

HospNum: Adm Date:

B. DISCHARGED PATIENTS

Patients who were discharged already can still be searchable.

- i. Click/Tap the **Include Discharged** checkbox.

In-Patients List

ID Scan:

Last Name: Gender: Birthdate:

HospNum: Adm Date: Include Discharged

- ii. Input the patient's **IDNum** or **LastName** and click/tap the **Search** button.

In-Patients List

ID Scan:

Last Name: Gender:

HospNum: Adm Date:

4. Select a patient by clicking/tapping on the **Name** link.

PATIENT DASHBOARD

To access the Patient Dashboard, click/tick the DashBoard in the hyperlink navigation below the name of the patient.

MedSys Dr. Doc. Fname Doc. Mlname Doc. Lname
Doctors Doctor DOCTORS

Refresh Tickets Orders Inbox Notification Home Logout

Dr. EUGENIA NACIONALES Show

Summary DashBoard Main CF4 Orders Course Vitals OR Rx Results Lab Img Vac PACS Pat.List PatInfo

Patient Dashboard AttendingDr1 [Redacted] TADIAR BAUTISTA

VITAL SIGNS

Date & Time	BP	°C	RR	PR	O2Sat
17 May 2017 6:15PM	150/100	36.3	19	93	98

ADMINISTERED MEDICINE

Date & Time	Drug Name
03 May 2017 2:15PM	Lactulose (MOVELEX SYRUP 3.3G/5ML/30ML)

NURSE NOTE
Date: 5/4/2017 3:14:41 PM

Problem:
For discharge

Notes:
D> stable vs A> assessed patient's condition A> Billing Office Notified A> informed of discharge process R> went home per stretcher with home instructions

DOCTORS ORDERS
No results found.

ADM. DIAGNOSIS
Date: 2017-05-17 18:15:59.000
Peripheral Arterial Occlusive Disease

CLAIM FORM 4
status:

X-RAY IMPRESSION
No results found.

ULTRASOUND IMPRESSION
No results found.

notes Show

Hyperlink Menu Navigation

Patient's Dashboard displays the necessary information vital to patient's condition monitoring.

- VITAL SIGNS** – shows the latest vital signs taken by nurse at bedside
- ADMINISTERED MEDICINE** – shows the latest medicine administered by nurse
- NURSE NOTE** – shows the progress notes of nurses
- DOCTORS ORDER** – shows the most recent doctor's order entered
- ADMITTING DIAGNOSIS** – shows the admitting diagnosis of the patient
- CLAIM FORM 4** – shows the status of form 4 for claiming
- X-RAY IMPRESSION** – shows the most recent x-ray result of the patient
- ULTRASOUND IMPRESSION** – shows the most recent ultrasound result of the patient
- RECENT LAB EXAMS** – shows the most recent laboratory results of the patient
- CT-SCAN IMPRESSION** – shows the most recent laboratory results of the patient

Patient Dashboard AttendingDr1 TADIAR BAUTISTA

VITAL SIGNS

Date & Time	BP	°C	RR	PR	O2Sat
17 May 2017 6:15PM	150/100	36.3	19	93	98

ADMINISTERED MEDICINE

Date & Time	Drug Name
03 May 2017 2:15PM	Lactulose (MOVELEX SYRUP 3.3G/5ML/30ML)

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Problem: For discharge

Notes: D> stable vs A> assessed patient's condition A> Billing Office Notified A> informed of discharge process R> went home per stretcher with home instructions

DOCTORS ORDERS

No results found.

ADM. DIAGNOSIS

Date: 2017-05-17 18:15:59.000

Peripheral Arterial Occlusive Disease

CLAIM FORM 4

status:

X-RAY IMPRESSION

No results found.

ULTRASOUND IMPRESSION

No results found.

RECENT LAB EXAMS

Click to Hide/Display Result Time Th

Section	ProfileName	Exam
CHEMISTRY	LIPID PROFILE	BUN
		CREATININ
		CHOLESTE
		HIGH DEN
		LDL
HEMATOLOGY	COMPLETE BLOOD COUNT	RISK FACT
		TRIGLYCE
		EOSINOPH

CT-SCAN IMPRESSION

No results found.

- Click/Tap on any of the menu under the name of the patient. It will automatically be redirected to the page of the said menu.

MedSys Dr. Doc Fname Doc Mlname Doc Lname
Doctors Doctor DOCTORS

NO , EUGENIA NACIONALES

Refresh Tickets Orders Inbox Notification ¹⁴¹ Home Logout

NO , EUGENIA NACIONALES Show

Summary Dashboard Main CF4 Orders Course Vitals OR Rx Results Lab Img Vac PACS Pat.List PatInfo

Hosp Num 462787 Adm Num 656661 Room 414 Add'l Info

Birthdate 1/22/1923 Age:94 Sex: F NBB No

Address SUCOC SUR , Luna, La Union Adm Date 5/1/2017 3:21:00 PM

Contact # Discharge 5/4/2017 9:00:00 AM

C19 Category [set](#) Company

PhilHealth# 05-175300749-4

Discharged:5/4/2017 9:00:00 AM

SMS

Follow-up Date: Save

Admission Record

AttendingDr1 TADIAR BAUTISTA

AdmittingDr TADIAR BAUTISTA

Vital Signs Refresh Input/Output Show All Columns Ascending With OPD

Height(cm): Weight(kg): Edit

Date & Time	BP	°C	RR	PR	O2Sat	Staff	Edit	Remarks
May 17 6:15 PM	150/100	36.3	19	93	98	d2014	Edit	
May 3	4:28 PM	110/70	36	19	95	1616	Edit	
	5:30 AM	140/90	36.2	19	81	1323	Edit	

Hyperlink Menu

MedSys Dr. Doc Fname Doc Mlname Doc Lname
Doctors Doctor DOCTORS

NO, EUGENIA NACIONALES Show

Summary Dashboard Main CF4 Orders Course Vitals OR Rx Results Lab Img Vac PACS Pat.List PatInfo

NO, EUGENIA NACIONALES

Hosp Num 462787 Adm Num 656661 Room 414
 Birthdate 1/22/1923 Age:94 Sex: F NBB No Add'l Info
 Address SUCOC SUR, Luna, La Union Adm Date 5/1/2017 3:21:00 PM
 Contact # Discharge 5/4/2017 9:00:00 AM
 C19 Category [set](#) Company
 PhilHealth# 05-175300749-4
 Discharged:5/4/2017 9:00:00 AM

Follow-up Date: Save

Admission Record

AttendingDr1 **NO** TADIAR BAUTISTA
 AdmittingDr **NO** TADIAR BAUTISTA

Vital Signs Refresh Input/Output Show All Columns Ascending With OPD

Height(cm): Weight(kg): Edit

Date & Time	BP	°C	RR	PR	O2Sat	Staff	Edit	Remarks
May 17 6:15 PM	150/100	36.3	19	93	98	d2014	Edit	
May 3	4:28 PM	110/70	36	19	95	95 1616	Edit	
	5:30 AM	140/90	36.2	19	81	96 1323	Edit	

Input/Output Check

Allergies Add

Recorded Allergies of Patient

Admission Record Refresh Save Last Saved by: **NO** CAPAN (May 17 2017 6:15PM)

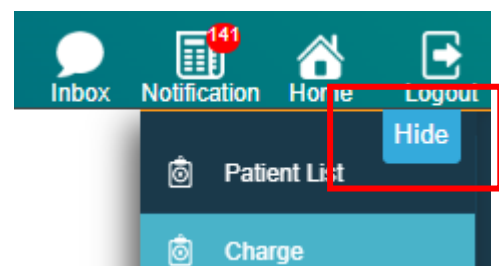
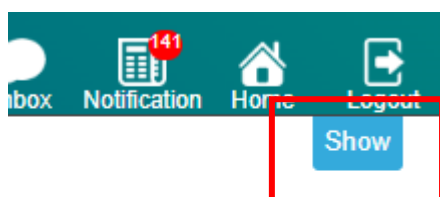
Diagnosis:
(for Medical Records, linked to Radiology)
Peripheral Arterial Occlusive Disease

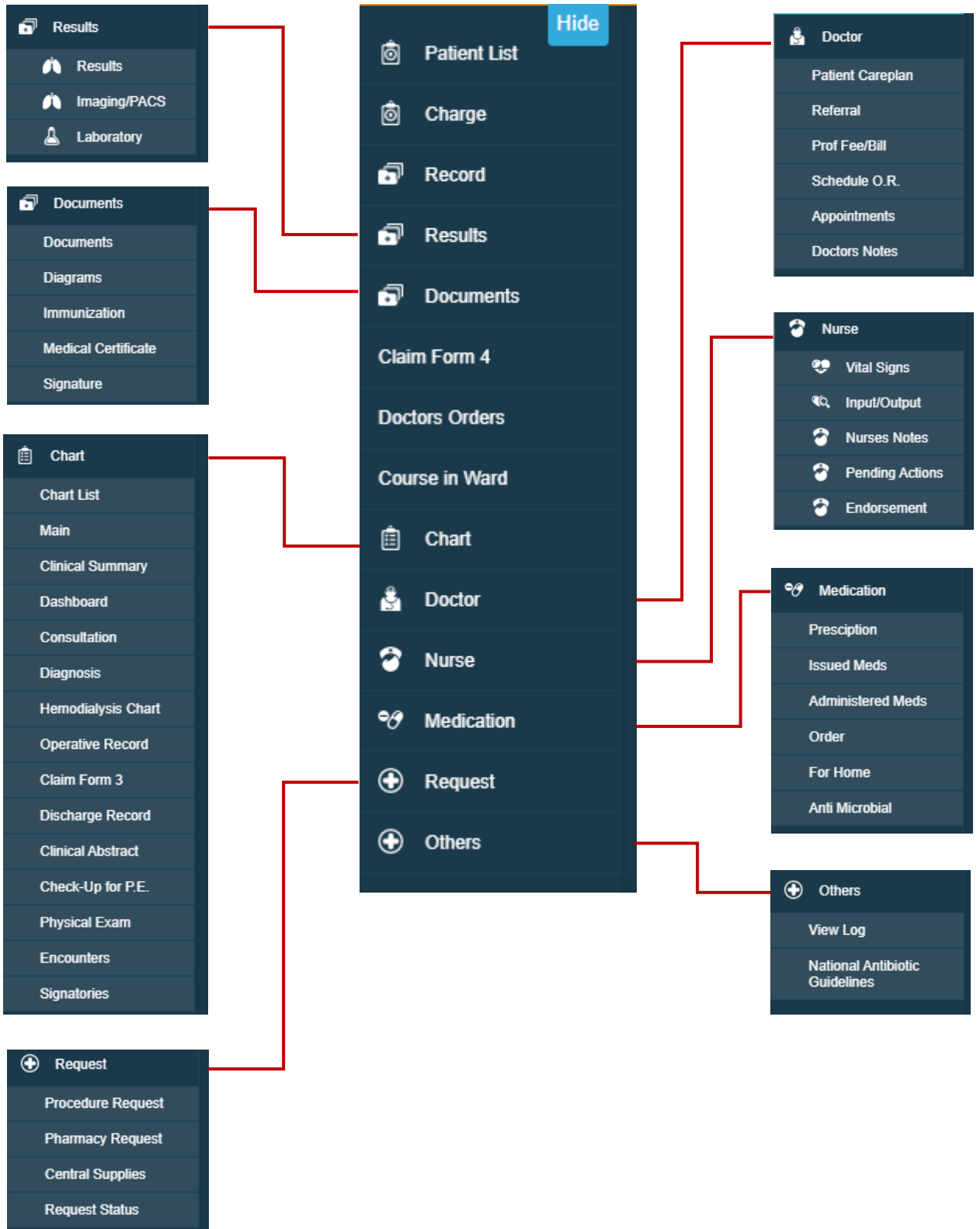
Chief Complaint(s): notes Show

ADMISSION RECORD is where you can **Enter, Edit** or **View** patient's records on the present confinement or consultation like Vital Signs, Recently Administered Meds, Brief History and other patient data. This is linked to CF4 entries of PhilHealth.

PATIENT MENU

The right pane of the screen is the **PATIENT MENU**. The data in this navigation bar is unique to each patient. Each tab redirects to results, requests, prescription and more. A highlighted tab has data. The user can show and hide the **PATIENT MENU** by clicking/tapping show and hide.





➤ **ADMISSION RECORD/ CONSULTATION RECORD**

a. Clinical Summary

This is where you can view the previous consultations and confinements of patient. To go to the page, click or tap on the **Summary** in the **Hyperlink Menu**.

MedSys Dr. Doc Fname Doc Mlname Doc Lname
Doctors Doctor DOCTORS Refresh

EUGENIA NACIONALES

Summary Dashboard Main CF4 Ord PACS Pat.List PatInfo

Clinical Summary Re Select an ID Number below to view t

ID#	Doctor	Re	Final Diagnosis
1133300B	[REDACTED] TA, MARIO	5/11/2017	
656661	[REDACTED] TA, MARIO	5/1/2017	and legs ACUTE ARTERIAL OCCLUSION
1129121B	[REDACTED] TA, MARIO	5/1/2017	
1083531B	[REDACTED] A, JAYVEE	1/9/2017	
885190B		6/27/2015	aRF

Then View Options and select **Clinical Summary** to view more options and information.

View Options:

PhilHealth PhilHealth CF4 Non-Philhealth Clinical Summary Discharge Summary

Show

Doctor List AdmissionRecord Physical Exam OPD Chief Complaint Vitals MedicationList Administered Meds OperativeRecord
 CourseInTheWard Results Discharge Instructions Laboratory Results ECG Doctors Orders X-Ray Image Nurses Notes
 Signatories PACS Restuls Anesthesia Profile Laboratory Results V2

General Data

Patient Name: [REDACTED] O, EUGENIA NACIONALES Address: SUCOC SUR, Luna, La Union
 Sex: F Birthday: 1/22/1923 Age: 94 PatType:1 Admission Date: 5/1/2017 3:21:00 PM Discharge Date: 5/4/2017 9:00:00 AM
 IDNum: 656661 OPDIDNum:

Doctors

Attending Doctor: [REDACTED] TADIAR BAUTISTA
 Admitting Doctor: [REDACTED] TADIAR BAUTISTA

Admission Record

Admission Diagnosis: Peripheral Arterial Occlusive Disease
 Chief Complaint: Pain and numbness on both feet and legs
 Operation Done:

Chief Complaint

Chief Complaint: --

Chief Complaint: --

Chief Complaint: --

Chief Complaint: --

Chief Complaint: --

Clinical Summary		Refresh		Encounter History <i>Select an ID Number below to view the Clinical Summary for that registration.</i>				
ID#	Doctor	Reg Date	Type	Chief Complaint	Final Diagnosis	Remarks	DischargeDate	
1133300B	FA, MARIO	5/11/2017 10:38:00 AM	OUT			"	05/11/2017	
656661	FA, MARIO	5/1/2017 3:21:00 PM	IN	Pain and numbness on both feet and legs	ACUTE ARTERIAL OCCLUSION RIGHT LEG	"	05/04/2017	
1129121B	FA, MARIO	5/1/2017 9:27:00 AM	OUT			"	05/01/2017	
1083531B	A, JAYVEE	1/9/2017 9:08:00 AM	OUT			"	01/09/2017	
885190B		6/27/2015 1:49:00 PM	OUT		aRF	"	06/27/2015	

Click/tap on the **ID#** link located on the left side of the screen to open patient's clinical record. To print it, click or tap on the **Print** button located just below the History screen.

b. Vital signs

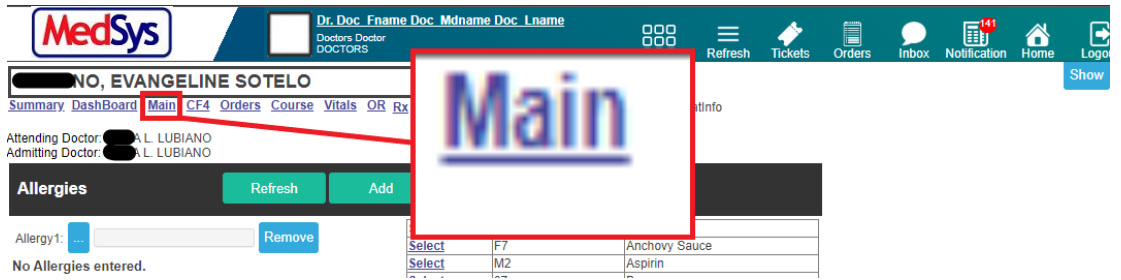
- i. To access Vital Signs, click/tap Vital in the Hyperlink Menu.

- ii. View of the latest vitals of the patient

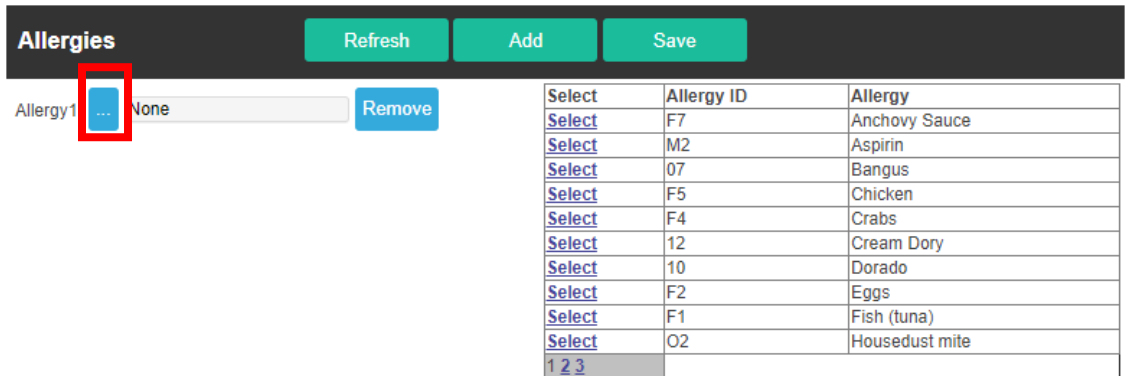
Date & Time	BP	°C	RR	PR	O2Sat	M	E	T	R	L	I	O	FIO2	TV	IERatio	MRate	Peep	Staff	Remarks	Delete
Sep 27	4:53 PM	130/80	36.5	20	77	100													1913	Delete
	6:41 PM	130/80	36.2	19	67	99													2347	Delete
	8:13 PM	150/90	36.4	19	73	100													2347	Delete
	8:32 PM	130/80	36.5	18	75	99													2347	Delete

c. Allergies

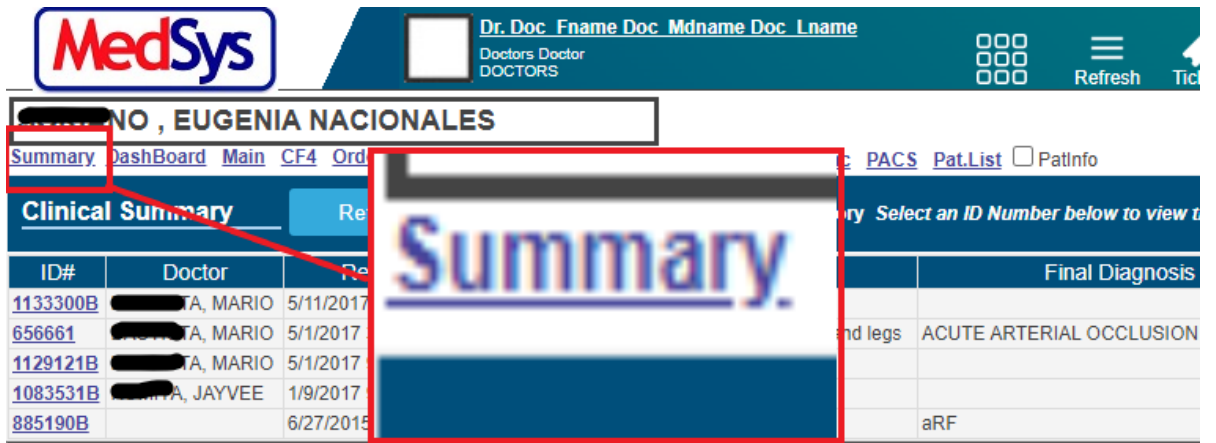
- i. To access Allergies section/feature, click/tap Main in the Hyperlink Menu.



- ii. To view the list, click/tap the button (enclose inside the red box). Select the applicable allergies from the list. Then click/ tap on **Save** button. If the patient has multiple allergies, select the **Add** button.



- d. **Admission Record.** The data displayed here is synced with the information entered during patient's registration in ER/Admitting department. User(s) can also edit the admission record here. To access Admission Record section/feature, click/tap Summary in the Hyperlink Menu.



Admission Record

Admission Diagnosis: Peripheral Arterial Occlusive Disease
 Chief Complaint: Pain and numbness on both feet and legs
 Operation Done:

Brief History:
 4 days prior to admission, patient had sudden onset of pain on both feet extending to the legs, accompanied with numbness of the involved extremities. There was no difficulty of breathing and chest discomfort noted. No consult was done. No medications taken.
 1 day prior to admission, there was persistence of symptoms with now noted dark discoloration of the left foot and worsening of pain.
 Few hours prior to admission, patient still had the above symptoms. Consult was done with a private physician and was advised for admission hence the subsequent admission.

Past Medical History:
 (-) HPN, (-) DM, (-) Heart Disease, (-) Asthma, (-) Operations, (-) Allergy, (+) History of Fall on December 17, 2016

PAST HISTORY:

PHYSICAL EXAMINATION

Vital Signs: BP: 140/90 Pulse Rate: 81 Respiratory Rate: 19 Temperature: 36.2

HEENT: Additional: anicteric sclerae, pink palpebral conjunctivae, no TPC, no CLAD, no nasal discharge

Chest/Lungs: Additional: symmetrical chest expansion, no retractions, clear breath sounds, adynamic precordium, normal rate regular rhythm, (-) murmur

CVS:

Abdomen: Additional: flabby, normoactive bowel sound, soft, non-tender

GU(IE): Additional: not assessed

skin/extremities: Additional: warm, moist, no pallor, no jaundice, poor skin turgor(+) dark discoloration of the right foot, (+) cold lower extremities, no edema, full and equal pulses

Neuro-Exam: Additional: conscious, coherent

Rectal: not assessed

Disposition:
 Discharged

FINAL DIAGNOSIS:
 ACUTE ARTERIAL OCCLUSION RIGHT LEG

Chart Signatories Attending Doctor: Dr. MARIO BAUTISTA #58663 (138)

Dr. MARIO BAUTISTA
 58663 Attending Doctor

Medical Chart 656661.d138

Details...

e. **Review of Systems**

The figure below is the entry for review of systems of the patient. Click or tap all buttons applicable to the patient categorized by system.

Review Of Systems

Refresh Save Close

Review Of Systems					
GENERAL			GASTROINTESTINAL		
Reset/Clear	Normal	Changes in Appetite	Reset/Clear	Normal	Diarrhea
Fever, Chills	Fatigue	Weight Gain	Vomiting	Hemorrhoids	Heartburn
Weight Loss	Itchiness, Skin Allergy	Lesion	Constipation	Stomach Pain	
EYES			GENITOURINARY		
Reset/Clear	Normal	Blurred Vision	Reset/Clear	Normal	Dysuria
Eye Pain	Double Vision	Sore Eyes (Infection)	Flank Pain	Polyuria	Hematuria
Glasses					
EARS, NOSE, AND THROAT (ENT)			MUSKULOSKELETAL		
Reset/Clear	Normal	Nasal Congestion	Reset/Clear	Normal	Muscle Pain
Tinnitus	Difficulty of Hearing	Dysphagia	Location	Joint Pain	Fracture
Sore Throat					
RESPIRATORY			NEUROLOGICAL		
Reset/Clear	Normal	Dyspnea	Reset/Clear	Normal	Dizziness
Previous CXR	Wheezing	Cough	Tremors	Numbness	Headache
Hemoptysis			Seizure		
CARDIOVASCULAR			ENDOCRINE		
Reset/Clear	Normal	Chest Pain	Reset/Clear	Normal	Polyuria
Fatigue	Tachycardia	Palpitation	Neck Mass	Heat/Cold Intolerance	Abnormal Sleep Patt.
Irreg. Heart Rate	Hemoptysis				

- f. **Discharge Home Instructions.** Before patient discharge, the attending doctor or nurse can enter the patient's discharge instructions together with the take home medications. Furthermore, the user can include the day/date for the follow up check-up and to which doctor to return to for their follow up check-up. To access Allergies section/feature, click/tap Summary in the Hyperlink Menu.

Dr. Doc Fname Doc Mlname Doc Lname
Doctors Doctor DOCTORS

NO, EUGENIA NACIONALES

Summary Dashboard Main CF4 Ord

PACS PatList PatInfo

Clinical Summary Re

ID#	Doctor	Re	Final Diagnosis
1133300B	TA, MARIO	5/11/2017	
656661	TA, MARIO	5/1/2017	nd legs ACUTE ARTERIAL OCCLUSION
1129121B	TA, MARIO	5/1/2017	
1083531B	TA, JAYVEE	1/9/2017	
885190B		6/27/2015	aRF

Discharge Home Instructions

Refresh Save

Take Home Medications:

1. Silgram 750mg/tab #21
Sig: Take one tablet 3x a day for 7days
(8am 2pm 8pm)
2. Zykast 10mg/5 tab #5
Sig: Take one tablet once a day at bedtime for 5days
(9pm)
3. Drixine nasal spray #1
Sig: May have 1 spray per nostril 3x a day
(8am 2pm 8pm)

Instructions: Compliance to medications

Return for checkup on: 4.11.19 rm 323 2pm-5pm

Return to: Dr. Alex Tan

Click/Tap the **Save** button to save entries for discharge home instructions.

➤ CLAIM FORM 4 (CF4)

This is the entry of CF4 required by PhilHealth. Some of the entries from the Admission Record will be auto-populated here like Chief Complaint, Diagnosis among others.

NOTE: Once connected to Medsys e-Claims, printing of CF4 will be disregarded. All CF4 will be submitted through an XML format which will be provided by Medsys module.

Claim Form 4 Refresh

Open by: Mark for Editing

Verify by: Check (before Verify)

Diagnosis and History | OB/GYN | Pertinent Signs and Symptoms | Physical Examination | Course in the Ward | Referral

Chief Complaint & Diagnosis Refresh Save Check by: nurse 1/16/2023 2:16:39 PM

Chief Complaint	Admission Diagnosis	Final Diagnosis
Pain and numbness on both feet and legs	Peripheral Arterial Occlusive Disease	ACUTE ARTERIAL OCCLUSION RIGHT LEG

[find..](#)

Medical History Refresh Save Check by: nurse 1/16/2023 2:16:39 PM

History of Present Illness

4 days prior to admission, patient had sudden onset of pain on both feet extending to the legs, accompanied with numbness the involved extremities. There was no difficulty of breathing and chest discomfort noted. No consult was done. No medication taken.

1 day prior to admission, there was persistence of symptoms with now noted dark discoloration of the left foot and worsened pain.

Few hours prior to admission, patient still had the above symptoms. Consult was done with a private physician and was admitted for admission hence the subsequent admission.

Past Medical History:
 (-) HPN, (-) DM, (-) Heart Disease, (-) Asthma, (-) Operations, (-) Allergy, (+) History of Fall on December 17, 2016

Pertinent Past Medical History

MAX LENGTH 2000 CHARACTERS

To **Add** or **Edit** entries, click/tap the **Mark for Editing** located on top of the entries.

Claim Form 4 Refresh

Open by: Mark for Editing

Verify by: Check (before verify)

Diagnosis and History | OB/GYN | **Pertinent Signs and Symptoms** | Physical Examination | Course in the Ward | Referral

Pertinent Signs & Symptoms Save

<input type="checkbox"/> Altered mental sensorium	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Abdominal cramp/pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Seizures
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Irritability	<input type="checkbox"/> Stool, bloody/black tarry/mucoid

Each entry has a corresponding **Save** button. Make sure to click/tap it to save changes on your entries before going to the next tab. After saving click **Done Edit**

Claim Form 4 Refresh

Open by: open by DOC_FNAME DOC_MDNAME DOC_LNAME on 1/16/2023 2:28:32 PM Done Edit

Verify by: Check (before Verify)

Diagnosis and History | **OB/GYN** | **Pertinent Signs and Symptoms** | Physical Examination | Course in the Ward | Referral

Pertinent Signs & Symptoms Save

<input type="checkbox"/> Altered mental sensorium	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Abdominal cramp/pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hematuria	<input type="checkbox"/> Seizures
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Skin rashes
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Irritability	<input type="checkbox"/> Stool, bloody/black tarry/mucoid
<input type="checkbox"/> Body weakness	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Sweating

To disregard changes, click/tap/tap the **Cancel Edit** button located on top of the entries.

Claim Form 4 Cancel Edit View missing entries

Present Illness / Pertinent Signs and Symptoms | **Medical History** | OB/GYN History | Pertinent Signs and Sy

<input type="checkbox"/> Altered mental sensorium	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Abdominal cramp/pain	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dysphagia
<input type="checkbox"/> Bleeding gums	<input type="checkbox"/> Dyspnea
<input type="checkbox"/> Body weakness	<input type="checkbox"/> Dysuria

To view missed entries, click/tap the **Check (before Verify)**. All missed entries will appear below the button

Claim Form 4 Refresh

Open by: Mark for Editing

Verify by: Check (before Verify)

PLEASE CHECK:
 No Past History.
 HEENT PE
 Chest PE
 CVS PE
 Abdomen PE
 GU/IE PE
 Skin PE
 Neuro PE
 Survey PE
 Pertinent Signs and Symptoms

No Height. No Weight.
 Please enter missing Course in the Ward entries highlighted in blue
 Tag if Referred.

NOTE: Make sure to fill in all the fields as required by PhilHealth. Incomplete entry will result to **RTH** of claims.

➤ **COURSE IN THE WARD**

This is the progress notes entry and is connected to CF4 as well. All entries from the Doctors Orders page will reflect here. (Please see Doctors Order guideline on page 19).

To enter a new course in the ward, click/tap the **Add New** button located on top of the entry. Select the Date and hit the **Save** button after completion.

The screenshot shows the 'Course in the Ward' interface. At the top, there are buttons for 'Course in the Ward', 'Save', and 'Add New'. Below this is a table with columns 'Date' and 'Action'. The first entry is for 6/5/2019 12:00:00 AM with the action 'Patient seen and examined'. The second entry is for 6/6/2019 12:00:00 AM with the action 'Patient complained of abdominal pain in the epigastric area. Given with omeprazole with relief. Patient agreeable for discharge today. Examined patient alert, coherent and not in distress. H S1S2, L clear, A soft, nontender, calves supple'. A red arrow points to the 'Add New' button. A date selection calendar for June 2019 is open, showing the date 6/6/2019 selected. A 'Close' button is also visible.

Date	Action	Edit	Delete
6/5/2019 12:00:00 AM	Patient seen and examined Patient well and responding to treatment	Edit	Delete
6/6/2019 12:00:00 AM	Patient complained of abdominal pain in the epigastric area. Given with omeprazole with relief. Patient agreeable for discharge today. Examined patient alert, coherent and not in distress H S1S2 L clear A soft, nontender calves supple	Edit	Delete

To make any changes on the saved notes, click/tap the **Edit** button. If you wish to remove it, click/tap the **Delete** link.

➤ **CLAIM FORM 3 (CF3)**

This is the CF3 entry for OB patients. Once you tagged the patient as Pregnant on the CF4 entry, the CF3 form entry will automatically be enabled on the Patient Menu.

The screenshot shows the 'CLAIM FORM 3' interface. It has a 'Save' button at the top. The form is divided into several sections:

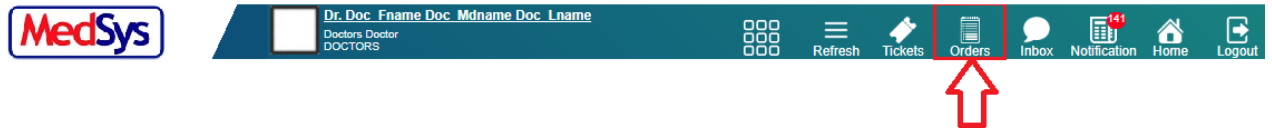
- 1. Initial Prenatal Consultation:** Includes a date field (mm/dd/yyyy), checkboxes for 'Vitals Are Normal', 'Menstrual History LMP', 'Age of Menarche', 'No. of Pregnancy', and 'No. of Delivery'.
- 2. Clinical History and Physical Examination:** Includes checkboxes for 'Ascertain the present Pregnancy is low-risk', 'Obstetric History Complete OB Code', 'No. of Full Term', 'No. of Premature', 'No. of Abortion', and 'No. of Living Children'.
- 3. Obstetric risk factors:** Includes checkboxes for 'Multiple Pregnancy', 'Placenta Previa', 'History of Pre-eclampsia', 'Premature Contraction', 'Ovarian cyst', 'History of 3 miscarriages', 'History of eclampsia', 'Not applicable/None', 'Myoma uteri', and 'History of stillbirth'.
- 4. Medical/Surgical risk factors:** Includes checkboxes for 'Hypertension', 'Thyroid Disorder', 'Epilepsy', 'History of previous cesarian section', 'Heart Disease', 'Obesity', 'Renal disease', 'History of uterine myomectomy', 'Diabetes', 'Moderate to severe asthma', 'Bleeding disorders', and 'Not Applicable/None'.
- 5. Admitting Diagnosis:** A text field containing 'CERVICAL MYELORADICULOPATHY'.
- 6. Delivery Plan:** Includes a radio button for 'Orientation to MCP/Availment of Benefits' (Yes/No) and a date field for 'Expected date of delivery' (mm/dd/yyyy).
- 7. Follow-up Prenatal Consultation:** Includes a radio button for 'Prenatal consultation no.' (2nd-12th) and a date field for 'Date of visit (MM/DD/YY)'.
- 8. AOG in weeks:** A series of input fields for weeks.
- 9. Weight and Vital Signs:** A grid of input fields for Weight, Cardiac Rate, Respiratory Rate, Blood Pressure, and Temperature.
- Others/Remarks:** A text field for additional notes.

NOTE: Make sure to fill in all the fields as required by PhilHealth. Incomplete entry will result to **RTH** of claims.

➤ **DOCTOR'S ORDER**

This is the doctor's order or progress notes entry. Orders should have a corresponding compliance from nurses. All entries here is linked to COURSE IN THE WARD.

Orders communicated by doctors to nurses through telephone, text or verbal needs to be confirmed. To do this, go to **Orders and Referrals** located on top of the screen.



The list of pending doctor's order without nurses' compliance will be displayed.

- Pending Doctors Orders									
Filter By									
Last Name:	<input type="text"/>	IDNum:	<input type="text"/>	HospNum:	<input type="text"/>	<input type="button" value="Search/Refresh"/>	<input type="checkbox"/> Auto Refresh every minute		
Station:	<input type="text" value="ALL"/>					<input checked="" type="checkbox"/> Nurse pending only			
<input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Nurse <input checked="" type="checkbox"/> Clinical Pharmacist <input checked="" type="checkbox"/> Dietician <input checked="" type="checkbox"/> Antimicrobial									
Hosp #	Adm Num	Date Entered	Entered By	Doc Order (Preview)	Patient Name	Photo	Admission Date	Room #	Station Name
665897	728309	11/7/2022 3:19:35 PM	BUDCHANGAN, JOAN	dfgdfg...	ALUYEN, ARNOLD JR. MONTA		9/21/2022 3:30:00 PM	501ABC	5A - 5-A OBGYN SURGICAL
668846	728472	1/5/2023 3:07:22 PM	BAUTISTA, MARIO	test...	DELA CRUZ, JOHNY DELA		11/18/2022 4:02:56 PM	308	3RD - 3-A MEDICAL

i. To **UPDATE** and confirm order, click/tap on the patient's name. The window below will appear.

Entered By: DOC_LNAME, DOC_FNAME
Order # 621576
On: 1/14/2023 12:00:00 AM
By:

Migrate to courses

Side Notes: Order: Nurse's Compliance:

No new orders.

Course in the Ward:

Entered By: DOC_LNAME, DOC_FNAME
Order # 621575
On: 1/13/2023 12:00:00 AM
By:

Migrate to courses

Side Notes: Order: Nurse's Compliance:

No new orders.

ii. Click/tap on the **Update** to verify that the listed order is correct. Confirmation status will be changed to Confirmed once done. Otherwise, click/tap on the **Cancel** button.

iii. To enter **NEW ORDER**, select the **I'm the Ordering Doctor** radio button (If you are the one entering the said order) and input your order together with the corresponding **Side Notes** (if there's any).

- iv. Click/tap on the **Save** button to save your order. Make sure to verify it before saving. You can't make any changes afterwards.

- v. Input UserID and Password for validation. Click/Tap the **Save** button (or hit the Enter key on your keyboard) afterwards. Otherwise, click/tap the **Close** button.

Please enter your User ID and Password for confirmation

- vi. If you wish to make changes on your side notes, click/tap the **Edit Side Notes** link.

NOTE: Editing of side notes could only be done by the same doctor who entered it.

- vii. Click/Tap the **Update** link once done. Otherwise, click/tap the **Cancel** button to disregard changes.

- viii. You may want to review the **Vital Signs** and **Administered Medicines** before making orders. Just click/tap the Vital Signs and Administered Medicines to see the complete list.

Patient Information [Show Personal Information](#)

CABALLERO, NIÑA MARIELL ARNOCO

Hospital Num :78609
Birthdate :9/5/2018 Age:0
Sex :F
Address :OUANO EXT. LOOC , MANDAUE CITY , CEBU PROV.

Adm Num :201904867
PatType :In-Patient Room :925
Adm Date :5/13/2019 9:32:00 PM
Company :
PhilHealth# :

SMS

[Vital Signs](#)

[Administered Medicines/Therapeutic Sheet](#)

Doctors Orders [Save](#) [Print](#)

 Display all orders under this hospital number

Order Type

I'm the Ordering Doctor
 Telephone Order
 Text Order
 Verbal Order

Side Notes:

Order:

➤ **LAB RESULTS**

This is where you can access the laboratory results of the patient. Historical format of clinical chemistry exams is provided for easier comparison of the previous to present result.

Laboratory Results - Historical [Print](#)

Click to Hide/Display Result Time

Section	Exam	Normal Value	Feb 27 2019	Feb 26 2019	Feb 25 2019	Feb 24 2019	Feb 23 2019	Jun 26 2018	Sep 01 2012	Nov 28 2006
CHEMISTRY	BLOOD SUGAR (HAEMOGLUCOTEST)	70-105					221 162			
		70-110			108	155 144 165 169				
	POTASSIUM	3.4-5.3			3.8					
	BLOOD SUGAR (HAEMOGLUCOTEST)	70-110			148					
HEMATOLOGY	HEMOGLOBIN	127 - 183							134	175
	PLATELET COUNT	150-400						274		
	HEMOGLOBIN	127 - 183						136		
	PLATELET COUNT	150-400					256			
	HEMOGLOBIN	127 - 183					129			
	HEMATOCRIT	0.40 - 0.50					0.38	0.40	0.42	0.50
	WHITE BLOOD CELL COUNT	5 - 10					14.1	19.3	10.8	4.0
	SEGMENTERS	0.50-0.70					0.86	0.88	0.85	0.55
	EOSINOPHILS	0.00-0.05					0.04	0.03	0.05	0.02
	LYMPHOCYTES	0.20-0.40					0.06	0.05	0.06	0.42
	MONOCYTES	0.00-0.07					0.04	0.04	0.04	0.01

On the latter part of the page is the PDF/ printable version of the patient's lab results. Click on the 'view' button to open the PDF printable result.

Detailed Lab Results - PDF (Generated by MedSys Exporter)

Exam Name	Request No.	Trans Date	Section Name	Accession #	Exam ID	
ABO/Rh Typing (Tube Method)	209356	6/9/2019 7:13:25 PM	BLOOD BANK	060919-068	44	View
Sodium	209349	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	39	View
Potassium	209350	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	38	View
Urea (BUN)	209351	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	30	View
Creatinine	209352	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	22	View
Total Calcium	209353	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	147	View
Magnesium	209354	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	00	152	View
Albumin	209355	6/9/2019 7:13:25 PM	CLINICAL CHEMISTRY	060919-068	166	View
CBC w/ platelet count	209348	6/9/2019 7:13:25 PM	HEMATOLOGY	060919-068	7	View
Urinalysis	209153	6/9/2019 1:01:23 AM	CLINICAL MICROSCOPY	060919-001	1	View
Sodium	208754	6/7/2019 4:57:57 PM	CLINICAL CHEMISTRY	060719-101	39	View
Potassium	208755	6/7/2019 4:57:57 PM	CLINICAL CHEMISTRY	060719-101	38	View
Creatinine	208756	6/7/2019 4:57:57 PM	CLINICAL CHEMISTRY	060719-101	22	View
Capillary Blood Glucose(CBG)/Hemogluotest (HGT)	208757	6/7/2019 4:57:57 PM	CLINICAL CHEMISTRY	060719-101	96	View
CBC w/ platelet count	208753	6/7/2019 4:57:57 PM	HEMATOLOGY	060719-101	7	View

➤ **IMAGING/PACS**

All digital images of patient transmitted from the Radiology department can be viewed here together with the exam interpretation. Click/Tap on the **Patient's Name** or Study **Description** to access it.

PatientID	Patient Name	Birthdate	Gender	Study Date	Modality	Study Desc.	AccessionNumber	ReferringPhysician
176794	ROBISO, MARIBEL BLANCO	08/19/1976	F	02/14/2019 6:08AM	CHEST PA	394721X		MD, DPCOM, DFM, FPAFP, CSPSH GUNDRAN
176794	ROBISO, MARIBEL BLANCO	08/19/1976	F	02/11/2019 10:00PM	CHEST PA	394555X		(145) GUNDRAN NELSON M.
176794	ROBISO, MARIBEL BLANCO	08/19/1976	F	08/18/2017 9:48PM	CHEST PA	358261X		(3090) CASTRO EDEN M

ROBISO, MARIBEL BLANCO (176794) 02/14/2019 6:08AM Gender: F CHEST PA (394721X) ResultStatus: V Modality: DX

Plain Text

CXR:

The lungs show streaky densities of the parahilar/paracardiac areas. The heart is slightly enlarged. Diaphragm is normal in level. Costophrenic sulci are not blunted. Included bones are intact.

IMPRESSION:

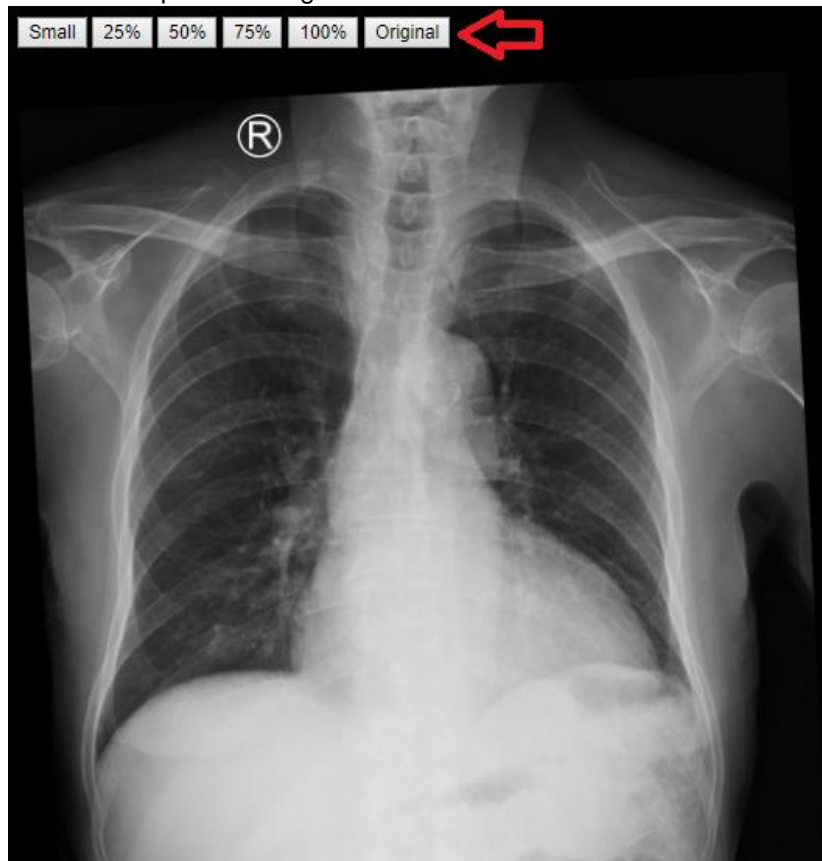
Bilateral interstitial pneumonia/ bronchitis.
Slight cardiomegaly.

Thanks for referring,

SeriesNum	SeriesDescription	Modality	Load Images/Result	View	Window
1		DX	Per Image	All Images in this Series	View New Window



You can manipulate image sizes depending on your preference. Just select on the image size options located on top of the image window.



To open image in new tab, click/tap on the **Open** link located on the grid. A new tab window will appear displaying a bigger image size.

PatientID	Patient Name	Birthdate	Gender	Study Date	Modality	Study Desc.	AccessionNumber	ReferringPhysician	ResultStatus	View Images
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	08/09/2019 12:44AM	CR	'Chest PA (Adult)'	32824X	RUDI JOY		Open
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	08/09/2019 12:44AM	PR	'Chest PA (Adult)'	32824X	RUDI JOY		Open
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	02/08/2019 6:50AM	CR	'Chest PA (Adult)'	26766X	MARIA LUISA P		Open
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	02/08/2019 6:50AM	PR	'Chest PA (Adult)'	26766X	MARIA LUISA P		Open
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	10/29/2018 8:26AM	CR	'Chest PA & LAT (Adult)'	22103X	RUDI JOY		Open
22529	CUEVA, SALVADOR SR TAYOTO	05/01/1935	M	10/29/2018 8:26AM	PR	'Chest PA & LAT (Adult)'	22103X	RUDI JOY		Open



OTHER RESULTS

This is where you can access other results like X-ray, Ultrasound, CT, MRI, Cardio and other results.

Results

X-Ray Results - [Show Previous](#)

Date Verified: 6/10/2019 3:55:53 PM Registration # 201904867 Request #: 5X [Digital Images](#)

Exam: CHEST AP AND LATERAL

Interpretation:

CHEST AP AND LATERAL

No active lung disease.

Heart is not enlarged.

Diaphragm and sulci are intact.

Impression:

NO ACTIVE LUNG DISEASE

Radiologist: [digitally signed]

CT-Scan Results - [Show Previous](#)

Date Verified: 5/28/2019 10:27:13 AM Registration # 201904867 Request #: 1S [Digital Images](#)

Exam: KNEE

Interpretation:

KNEE

Technique: non-contrast axial 64- slice CT scan of the --- knee with coronal, sagittal and 3D reconstructions

Findings:

No evidence of fractures or dislocations.

Femoro-tibial and patello-femoral joint spaces are preserved

No abnormal soft tissue densities noted.

Bone mineralization is within normal limits.

IMPRESSION:

UNREMARKABLE STUDY OF THE KNEE

➤ **DOC REFERRAL**

This is your viewing and entry of referrals.

Referral

AttendingDr1: 331

AttendingDr2: 408

AdmittingDr:

ReferringDr: 457

Referral List

ID	Date	Referred by	Referred to ID	Referred to Name	Reason	Delete
4	6/10/2019 3:04:06 PM		410	SOBERANO, LIZA PASPE	for second opinion	Delete

Search Doctor by Last Name: Search Doctor

Doc ID:

Reason:

Add/Save

- i. To add a new referral, enter the physician's **Last Name** and click/tap the **Search Doctor** button (or hit the **Enter** key in keyboard).

Search Doctor by Last Name: Search Doctor

Select	DoctorID	DocName	SpecialtyID	TelNo	Resident
Select	224	CHAN, KENNETH SY	15		No
Select	638	CHAN, MARIA RHODORA LUMANG	1		No
Select	307	CHAN, MARIO LAO	136		No
Select	488	CHAN, MILAGROS ABESAMIS	47		No
Select	575	CHANGCO JR., ANGEL GO	1		No

- ii. To select a physician on the list, click/tap on the **Select** link located on the right side of the window.

Search Doctor by Last Name: Search Doctor

Select	DoctorID	DocName	SpecialtyID	TelNo	Resident
Select	224	CHAN, KENNETH SY	15		No
Select	638	CHAN, MARIA RHODORA LUMANG	1		No
Select	307	CHAN, MARIO LAO	136		No
Select	488	CHAN, MILAGROS ABESAMIS	47		No
Select	575	CHANGCO JR., ANGEL GO	1		No

Search Doctor by Last Name: Search Doctor

Doc ID:

Reason:

Add/Save

➤ **PRESCRIPTION**

This is used in prescribing medicines to patients and can also be used as digital prescription.

NOTE: Entries here is linked to **Discharge Instructions and Medications** of nurses for **MAY GO HOME PATIENTS** when **Take Home Meds** is used.

- i. Click/Tap the **Search From Formulary** button.

Search From Formulary

Search Medications to add: Search by: Generic Brand ItemCode

- ii. Input the medicine name (by Generic or Brand) on the textbox entry and click the **Search** button (or hit the <Enter> key in keyboard).

Medicine Search

Search by Generic Name With Stock Pharmacy Order by Cost Retrieve count: 50

Item ID	Medicine Description	Generic Name	Brand Name	Route	Current Stock
4567	Tramadol (AMBIDOL) 50 MG/ML	Tramadol	AMBIDOL	INTRAVENOUS/ INTRAMUSCULAR/ SUBCUTANEOUS	86
3912	Tramadol (TDL AMPULE) 50MG/ML/2ML	Tramadol	TDL AMPULE	INTRAVENOUS/INTRAMUSCULAR	178

- iii. Click/Tap the **Select** link to select medication.

Prescription Inpatient Take Home

Medicine Search

Search by Generic Name With Stock Pharmacy Order by Cost Retrieve count: 50

Item ID	Medicine Description	Generic Name	Brand Name	Route	Current Stock	AverageCost
4567	Tramadol (AMBIDOL) 50 MG/ML	Tramadol	AMBIDOL	INTRAVENOUS/ INTRAMUSCULAR/ SUBCUTANEOUS	86	75.00
3912	Tramadol (TDL AMPULE) 50MG/ML/2ML	Tramadol	TDL AMPULE	INTRAVENOUS/INTRAMUSCULAR	178	101.67
4108	Tramadol (TDL CAPSULE) 50MG	Tramadol	TDL CAPSULE	ORAL	104	21.95
5451	Tramadol (TDL AMPULE) 50MG/ML/2ML (PER BOX)	Tramadol	TDL AMPULE		0	1,016.66

- iv. Select **Dosage**, input **Quantity** and **Sig**. For **MAY GO HOME** patient(s), fill in the **Instructions** and don't forget to click the **Take Home Meds** entry after saving.
- v. Click/Tap the **Add and Save** button once done with item selection.

Item code/desc: 920 Naprex Ampule 300 mg 2 mL

Dosage: ONCE A DAY OD

Quantity: 1

Sig: 8AM

Instructions: This is the entry of discharge instructions (FOR MAY GO HOME PATIENTS)

Add and Save

- vi. To **EDIT** the saved entry, click/tap the **Edit** link.

ID	Add Date	Item ID	Item Description	Generic Name	Quantity	Dosage	Sig	IDNum	DoctorID	Remove	Order	Order
18	6/18/2019 11:17:10 AM	335	TRAMADOL HCl (TRAMAL) 100MG/2ML AMP (PIECE)		14	BID	TWO(2) X A DAY	201904905	331	Edit	Remove	Request Cash
19	6/18/2019 11:18:15 AM	1602	PARACETAMOL (BIOGESIC) 500MG TAB (PIECE)		30	Q8H	EVERY 8 HOURS	201904905	331	Edit	Remove	Request Cash

Click/Tap the **Update** link once done. Otherwise, select **Cancel** disregard changes.

ID	Add Date	Item ID	Item Description	Generic Name	Quantity	Dosage	Sig	IDNum	DoctorID	Remove
18	6/18/2019 11:17:10 AM	335	TRAMADOL HCl (TRAMAL) 100MG/2ML AMP (PIECE)		14	BID	TWO(2) X A DAY	201904905	331	Update Cancel Remove

vii. To REMOVE item, select the **Remove** link.

ID	Add Date	Item ID	Item Description	Generic Name	Quantity	Dosage	Sig	IDNum	DoctorID	Remove	Order	Order
18	6/18/2019 11:17:10 AM	335	TRAMADOL HCl (TRAMAL) 100MG/2ML AMP (PIECE)		14	BID	TWO(2) X A DAY	201904905	331	Edit Remove Request Cash		
19	6/18/2019 11:18:15 AM	1602	PARACETAMOL (BIOGESIC) 500MG TAB (PIECE)		30	Q8H	EVERY 8 HOURS	201904905	331	Edit Remove Request Cash		

viii. To PRINT the Prescription slip, click/tap the **Print Rx Slip**.

ID	Add Date	Item ID	Item Description	Generic Name	Quantity	Dosage	Sig
18	6/18/2019 11:17:10 AM	335	TRAMADOL HCl (TRAMAL) 100MG/2ML AMP (PIECE)		14	BID	TWO(2) X A DAY
19	6/18/2019 11:18:15 AM	1602	PARACETAMOL (BIOGESIC) 500MG TAB (PIECE)		30	Q8H	EVERY 8 HOURS



MEDSYS MEDICAL CENTER
MAKATI CITY, METRO MANILA
Tel. 260-9180
DR JUAN TWO DELA CRUZ

Print Date: 6/18/2019 11:18:20 AM

Patient Name: ABRENICA, HANNIE LEE MIRANDA **Age:** 30**Sex:** F

Address: BLOCK 38 LOT 40 LA ALDEA DEL MAR BABAG , LAPU-LAPU CITY,
CEBU PROV.

R_x

**Tramadol Hcl (Tramal) 100Mg/2MI Amp (Piece) 100MG/2ML AMP
(PIECE)**

#14

Sig: TWO(2) X A DAY

Paracetamol (Biogesic) 500Mg Tab (Piece) 500MG TAB (PIECE)

#30

Sig: EVERY 8 HOURS

JUAN TWO DELA CRUZ, MD

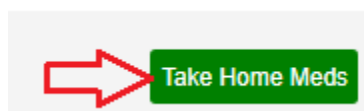
License No.:

PTR No.:

S2 No.:

TAKE HOME MEDS

For **MAY GO HOME PATIENTS**, click/tap the **Take Home Meds** button located on the lower left side of the screen.



Fill in the textbox and click/tap **Save** button afterwards.

Return For Checkup On: 07/07/2019 @OPD Clinic RM1.
Return To: DR. ARVIN BENIGA AVANZADO
Save

Once saved, it will be seen to nurses' module for PRINTING.

➤ PHYSICAL EXAM

For P.E. entry, please use the one located under CF4 entry.

Claim Form 4 Refresh

Open by: open by DOC_FNAME DOC_MDNAME DOC_LNAME on 1/16/2023 10:22:37 AM Done Edit

Verify by: Check (before Verify)

Diagnosis and History | OB/GYN | Pertinent Signs and Symptoms | **Physical Examination** | Course in the Ward | Referral



➤ **PATIENT CARE PLAN**

This is usually used for OUTPATIENTS for admission.

Patient Care Plan

Please select a diagnosis:

Laboratory | Xray | Ultrasound

Please admit to: Room of choice ICU Isolation

Diagnostics: COMPLETE BLOOD COUNT,

Diet: LOW FAT LOW SALT

Therapeutics:

Side Notes:

COMPLETE BLOOD COUNT
 ROUTINE STOOL EXAM
 SAMPLE TEST
 URINALYSIS

Save Diagnostics View Order

- i. Input orders (Laboratory, X-ray, Ultrasound, CT). Fill in the **Please Admit To** option. Input Diet, Therapeutics and Side Notes and click/tap the **Save Diagnostics** button. Nurses will be notified on Doc Orders once saved.

➤ **INPUT/OUTPUT**

This is usually done by nurses.

Input/Output			
INPUT		OUTPUT	
IVF:	<input type="text"/>	Urine:	<input type="text"/>
H2O:	<input type="text"/>	NGT:	<input type="text"/>
Osteorized Food:	<input type="text"/>	BM:	<input type="text"/>
Meds:	<input type="text"/>	Characteristics:	<input type="text"/>
Others:	<input type="text"/>	Others:	<input type="text"/>
Total:	<input type="text"/>	Total:	<input type="text"/>
24 Hrs. Total:	<input type="text"/>	24 Hrs. Total:	<input type="text"/>

[Save Input/Output](#)

➤ **DISCHARGE NOTES/PROFESSIONAL FEE**

This is the entry of PF (supports Inpatient only)

ICD/RVS SEARCHING

i. Enter keyword and click/tap the **Search ICD** button (or hit the **Enter** key in keyboard).

[Search By Keyword \(ICD/RVS\)](#) [Common](#)
 Keyword: dengue [Search ICD](#) [Search RVS](#)
 --SELECT--

ii. Select the particular ICD/RVS on the dropdown and the amount will be displayed.

[Search By Keyword \(ICD/RVS\)](#) [Common](#) Expected Amount:
 Keyword: dengue [Search ICD](#) [Search RVS](#) [Compute](#)
 --SELECT--
 --SELECT--
A90 ` Dengue without warning signs (3000)
 A91.1 ` Dengue with warning signs (3000)
 A97.0 ` Dengue without warning signs: Dengue fever (DF) Dengue haemorrhagic fever Grades 1 and 2
 A97.1 ` Dengue with warning signs; Dengue haemorrhagic fever with warning signs (3000)

iii. Enter the **Expected Amount** and click/tap **Compute** to view the computation of your PF. Once done, click/tap the **Save** button.

PHIC PF: 3000
 Dengue without warning signs
 Expected Amount:
[Compute](#)

➤ **PENDING ACTIONS**

Please see the **V. DOCTORS ORDERS** on the previous pages.

➤ **DOCUMENTS**

- A summary of all the printable files of the patient
- User can also upload other files/images of the patient



PROCEDURE REQUEST

This is where you can make request(s) which is linked to clinical departments like Laboratory, X-ray, etc.

- i. Input the exam/procedure description on the textbox and click/tap the **Search** button (or hit the **Enter** key on your keyboard). Tick the **by Department** box on the left side if you prefer to search exams per department.

Department	Exam ID	Select
LB	200	24 HR. URINE PROTEIN
LB	240	BLEEDING TIME / CLOTTING TIME
LB	242	BLOOD GASES
LB	401	BLOOD INDICES
LB	244	BLOOD SUGAR (HAEMOGLUCOTEST)
LB	245	BLOOD TYPING/Rh TYPING
LB	212	BUN
LB	213	CALCIUM
LB	478	CARDIO PROFILER TRIAGE
LB	270	CHLORIDE
LB	257	COMPLETE BLOOD COUNT
LB	283	HEMATOCRIT
LB	284	HEMOGLOBIN
LB	357	HEPATITIS A IgG
LB	826	HS - COMPLETE BLOOD COUNT
LB	292	INDIA INK PREPARATION

- ii. Select the exam to be requested and click/tap the **Save** button. Otherwise, click/tap the **Cancel** button to return to the requesting window without saving the selected exam.

NOTE: Once saved, it will be sent instantly to the department.

REQUEST COMMON EXAMS

This is an alternate option of exam searching. It displays the common exams frequently requested to departments.

Request Common Exams:		
Laboratory	X-Ray	Ultrasound
10 Anti-Streptolysin O Titer	12 Arm AP & Lateral	1 Appendix
8 Body fluid pH	19 Chest AP & LAT (Adult)	2 Breast
7 CBC w/ platelet count	20 Chest AP & LAT (Pedia)	3 Chest Wall/ Hemithorax
36 CD34	21 Chest AP (Pedia)	4 Cranial
148 Chloride	23 Chest AP Supine (Adult)	5 GallBladder
22 Creatinine	24 Chest AP Supine (Pedia)	7 HBT (Liver & Gallbladder)
45 Crossmatching	25 Chest PA & LAT (Adult)	6 HBT & Pancreas
158 Culture & Sensitivity, Blood	26 Chest PA & LAT (Pedia)	9 Kidneys
200 Erythrocyte Sedimentation Rate (ESR)	27 Chest PA (Adult)	10 KUB & Pelvic
2 Fecalysis	28 Chest PA(Pedia)	11 KUB & Prostate
47 Gram Stain	33 Elbow AP & Lateral	12 KUB (Kidney Ureter Bladder)
21 HDL/LDL/VLDL	34 Elbow Modified View	13 LGBP & Spleen (Upper Abdomen)
133 LDH	35 Foot AP & Lateral	14 Liver
3 Occult Blood	38 Foot AP,Lateral & Oblique	15 Lower Abdomen
9 Platelet Concentrate	36 Forearm AP & Lateral	16 Musculoskeletal (MSK)
38 Potassium	37 Hand AP & Lateral	17 Neck
5 Pregnancy Test, serum	41 Knee AP & Lateral	18 Pancreas
4 Pregnancy Test, urine	42 Knee Standing AP & Lateral	19 Pelvic
43 Rh Typing (Tube Method)	45 KUB IVP (Procedure Only)	20 Prostate
27 SGOT/AST	43 KUB Plain	21 Scrotal / Testicular
28 SGPT/ALT	44 KUB Plain(Pedia)	22 Soft Tissue
39 Sodium	46 Leg AP & Lateral (Tibia & Fibula)	23 Special / Doppler Procedure
15 Total bilirubin (UPH)	48 Lumbo Sacral AP & Lateral	24 Spleen
147 Total Calcium	47 Lumbo Sacral AP, Lateral & Oblique	25 Thyroid
20 Total Cholesterol	53 Paranasal Sinuses	27 Trans-Rectal Pelvic/Prostate
29 Triglycerides	57 Shoulder AP	26 Trans-Vaginal Pelvic
19 Troponin I (Quantitative)	58 Shoulder AP & Axial View	28 Urinary Bladder
51 TSH	59 Shoulder Axillary	29 Whole Abdomen
13 Typhidot	64 Skull AP & LAT	
31 Uric Acid (BUA)	65 Skull Series (AP Lateral & Towne's)	
1 Urinalysis		



PHARMACY REQUEST

This feature is linked to the Pharmacy Dispensing module. Any medications requested using this entry will automatically be in the list of requested meds of the patient in the pharmacy dispensing.

- i. Input the generic name or brand name of medicine on the textbox and click/tap the **Search** button.

- ii. Select the appropriate medicine found on the list by clicking/tapping the **Select** link on the left side.

Select	GenericName	ItemCode	BrandName	Description	CurrentStock
Select		343	TRAMADOL (SIVEROL)	100MG/2ML AMPULE (PIECE)	932
Select		342	TRAMADOL (SIVEROL)	50MG CAP (PIECE)	1288
Select		341	TRAMADOL (SIVEROL)	50MG/ML (1ML) AMP (PIECE)	3361
Select		201	TRAMADOL (TDL)	50MG CAPSULE (PIECE)	0
Select		340	TRAMADOL (TRAMAL RETARD)	100 MG TAB (PIECE)	30

iii. Select **Dosage** afterwards.

Dosage:

Selected Dosage:

Select	Dosage ID	Dosage Desc
Select	2BID	2 TABS TWICE A DAY
Select	2HS	TWO(2) TABS EVERY BEDTIME
Select	2OD	TWO(2) TABS ONCE A DAY
Select	2TID	TWO(2) TABS TID
Select	3TID	THREE(3) TABS TID
Select	4OD	FOUR(4) TABS OD
Select	5OD	FIVE(5) TABS OD
Select	BID	TWO(2) X A DAY
Select	BID1/2	1/2 TAB BID
Select	BID1/4	1/4 TAB BID
Select	FXD	FIVE TIMES A DAY

iv. Input **Quantity**.

Item Code/Desc: 333 TRAMADOL HCI (TRAMAL) 50MG/ML

Dosage:

Selected Dosage: Q8H EVERY 8 HOURS

Quantity:

v. Add **Remarks** (if there's any).

vi. Click/Tap the **Add to List** option if you wish to queue your order and **Add** another medicine.

Item to add

Item Code/Desc: 333 TRAMADOL HCI (TRAMAL) 50MG/ML

Dosage:

Selected Dosage: Q8H EVERY 8 HOURS

Quantity:

EVERY 8 HOURS

Remarks:

vii. All queued orders will be enlisted on **Current Requests**. Click/Tap the **Save** button to save and send your requests to the Pharmacy department.

Current Requests **Print Rx Slip** Whole Page Half Page

Department	Item ID	Item Description	Quantity	Remarks	Dosage	Cancel?
Pharmacy	333	TRAMADOL HCl (TRAMAL) 50MG/ML AMP (PIECE)	20	EVERY 8 HOURS	Q8H	Cancel
Pharmacy	1586	PARACETAMOL (CALPOL) 120MG/5ML (60ML) (PIECE)	10	2 TABS TWICE A DAY	2BID	Cancel

SAVE

- viii. To CANCEL the selected entry, click/tap the **Cancel** link located on the right side of the screen.
- ix. Once saved, a green-colored message “Successfully saved items” will appear.

Current Requests **Print Rx Slip** Whole Page Half Page **Successfully saved items.**

Department	Item ID	Item Description	Quantity	Remarks
Pharmacy	1586	PARACETAMOL (CALPOL) 120MG/5ML (60ML) (PIECE)	20	2 TABS TWICE A DAY

SAVE

➤ **CENTRAL SUPPLIES**

This is linked to CSD department. Any requests made here will be seen on their list of pending requests.

- i. Input item name on the textbox and click/tap the **Search** button.

Central Supplies

Code/Desc: pillow **Search**

Select	Drug Name	Description	Code	Stock	I.P. Price	O.P. Price	Status	Stock Level	Generic Name	Classification
Select	PILLOW, DA990	HYPOALLERGENIC, WHITE 20 X 30	8185	-3	525.0000	525.0000	w/o stock	0		

Current Requests:

Department	Item ID	Item Description	Quantity	Remarks
------------	---------	------------------	----------	---------

SAVE

- ii. Select the item by clicking the **Select** link on the left side
- iii. Input the **Quantity**.
- iv. Click/Tap the **Save** button to send the request to the CSD department.

➤ **NURSES NOTES**

This is the progress notes of nurses

Nurses Notes

Shift: ▼

Problem:

Note:

Date Entered: 6/13/2019 8:47:31 PM Day Shift: 2PM-10PM By: NURSE NURSE

Problem:

MULTIPLE ABRASIONS

Notes:

D> w/ intact ivf on; on room air; voiding freely

A> vs taken and recorded

A> side rails up

A> due meds given

A> seen at intervals

A> monitored for severe pain

R> w/ tolerable pain

➤ **OPERATIVE RECORD**

This is the list of all operations/procedures done to patient (from previous to present).

S

Operative Record

Select a Procedure: Data loaded.

Adm#	Charge Date&Time	RefNum	Proc.ID	Operating Procedure	Select
685378	12/02/2018 3:04PM	C428404O	44005	Enterolysis (freeing of intestinal adhesion)	Select
685378	11/20/2018 9:15PM	C428054O	44005	Enterolysis (freeing of intestinal adhesion)	Select

Enterolysis (freeing of intestinal adhesion)

Pre-op diag:

Post-op diag:

Oper. findings:

Operative Technique:

Details:

PHIC CODE:

RUV:

- i. Select the operative from the list to input or view the operative entries. Click/Tap the **Save** button if new entry.



MEDICAL CHECKUP

This is usually used for OUTPATIENTS' medical checkup.

- **PATIENT INFORMATION**

This is where you can view, input and edit patient's information, history and SOAP.

PAST MEDICAL HISTORY

Asthma	<input checked="" type="radio"/> Yes	<input type="radio"/> No	:	<input type="text"/>
Tuberculosis	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Hypertension	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Diabetes Mellitus	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Chest Pain or Palpitations	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Kidney Disease/Failure	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Cancer	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Arthritis	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Thyroid Problem	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Respiratory Problem	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Migraine	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Low Blood Sugar	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Neurological Problem	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Sinus Problem	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Hepatitis	<input type="radio"/> Yes	<input checked="" type="radio"/> No	:	<input type="text"/>
Others				<input type="text"/>

FAMILY HISTORY

<input type="checkbox"/> Cancer	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Thyroid Problem	<input type="checkbox"/> Respiratory Problem
<input type="checkbox"/> Migraine	<input type="checkbox"/> Low Blood Sugar	<input type="checkbox"/> Neurological Problem
<input type="checkbox"/> Sinus Problem	<input type="checkbox"/> Hepatitis	
Others: <input type="text"/>		

PERSONAL AND SOCIAL HISTORY

PHYSICAL ACTIVITY/EXERCISE:

Frequency:

Rarely	Often
Always	Reset/Clear

Type:

Times per week and Hours per day:

SMOKER:

Yes	Previously
No	Reset/Clear

Frequency:

No. of years:

No. of sticks:

If previously, when did you stop?(year):

ALCOHOL DRINKER:

Yes	Occasional
No	Reset/Clear

No. of years:

No. of bottles:

Type of drink/s:

DRUG USE:

Yes	Previously
No	Reset/Clear

No. of years:

Type of drug/s:

HOSPITALIZATION, INJURIES AND MEDICATION

Hospitalization/s

Injuries/Operation

Medications

3-DAY FOOD RECALL:(BREAKFAST, LUNCH, DINNER)

Day 1:

Day 2:

Day 3:

Fluid Intake:

FOR MEN

PSA TEST Yes No:

Difficulty in Urination: Yes No:

Erectile Dysfunction Yes No:

Sexually Active: Yes No:

Age of 1st Intercourse:

Medication/Supplements:

No. of Sexual Partners:

History of STD/AIDS:

Save Patient Information

Click/Tap the **Save Patient Information** button once done.

- **REVIEW OF SYSTEMS**

Review Of Systems					
GENERAL			GASTROINTESTINAL		
Reset/Clear	Normal	Changes in Appetite	Reset/Clear	Normal	Diarrhea
Fever, Chills	Fatigue	Weight Gain	Vomiting	Hemorrhoids	Heartburn
Weight Loss	Itchiness, Skin Allergy	Lesion	Constipation	Stomach Pain	
EYES			GENITOURINARY		
Reset/Clear	Normal	Blurred Vision	Reset/Clear	Normal	Dysuria
Eye Pain	Double Vision	Sore Eyes (Infection)	Flank Pain	Polyuria	Hematuria
Glasses					
EARS, NOSE, AND THROAT (ENT)			MUSKULOSKELETAL		
Reset/Clear	Normal	Nasal Congestion	Reset/Clear	Normal	Muscle Pain
Tinnitus	Difficulty of Hearing	Dysphagia	Location	Joint Pain	Fracture
Sore Throat					
RESPIRATORY			NEUROLOGICAL		
Reset/Clear	Normal	Dyspnea	Reset/Clear	Normal	Dizziness
Previous CXR	Wheezing	Cough	Tremors	Numbness	Headache
Hemoptysis			Seizure		
CARDIOVASCULAR			ENDOCRINE		
Reset/Clear	Normal	Chest Pain	Reset/Clear	Normal	Polyuria
Fatigue	Tachycardia	Palpitation	Neck Mass	Heat/Cold Intolerance	Abnormal Sleep Patt.
Irreg. Heart Rate	Hemoptysis				
Save Review of Systems					

Click/Tap the **Save Review of Systems** button once done.

- **MEDICATION PROFILE**

MEDICATION PROFILE	
Date Taken:	mm/dd/yyyy
Name of Medicine:	
Dose :	
Frequency :	
Route :	
Save Medication Profile	

Click/Tap the **Save Medication Profile** button once done.

- **DIAGNOSTICS DATA SHEET**

This is connected to LIS (Laboratory Information System) .

The screenshot shows a medical data entry interface. At the top, there are two tabs: 'URINALYSIS' (selected) and 'COMPLETE BLOOD COUNT (CBC)'. The 'URINALYSIS' section includes fields for Physical Examination (Color, Transparency, Reaction, Specific Gravity), Microscopic Examination (WBC, RBC, Epithelial Cells, Mucus Threads, Bacteria, Amorphous Phosphates, Amorphous Urates, Yeast Cells, Crystals, Casts), and Chemical Examination (Urine Sugar, Urine Albumin, Others, Remarks). The 'COMPLETE BLOOD COUNT (CBC)' section includes fields for Hemoglobin, Hematocrit, MCV, MCH, WBC_Count, Segmenters, Lymphocytes, Monocytes, Eosinophils, and Basophils. There are 'Save Urinalysis Entries' and 'Save CBC Entries' buttons at the bottom of their respective sections.

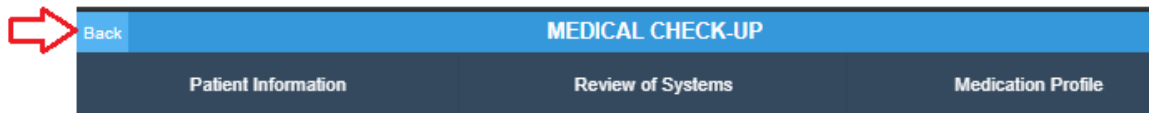
- **CLINICAL NOTES**

This includes the Vital Signs, Input/Output and Clinical Notes (please see Doctors Orders page for more info)

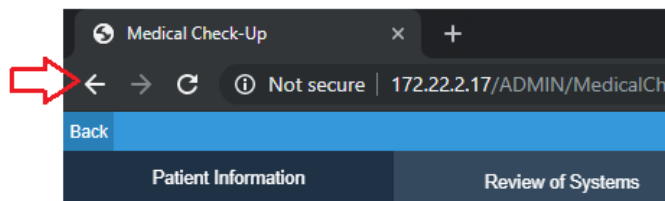
- **DOCTORS PAGE**

This is the summary view of all the entries under Medical Checkup. You can still add, edit and save entries while on this page.

To go back to the Main Patient List, click/tap the **Back** button located on the upper left side of the screen

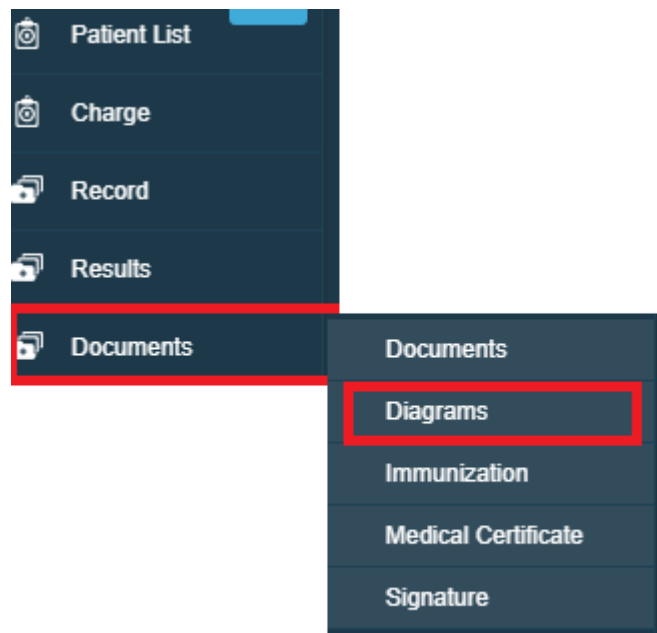


Or click/tap the **Back arrow** of the browser to go back to the previous page.



MORE FEATURES

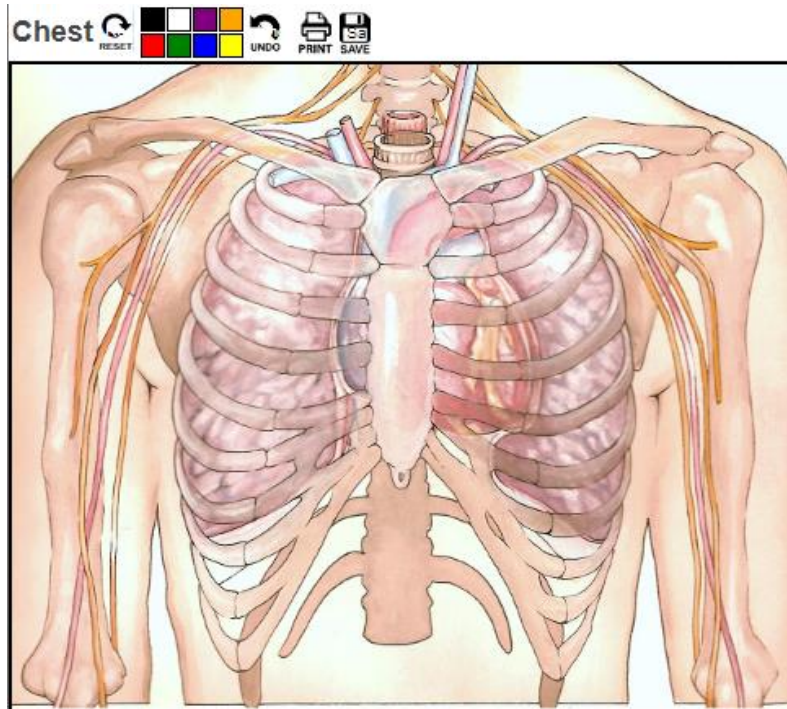
Click/Tap to expand the additional features of patient menu. (See page 19 for reference.)



➤ DIAGRAMS

This feature is usually used for OPD consultations.

- CHEST



PHYSICAL EXAMINATION

Cardio. Essentially Normal Chest

Chest Significant Findings:

Within Normal Limits N/A

ECG Report Significant Findings:

Remarks Fit Unfit Pending

Findings

Visual Acuity

Far Vision Uncorrected OD 20/ OS 20/

Near Vision Uncorrected OD J/ OS J/

Far Vision Corrected OD 20/ OS 20/

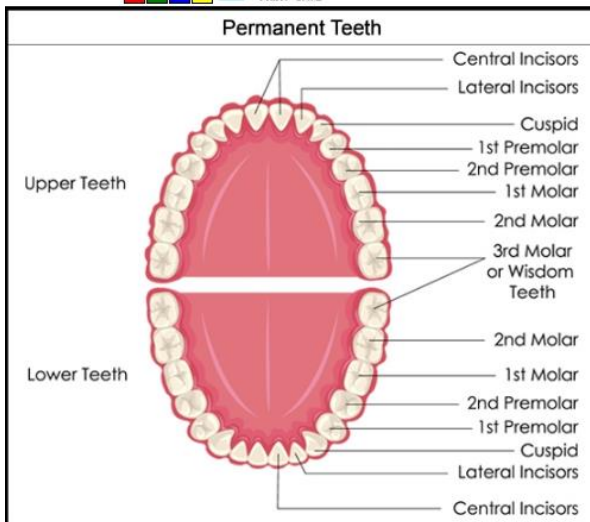
Near Vision Corrected OD J/ OS J/

Color Vision Adequate Defective

[Save Visual Acuity](#)

• **DENTAL**

Dental     



PHYSICAL EXAMINATION

Visual Acuity

Far Vision Uncorrected OD 20/ OS 20/

Near Vision Uncorrected OD J/ OS J/

Far Vision Corrected OD 20/ OS 20/

Near Vision Corrected OD J/ OS J/

Color Vision Adequate Defective

[Save Visual Acuity](#)

Dental


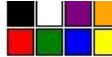



Upper Teeth -

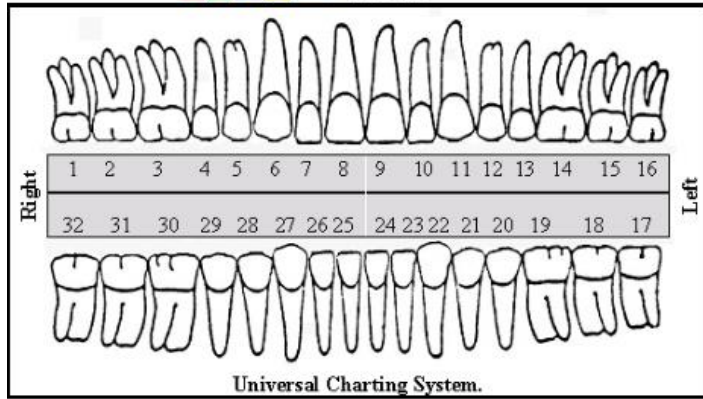
Lower Teeth

- C - Dental caries
- RF - Root Fragment
- UN - Unerupted
- MP - Impacted
- M - Missing
- X - Indicated for extraction
- T.F. Temporary Filling
- AM - Amalgam Filling
- CM - Cement Filling
- AD - Adhesive Composite Filling
- JC - Jacket Crown
- MC - Metal Crown
- IN - Inlay
- AB - Abutmen
- P - Pontec
- C/V - dental caries with exposed vital pulp
- C/NV - dental caries with exposed non vital pulp
- BDC - broken down crown
- RCt - root canal treatment
- S - silicate filling

[Save All Checkup Entries](#)

• **DENTAL 2**

Dental2     



PHYSICAL EXAMINATION

Visual Acuity

Far Vision Uncorrected OD 20/ OS 20/

Near Vision Uncorrected OD J/ OS J/

Far Vision Corrected OD 20/ OS 20/

Near Vision Corrected OD J/ OS J/

Color Vision Adequate Defective

[Save Visual Acuity](#)

Dental



Upper Teeth -

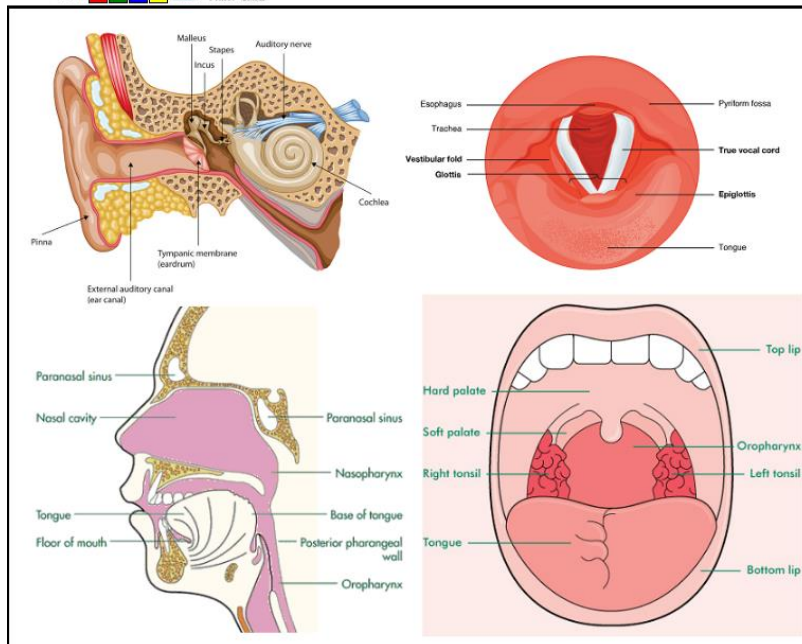
Lower Teeth

C - Dental caries
 RF - Root Fragment
 UN - Unerupted
 MP - Impacted
 M - Missing
 X - Indicated for extraction
 T.F. Temporary Filling
 AM - Amalgam Filling
 CM - Cement Filling
 AD - Adhesive Composite Filling
 JC - Jacket Crown
 MC - Metal Crown
 IN - Inlay
 AB - Abutmen
 P - Pontec
 C/V - dental caries with exposed vital pulp
 C/NV - dental caries with exposed non vital pulp
 BDC - broken down crown
 RCT - root canal treatment
 S - silicate filling

[Save All Checkup Entries](#)

• **ENT**

ENT     



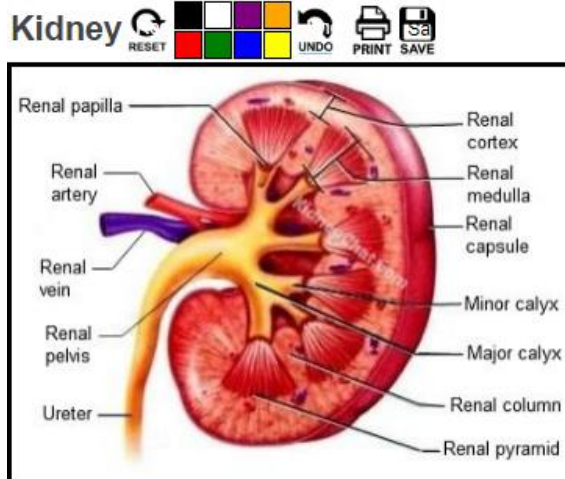
ENT.

Visual Acuity

Far Vision Uncorrected	OD 20/ <input type="text"/>	OS 20/ <input type="text"/>
Near Vision Uncorrected	OD J/ <input type="text"/>	OS J/ <input type="text"/>
Far Vision Corrected	OD 20/ <input type="text"/>	OS 20/ <input type="text"/>
Near Vision Corrected	OD J/ <input type="text"/>	OS J/ <input type="text"/>
Color Vision	<input checked="" type="radio"/> Adequate <input type="radio"/> Defective	

Save Visual Acuity

- KIDNEY**



Cardio.

Chest	<input checked="" type="radio"/> Essentially Normal Chest
	<input type="radio"/> Significant Findings: <input type="text"/>
ECG Report	<input type="radio"/> Within Normal Limits <input checked="" type="radio"/> N/A
	<input type="radio"/> Significant Findings: <input type="text"/>
Remarks	<input type="radio"/> Fit <input type="radio"/> Unfit <input checked="" type="radio"/> Pending
Findings	<input type="text"/>

Visual Acuity

Far Vision Uncorrected	OD 20/ <input type="text"/>	OS 20/ <input type="text"/>
Near Vision Uncorrected	OD J/ <input type="text"/>	OS J/ <input type="text"/>
Far Vision Corrected	OD 20/ <input type="text"/>	OS 20/ <input type="text"/>
Near Vision Corrected	OD J/ <input type="text"/>	OS J/ <input type="text"/>
Color Vision	<input checked="" type="radio"/> Adequate <input type="radio"/> Defective	

Save Visual Acuity



ALLERGIES

This refers to the allergies entered for the patient.



*** CHECK-UP FOR P.E.**

This is the entry of Physical Exam which is also linked to the **Diagram** entry.

PHYSICAL EXAMINATION	
No Specialty Active. Lab Rights.	
Work Type	<input checked="" type="radio"/> Land Based <input type="radio"/> Sea Farer
POEA License	<input type="text"/>
Save Work Type	
Skin: Normal?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Head, Neck, Scalp	<input checked="" type="radio"/> Yes <input type="radio"/> No
Eyes, External	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pupils	<input checked="" type="radio"/> Yes <input type="radio"/> No
Ears	<input checked="" type="radio"/> Yes <input type="radio"/> No
Nose, Sinuses	<input checked="" type="radio"/> Yes <input type="radio"/> No
Mouth, Throat	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dental	<input checked="" type="radio"/> Yes <input type="radio"/> No
Breast Exam	<input checked="" type="radio"/> Yes <input type="radio"/> No
<i>(to be administered by female doctor)</i>	
Lungs	<input checked="" type="radio"/> Yes <input type="radio"/> No
Heart	<input checked="" type="radio"/> Yes <input type="radio"/> No
Abdomen	<input checked="" type="radio"/> Yes <input type="radio"/> No
Back	<input checked="" type="radio"/> Yes <input type="radio"/> No
Anus/Rectum(DRE)	<input checked="" type="radio"/> Yes <input type="radio"/> No
G-U system	<input checked="" type="radio"/> Yes <input type="radio"/> No
Reflexes	<input checked="" type="radio"/> Yes <input type="radio"/> No
Extremities	<input checked="" type="radio"/> Yes <input type="radio"/> No
Neck L.N.thyroid	<input checked="" type="radio"/> Yes <input type="radio"/> No
Inguinals, Genitals	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hearing	AD 15/ <input type="text"/> AS 15/ <input type="text"/>
Clarity of Speech	<input checked="" type="radio"/> n/a <input type="radio"/> Adequate <input type="radio"/> Defective
Body Built	<input type="text"/>

Save Physical Examination Entries

Chest	<input checked="" type="radio"/> Essentially Normal Chest
	<input type="radio"/> Significant Findings: <input type="text"/>
ECG Report	<input type="radio"/> Within Normal Limits <input checked="" type="radio"/> N/A
	<input type="radio"/> Significant Findings: <input type="text"/>
Remarks	<input type="radio"/> Fit <input type="radio"/> Unfit <input checked="" type="radio"/> Pending
Findings	<input type="text"/>

Psychological Test	<input type="radio"/> For Further Evaluation <input type="radio"/> n/a
	<input type="radio"/> Adequately Adjusted Personality

Save Psychological Test Entries

Others	<input type="text"/>
--------	----------------------

Visual Acuity	
Far Vision Uncorrected	OD 20/ <input type="text"/> OS 20/ <input type="text"/>
Near Vision Uncorrected	OD J/ <input type="text"/> OS J/ <input type="text"/>
Far Vision Corrected	OD 20/ <input type="text"/> OS 20/ <input type="text"/>
Near Vision Corrected	OD J/ <input type="text"/> OS J/ <input type="text"/>
Color Vision	<input checked="" type="radio"/> Adequate <input type="radio"/> Defective

Save Visual Acuity

Note: Don't forget to **SAVE** once done with the entries.



REQUEST STATUS

This refers to the list of request(s) done for the patient. It is grouped by List Processed Requests, List of Exams with Results and Pending Requests.



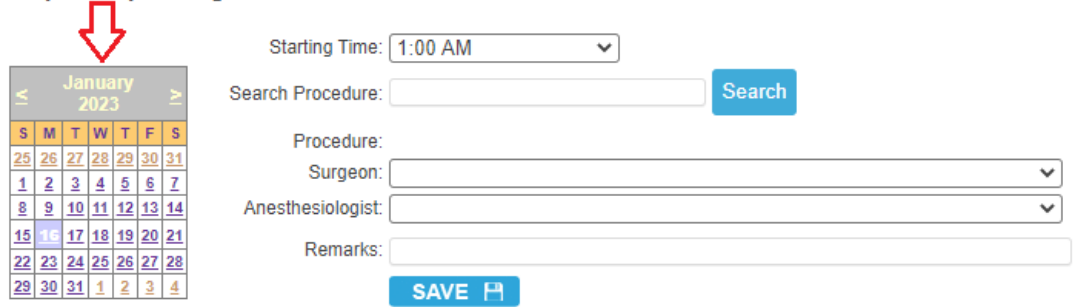
SCHEDULE O.R.

This is the entry and viewing of patient's operation schedules.

To make a new schedule, fill-in the entries needed:

- i. Select the DATE of operation on the calendar on the left side

Request Operating Room Schedule



Starting Time: 1:00 AM

Search Procedure:

Procedure:

Surgeon:

Anesthesiologist:

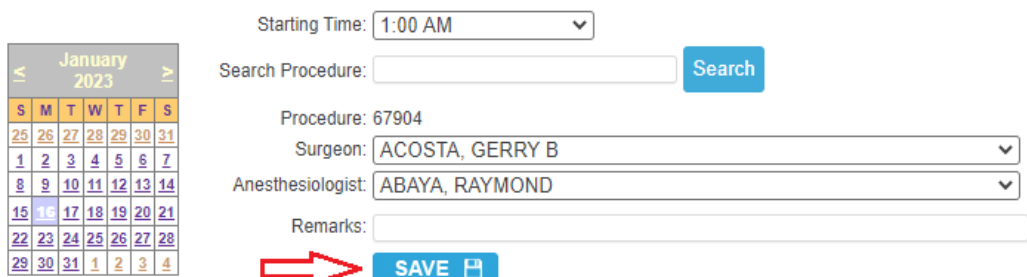
Remarks:

- ii. Select the Starting Time of operation
- iii. Input the procedure name (per description is accepted) and click/tap the **Search** button afterwards.

Search Procedure:

Select	Code (RVS)	OtherRevenue
Select	74	AV GRAFT INTERPOSITION, SEMORU REMOVAL RIGHT/LEFT
Select	2442	BUCCAL FAT PAD REMOVAL
Select	217	CYSTO / REMOVAL OF STENT
Select	306	ESOPHAGOSCOPY WITH REMOVAL OF FOREIGN BODY
Select	311	EXC & REMOVAL OF FRAGMENTS
Select	1893	EXCISION/REMOVAL OF SKING TAG (MINOR)
Select	542	HIP PROSTHESIS REMOVAL
Select	565	INGROWN TOENAIL / REMOVAL OF TOE NAIL
Select	2175	INSERTION/REMOVAL OF INTRA GASTRIC BALLOON
Select	582	INTRA-JUGULAR CATHETER REMOVAL
Select	584	INTRAOCULAR F.B. ANTERIOR CHAMBER REMOVAL
Select	583	INTRA-UTERINE DEVICE REMOVAL
Select	592	IUD REMOVAL
Select	614	LARYNGOSCOPY W/ FOREIGN BODY REMOVAL
Select	1474	REMOVAL FOREIGN BODY (THROAT)
Select	1475	REMOVAL IN-GROWN TOE NAIL
Select	1476	REMOVAL OF CAST
Select	1477	REMOVAL OF ANTIBIOTIC BEADS
Select	1478	REMOVAL OF ARCHBAR
Select	1479	REMOVAL OF AV SHUNT

- iv. Select operation by clicking the **Select** link on the left side.
- v. Choose the **Surgeon** and **Anesthesiologist** on the dropdown list.
- vi. Add additional remarks on the **Remarks** textbox (if there's any).
- vii. Click/Tap the **SAVE** button to save the entries. Once saved, it will automatically be sent to the OR department for confirmation.



Starting Time: 1:00 AM

Search Procedure:

Procedure: 67904

Surgeon: ACOSTA, GERRY B

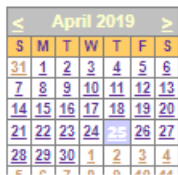
Anesthesiologist: ABAYA, RAYMOND

Remarks:

CONFIRMED O.R. SCHEDULES

To view confirmed schedules, click/tap on the **View OR Schedule** link

[View OR Schedule](#) 



S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Starting Time: 1:00 AM

Search Procedure:

Procedure:


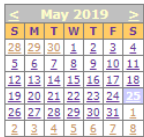
Surgeon:

Anesthesiologist:

Remarks:

** Select the scheduled date and the list of confirmed patients for operation will be displayed.

Operating Room Schedule

Date: 5/25/2019   **b** as of: 6/19/2019 4:37:28 PM

show all times

May 25 2019 8:00PM 60mins. ICU OT1	GESALAN, JOSELYN BAGUIN Procedure: ABDOMINOPLASTY Surgeon: ABELLO, JANRUS Anesthesiologist: ABESAMIS, BENJAMIN
May 25 2019 9:00AM 60mins. NS11 OT2	MUSNI, JAMES REGIS Procedure: AMPUTATION, ARM / FOREARM Surgeon: CHAN, MILAGROS ABESAMIS Anesthesiologist: TAN, JUDY LAO

➤ HOME MEDS

This is the entry for take home medications of patients which is linked to the Pharmacy department for processing.

Patient Home Medications Requesting

Code/Desc: by: Generic Brand ItemCode

Item to add:

Dosage:

Quantity:

Remarks:

Input entries and click/tap the **SAVE** button afterwards. Once saved, it will automatically be sent to the Pharmacy department.

➤ IMMUNIZATION SCHEDULE

Type	DOSE	1st	2nd	3rd	B1st	B2nd	B3rd
<input type="checkbox"/> BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anti-Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MRR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> H. Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anti-Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anti-Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Covid19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details/History: Add Vaccine template

01/16/2023

To view the immunization schedule, click/tap the **Immunization Schedule** link.

Type	DOSE	1st	2nd	3rd	B1st	B2nd	B3rd
<input type="checkbox"/> BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



MEDICAL CERTIFICATE

This is an optional feature where you can print the Medical Certificate of patient.

LORMA

Lorma Medical Center
MEDICAL CERTIFICATE

January 16, 2023

To whom it may concern:

This is to certify that EUGENIA NACIONALES SORIANO , Age: 100, female was examined, treated / confined in this hospital under my service on 5/1/2017 3:21:00 PM to 5/4/2017

Operation Performed (if any):

Impression/Diagnosis

ACUTE ARTERIAL OCCLUSION RIGHT LEG

Advice/Recommendation

PHIC/ SC/ NO HMO DECLARED

underwent Pre-employment medical examination in this hospital with the following results :

were cleared by our: _____

Therefore, Mr / Miss / Mrs. EUGENIA NACIONALES SORIANO for for duty unfit for duty at the time of examination

This certificate is issued upon the request of the above named patient for whatever legal purpose it may serve.

MARIO T. BAUTISTA MD, FPALES, FPSGS, FPCS, MBAH, MD
Attending Physician
License No.: 58663
PTR:

MEDICAL CERTIFICATE

6/19/2019

Date

TO WHOM IT MAY CONCERN:

This is to certify that MARILYN SABERON AGUIRRE Age: **66**
female

was examined, treated / confined in this hospital under my service on 5/8/2019 to
PRESENT

Operation Performed (if any):

Impression / Diagnosis:

ADVICE / RECOMMENDATION :

underwent Pre-employment medical examination in this hospital with the following results :

were cleared by our _____

Therefore, Mr / Miss / Mrs. MARILYN SABERON AGUIRRE FIT for duty UNFIT for duty

at the time of the examination.

This certificate is issued upon the request of the above named patient for whatever legal purpose it may served.

JUAN T. DELA CRUZ DR.

Attending Physician

Lic. No.: _____

PTR No.: _____



APPOINTMENTS

This is where you can schedule and monitor appointments of your patient(s).

- i. For the default patient, select the DATE and time.

Appointments

January 2023

S	M	T	W	T	F	S
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Add an Appointment

Date:

Time:

Doc ID: _____

Patient ID:

Pat Name: _____

Remarks:

Patient Look-up

Last Name:

HealthRecID:

Hosp Num:

Birth Date:

Sex: Male Female
format: mm/dd/yyyy

Middle Name: (optional)

First Name: (optional)

Appointments for selected date:

ID	Time of the day	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8/5/2020 8:00:00 AM	TAGABAN, JODELYN ESTRADA		09264057410		Delete	SMS

Upcoming Appointments:

ID	Date / Time	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8/5/2020 8:00:00 AM	TAGABAN, JODELYN ESTRADA		09264057410		Delete	SMS

list count

Existing Record(s) Found, click on the correct name on the right, or create new record by clicking button below.

- ii. Click/Tap **Save** once done.

Appointments

January 2023

S	M	T	W	T	F	S
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Add an Appointment

Date:

Time:

Doc ID:

Patient ID:

Pat Name:

Remarks:

Patient Look-up

Last Name:

HealthRecID:

Hosp Num:

Birth Date:

Sex: Male Female
format: mm/dd/yyyy

Middle Name: (optional)

First Name: (optional)

list count

Existing Record(s) Found, click on the correct name on the right, or create new record by clicking button below.

Appointments for selected date:

ID	Time of the day	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8:00:00	TAGABAN, JODELYN		09284057410		Delete	SMS

Upcoming Appointments:

ID	Date / Time	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8/6/2020	TAGABAN, JODELYN		09284057410		Delete	SMS

- iii. To appoint OTHER PATIENTS, input the **Last Name** on the **Patient Look-up** and hit the **Enter** key in keyboard to search patient.

Patient Look-up

Last Name:

HealthRecID:

Hosp Num:

Birth Date:

Sex: Male Female
format: mm/dd/yyyy

Middle Name: (optional)

First Name: (optional)

Select	Patient Name	Hospital #	BirthDate	Sex	Photo
Select	DE GUZMAN - SORIANO, MARIA VICTORIA S	149419	08/08/1970	F	
Select	SORIANO, AARON JOSH M	414296	03/23/2006	M	
Select	SORIANO, AARON KYLE D	603880	12/30/2015	M	
Select	SORIANO, ABEGAIL MAE L	336877	05/19/1987	F	
Select	SORIANO, ABELAINE NICOLE L	250206	03/27/2006	F	

- iv. Choose patient by clicking/tapping on the **Select** link on the right side.

Patient Master File

Basic Information Update

Instructions: Review patient details below and update as necessary. Click 'Update/Save Information' below if you updated any data. Then click "Continue with OPD Registration".

Last Name:

First Name:

Middle Name:

Birth Date:
e.g. mm/dd/yy

Sex:

Health Record ID: (auto-generated)

Patient ID Number (auto-generated): 78658

- v. Once selected, you have the option to change patient information. Click/ Tap the **Update/Save Information** to save changes (skip this if no changes).
- vi. Input the appointment date and time and click/tap the **Use Selected** button to save appointment.

Appointments

June 2019

S	M	T	W	T	F	S
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Add an Appointment

Date: 06/22/2019

Time: 8:00 AM

Doc ID: 331

Patient ID: 112856275789727


Pat Name: REYES , ALDREN JOSE S

Remarks:

[Use selected](#)

[Save](#)

Patient Master File



Instructions: Review patient data Then click "Continue"

Last Name: REYES

First Name: ALDREN JOSE

Middle Name: SALARDA

Birth Date: 05/20/1987

UPCOMING APPOINTMENTS

All upcoming appointments will be displayed on the left side of the screen. You can also filter it per date by selecting the date on the calendar.

Appointments

January 2023

S	M	T	W	T	F	S
25	26	27	28	29	30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Add an Appointment

Date: 1/16/2023

Time: 8:00 AM

Doc ID: 4342027293347273

Patient ID: [Use selected](#)

Pat Name: SORIANO , EUGENIA NACIONALES

Remarks:

[Save](#)

Appointments for selected date:

ID	Time of the day	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8:00:00 AM	TAGABAN, JODELYN ESTRADA		09264057410		Delete	SMS
107	8:00:00 AM	CAMACHO , NONA DELA CRUZ		09399089497		Delete	SMS
107	8:00:00 AM	PIZAR, AEXZY LUMANGA		09209498923		Delete	SMS
107	8:00:00 AM	BUCCAT, ORANGE OXIMANA		09218533938		Delete	SMS

Upcoming Appointments:

ID	Date / Time	Patient Name	Remarks	MobileNum	DoctorName	Delete	SMS
107	8/5/2020 8:00:00 AM	TAGABAN, JODELYN ESTRADA		09264057410		Delete	SMS
107	8/5/2020 8:00:00 AM	CAMACHO , NONA DELA CRUZ		09399089497		Delete	SMS
107	8/5/2020 8:00:00 AM	PIZAR, AEXZY LUMANGA		09209498923		Delete	SMS
107	8/5/2020 8:00:00 AM	BUCCAT, ORANGE OXIMANA		09218533938		Delete	SMS

If you wish to REMIND the patient on the said appointment, click/tap the **SMS** link. A message window will appear below. Click/Tap the **Send SMS** button to send the text message.