

**Pediatric  
Endocrinology  
Dynamic  
Record  
Organizer**

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# 1. Introduction

PEDRO tries to look and feel like a medical chart. I have tried to place information that would be in a specific location in a medical chart in a similar location in PEDRO. However, PEDRO is a computer program, so you need to learn a few terms in order to understand this manual.

## 1.1. Definitions

---

TAB – a section of a chart, like a divider

FORM – a data entry screen

REPORT – a printed report

DROP-DOWN – a field that has a little arrow to the right of the entry field that brings up several choices

COMMAND BUTTON – push a command button and something happens. Command buttons look like this in this manual: **I AM A COMMAND BUTTON**

TOGGLE BUTTON – push a toggle button to turn a feature or a status marker on and off will look the same as the command buttons in this manual, but will be described as a toggle button

## 2. Main Form

### 2.1. Info Tab

#### 2.1.1. Overview

The **info tab** is the screen that comes up when PEDRO is started. It allows you to enter and view patient demographics. (see figure 1)

PEDRO's **info tab** is divided into several areas:

- **Tabs** that run across the top of the screen that let you view the different sections of the patient's chart.
- The upper left contains the patient's demographics.
- The upper right has the patient finder box. Above it is a drop down box that lets you choose the default printer. Below it are some checkboxes and buttons that let you specify if the patient is inactive or has their chart in storage .
- The *last visit* and *months since last visit* appear towards the middle of the screen on the left.
- The lower left contains the ICD-9 codes associated with the patient.
- The lower right contains the primary care physician information.
- The area on the far lower right lists the last 15 patients seen; double click on the patient name to bring up the patient's information

The Tabs that run across the top of the screen in PEDRO can be thought of as the sections of a medical chart. Here is a brief summary of them:

- **Info** – the main form, which this section covers
- **Outpatient Visits** – from here you can access:
  - Initial visits
  - Follow-up visits
  - Diabetes visits
  - Diabetes phone calls
  - Miscellaneous notes
  - Stimulation test entry

- **Inpatient** – used for tracking inpatient visits
- **Growth** – previous growth records
- **Stats** – Lets you print statistics
- **Settings** – lets you change PEDRO's settings
- **Params** – entry of patient-specific parameters
- **Home** – Allows you to display pending visits and labs for a specific physician
- **Log** – shows the log of activity
- **Tracking** – lets you track items of interest about diabetic patients, specifically items that need tracking for the ADA recognition application
- **RTP** – this is a list of visits that have been marked “ready to print”
- **Forms** – this allows you to create and fill pre-populated forms
- **Unbilled Visits** – this lets you view visits that were not billed yet

Along the right there are buttons that bring you to important screens:

- **LABS** – laboratory test ordering and result display
- **MEDS** – Medication list and entry
- **SUMMARY** – brings up a visit summary
- **PARAM** – entry of patient-specific parameters
- **FLOW** – displays a flowsheet containing the patients age, anthropomorphic data, tanner stage, lab data, and medications in a tabular format

In the upper left, there is a group of buttons as follows:

- **DIAB QI** – this opens the *Diabetes Quality Improvement* form
- **FLWSHEET** – create a task in outlook with the patient's information in it
- **OL TASK** – create a task in outlook with the patient's information in it
- **OL EMAIL** – create an e-mail in outlook with the patient's information

Along the bottom, there is a row of buttons:

- **ADD PT** – adds a new patient
- **EDIT PT** – edits existing patient
- **FIND** – Finds a patient. Enter last, first with no space after the comma. Partial names are acceptable. In other words “smi,bar” will return Barbara Smith.
- **DELETE** – deletes the currently displayed patient. You must delete all visits before PEDRO will let you delete a patient
- **<<** - moves to the previous patient
- **>>** - moves to the next patient

The purple buttons on the bottom all print something:

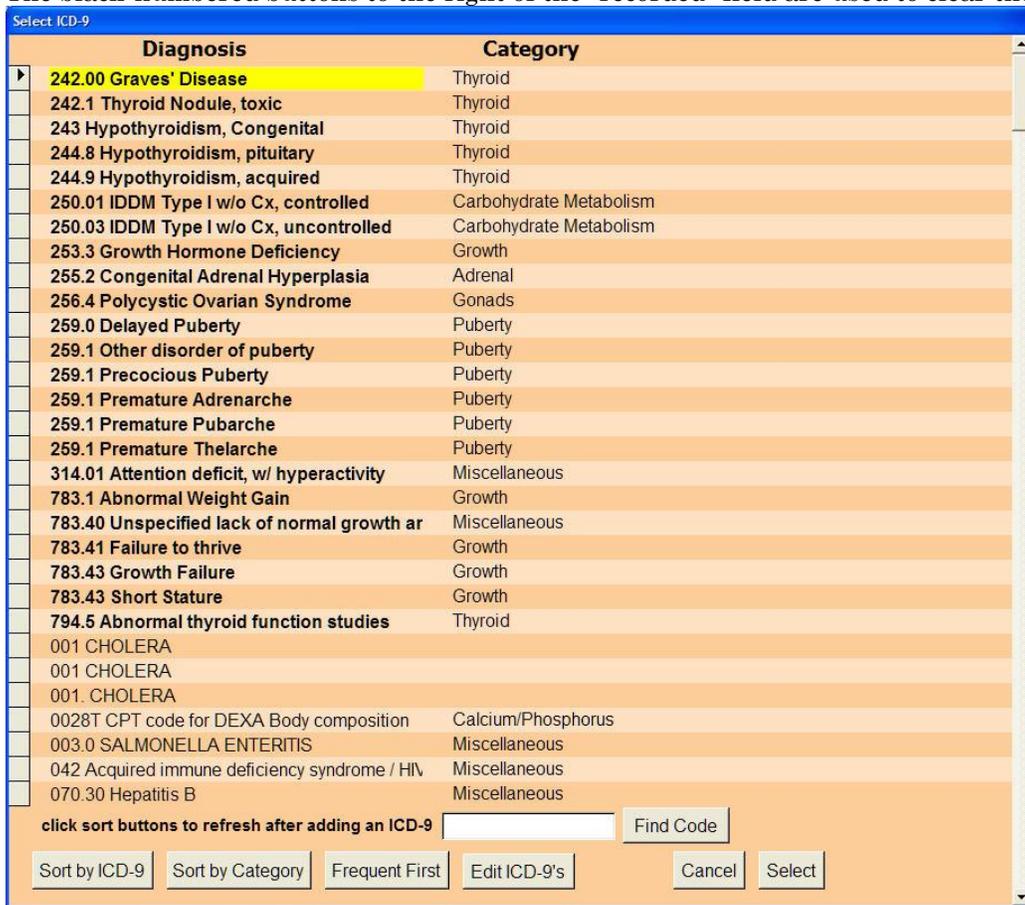
- **SCHOOL** – This opens a box that lets you fill out the spots required for a diabetic patient school form. (example, appendix pages 5-)
- **SUMMARY** – This prints out a summary sheet which includes a flowsheet and a visit summary (example, appendix pages 2-3)
- **PMD1 ENV** – This prints an envelope to the primary PMD
- **PMD2 ENV** – This prints an envelope to the secondary PMD
- **PT ENV** – This prints an envelope to the patient's family
- **INFO** – This prints an information sheet with the patient's demographics (example, appendix page 1)
- **PROB LIST** – This prints out a problem list for the chart with all the ICD-9 codes on it (example, appendix page 4)
- **BILL REPORT** – This prints the billing report.
- **BILLING** – This opens the list of billed codes for export
- **FLWSHEET** – This prints a flowsheet and summary

- **INTAKE FORM** – This prints out an intake form for check-in which contains the blood pressure norms for the patient and also a check-in sheet for them to fill out
- **INTAKE FORM** – This prints out an intake form for check-in which contains the blood pressure norms for the patient and also a check-in sheet for them to fill out
- **HELP** – Opens the help screen
- **ALLERGIES** – Opens the allergies for the current patient
- **QUIKRx** – lets you print an Rx Quickly

Toward the middle of the screen, there is a **CAREMAP** button that lets you associate a caremap with a patient. It also lets you edit the list of caremaps. More information about caremaps are provided below.

### 2.1.2. ICD-9 Codes

The ICD-9 codes are entered in the lower left of the screen using the following buttons:  
 The red numbered buttons **#1** let you select an ICD-9 code from the ICD-9 code selection screen.  
 PEDRO automatically enters the date recorded, but you must enter the date of onset of this problem into the provided field. The black-numbered buttons to the right of the “recorded” field are used to clear the ICD-9 codes.



Click on Edit ICD9 to bring up the the edit ICD9 screen. When this screen comes up you can press **ADD ICD-9** to add a code. You can also press **COPY FROM FULL ICD-9** to copy new codes over from the full ICD-9.

### 2.1.3. Finding a patient’s chart

Let’s begin with the Info tab. This is what is displayed when PEDRO first opens. First, you need to choose which patient’s chart to display. There are several ways to do this:

- 1) entering a new patient by clicking the **ADD** button

- 2) finding the patient's name by scrolling through the list of patients in the upper right of the screen, which will be referred to as the **Patient Finder** for the rest of this manual. *Double-click on the last name* of the patient to bring up the patient's chart.
- 3) clicking on **FIND** to find the patient by name
- 4) using the *limit field* to limit the patient finder list.  
The *limit field* appears next to the "Mos since last visit" display. The *limit field* lets you limit the Patient Finder list to patients that have been seen in the past xx number of days. In other words, if you were looking for a patient seen 29 days ago, select 30 in the left limit box and click the **LIMIT** toggle button. You are not limited to the selections in the list, you can type in any number of days that you wish.
- 5) Clicking on the **LN** button to filter last name, **FN** button to filter first name, **MR** button to filter by medical record number, or **double clicking** on the DOB header to search by DOB

If you need to edit a patient's demographic information, you can change it right on the info tab if the field is editable (editable fields have a pale yellow background). However, for the name and address, you need to click on the **EDIT** button at the bottom of the screen. Note that the patient's gender is specified by clicking the checkbox marked *male*. If the patient is male, check the box. If the patient is female, keep the box unchecked.

#### 2.1.4. Adding and Editing Patient Demographics

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There are a few other miscellaneous check boxes on the info tab:

The *inactive* check box should be checked if the patient is inactive. The *diabetic* checkbox and *type 2 diabetic* checkbox should be checked if appropriate. The *GH treated* box should be checked if the patient is treated with growth hormone. The *GH consent* check box is used to track those patients which have signed consents for the GH registries. The *deceased* checkbox is used if the patient is deceased.

##### Adding or Editing Demographic Information

The **Add / Edit Patient Info** form is brought up by either pressing the **ADD PT** or **EDIT PT** buttons . As you would expect, this form is used to add or edit patient demographic information.

The **ZIPCODE LOOKUP** button allows you to enter the city and state automatically by entering the zip code.

The **CLOSE AND DO NOT CONVERT CASE BUTTON** closes this form and leaves all names as is. The **CLOSE AND CONVERT TO FIRST CHAR OF EACH WORD UPPERCASE BUTTON** will convert the first letter of each word to capitals and make the other letters lowercase.

### 2.1.5. Assigning a primary care physician

PEDRO allows you to assign up to two primary care physicians to each patient. This is accomplished using the **PMD1** and **PMD2** buttons. These buttons open up the **Select PMD** form.

This form allows you to select a physician. Press **2-LINE ADDRESS** to display the second line of each address. Press **FIND** to search for a physician by last name. Press **SELECT** to return to select a physician and return to the info screen. Press **CANCEL** to return to the info screen without selecting a physician. Press **EDIT PMDS** to go to the **Edit Physician List** screen.

Click on **GOTO CURRENT** to go to the primary PMD for the current patient. Click on **FIND RECORD** to search for a PMD. **ADD RECORD** adds a physician and asks you for the last name. Then, enter the first name and other fields. After you enter the title PEDRO will automatically fill in the full name field.

**DELETE** deletes a physician. Delete physician is password protected to prevent accidental deletions of physician names, as they will delete the physician association from any patient that has that physician selected. **PRINT ENVELOPE** will print an envelope to whatever physician the cursor is currently on. Click **CLOSE** to return to the **select PMD** form.

## 2.1.6. Allergies

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The screenshot shows a window titled "Allergies" with a blue title bar. Inside the window, the patient's name "Name: Turner, Tina" and date of birth "DOB: 1/8/92" are displayed. Below this, there is a text area labeled "Allergies:" containing the text "NKDA". At the bottom of the window, there are two buttons: "NKDA" and "Close".

The **allergies** form can be accessed either via the allergies button on the info tab or with the allergies button in the visit forms. Click **NKDA** to insert NKDA

## 2.1.7. Interaction with Microsoft Outlook

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**OL E-MAIL** brings up an outlook email with the patient's information in the body. This is very useful to remind another physician about something via email.

**OL TASK** brings up a new outlook task with the patient's information on it. This is useful to remind yourself of an important item to follow-up on.

## 2.1.8. Caremaps

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The caremap feature lets you create a series of text paragraphs that describe how patients of a specific diagnosis or classification are taken care of. In addition, each caremap has an associated list of laboratory tests that you will be reminded of at intervals which you define.

Caremap

Name: **Aaa, Addme**                      Caremap Title:  
DOB: **3/3/04**                              Caremap Category:

Caremap

Pt-Specific Additions: see associated caremap

Associate Caremap with Patient    Close    Delete Caremap

The first step in assigning a caremap to a patient is to click **CAREMAP** on the info tab. This will bring up the caremp selection screen, which displays the patient’s name and DOB, as well as the caremap currently associated with the patient. You will note a *pt-specific additions* field, which allows you to make any patient-specific additional comments.

If you wish to either associate a caremap with a patient, or edit the list of pre-defined caremaps click on **PICK CAREMAP FOR THIS PATIENT**.

Associate caremap with patient

title	category

Caremap Title:                      Profile for Caremap: gg

test:                                      interval

Delete Test    Add Test

view caremaps for this physician: gg    Refresh

Associate with Patient    Add Caremap    Delete Caremap    Edit Categories    Close

The first thing you should do is to click on the drop-down box *view caremaps for this physician* to choose your profile, as each practitioner has their own list of caremaps. To add a caremap, click on **ADD TEXT ENTRY**. This will add an entry and you will see “Enter title here” in the *caremap title* field. The text of the caremap is entered in

the large text entry field under the caremap title field. To associate recurrent labs with a caremap, click on the **ADD TEST** button. The **order labs** dialog opens up.

Select the labs that you wish to be associated with this caremap and click **SUBMIT**. You will see the labs that you selected show up in the lower right corner of the **edit caremap** form. For each lab, you must select an interval at which you wish to be reminded in days and enter it in the interval field. PEDRO will tell you whether this lab test is up-to-date, due soon (if due within 30 days) or overdue in various places throughout the program, which will be described later.

## 2.2. Ordering Labs

The lab ordering form is used in many areas of PEDRO. Click on the lab tests that you wish to order. You do not have to actually click on the checkbox next to the test, just on the name. Ordered tests turn blue and appear in the **Selected Labs** area to the right of this screen. Below the **Selected Labs** area is the *Select Panel* drop down box. Panels are defined in the **Settings** menu → **Lab panels**. Double click on a lab in the selected labs area to unselect it. Click **FREQUENTLY USED** to toggle between frequently used and all labs. Click on the **Alphabetized** tab to show an alphabetized list of labs. Click **SUBMIT** to submit selected labs, click **CLEAR ALL** to clear selected labs. Click **FILTER** to filter the list of labs (click filter and then click OK with an empty value to clear the filter)

To edit the list of lab tests, go back to the **Info** page, click on the **Settings** menu and then on **Lab Tests**. The below window will open up. If it is a radiology test click on the **RADIOLOGY** button, if the test is to be placed in the frequently used list then toggle **FREQ USED** on. The number to the far right of the Edit lab tests form is a sequence number. This will let pedro group labs together properly. In other words, if TSH has a sequence number of 5001 and free T4 a value of 5002 then they will show up together on all the lab forms and lists of tests. Be sure to set the *Panel to display* correctly: 1 for the left most, 2 for the middle, and 3 for the right-most.

Edit Laboratory Tests - Only delete if added in error!

category	test	default units	Panel to display			
Adrenal	24 hr urine for 17 corticosteroids		1	radiology	freq used	0
Adrenal	24 hr urine for 17 ketosteroids		1	radiology	freq used	0
Adrenal	24 hr urine for pregnanetriol	mg/24 hrs	1	radiology	freq used	0
Adrenal	24-hour microalbuminuria	ug/ml	1	radiology	freq used	8
Adrenal	5-HIAA, 24 HR	mg/24 hr	1	radiology	freq used	0
Adrenal	ACTH	pg/ml	1	radiology	freq used	0
Adrenal	ACTH Stim Test		1	radiology	freq used	9
Adrenal	Aldosterone		1	radiology	freq used	10
Adrenal	Androstane Diol Glucuronide	ng/dl	1	radiology	freq used	11
Adrenal	Androstenedione	ng/dl	1	radiology	freq used	12
Adrenal	Angiotensin Converting Enzyme		1	radiology	freq used	13
Adrenal	anti-adrenal antibodies		1	radiology	freq used	14
Adrenal	CAH Pediatric Prof 6 to Esoterix		1	radiology	freq used	0
Adrenal	CAH Pediatric Prof 7 to Esoterix		1	radiology	freq used	0
Adrenal	Catecholamines		1	radiology	freq used	15
Adrenal	Catecholamines, Frac, 24 HR	ug/24 hr	1	radiology	freq used	0
Adrenal	Corticosteroid Binding Globulin		1	radiology	freq used	16

Add Test Delete Test Close

### 2.3. CopyText

CopyText to HPI or Discussion - PRESS LIMIT TO VIEW PROFILE

title	category
AAA - Diabetes, doing poorly	
AAA - Diabetes, doing well	
AAA - Diabetes, doing well no change	
AAA - Diabetes, explanation	
AAA - Diabetes, new doing well	
AAA - Diabetes, pump doing well	
AAA - Diabetes, pump doing well no change	
AAA - Growth, approach	
AAA - Growth, GH followup disc change dose	
AAA - Growth, GH follow-up disc same dose	
AAA - Growth, GH Follow-up HPI	
AAA - Growth, GH side effects	
AAA - Growth, no GH followup HPI	
AAA - no labs received	
AAA - Thyroid, followup, disc routine	
AAA - Thyroid, followup, HPI	
Adrenal, Adrenal Insufficiency, Primary	
Adrenal, CAH Newborn female, inpatient	
Adrenal, CAH surgical steroid boost	
Adrenal, CAH, 2 week old screen questionable	
Adrenal, CAH, abnormal screen inpatient	
Adrenal, CAH, followup HPI	
Adrenal, CAH, Non classical - Infant	

Entry Title: AAA - Diabetes, doing poorly

EDITING: DISABLED

{first} is doing poorly with {his} diabetes. {this} hemoglobin A1C has [hgb A1c change]improved;stayed basically the same;worsened slightly;worsened somewhat since {his} last visit. I have made some minor adjustments to the insulin dose. We went over pattern recognition and insulin dosage adjustments. I asked to see them again in [revisit in how many months number only] months and told them to call in the meantime if they had any problems adjusting the insulin doses. I reviewed the long term complications of diabetes such as eye disease, kidney disease, and vascular complications and emphasized that with good control hopefully they can be avoided.

The recommended hemoglobin A1C is 7.5 or below. The Hemoglobin A1C represents the average blood sugar over the past 3 months. We consider <7.2 to be excellent, between 7.2 and 8.0 to be good, between 8.0 and 9.0 to be fair, and greater than 9.0 to be a poor hemoglobin A1C.

Our diabetes program is recognized by the ADA and consists of at least one extensive nutrition visit and nursing visit per year along with doctor visits every 3 months.

View entries for this physician: [M.D.]

Choose profile to view in "View entries for physician" dropdown; DOUBLE CLICK on title list of entries in left to bring up entry; Click ENABLE EDITING to edit entry; click REFRESH to refresh list; click SEE ABBREVIATIONS to see list of shortcut phrases you can use; ADD TEXT entry makes new entry; DUPLICATE copies entry to a different profile. CATEGORY can be edited in dropdown box on left panel of screen above

abbrev	Description
{wgt}	weight (kg)
{age}	Current Age in years (decimal)
{hhis}	His/Her (uppercase)
{bmi}	BMI and percentile
{hhe}	He/She (uppercase)
{first}	first name
{hgt}	height and percentile (cm)
{his}	his/her (lowercase)
{rate}	growth rate (cm/yr)
{last}	last name
{him}	him/her (lower)
{he}	he/she (lowercase)
{hhim}	Him/Her (upper)

CopyText allows you to create paragraphs that can be re-used in HPI's and Discussions. By default, copytext opens with the profile for the attending that the current patient is assigned to. The displayed profile can be changed using the dropdown box at the bottom of the form. Double click on the name of the entry in the left panel to make the entry active for editing. Press Enable editing to allow editing of the entries and their titles. Press Duplicate to copy an entry to a different profile.

The following abbreviations can be used in CopyText entries. When the entry is copied to HPI or Discussion the abbreviation will be converted as described. Note the presence of abbreviations that change to match the gender of the current patient. For example {he} will produce he/she depending on whether the patient is male or female.

## 2.4. Adding medications to a patient from within visits

The screenshot shows a 'Medications' window with a table of two entries. Each entry has a 'SEL' button, a date field, a medication name, a preparation field, a 'DAW' checkbox, and several checkboxes for 'Renewal', 'Discontinue', and 'Dose Change'. Below the table are buttons for 'Add Med', 'Delete Med', 'Print Rx', 'RX MD', 'Diabetes Meds 30d', 'Med Defs', 'Copy to visit', 'Select All', 'Copy Med', 'NewJers Rx', 'RX Date', 'Diabetes Meds 90d', 'Edit Sigs', and 'Close'. A small text box at the bottom provides instructions on how to use the 'SEL' button and other features.

The above form opens when you press the Med button from within visits. Medications are added by clicking on **ADD MED**. The **medication chooser** form will open up. In the med name filter field you can filter the meds by entering a string of characters and pressing **FILTER**. Choose the SIG in the upper right of this form. The bottom left has Dispense, Days, and Refill choosers as well as 30 and 90 day present buttons for different common tablet prescriptions. After you close this form, click on the *DAW* checkbox if the prescription is DAW. The *missed* field is used for the medication pop-up that is accessible from the visit forms. It will let you designate how many times the patient reports missing the medication.

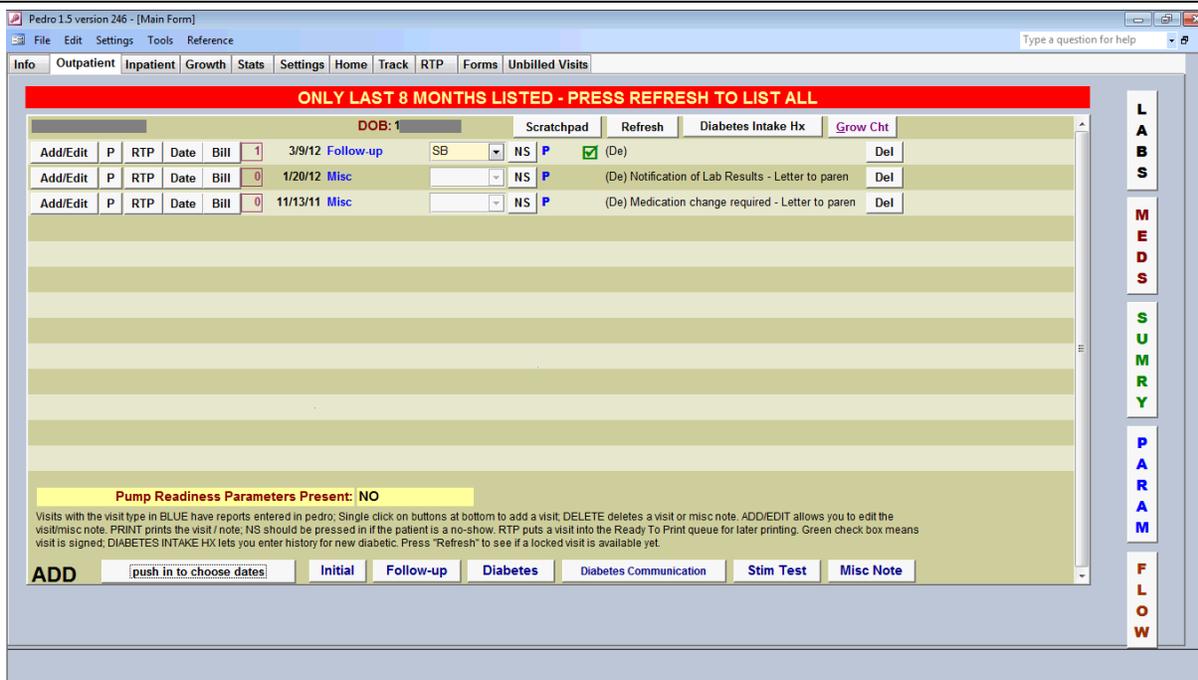
The screenshot shows a 'Medication Chooser' window. It has a 'MED NAME' filter field with 'L-th' entered and 'Diabetes' selected. Below the filter is a list of medications, with 'L-thyroxine' selected. To the right is a 'PREPARATIONS' list for 'L-thyroxine' with various strengths and forms. To the right of that is a 'SIG' list with various dosing instructions. At the bottom left is a table with columns for 'DISPENSE', 'DAYS', and 'REFILLS' with values for 30, 45, 60, 75, 90, 105, 120, 135, and 150. Below this table are buttons for '30 days' and '90 days' with '1tb BID' and '1tb BID' selected. At the bottom right are fields for 'L-thyroxine', '112 mcg tabs', 'SIG: 1 tab po BID', 'DISP: 60', 'REFILL: 5', 'DAYS: 30', 'days per wk (GH):', and 'MISSED:' followed by 'Medication' and 'Close' buttons.

If associated drug information is available, there will be a “Drug Info Present” notification in blue. Press **VIEW DRUG INFO** to view the information. **DELETE MED** deletes a medication from the patient’s profile. **PRINT MED LIST** prints a med list for the chart. **COPY MED** makes a copy of the currently selected medication, so that you can enter a dosage change for example. **PATIENT ENVY** will print an envelope to the patient, which is useful if you need to mail a prescription to the home. **PRINT RX** prints prescriptions be sure to choose a practitioner from the drop down list before printing prescriptions. **ADD DIABETES MEDS 30D** and **ADD DIABETES MEDS 90D** adds the 10 standard medications that every diabetic needs to the list in 30d and 90d durations, respectively. The only diabetes medication that is not added is a glucometer. If needed, add that manually using **ADD MED**. **COPY TO VISIT** copies the selected medications to the current visit. Growth hormone mg/kg/week is calculated. If the medication you wish to add is not on the list, press **MED DEFS** to open the medication definition edit screen.

The **Add / Edit Meds / Preparations** form allows you to add a medication to the list of medications or edit the available preparations for a medication. Click **ADD MED** and then enter the name of the medication when prompted. Then, use the *category* dropdown to assign the new medication to a category. Click on the *growth hormone* checkbox if you are adding a growth hormone preparation. Enter any *comments* if appropriate. Click on *associated drug info* and choose the appropriate medication from the drop down to associate the new medication with an entry from the drug book. Click on **ADD PREP** in the lower left to add a preparation. The other buttons at the bottom are as follows:

- **EDIT CURRENT MED** edits a med that you have brought up by double-clicking on the medication list in the right half of the screen.
- **DELETE MED** deletes a medication. Please do this with care.
- **REFRESH** should not be necessary and this button will be removed in later versions.
- **EDIT MED CATEGORIES** allows you to edit the categories for each medication.
- **CLOSE** closes the form.
- **EDIT SIGS** edits the sig entries

## 2.5. Outpatient Visits Tab



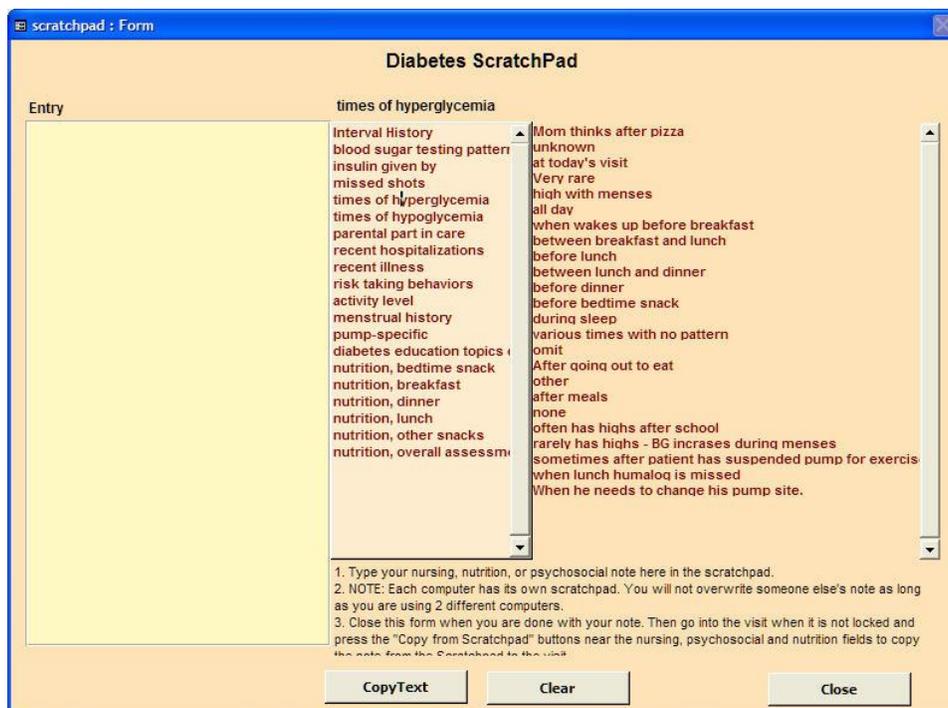
The **Outpatient Visits** tab is where you access visits and notes. Using the different areas of this screen is straightforward. Single click on the appropriate button at the bottom of the screen to add a visit with today’s date. Double click to add a visit and choose a date. **DELETE** deletes a visit or note. **ADD/EDIT** allows you to edit the visit report or miscellaneous note. **PRINT** will print the visit report without having to enter the visit screen first.

**NS** should be pressed in if the patient is a no-show. There is a dropdown box you can use to select the site that the visit took place at.

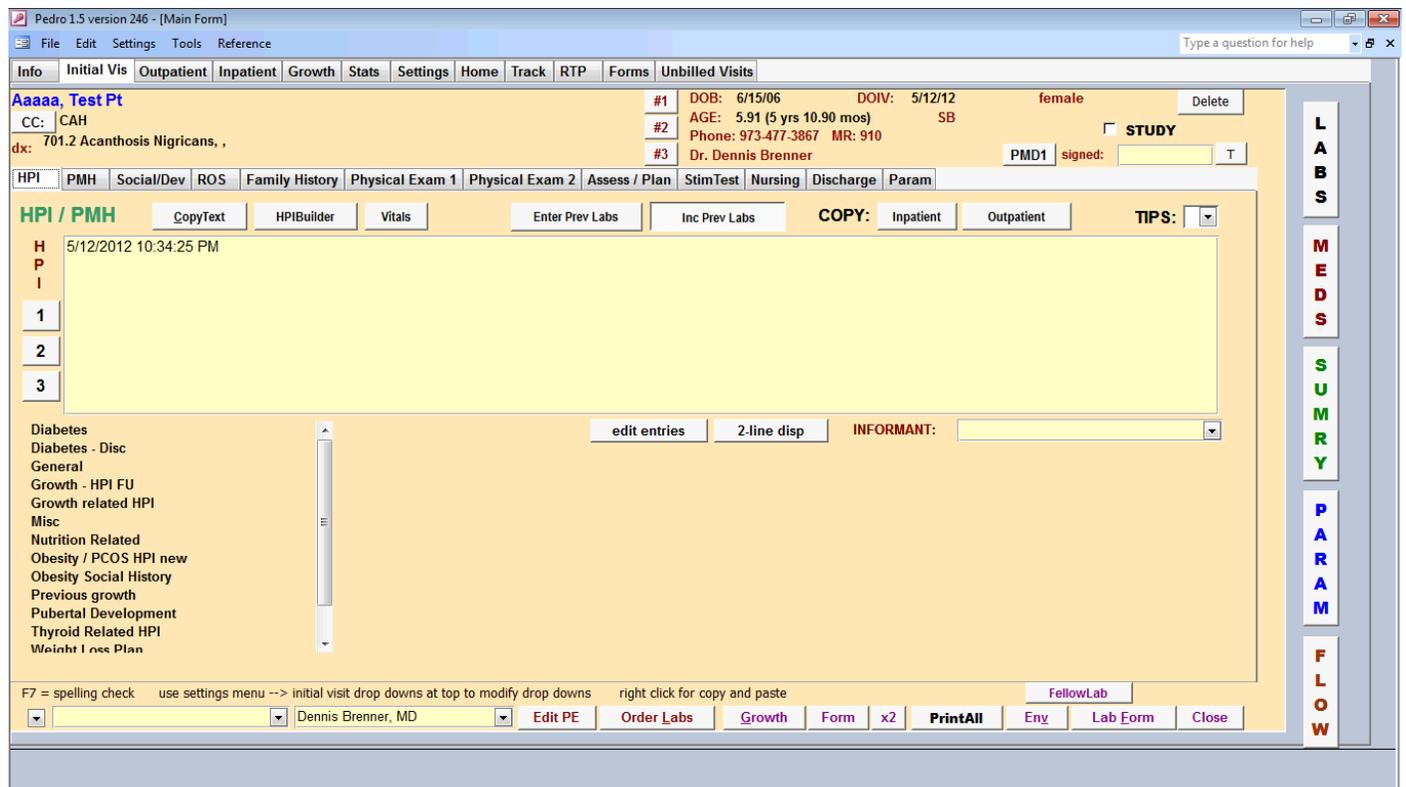
The **RTP** button puts a visit into the Ready To Print queue for later printing. The panel at the bottom lists the lab test reminders that are attached to this patient. Use **ADD TEST** to add a reminder to a patient. After you click **ADD TEST**, the order labs window will open, and you can select which labs to add to the patient's list of reminders. The drop-down box for each visit lets you set the site of the visit

To the right of the **NS** button there will be a green check box if the visit is signed, or a red lock if the visit is locked. To the right of this are some comments that are generated by Pedro based on the visit type. All visits display the first 2 letters of the attending in parenthesis. For diabetes visits, it will display the Hgb A1C, the Nursing time, Nutrition time, and Other time if applicable. For Misc notes, it will display the title of the note. For initial and follow-up visits, it displays the Summary field from the visit form.

The **SCRATCHPAD** button opens a screen that is used to allow one staff member of the diabetes care team to add information to a visit when it is locked by another user. **REFRESH** will refresh the display. Use this when a visit is locked and you wish to see if it is still locked. **DIABETES INTAKE HX** allows you to enter information about a new diabetic. This information can then be added to either an inpatient or outpatient diabetes visit.



### 2.5.1. Initial Visit Form



(Sample report, appendix pages 9-10). The top of the **initial visit** form contains some demographic information about the patient. Buttons at the top of this form include **#1**, **#2**, and **#3**, which allow you to set the ICD-9 codes for a patient without having to exit the visit form. The **DELETE** button deletes the visit report. There is a signed field at the upper right which is a duplicate of the signed field which appears on the **Assess/plan** tab.

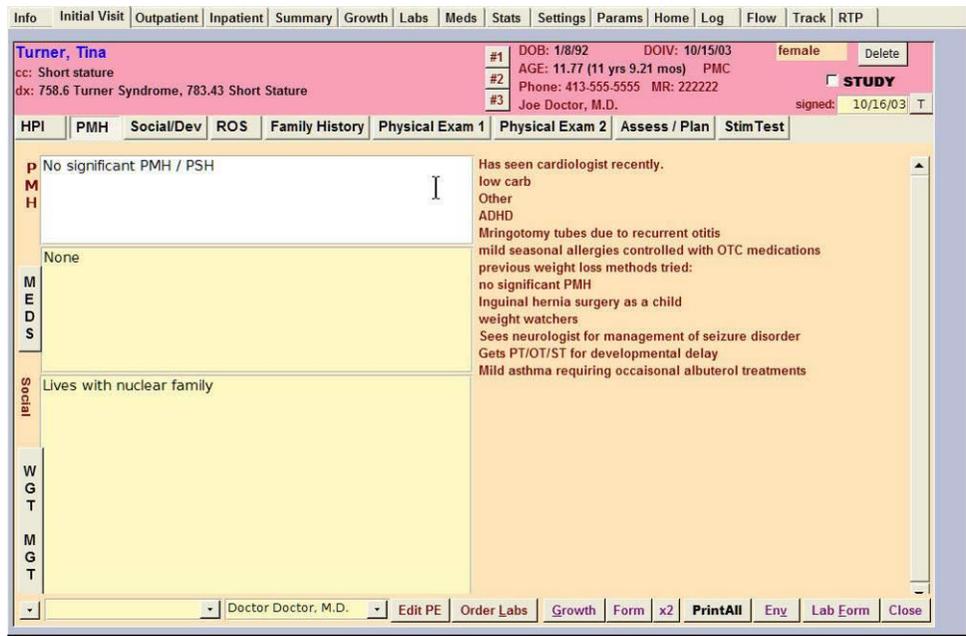
The buttons at the bottom right of the **INITIAL VISIT** form are as follows:

- **EDIT PE** – this brings up the screen that lets you edit the physical exam drop-downs. Click on one entry in each category to be the default.
- **ORDER LABS** – lets you order labs for the visit
- **GROWTH** – prints growth charts (example, appendix page 7-8)
- **FORM** – prints report (x2 button will print 2 copies) (example, appendix page 9-10)
- **PRINTALL** – prints 2 copies of report, growth chart, and envelope to PMD
- **ENV** – prints envelope to the PMD
- **LAB FORM** – prints lab form; separate forms are printed for laboratory and radiology tests
- **FELLOW LAB** – prints lab form with fellow’s name on it; separate forms are printed for laboratory and radiology tests
- **CLOSE** – close visit and return to outpatient visits screen

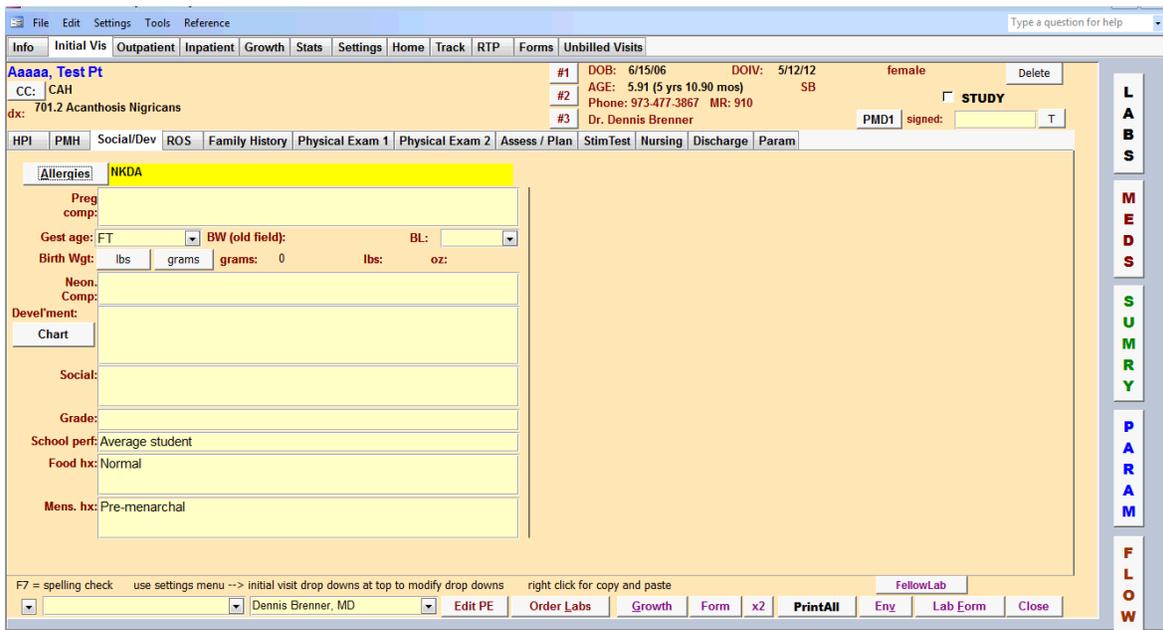
On the far left of the bottom of the initial form is a drop down box that lets you choose the current printer that reports will be sent to. Next to that are drop down boxes for fellow and attending.

The **initial visit** form also has several tabs. The **HPI** tab has two main areas: the top area contains the text entry area, and the bottom area contains categories and phrases that allow you to create the HPI without typing as much. Click on the categories in the bottom left to bring up the list of phrases on the bottom right. Click on a phrase to add it to the HPI text entry area. Click on the **TWO LINE DISPLAY** button to display the phrases on two lines. Click **EDIT ENTRIES** to bring up a dialog box that allows you to edit the phrases and their categories. **COPYTEXT** opens the **CopyText pop-up**, which also will be described below. The **CopyText pop-up** allows you to create and select re-usable text paragraphs throughout PEDRO. The **HPIBUILDER** pop-up allows you to create

and select sentences quickly. The **VITALS** button allows you to enter the vitals in sequence. The **ENTER PREV LABS** button assists you in entering labs that were previously done on a patient by their PCP. You will be prompted for the results and status of each test entered. The copy buttons let you copy a previous initial **INPATIENT** or **OUTPATIENT** visit. If you are copying an outpatient visit, it gives you the opportunity to copy an initial visit from a different patient. This is helpful when seeing patients who are siblings.

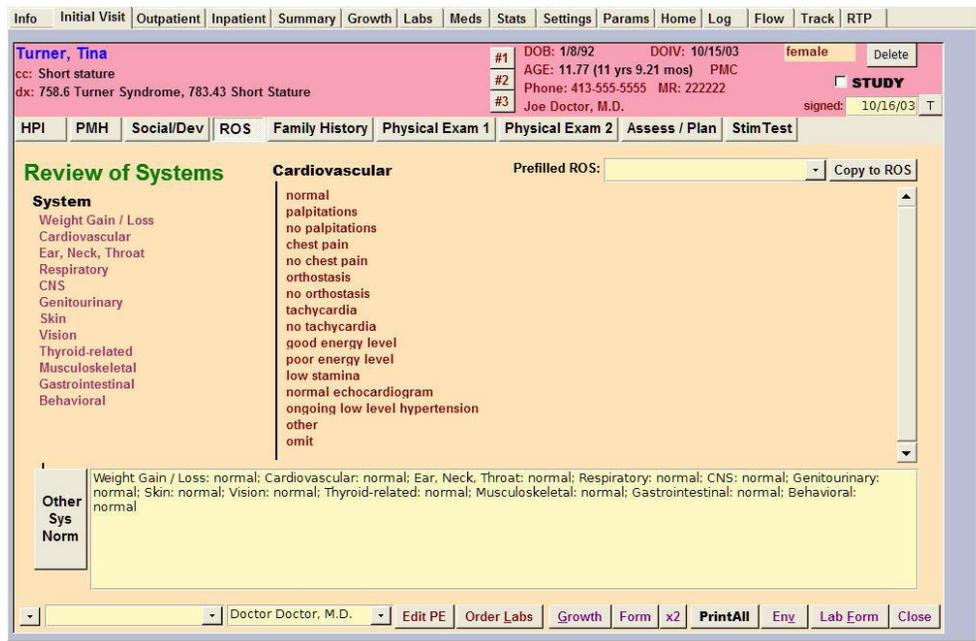


The **PMH tab** contains text entry boxes on the left and a list of PMH-related phrases on the right. **MEDS** opens the medication selection pop-up, which allows you to select the medications that the patient takes, and select medications to copy onto the current visit's form. The social history text box is a duplicate of the one in the **Social/Dev tab**. The **WGT MGMT** button adds some weight-management related questions to this text entry field.

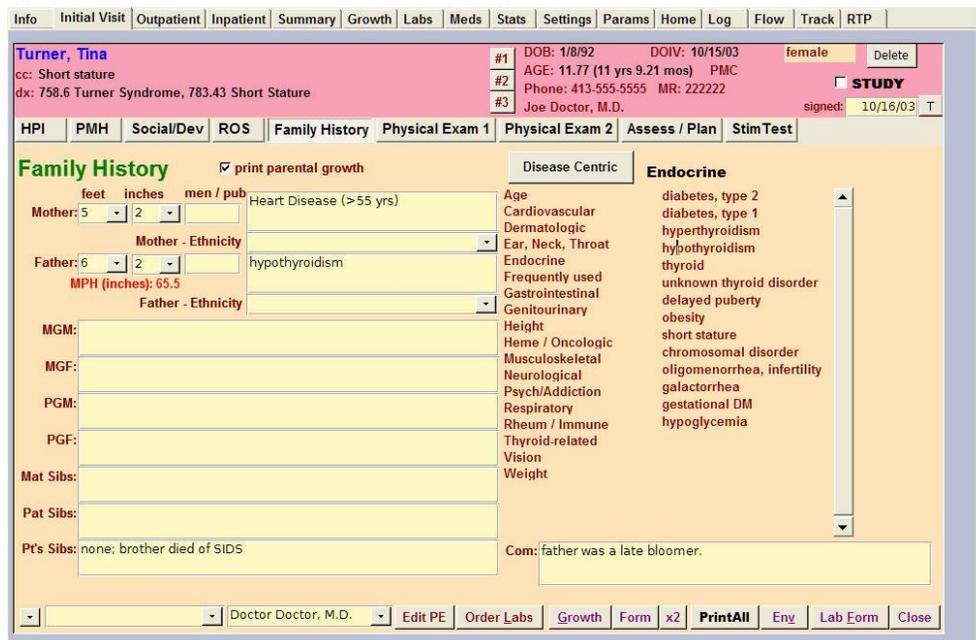


The **Social/Dev Tab** has fields that let you enter social and developmental history. There is an **ALLERGIES** button on this tab that lets you note any allergies. The **CHART** button brings up a developmental chart for your reference. The area on the right of this tab has easy to choose sentence pop-ups for each field. If you click on "other" for any

of these pop-ups, PEDRO will prompt you for the entry and ask you if you want to add the entry to the list of choices. In this manner frequently used phrases can be added to the list.



The **ROS (review of systems) tab** has a list of systems on it in the upper right. Click on a system and choices pop up on the right. Click on a phrase to add it to the ROS. As in the above sets of choices, if you click on other in the ROS choice lists PEDRO asks you for the entry and then if you wish to add it to the list of choices. In the upper right corner of this tab is a *prefilled ROS* drop down. This lets you add a complete ROS to the patient by clicking **COPY TO ROS** after selecting an entry. These pre-filled ROS entries can be edited via a pop-up screen that is located on the Settings menu at the top of the screen. **OTHER SYS NORM** will denote all the other systems as normal for the patient that have no entries.



The **Family history** tab lets you enter the parental heights, which are used to calculate the MPH. You can also enter the mother's age of menarche, father's age of puberty, and mother and father's ethnicities in the upper left portion of this tab. The rest of the fields on this page are used to enter the conditions that specific family members have. These can be entered in 2 ways; The first method lets you choose the family member, then click

on the specific conditions the person has; Do this by clicking on the field corresponding to the person, then the category, and then the condition. The second method involves choosing the condition first and then choosing which family members have it; to use this method, click the **DISEASE CENTRIC** toggle button on, then you will see an extra chooser box with the family members show up on the far right of the tab. When you select a condition and then click on a family member it will add the condition to the family member's list of conditions. Note the height and weight can be easily entered using the chooser boxes.

The screenshot shows the 'Growth / Vitals' section of the PEDRO software. The patient is Tina Turner, DOB 1/8/92, AGE 11.77 (11 yrs 9.21 mos). The form includes the following data and options:

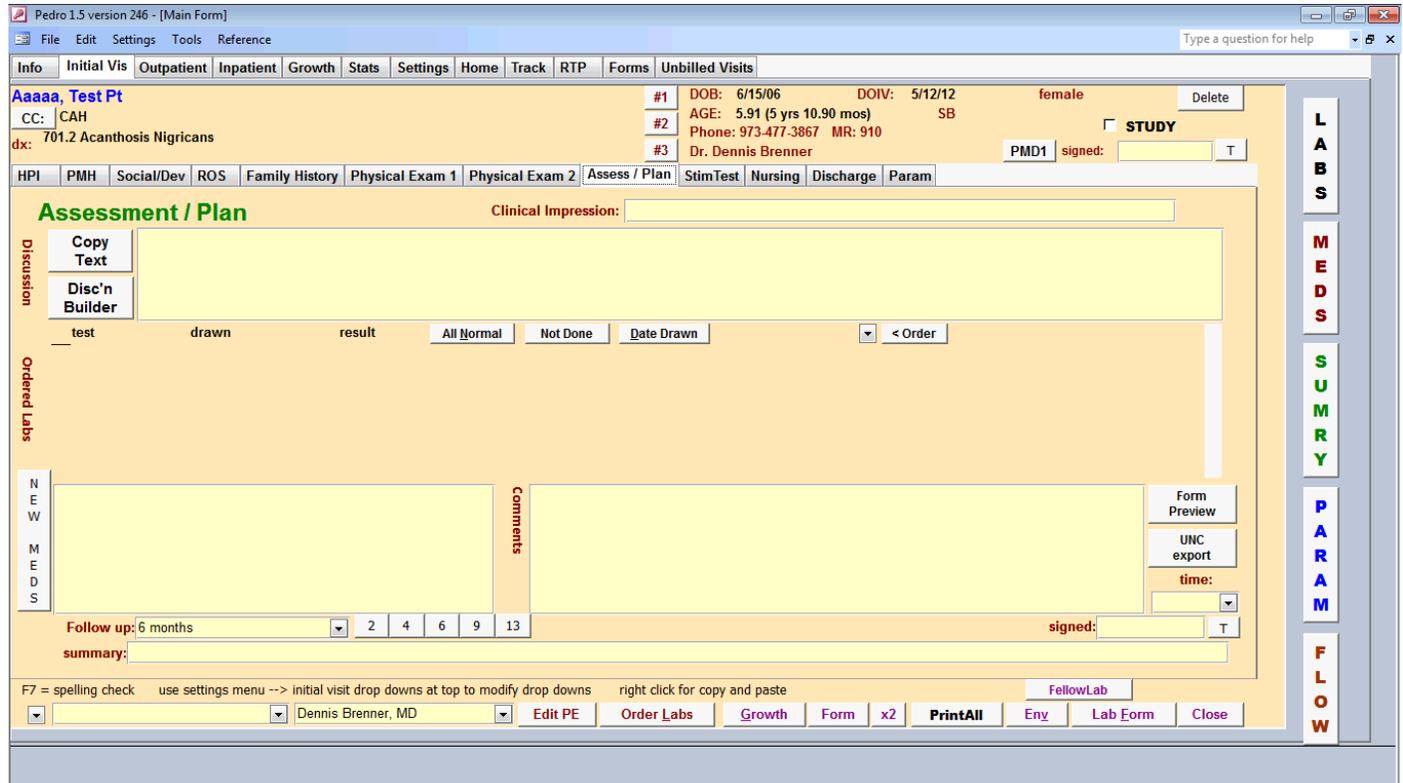
- recumbent** checkbox:
- General:** Proportional, non-dysmorphic
- Height:** 52.1" (132.3 cm), PCT 1.0, Z: -2.31
- Weight:** 63.8 lbs (29.0 kg), Disp Hgt/Wgt 2.7, BMI -2.3
- BMI:** 16.5, Disp Hgt/Wgt 2.7, BMI -0.59
- HC(cm):** cm
- BSA:** 1.03
- Height Prediction:**
- Pt is at:** 102% IBW of 28.5 kg (62.8 lbs)
- US/LS:**
- wgt/hgt:**
- BP:** 114/56, **Upr seg:**
- HR:** 91, **Armspan:**
- Blood Pressure Percentiles for Age / Hgt:**
  - 90 %-tile Systolic: 114, Diastolic: 74
  - 95 %-tile Systolic: 118, Diastolic: 78
- Physical Exam 1:**
  - General:
  - Skin: Normal, no pigmentary lesions
  - Font:
  - Ears: Well formed, Normal set
  - Eyes: Fundi nl, PERRL, EOMI
  - Fundi: No hemorrhages or exudates; discs sharp
  - Mouth: No macroglossia, no cleft palate, no fasciculations
  - Dent: normal for age
  - Neck: No adenopathy
  - Heart: RRR, normal S1S2, no murmurs
  - Lungs: Clear to auscultation bilaterally
  - Abd: Soft, not tender or distended, (+)BS (-) HSM
  - Spine: No abnormalities noted
  - Neuro: Grossly intact
  - Ext: Normal, FROM x 4
  - General exam comments: (+) pectus excavatum

The **Physical Exam 1** tab lets you enter growth parameters by pressing the buttons on the left. IBW and % of IBW are calculated automatically. IBW is determined as the weight that would put the patient at the 50%-tile for BMI. Height, Weight, BMI, and Head Circumference percentiles are automatically calculated, as is BSA. Conversions from kg to lbs, cm to inches, etc are done automatically. Click the *recumbent* checkbox if appropriate. Height Prediction will bring up a box that lets you perform height predictions by 3 commonly accepted methods. **DISP HGT/WGT** displays the height and weight growth charts. **BMI** displays the BMI chart. Blood Pressure norms are displayed at the left bottom of the screen. These are based on height percentile and age. The header of the form will turn red if either the systolic or diastolic blood pressure is above the 90%-tile.

The screenshot shows the 'Thyroid' and 'Sexual Development' sections of the PEDRO software. The patient is Tina Turner, DOB 1/8/92, AGE 11.77 (11 yrs 9.21 mos).

- Thyroid:**
  - Palpable Thyroid?
  - Enlargement: diffuse
  - Consistency: soft
  - Surface: smooth
  - Comments:
- Sexual Development:**
  - Tanner - Pubic: 1
  - Axillary hair:
  - Acne: none
  - (R) Testicle:
  - (L) Testicle:
  - Tanner - Breast: 1
  - Sexual Development Comments:
  - gynecomastia if present should be commented on in the "comments" section.

All the physical exam drop down boxes are customizable for each attending, including the defaults. Press **EDIT PE** to edit the physical exam drop down boxes. Check the *default* checkbox to make that entry the default for that category of the physical exam. The **Physical Exam 2** tab contains the thyroid and sexual development portions of the physical exam. If the thyroid is palpable, click the *thyroid palpable* checkbox, the other terms describing the thyroid will then be enabled.



The **Assess / Plan** tab has **COPYTEXT** and **DISC'N BUILDER** buttons that function identically to those on the **HPI** tab. Labs can be ordered either by pressing **ORDER LABS** at the bottom of the form or by selecting a laboratory panel and clicking on **<ORDER**. The **Q** button opens the **QuikPik** pop-up which allows you to easily enter numeric values without using the keyboard. **DISC'N BUILDER** allows you to generate text paragraphs using pre-defined categories and phrases. Click the category on the left and then a list of sentences pop up on the right.

It is important to note a few points regarding the ordered labs section of the **initial** form (and the **follow-up** and **diabetes** forms as well). Each laboratory test that is ordered has several fields associated with it:

- *ordered date*
- *drawn date*
- *status*
- *numeric result*
- *units of the numeric result*
- *text result* (if applicable)

It is important for a laboratory test to have an *drawn date* and to have its status changed from “pending” to something else if it is completed so that it can be removed from the pending list. PEDRO helps you to remember this in several ways. You can press **DATE DRAWN** to set the date drawn of all the labs ordered at that visit the one date. Or, if you enter a lab value or a text result without a drawn date, PEDRO automatically sets the *drawn date* to be the date of the visit.

The bottom left of the **Assess / Plan** tab has a **NEW MEDS** button which you can use to specify medication changes done at the visit. The *Comments* field is used to comment on the visit, usually after lab results are received. *Follow up* field lets you specify when follow-up is recommended, and *Summary* lets you enter a non-printing

summary of the visit that is useful when looking at the home page, which will be described later in this document.

The **StimTest tab** lets you attach a stim test report to the initial visit. Click on Choose Stim Test to select the test to include. Stim test entry is covered elsewhere in this manual.

The **Nursing tab** lets you enter a nursing note that will appear in the visit report. There is a button on this tab that lets you copy from the scratchpad into the nursing note.

The **Discharge tab** lets you print a discharge instructions sheet for the patient. There is a button that lets you insert a **COPYTEXT** entry into the discharge instructions sheet. There are two types of discharge instruction sheets that can be printed: a *Basic* sheet with vitals, the instructions and new medications; and an *expanded* sheet with vitals, medications at beginning and end of visit, discharge instructions, ICD-9 codes from the visit, allergies, tests ordered at the visit, and test results from the past 30 days that are entered into PEDRO.

The **Param tab** lets you enter and print patient related parameters. This is covered in more detail elsewhere in this manual.

## 2.5.2. Follow-up Form

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(Sample report, appendix page 13) The **follow-up visit** form is very similar to the **initial** form, with a few differences. Most notably, the **physical exam 1** tab contains fields for the *previous height* and *weight*. These fields allow PEDRO to calculate height velocity and weight gain. The last recorded height and weight is automatically entered into these fields when the visit is first entered. If you wish to compare the current height and weight to a different point in time you can click on **CHOOSE PREV** and a list of all recorded heights and weights will pop up. Choose the one you wish to compare and click **COPY AND CLOSE**. All other buttons function identically to the initial form except for the **COPYPREV** button, which allows you to copy fields from previous visits to the current visit. First double click on the date for the visit that you wish to copy from. Then click on either HPI, ROS, PE, or DISC to bring up the appropriate section which you wish to copy. Then click on **COPY** and it will copy the fields from the displayed section to the current visit. In the ROS tab, there is a checkbox for "PMH, Social HX, FH same as initial." In addition there is a **COPY TO EDIT** box button which allows you to type an updated history into the ROS text entry area. NOTE: If the first entered visit into pedro is a follow-up and you enter a previous growth point, you must press **COPY TO PREV** to copy this growth point to the growth chart.

**Follow-Up Visit**

**Turner, Tina** #1 DOB: 1/8/92 Date: 1/10/05 1.2 yrs tx female   
 #2 Age: 13.01 (13 yrs 0.09 mos) PMC  **STUDY**  
 #3 Phone: 413-555-5555 MR: 222222 signed:  T  
 dx: 758.6 Turner Syndrome, 783.43 Short Stature Joe Doctor, M.D.

Interval HPI | ROS | Physical Exam 1 | Physical Exam 2 | Assessment / Plan | StimTest | All Labs | Reminders

**Interval HPI**   NKDA

Hgt/Wgt/BP/HR | HPI Builder

**interval history:** Tina is being followed in our Pediatric Endocrine Clinic for her Turner's Syndrome that was diagnosed recently. She is presently very active with dance class and gymnastics. She has been healthy with no recent illnesses. She is being treated with Humatrope 1.6 mg at a dose of 0.34 mg/kg/wk. She has been on the GH since 4/2004. She does not complain of any signs or symptoms of hip discomfort, limping, blurry vision, headaches, polyuria and polydipsia. Her last bone age was Feb. 2004. She had normal ECHO Cardiogram and Renal Ultrasound done August 2004. Hearing exam Fall 2004 was normal. She is aware of her diagnosis.

**Meds:** Humatrope as directed, 1.6 mg SC qD (8 clicks), 7 days per week, 0.34 mg/kg/week  
Tums, 1-2 per day

**INFORMANT:**

**Lab History:** include previous labs:    
 Date: 2/18/04 IGF1: 113 ng/mL (Normal) Anti-Thyroglobulin Abs: <20 iu/ml (Normal) ESR: 6 mm/hr (Normal) IGFBP3: 3.2 ug/mL (Normal) Anti-Thyroid Peroxidase Abs: <10 IU/mL (Normal) CBC: (Normal) Karyotype: (Abnormal) 50% 45X, 50% 47XXX  
 Urinalysis: (Normal) Complete Metabolic Panel: (Normal) TSH: 2.7 UIU/mL (Normal) Bone Age Left Wrist: (Normal) 11 yrs at CA 12y1mo Free T4: 1.33 ng/dL (Normal)  
 Date: 8/13/04 Echocardiogram: (Normal) normal

x2

**Follow-Up Visit**

**Turner, Tina** #1 DOB: 1/8/92 Date: 1/10/05 1.2 yrs tx female   
 #2 Age: 13.01 (13 yrs 0.09 mos) PMC  **STUDY**  
 #3 Phone: 413-555-5555 MR: 222222 signed:  T  
 dx: 758.6 Turner Syndrome, 783.43 Short Stature Joe Doctor, M.D.

Interval HPI | ROS | Physical Exam 1 | Physical Exam 2 | Assessment / Plan | StimTest | All Labs | Reminders

**Review of Systems**  Normal

**System**

- Weight Gain / Loss
- Cardiovascular
- Ear, Neck, Throat
- Respiratory
- CNS
- Genitourinary
- Skin
- Vision
- Thyroid-related
- Musculoskeletal
- Gastrointestinal
- Behavioral

**Weight Gain / Loss** Prefilled ROS:

normal  
 recent weight loss [number of lbs] in [time interval]  
 recent weight gain [number of lbs] in [time interval]  
 trying to lose weight via [method of weight loss]  
 has always been heavy  
 gradual gain in weight over the past few years  
 appetite has increased  
 low weight gain for past few years  
 stabilized  
 Recent wt. loss, has regained to previous.  
 other  
 omit

Weight Gain / Loss: normal; Cardiovascular: normal; Ear, Neck, Throat: normal; Respiratory: normal; CNS: normal; Genitourinary: normal; Skin: normal; Vision: normal; Thyroid-related: normal; Musculoskeletal: normal; Gastrointestinal: normal; Behavioral: normal

**PMH, Social Hx, FH same as initial**  
**FH / SC / PMH as of:** 10/15/03   
 Family History: father was a late bloomer.  
 Social History: Lives with nuclear family  
 Past Medical History: father was a late bloomer.

x2

Follow-Up Visit  
**Turner, Tina**  
 meds: Humatrope as directed, 1.6 mg SC qD (8 clicks), 7 days per wk  
 dx: 758.6 Turner Syndrome, 783.43 Short Stature

#1 DOB: 1/8/92 Date: 1/10/05 1.2 yrs tx female  
 #2 Age: 13.01 (13 yrs 0.09 mos) PMC  
 #3 Phone: 413-555-5555 MR: 222222  
 Joe Doctor, M.D. signed: [ ] T

Interval HPI | ROS | Physical Exam 1 | Physical Exam 2 | Assessment / Plan | StimTest | All Labs | Reminders

**Growth / Vitals** | Height Prediction | Display Hgt/Wgt | Display BMI | **Physical Exam**

hgt(in)	55.8" 4' 7.8"	Gen:	Alert, active, cooperative, NAD, well hydrated
hgt(cm)	141.7 cm 1.3 % Z: -2.23	Skin:	Normal, no pigmentary lesions
recumbent	chg: 11.6 cm/yr (4.6")	Font's:	
wgt(lbs)	76.3 lb 5.3 % Z: -1.62	Ears:	Well formed, Normal set
wgt(kg)	34.7 kg chg: 1.8 kg (3.9lbs)	Eyes:	Fundi nl, PERRL, EOMI
Pt is at	98 % IBW of 35.6 kg ( 78.2 lbs)	Fundi:	No hemorrhages or exudates: discs sharp
BSA: 1.16	BMI: 17.3 26.8 % Z: -0.62	Mouth:	No macroglossia, no cleft palate, no fasciculations
HC(cm)	cm % Z:	Teeth:	normal for age
prv hgt (in)	54.7" 0.8 % Z: -2.39	Neck:	No adenopathy
prv hgt(cm)	139.0 cm recumbent	Heart:	RRR, normal S1S2, no murmurs
prv wgt(lbs)	72.4 lb 3.6 % Z: -1.8	Lungs:	Clear to auscultation bilaterally
prv wgt(kg)	32.9 kg Choose Prev	Abd:	Soft, not tender or distended, (+)BS (-) HSM
BMI:	17.0 25.8 % Z: -0.65	Spine:	No abnormalities noted
prev date:	10/17/04 Copy to Prev	Neuro:	Grossly intact
BP: 121/45	Blood Pressure Percentiles for Age / Hgt	Ext:	Normal, FROM x 4
HR: 97	90 %-tile Systolic: 118 Diastolic: 76	General exam	(+) pectus excavatum
wgt / hgt:	95 %-tile Systolic: 121 Diastolic: 80	comments:	

Doctor Doctor, M.D. Edit PE CopyPrev Order Labs Growth Form x2 PrintAll Env Lab Form Close

Follow-Up Visit  
**Turner, Tina**  
 meds: Humatrope as directed, 1.6 mg SC qD (8 clicks), 7 days per wk  
 dx: 758.6 Turner Syndrome, 783.43 Short Stature

#1 DOB: 1/8/92 Date: 1/10/05 1.2 yrs tx female  
 #2 Age: 13.01 (13 yrs 0.09 mos) PMC  
 #3 Phone: 413-555-5555 MR: 222222  
 Joe Doctor, M.D. signed: [ ] T

Interval HPI | ROS | Physical Exam 1 | Physical Exam 2 | Assessment / Plan | StimTest | All Labs | Reminders

**Thyroid** | **Sexual Development**

Thyroid Palpable?

Enlargement: palpable but not enlarged  
 Consistency: soft  
 Surface: smooth  
 Comments:

Tanner - Pubic Hair:  
 Axillary hair:  
 Acne: none  
 (R) testicle:  
 (L) testicle:  
 Tanner - Breast: 2-3  
 Sexual Development comments:

Doctor Doctor, M.D. Edit PE CopyPrev Order Labs Growth Form x2 PrintAll Env Lab Form Close

2.5.3. Diabetes Form

(Sample report, appendix page 11-12). The **diabetes** form is different from the **Initial** visit and **Follow-up** forms.

2.5.3.1. Diabetes form - Interval history tab

The interval history tab has five buttons in the upper left, **IMPORT VITALS**, **COPYTEXT**, **PUMP**, **INC PREV LABS** and **ENTER PREV**. **IMPORT VITALS** imports the vitals from the server, if you are using this feature. If it is disabled in your version this button will not appear. Copytext opens the copytext dialog box, as in the initial and follow-up visit forms. **PUMP** is a toggle button, as is **INC PREV LABS** - click it on the former if the patient is on a pump, and the pump regimen tabs will be displayed; click on the latter to specify that you want the previous 2 years of labs included on the visit report. **ENTER PREV** allows you to enter previous lab results. After you click on Enter Prev Labs it will prompt you for the date ordered, date drawn, and then let you choose the labs that were done. After you choose the labs, it will prompt you for the results and the status (high, normal, etc)

The diabetes interval history is entered by either typing into the text entry area in the left side of the tab, or clicking on the categories and phrases to enter the history. If a choice is not present when using the latter method, click on “other” and PEDRO will prompt you to enter the phrase you would like to insert into the HPI. It will also ask you whether you would like to add this entry to the list of phrases. Click “Diabetes Visit Dropdown” from the Settings menu to edit these phrases.

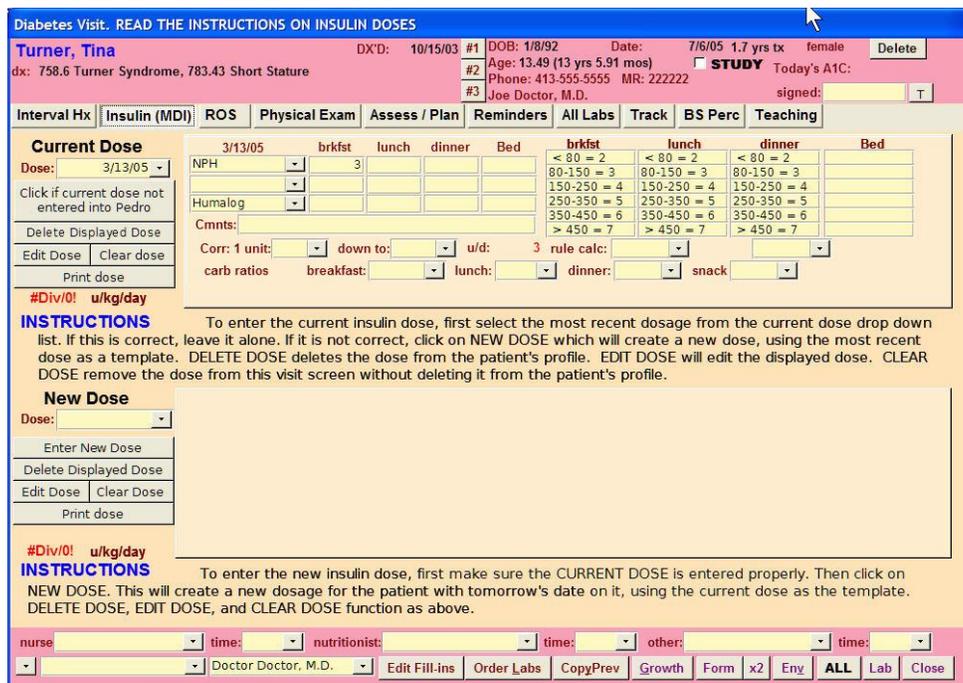


Under the HPI text entry field the last eye exam on file is displayed. Eye exams must be entered through the lab ordering system in order to appear in this area. In the bottom left of the Interval Hx tab there is an **OTHER MEDS** button which is used to enter the medications that the patient is taking. Prescriptions can be printed from here. There is also a text entry field where meds other than insulin should be noted.

In the lower right there are a few fields: target blood sugar, overall average blood sugar, average for breakfast, lunch, dinner, and pre-bed snack as well as meter, insulin type, person who gives insulin, and where shots are given. There are a few buttons in the bottom center of this tab:

- **A1C** – allows you to enter the A1C on the date of the visit
- **GLUC** – allows you to enter the blood sugar on the date of the visit
- **KET** - allows you to enter the ketones on the date of the visit
- **ALL** - allows you to enter the allergies that the patient has

### 2.5.3.2. Diabetes form - Insulin (MDI) tab



It is important to understand how PEDRO stores insulin dosages. There are on-screen instructions for how to deal with insulin doses. Insulin dosages are stored so that they can be accessed from both the **diabetes** and **diabetes phone call** forms. Each diabetes visit has both a current dose and an optional new dose associated with it. When you bring up a new diabetes visit, the first thing to do is to click on the *dose* dropdown box on the **Insulin/Blood sugars** tab and click on the most recent dosage listed. If this is not the patient's current dosage, then click the button that says **CLICK IF CURRENT DOSE NOT ENTERED INTO PEDRO** to bring up the **Insulin Dose generator**. In this form, there are drop down boxes to make dose entry easier. Even if the patient is on a sliding scale it is important to enter a value in the *short acting insulin* fields under the corresponding meal, as these are the values used for calculating units/kg/day. The **AUTO SELECT USUAL DOSES** button allows you to use the second lowest range unit value in this capacity.

The way you enter sliding scales is using the **sliding scale builder** on the right. You will see 5 range limit values, and 6 unit values. The top most unit value is for the range “less than (the lowest range limit value)”. The bottom-most unit value is for the range “greater than (the highest range limit value)”. The buttons on the left side of this form do the following:

- **CLEAR AM + PM** clears the sliding scales
- **80/150/250/350** – sets sliding scale ranges
- **100/200/300** – sets sliding scale ranges
- **70/150** – sets sliding scale ranges
- **80/180** – sets sliding scale ranges

the following buttons are on the right, in the sliding scale generator:

- **CLEAR RANGES** – clears blood sugar ranges
- **CLEAR UNITS** – clears unit values
- **+ 0.5** – takes the units value in the lowest range and adds 0.5 to this value until all necessary boxes are filled.
- **+ 1.0** – takes the units value in the lowest range and adds 1.0 to this value until all necessary boxes are filled.
- **+ 2.0** – takes the units value in the lowest range and adds 2.0 to this value until all necessary boxes are filled.
- **11222** – takes the units value in the lowest range and adds 1.0 to this value twice, then 2.0 until all necessary boxes are filled.
- **BRK** – copies the sliding scale to the pre-breakfast area

- **LUNCH** – copies the sliding scale to the pre-lunch area
- **DINNER** – copies the sliding scale to the pre-dinner area
- **BED** – copies the sliding scale to the pre-bed area

Carb ratios and correction factors are entered at the bottom of the page. The rule calculations fields let you perform the standard rules of 450, 500, 1500, and 1800 on the patient's total daily insulin dose (i.e. 1500 / total daily dose to come up with the correction factor)

You can use **PRINT FOR PATIENT** to print an insulin dosage out for the patient. This printout will also include the patient's hemoglobin A1C history. Press **CLOSE** to return to the **diabetes** form. If the date of the insulin dosage is the same as the date of the visit, PEDRO will let you edit the dosage right on the visit screen. If the date of the dosage is different from the date of the current visit, you cannot edit the dose. This is done to prevent users from accidentally changing previous insulin dosages used in previous visits

### 2.5.3.3. Diabetes form - Keeping track of blood sugars

Blood sugars can be kept track of in PEDRO by three different methods:

- actually entering the blood sugar values;
- noting the percentage of in-range, low, and high numbers
- entering the average values for breakfast, lunch and dinner

If you do not want the blood sugar area to appear for this patient, uncheck the *BS charts* checkbox in the upper right-hand corner of the screen. When recording blood sugar information, you should first set the target range for the patient. 80-150 and 70-150 are easily entered via buttons, or you can enter alternate values. Enter the *meter type* from the dropdown box.

*a) Entry of actual blood sugar values.* If you wish to enter the actual blood sugar values, click on **BS ENTRY** which is located in the Interval Hx tab. The **Enter Blood Sugars** form will open up. **ENTER DATES** allows you to automatically enter a range of dates for blood sugar entry. Then, enter the blood sugars into the appropriate time slots. The number of values low, in-range, and high will be calculated based on the ranges entered into the main diabetes form when you click **REFRESH TALLY**. The **COPY TO VISIT** button copies these percentages to the diabetes form on the BS percentages tab. **PRINT SUGARS** will print a report with the blood sugars on them. **CLOSE** closes the form. To delete a day of blood sugars, click on the grey box to the left of the date and then press the delete button on the keyboard.

*b) noting the percentages.* Go to the BS Percentages tab and enter the number of values in consideration (i.e. 14 for 2 weeks), the number of lows, and the number in target for each meal. A quick way of entering these numbers is to click in the button on the left that represents the number that you wish to enter. Then double click in the field to enter the number. Make sure the BS charts checkbox is checked or the chart will not print on the report.

*c) entering the average values.* This can be done on the Interval Hx tab as described above.

### 2.5.3.4. Diabetes form - Pump Tab

To record data about a pump patient, first press in the *pump* toggle button on the **Interval Hx tab**. Then go to the **Pump** tab. This tab allows you to enter the current pump regimen. Pump regimens work in the same manner as insulin doses in that each patient has pump regimens in his/her profile and you assign a pump regimen to either the current or new regimen for a specific visit. If a patient does not have the correct pump regimen in his profile, click on **NEW REGIMEN** to add a regimen. Be careful not to edit a previous regimen that is in use on a different visit. If a regimen is displayed when **NEW REGIMEN** is pressed it will be used as a template for the new regimen you are about to add. **CLEAR REGIMEN** clears the associated current regimen (but does not delete the regimen from the patient's profile), **DELETE REGIMEN** deletes a regimen completely, and **EDIT REGIMEN** allows you to edit the current regimen

The screenshot shows the 'Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES' window for patient Turner, Tina. The patient's information includes DXD: 10/15/03, DOB: 1/8/92, Date: 9/4/05, 1.9 yrs tx, female. The current pump regimen is set for 9/4/05. The interface includes a table for entering basal rates and a summary table for calculating pump basal/bolus ratios.

date	total daily dose	basal	Add Day	Add 7	bolus	Delete Day
9/3/05	48	0	0.0%		48	100.0%
9/2/05	47	0	0.0%		47	100.0%
9/1/05	53	0	0.0%		53	100.0%
8/31/05	52	0	0.0%		52	100.0%
8/30/05	51	0	0.0%		51	100.0%
8/29/05	49	0	0.0%		49	100.0%
8/28/05	48	0	#Num!		0	#Num!

*Editing a pump regimen.* The first thing to do is enter the basal rates. Click **ADD ENTRY** then click on the *time* drop down box. Enter the time corresponding to when the first basal rate begins, and enter the basal rate into the *basal* field. If you wish, you can enter the numbers by first clicking on the numbers at the bottom of the form, then double clicking on the *basal* field. To enter carb/insulin ratios and the correction factor, use the drop down boxes at the bottom of the form. You can also click **ADD ENTRY** and add other details about the pump patient in the area where the basal rates are stored.

*Calculating pump basal/bolus ratios.* In the lower left of the **Pump tab** there is an area where the total daily doses are entered. These should be obtained from the patient's pump. PEDRO will calculate the basal and bolus percentage for each day and the overall total basal rate per day, average total daily dose, overall average basal and bolus percentages, and u/kg/day when you press the **CALCULATE** button. It will also perform the rule calculations which you can use to adjust the patient's ratios.

### 2.5.3.5. Diabetes Form - Other tabs

The **ROS (review of systems) tab** contains the same review of systems questions as the follow-up form. The **OTHER MEDS** button opens the medication selection box and allows you to specify which medications the patient is

taking. It is recommended that only medications other than diabetes medications be copied to the visit, as the insulin dosages are entered elsewhere.

The left portion of the diabetes **physical exam tab** is identical to that of the follow-up visit tab. The right portion contains focused physical exam fields.

Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES

Turner, Tina DX'D: 10/15/03 #1 DOB: 1/8/92 Date: 9/4/05 1.9 yrs tx female Delete  
 dx: 758.6 Turner Syndrome, 783.43 Short Stature #2 Age: 13.66 (13 yrs 7.88 mos) STUDY Today's A1C:  
 #3 Phone: 413-555-5555 MR: 222222 Joe Doctor, M.D. signed: T

Interval Hx Insulin (MDI) ROS Physical Exam Assess / Plan Reminders All Labs Track BS Perc Teaching

hgt(in)	0.0 " 0'0.0"	Disp Hgt/Wgt	General:	Alert, active, cooperative, NAD, well hydrated
hgt(cm)	0.0 cm 0.0 % Z: 0.00	BMI	Skin:	Normal, no pigmentary lesions
<input type="checkbox"/> recumbent		chg: -218.2 cm/yr (-85.9')	Fundi:	No hemorrhages or exudates; discs sharp
wgt(lbs)	0.0 lb 0.0 % Z: 0		Heart:	RRR, normal S1S2, no murmurs
wgt(kg)	0.0 kg chg: -34.7 kg (-76.3lbs)		Lungs:	Clear to auscultation bilaterally
Pt is at	0 % IBW of 0.0 kg ( 0.0 lbs)		Fingerprix:	
BSA: 0.00	BMI: #Div/0!	0.0 % Z: 0.00	Hypertrophy:	
HC(cm)	0 cm 0 % Z:		Abdomen:	Soft, not tender or distended, (+)BS (-) HSM
			Neuro:	Grossly Intact
prv hgt (in)	55.8 " 1.3 % Z: -2.22		Extremities:	Normal, FROM x 4
prv hgt(cm)	141.7 cm <input type="checkbox"/> recumbent		Thyroid Palpable?	<input checked="" type="checkbox"/> Clear PE Acne: none
prv wgt(lbs)	76.3 lb 5.4 % Z: -1.61		Enlargment:	palpable but not enlarged Tanner PH:
prv wgt(kg)	34.7 kg Choose Prev		Consistency:	soft Breasts:
BMI:	17.3 27.1 % Z: -0.61		Surface:	smooth sex exam
prev date:	1/10/05		Comments:	comments:
BP:	HR:	wgt / hgt:	General exam comments:	

Blood Pressure Percentiles for Age / Hgt  
 90 %-tile Systolic: 118 Diastolic: 76  
 95 %-tile Systolic: 121 Diastolic: 80

nurse time: nutritionist: time: other: time:  
 Doctor Doctor, M.D. Edit Fill-ins Order Labs CopyPrev Growth Form x2 Eny ALL Lab Close

The **Assessment / Plan tab** is similar to the follow-up visit form.

Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES

**Turner, Tina** DX'D: 10/15/03 #1 DOB: 1/8/92 Date: 9/4/05 1.9 yrs tx female

dx: 758.6 Turner Syndrome, 783.43 Short Stature #2 Age: 13.66 (13 yrs 7.88 mos)  **STUDY** Today's A1C:

#3 Phone: 413-555-5555 MR: 222222 signed:  T  
Joe Doctor, M.D.

Interval Hx Insulin (MDI) ROS Physical Exam Assess / Plan Reminders All Labs Track BS Perc Teaching

Copy Text **discussion** This is the assessment and plan.  
Disc'n Builder

**Ordered Labs**

test	drawn	All Normal	value	Not Done	Date Drawn	Diabetes yearly denri: -	< Order
▶ Spot Urinary microalbumin/creatinine		pending -		Q			
Free T4		pending -		ng/dL Q			
TSH		pending -		UIU/mL Q			
Cholesterol		pending -		mg/dL Q			
HDL		pending -		mg/dL Q			
LDL		pending -		mg/dL Q			
Triglycerides		pending -		mg/dL Q			
* <input type="checkbox"/>		-		Q			

**NEEDS**

comments

export attg time: 30 min

Follow up: 3 Months summary:  signed:  T

nurse:  time:  nutritionist:  time:  other:  time:

The **All Labs** tab lets you view all the labs ordered for this patient. The **Reminders** tab lets you view any laboratory reminders for the patient. The **Track** tab is used for the tracking of diabetic patients. This tab covers most of the information asked by the ADA recognition application. There is a regimen change history section of the screen that allows you to record diabetes regimen changes. Ability to query these will be added to later versions of Pedro.

Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES

Turner, Tina      DX'D: 10/15/03 #1      DOB: 1/8/92      Date: 9/4/05 1.9 yrs tx      female      Delete

dx: 758.6 Turner Syndrome, 783.43 Short Stature      #2 Age: 13.66 (13 yrs 7.88 mos)       STUDY      Today's A1C:      T

Phone: 413-555-5555      MR: 222222      #3 Joe Doctor, M.D.      signed:      T

Interval Hx   Insulin (MDI)   ROS   Physical Exam   Assess / Plan   Reminders   All Labs   Track   BS Perc   Teaching

Primary Language:      Initial Teach Date:      Teaching location:      Initial Therapy type:

**Special Needs**

- Visually Impaired
- Low Literacy
- Hearing Impaired
- English as a second language

**Barriers to Learning**

- Print Augmentation
- Low Literacy Education Tools
- Interpreters
- Physical Plant Enhancements
- Allowances for Cultural Diversity
- Transportation

**Ethnicity**

- White Caucasian
- Black/African American
- Asian/Chinese/Japanese/ Korean/Pacific Islander
- Hispanic/Chicano/Cuban/Mexican/ Puerto Rican/Latino
- American Indian or Alaskan Native

**Educational Hours:**

Nursing:       Diabetic

Nutrition:       DX'd in DKA

Other Education:       Type 2 Diabetic

Hgb A1C at 90 days:       Cystic Fibrosis

Date all objectives met:      Behavioral Goal:       Goal met in 90 days

Objectives not met in 90 days

**Regimen Change History**

Date	Change made	Comment
------	-------------	---------

Add      Delete

nurse:      time:      nutritionist:      time:      other:      time:

Doctor Doctor, M.D.      Edit Fill-ins      Order Labs      CopyPrev      Growth      Form      x2      Eny      ALL      Lab      Close

The **nursing** tab has fields for Nursing, Psychosocial, and Nutrition. There are buttons to open the diabetes scratchpad and copy its contents to each of these fields.

Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES

Turner, Tina      DX'D: 10/15/03 #1      DOB: 1/8/92      Date: 9/4/05 1.9 yrs tx      female      Delete

dx: 758.6 Turner Syndrome, 783.43 Short Stature      #2 Age: 13.66 (13 yrs 7.88 mos)       STUDY      Today's A1C:      T

Phone: 413-555-5555      MR: 222222      #3 Joe Doctor, M.D.      signed:      T

Interval Hx   Pump   ROS   Physical Exam   Assess / Plan   All Labs   NewPump   Track   BS Perc   Teaching   **Nursing**

**OPEN SCRATCHPAD**

Nursing Note:

Copy ScratchPad to Nursing

Psychosocial Team:

Copy ScratchPad to Psychosocial

Nutrition:

Copy ScratchPad to Nutrition

nurse:      time:      nutritionist:      time:      other:      time:

Doctor Doctor, M.D.      Edit Fill-ins      Order Labs      CopyPrev      Growth      Form      x2      Eny      ALL      Lab      Close

The **teaching tab** lets you easily notate diabetes teaching. Click on **ADD TEACHING ITEMS** to add items to the teaching list for the visit. After the list of teaching items load, select them by pressing the buttons to the left of each item. Then press “add selected” to add the selected items to the visit. It will ask you for the date and for the value (value significance is listed at the bottom of the **teaching tab**). To edit the list of diabetes teaching items use “diabetes teaching” as the disease and edit the parameter list as described below in the instructions for the parameter tab.

Diabetes Visit. READ THE INSTRUCTIONS ON INSULIN DOSES

Turner, Tina      DX'D: 10/15/03 #1      DOB: 1/8/92      Date: 9/4/05 1.9 yrs tx female      Delete

dx: 758.6 Turner Syndrome, 783.43 Short Stature      #2      Age: 13.66 (13 yrs 7.88 mos)       STUDY      Today's A1C:      signed:      T

#3      Joe Doctor, M.D.      MR: 222222

Interval Hx	Insulin (MDI)	ROS	Physical Exam	Assess / Plan	Reminders	All Labs	Track	BS Perc	Teaching
Category		Parameter		entry:					
<input type="checkbox"/>	Acute complications	Describe glucagon administration		2					
<input type="checkbox"/>	Acute complications	Describe prevention of a daytime and overnight hypoglycemia		2					
<input type="checkbox"/>	Acute complications	Explain proper treatment of hyperglycemia		2					
<input type="checkbox"/>	Acute complications	Explain proper treatment of hypoglycemia		2					
<input type="checkbox"/>	Acute complications	Explain sick day guidelines		2					
<input type="checkbox"/>	Acute complications	State need for wearing/carrying medical ID		2					
<input type="checkbox"/>	Acute complications	State the causes, signs, and symptoms of hyperglycemia and prevention		2					
<input type="checkbox"/>	Acute complications	State the causes, signs, and symptoms of hypoglycemia		2					
<input type="checkbox"/>	Acute complications	State when to call health care provider		2					
<input type="checkbox"/>	Chronic complications	Explain prevention of chronic complications		2					
<input type="checkbox"/>	Chronic complications	Identify chronic complications including microvascular and macrovascular		2					
<input type="checkbox"/>	Chronic complications	State benefits, risks, and management options for improving glycemia control		2					
<input type="checkbox"/>	Diabetes overview	Define diabetes mellitus in simple terms		2					
<input type="checkbox"/>	Diabetes overview	Describe basic functions of pancreas, insulin, and glucose metabolism		2					
<input type="checkbox"/>	Diabetes overview	Describe what happens when insulin not available/for not working properly		2					
<input type="checkbox"/>	Diabetes overview	State own/child's type of diabetes		2					
<input type="checkbox"/>	Exercise and activity	State importance/benefits/barriers of regular and safe exercise		2					
<input type="checkbox"/>	Exercise and activity	State relationship of exercise to blood glucose		2					
<input type="checkbox"/>	Foot, skin and dental care	State role of proper foot, skin, and dental care		2					

1 = needs instruction; 2 = needs review; 3 = Verbalizes/Demonstrates competency  
Delete by selecting record via box to its left and pressing delete key.

Print Teaching Record      Add Teaching Items

nurse      time:      nutritionist:      time:      other:      time:

Doctor Doctor, M.D.      Edit Fill-ins      Order Labs      CopyPrev      Growth      Form      x2      Eny      ALL      Lab      Close

### 2.5.4. Diabetes Initial Intake History

The **DIABETES INTAKE HX** button brings up a form that lets you enter initial history for a diabetic. This information can be connected to either a diabetes outpatient or inpatient visit by pressing the **INCLUDE INITIAL** toggle button on the appropriate visit. The fields in this form are identical to those in the initial visit.

Diabetes Initial Intake Form
Turner, Tina    DOB: 1/8/92    DOIV: 7/6/05    female    Delete

PMH    Social/Dev    Family History
AGE: 13.49 (13 yrs 5.91 mos)    UNC

**Family History**     print parental growth

	feet	inches	men / pub	
Mother:	0	0		
Father:	0	0		
MPH (inches): -2.5				
MGM:				
MGF:				
PGM:				
PGF:				
Mat Sibs:				
Pat Sibs:				
Pt's Sibs:				

**Disease Centric**

- Age
- Cardiovascular
- Dermatologic
- Ear, Neck, Throat
- Endocrine
- Frequently used
- Gastrointestinal
- Genitourinary
- Height
- Heme / Oncologic
- Musculoskeletal
- Neurological
- Psych/Addiction
- Respiratory
- Rheum / Immune
- Thyroid-related
- Vision
- Weight

Com:

---

Diabetes Initial Intake Form
Turner, Tina    DOB: 1/8/92    DOIV: 7/6/05    female    Delete

PMH    Social/Dev    Family History
AGE: 13.49 (13 yrs 5.91 mos)    UNC

P M H	No significant PMH / PSH	Has seen cardiologist recently. low carb Other ADHD Mringotomy tubes due to recurrent otitis mild seasonal allergies controlled with OTC medications previous weight loss methods tried: no significant PMH Inguinal hernia surgery as a child weight watchers Sees neurologist for management of seizure disorder Gets PT/OT/ST for developmental delay Mild asthma requiring occasional albuterol treatments
Social		
W G T M G M T		

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Diabetes Initial Intake Form

Turner, Tina

DOB: 1/8/92 DOIV: 7/6/05 female

AGE: 13.49 (13 yrs 5.91 mos) UNC

PMH | Social/Dev | Family History

**Pregnancy Complications**

Preg comp:

Gest age: FT BW: BL:

Neon. Comp:

Development:

Social:

Grade:

School perf: Average student

Food hx: Normal

Mens. hx: Pre-menarchal

Close

### 2.5.5. Diabetes Phone Call Form

The diabetes phone call form allows you to enter blood sugars, either insulin doses or pump regimens, and a comment. Blood sugars are entered into the bottom half of the screen. You can add dates to the list by pressing **ADD TODAY** for today, **-1** for yesterday, **-2** for 2 days ago, and **-3** for 3 days ago.

Double click on the date field to bring up the **date chooser**. Double click on the blood sugar entry areas to bring up the **quikpik** number entry aid. At the bottom of the screen is the *Check here if pump patient* checkbox. As you may expect, check it if the patient is on a pump. This will change the appearance of the top half of the screen with the insulin dose entry areas to pump regimen entry tabs. The entry of insulin doses and pump regimens are done in a manner identical to the **diabetes** form. The comments field allows you to enter a comment about the phone call. **PRINT FORM** prints the phone call report. **CLOSE** closes the form.

### 2.5.6. Stimulation test form

Choose Stim Test Type

Choose test type or click "Add/Edit test types" to modify definitions

9/4/05

Select Test Type

Add / Edit Test Types Add Test

When you first Add/edit a stim test, the above box comes up and lets you either select an existing stim test type or add a new test type. Select the type from the drop down box and press **ADD TEST**

When you first enter the stimulation test form, PEDRO adds the laboratory tests from the stim test definition to the current test, and copies the procedure from the test definition. **ALLERGIES** opens the **allergy** pop-up form, and **COPY MEDS** opens the **copy medications** pop-up form in a manner identical to in the **follow-up visit** form. If you wish to clear the *procedure* field, press **CLEAR PROCEDURE**. **COPYTEXT** allows you to use CopyText entries.

Stim Test  
**Turner, Tina**      DOB: 1/8/92      dob: 9/4/05      female  
 test type: ACTH full      AGE: 13.67 (13 yrs 8.0 mos)  
 desc:      Hospital: BHS

Procedure   **Physical Exam**   Assessment / Plan

**HPI / PMH**   CopyText   TextBuilder   Clear Procedure

**procedure:**

1. If patient is on routine medications, discuss continuation/discontinuation of medications prior to and during the testing with physician
2. Obtain informed consent for Cortrosyn (ACTH) Stimulation Testing Procedure
3. Educate patient and family regarding potential side effect related to testing procedure
4. Obtain baseline vital signs and re-check as indicated during the testing procedure
5. Ambulating is permitted during the testing procedure
6. Place IV angiocatheter and secure with tape
7. Flush catheter with 10unit/ml heparin flush solution and attach a heparin lock cap
8. Draw blood samples for : \_\_\_\_\_ at time 0 (baseline)
9. Draw additional blood samples for \_\_\_\_\_ at time 0
10. Testing Agent: Give Cortrosyn 250 mcg IVP following withdraw of time 0 blood sample
11. Repeat catheter flush with 10unit/ml heparin flush solution after drawing baseline (time 0) blood draw
12. Observe for adverse reactions to Cortrosyn
13. Observe for signs and symptoms of allergic reaction/anaphylaxis to Cortrosyn
14. Draw blood samples for : \_\_\_\_\_ at time 60 minutes
15. Following final blood draw, discontinue heparin lock
16. Discharge when testing complete and vital signs stable

Allergies: NKDA

meds: none

Copy Meds

Print Report   Print Env.   Close Form

The **physical exam** tab allows you to enter weight / height / vitals. **CLEAR PE** will clear the physical exam, and **CLEAR NURSING NOTE** clears out the nursing note. Remember, the field headings of any fields that are left blank do not show up on the report.

Stim Test  
**Turner, Tina**      DOB: 1/8/92      dob: 9/4/05      female  
 test type: ACTH full      AGE: 13.67 (13 yrs 8.0 mos)  
 desc:      Hospital: BHS

Procedure   **Physical Exam**   Assessment / Plan

Omit Growth

**Growth / Vitals**

hgt(inc)   0.0 " (")  
 hgt(cm)   cm  
 Recumbent  
 wgt (lbs)   lbs   BMI:  
 wgt(kg)   0.0 kg

HC (cm):  
 BMI (pct):   Z:  
 hgt (pct):   Z:  
 wgt (pct):   Z:  
 HC (pct):   Z:

BP:   Calculate %-tiles  
 HR:

**PE:** General: Alert, Active, NAD, MMM  
 Neck: no goiter  
 Lungs: Clear bilaterally  
 Heart: No murmur  
 Abd: S/NT/ND no masses  
 Ext: well perfused

**Nursing Notes:** Procedure tolerated without adverse reactions. Patient awake, alert, and responsive upon leaving the procedure room.

Clear PE   Clear Nursing Note

Print Report   Print Env.   Close Form

The **Assessment / Plan** tab has the list of the tests ordered and the results. The number of samples field is initially set based on the stim test definition. There are fields for the *sample time*, *blood pressure* and *heart rate* for each sample. Click on **RE-COPY TESTS FROM DEFINITION** if you wish to recopy the original battery of tests from the stim test definition. Click **ADD OTHER TESTS** if you wish to add other lab tests that are not in the stim test definition, for example additional baseline tests. Double click the *status* field to change the status to normal. Click **ALL NORMAL** to set all the statuses to normal. Click **COPYTEXT** to use a CopyText entry.

The screenshot shows the 'Assessment / Plan' tab for patient Tina Turner. At the top, it displays patient information: Turner, Tina; DOB: 1/8/92; doc: 9/4/05; female; test type: ACTH full; AGE: 13.67 (13 yrs 8.0 mos); Hospital: BHS. Below this are tabs for Procedure, Physical Exam, and Assessment / Plan. The 'Assessment / Plan' section includes a 'number of samples' dropdown set to 2, and fields for 'Blood Pressure' and 'Heart Rate' with units. A table lists various lab tests with their status (e.g., pending) and units (e.g., ng/dl, mcg/dl). A 'Discussion' section contains a 'Copy Text' button and a large text area. At the bottom, there are fields for 'fellow/RN', 'Attending: Dennis Brenner, M.D.', and 'signed' with a 'T' in a box. Buttons for 'Print Report', 'Print Env.', and 'Close Form' are located at the bottom right.

### 2.5.6.1. Editing stimulation test definitions

The screenshot shows the 'Add / Edit Stim Test Definitions' window. It features a title bar 'Add / Edit Stim Test Definitions' and a main title 'Add / Edit Stim Test Definitions'. The form includes fields for 'Stim test name: ACTH-low dose', '# of samples: 3', 'Description:', and 'Procedure: 1 mcg ACTH IV push x 1 p baseline bloods. Bloods for cortisol.' Below these are sections for 'Labs for this test:' (showing 'Cortisol') and 'Double-click to edit' (showing a list of tests including ACTH, ACTH full, ACTH-low dose, Arginine, Arginine / L-Dopa, Arginine/ GRF, Arginine/Clonidine, Arginine/Glucagon, Brenner Test, Clonidine, and Renal suppression test). At the bottom, there are instructions 'To delete a lab, highlight it and press delete key on keyboard' and buttons for 'Add New Stim Test', 'Edit Test', 'Delete Stim Test', 'Add labs to Test', and 'Close'.

Click on the **Settings → Stim Test Definitions** menu to bring up the **Add / Edit Stim Test Definitions** form. First, click **ADD NEW STIM TEST** to add a new stim test, or double-click on a stim test type from the list on the lower right to bring up a stim test to edit. After bringing up a stim test by double clicking, if you want to edit the *Stim test name*, # of samples, *Description*, or *Procedure* you will need to click on **EDIT TEST** first to enable editing (Editing is automatically enabled after adding a new test). **DELETE TEST** will delete a stim test after asking you for confirmation.

### 2.5.7. Misc Notes

If you press the **MISC NOTE** Button, Pedro adds a misc note to the outpatient tab. When you press the add/edit button, the Misc Note Form opens up. This is the upper half of the form:

**Miscellaneous Notes**  
 Turner, Tina      DOB: 1/8/1992      Age (yrs): 15 (mos): 4.8      Age(dec): 15.39      female  
 758.6 Turner Syndrome, 783.43 Short Stature,      Phone: 413-555-5555      MR: 222222  
 date: 5/31/2007

Title: Follow-up Note      Edit titles      Include Growth (0' 0.0")      hgt(inc) 0.0 "

Entry: This is a test |      hgt(cm) 0.0 cm  
 wgt(lbs) 0.0 lbs  
 wgt(kg) 0.0 kg  
 recumbent  
 BMI: #Div/0!  
 Pt is at 0% IBW of 0.0 kg (0.0 lbs)

Quick Letter:      Produce QuickLetter      Edit QuickLetter Entries

include labs:       include lab form: 5/31/07      Date: 2/18/2004      IGF1: 113 ng/mL (Normal)      Anti-Thyroglobulin Abs: <20 iu/ml (Normal)      ESR: 6 mm/hr (Normal)      IGFBP3: 3.2 ug/mL (Normal)      Anti-Thyroid Peroxidase Abs: <10 IU/mL (Normal)      CBC: (Normal)      Karyotype: (Abnormal) 50% 45X, 50% 47XXX      Urinalysis: (Normal)      Complete Metabolic

HC (cm): 0.0  
 BMI (pct): 0.0 Z: 0.00  
 hgt (pct): 0.0 Z: 0.00  
 wgt (pct): 0.0 Z: 0  
 HC (pct): 0.0 Z: 0

chart       Joe Doctor, M.D.  
 parents       Joe Doctor, M.D.

Parameters       Include same-dated parameters in report      Choose Form      current form:      Fill in form      Remove Form

fellow/RN:      Attending: Pedro P. Pedro, M.D.

Samsung SCX-4x21 Serie:      Order Labs      PMD Eny      Env to Patient      Print Misc x2      Print Note (no ICD9) x2      Print All      Close

Here is the lower half of the form (note the scroll bar on the right side of the form)

First, lets go through the functions of the fields and buttons on the upper half of the form:

The *title* field is the title of the misc note; Press **EDIT TITLES** to edit these. The **INCLUDE GROWTH** button is a toggle button – when pressed in, it will display the measurements on the printed note. NOTE: measurements entered on misc notes do not print on growth charts by design. The height and weight entry buttons in the upper left function as they do on the visit forms.

You will notice the large *entry* field which is where you type the text of your note. There is a copy text button that opens the **copytext** screen. NOTE: it does not matter whether you press the **COPY TO HPI** or **COPY TO DISCUSSION** button from copytext from within a misc note – either button will place the copytext entry into the entry field of the misc note.

The Quick Letter field has a drop down box. This field, along with the Edit QuickLetter Entries and Produce QuickLetter buttons let you predefine letters. This is the Edit QuickLetter Entries screen:

Double click on the title in the list on the left to bring up and entry and edit it. Press **SEE ABBREVIATIONS** to see the abbreviations that you can use. Press **ADD TEXT ENTRY** to add a new entry, **DELETE ENTRY** to delete one, and Close to close the form. *Entry Title* is the title for the entry that appears in the drop down list. *Letter title* is the title that will appear on the top of the letter.

Completing the rest of the fields on the **misc note** form, the *include labs* checkbox lets you include lab tests from a specific date on the report. Double click on the *date entry* field to get a list of dates that labs were ordered. Check the **include lab form** checkbox to include a lab form. There are checkboxes to have the note printed for the **chart**, for the **parents**, and for the PCPs. The **ATTACH MEDS** button lets you attach prescriptions to the note. When you click the button it will open the list of medications. Select the ones to attach and press **CLOSE** and they will be added.

The Parameters button lets you add parameters to the patient. Check the **include same-dated parameters in report** checkbox to print the parameters from the date of the note with the note. The **CHOOSE FORM** button lets you choose a form to add to the note. The **Text for after form** field will let you print text after the form.

### 2.5.7.1. Adding and editing form definitions

This is the form that opens when you press **CHOOSE FORM**:

Form Name	Form Title
Social work diabetes	Social Work Evaluation - Diabetes

Form Print Title: Social Work Evaluation - Diabetes

Buttons: Edit Desc/Titles, Edit Questions, Add Form To Note, Delete Form

Bottom Buttons: Add Form Definition, Cancel

Click on **EDIT DESC/TITLES** to edit the title of the form; Click on **EDIT QUESTIONS** to edit the questions for the form definition. Click on **ADD FORM TO NOTE** to add the form to the note. Click **ADD FORM DEFINITION** to create a new form definition. After you close this form, you will be back on the misc note form. Press **FILL IN FORM** to fill in the questions in the form definition or **REMOVE FORM** to remove it from the misc note.

Category	Question	order	type
Patient: Developmental/Psychological	Other	180	1
Understanding of Illness/Medical Needs	Well informed	183	1
Understanding of Illness/Medical Needs	Seeks information appropriately	186	1
Understanding of Illness/Medical Needs	Unrealistic expectations	189	1
Understanding of Illness/Medical Needs	Adequate understanding	192	1
Understanding of Illness/Medical Needs	Little or no understanding	195	1
Understanding of Illness/Medical Needs	Needs time to integrate information	198	1
Understanding of Illness/Medical Needs	Overwhelmed by current situation	201	2
Intervention	Began overall patient/family assessment	204	2
Intervention	Evaluated understanding of diagnosis	207	2
Intervention	Allowed family to express thoughts/concerns	210	2
Intervention	Discussed nature of diagnosis	213	2
Intervention	Discussed and modeled effective parenting skills	216	2
Intervention	Reviewed 504/school camp management issues	219	2
Intervention	Discussed effective communication skills	222	2
Intervention	Independence issues related to diagnosis	225	2
Intervention	Relationship btw stress and blood glucose	228	2

Enter a question **type** of 1 for a drop down or 2 for a checkbox. Then click on **EDIT DROP DOWNS** to edit the drop downs for the type 1 questions.

## 2.6. Inpatient tab

PEDRO can track inpatient consults also. When you go to the inpatient tab, click **ADD ADMISSION** to add an admission. Enter the admission date, the hospital, and a comment about the visit. Click **DELETE ADMISSION** to delete an admission (after selecting it using the selector box on the left side of the screen). Click **EDIT VISITS FOR ADMISSION** to access the list of inpatient encounters for this admission.

On the **Edit Visits for this admission** form, click on **ADD DAY** to add a day of service, or **DELETE DAY** to delete a day of service. Enter the *date of service*, the *type of service*, the *attending*, and a *comment* if desired. If the service is provided in the *ER* or *ICU*, check the appropriate box. Choose the appropriate visit type whether it be **DIABETES**, **ENDO NITIAL**, or **ENDO FOLLOW-UP**. Then, click **ADD / EDIT REPORT** to enter the encounter form.

**2.6.1. Diabetic inpatient Consult**

This form is very similar to the Diabetes outpatient visit form

**2.6.2. Follow-up inpatient consult**

This form is very similar to the follow-up outpatient visit form

**2.6.3. Initial Inpatient consult**

This form is very similar to the initial visit outpatient visit form

## 2.7. Previous Growth Tab

date	yrs	mos	height	Wgt	HC (cm)	recumb?
10/15/03			132.30 cm	29.00 kg		<input type="checkbox"/>
2/18/04			134.00 cm	29.09 kg		<input type="checkbox"/>

1/16 = 0.063; 2/16 = 0.125; 3/16 = 0.188; 4/16 = 0.25; 5/16 = 0.313; 6/16 = 0.375; 7/16 = 0.438; 8/16 = 0.5  
9/16 = 0.563; 10/16 = 0.625; 11/16 = 0.688; 12/16 = 0.75; 13/16 = 0.813; 14/16 = 0.875; 15/16 = 0.938

The **previous growth** tab allows you to enter previous growth data, either from the primary care physician or from previous endocrinology visits that were not entered into the database. Click **ADD RECORD** to add a growth point. Click *date* to enter the date that the measurement was taken, or *yrs/mos* to put in the years and month of age (this is convenient when entering points off of old growth charts). Click *endo* if the growth point was from an endocrinology visit or *other* if it was from the primary care physician. Endo growth points appear as points, and growth points from other physicians appear as x's. Click the *recumbent* checkbox if the measurement was made recumbent.

## 2.8. Statistics Tab

(Sample reports, appendix pages 14-15). The statistics tab allows you to produce reports. First, choose the type of report:

- **INPATIENT** – report of inpatient consults; two subtypes: Billing report or Internal Report
- **OUTPATIENT** – list of outpatient visits
- **PENDING REPORTS** – list of pending reports (unsigned visits)
- **PENDING LABS** - list of pending labs
- **MAILING LABELS** – prints mailing labels
- **PARAMETER REPORT** – Prints report of parameters
- **PATIENT LIST** – Prints a list of patients
- **ADVANCED FIND** – Allows you to locate a patient based on criteria

After you select a report type, the available limiting options will be displayed. Select whichever limits you want by clicking on the circle next to the limit, and enter the parameters in the appropriate spot. Note that the *ICD-9 contains*, *Referral Reason contains*, and *Discussion contains* fields are “contains” limits. In other words if you type in “oid” in the ICD-9 contains field, both thyroid and hemorrhoid will be in the returned set.

Sorting and grouping parameters are specified in the upper right corner.

- *sorted* – sorts by 1 field only
- *grouped* – groups by one field and sorts within that group by the specified fields.

Select either **PRINT PREVIEW** to display the report before printing, or **PRINT** to print the report without first previewing it, then click on generate report. If you have selected an advanced find report, a pop-up will open with the search results and you will be able to jump to any patient.

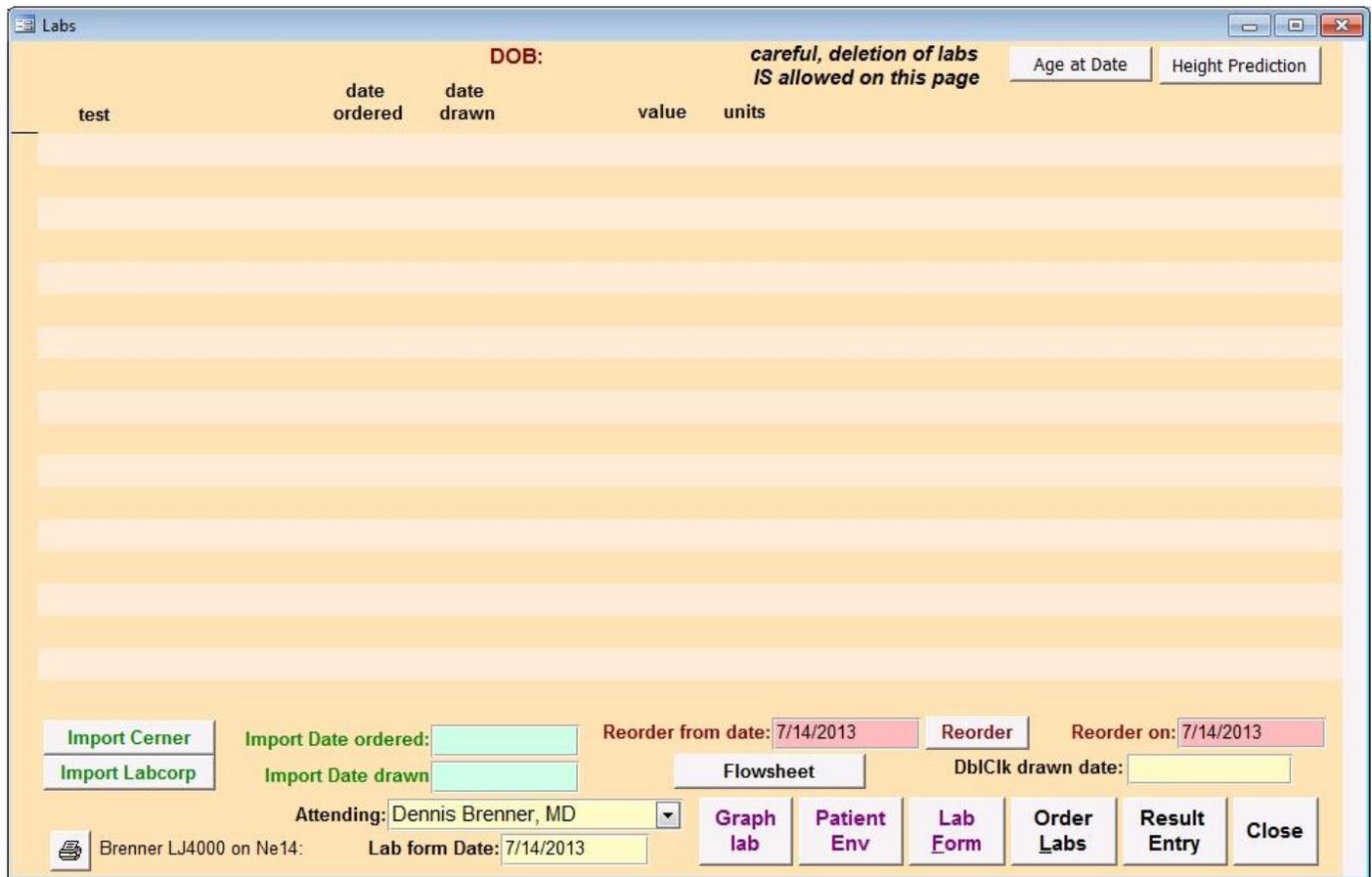
## 2.9. Home tab

The Home tab allows you to show the pending reports and pending labs for a particular practitioner. Use the area in the upper right to set a date limitation for display of pending reports. After choosing a practitioner, click on **VIEW** to view a pending report. **SELECT** is currently non-functional. Click on **PENDING LABS** to bring up the list of pending labs. Pending labs that are associated with a visit appear with a purple background.

## 2.10. RTP (Ready to Print) Tab

Select visits to print by clicking on the name of the patient. The visit will turn yellow. Click **SELECT ALL** to select all visits. Then click the **PRINT SELECTED** button to print the selected visit. Click **REMOVE SELECTED** to remove the selected visits from the RTP queue after the visits are printed. The “date completed” field is for your reference only.

## 2.11. Laboratory Tests Button

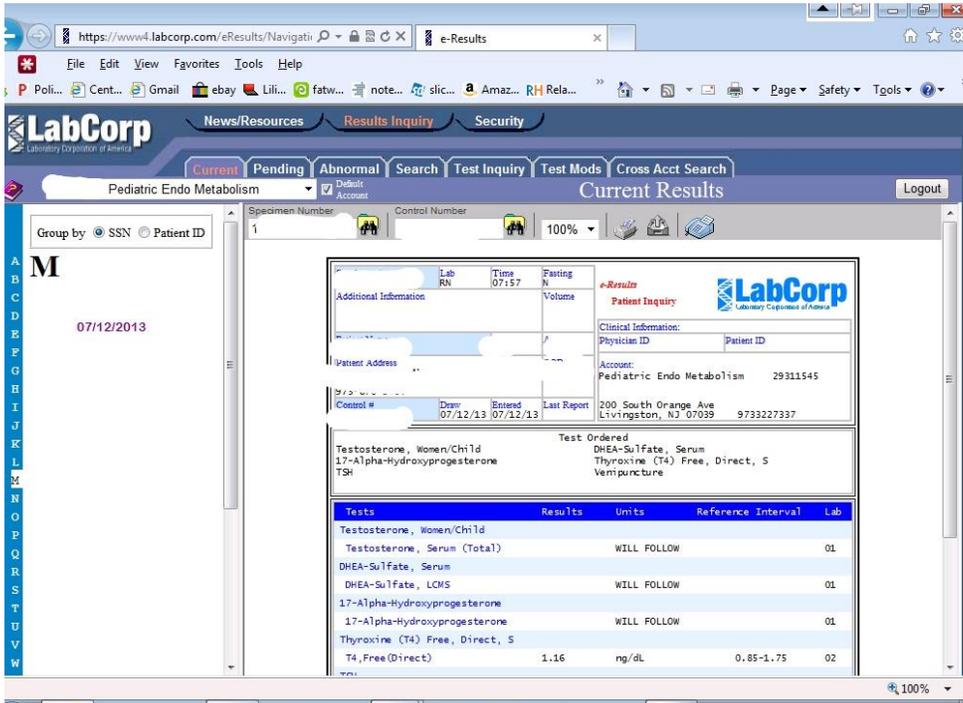


The Labs tab lists all the lab tests and x-rays done for the patient. Click on a test with the mouse and click **GRAPH** to graph all the results of that test. Click **PT ENV** to print an envelope to the patient, **LAB FORM** to print a lab form for all labs ordered on the date entered in the “lab form date” field. If this field is blank, the most recent date with laboratory tests ordered will be used. Click **ORDER LABS** to order lab tests. Click **RESULT ENTRY** for an interactive result entry session.

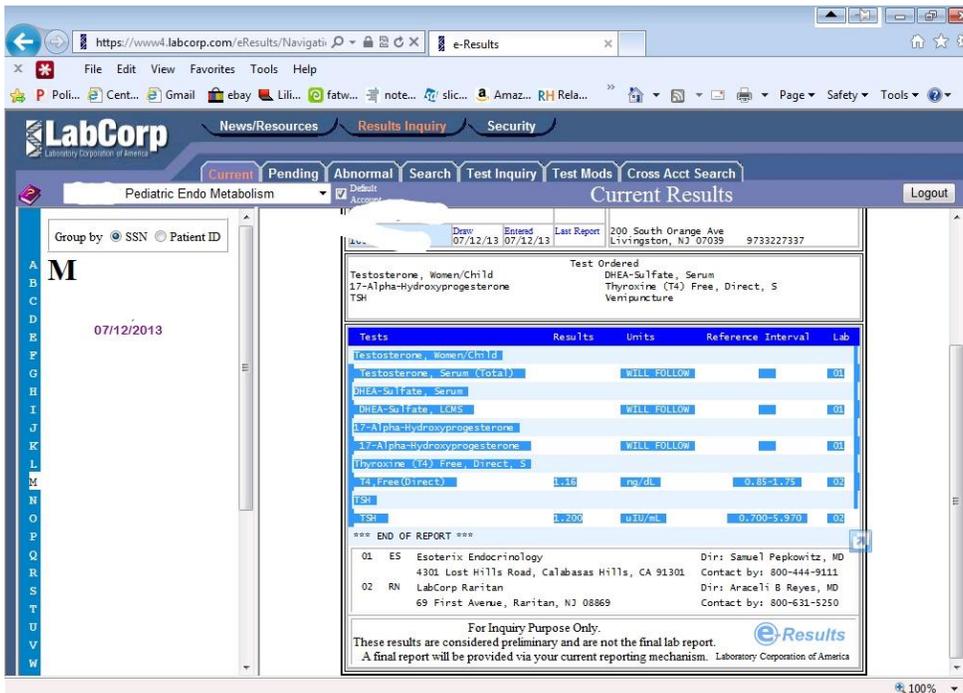
The following paragraphs will describe how to import lab results from either *Labcorp e-results* or *Cerner Powerchart*. When importing labs, the first thing to do is to set the “*Import Date ordered*” to be the order date of any labs where the results are to be imported. If importing from Labcorp, set the “*Import Date drawn*” field to be the collection date (if you are importing from Cerner, the collection date will be automatically entered). If you are importing lab results into Pedro that have not yet been ordered in Pedro, set the *Import Date Drawn* and *Import Date Ordered* fields both to be the date that the labs were collected.

Once these fields are filled in properly, you must switch to the source application for the labs and copy the results into the clipboard. For Labcorp this process is as follows:

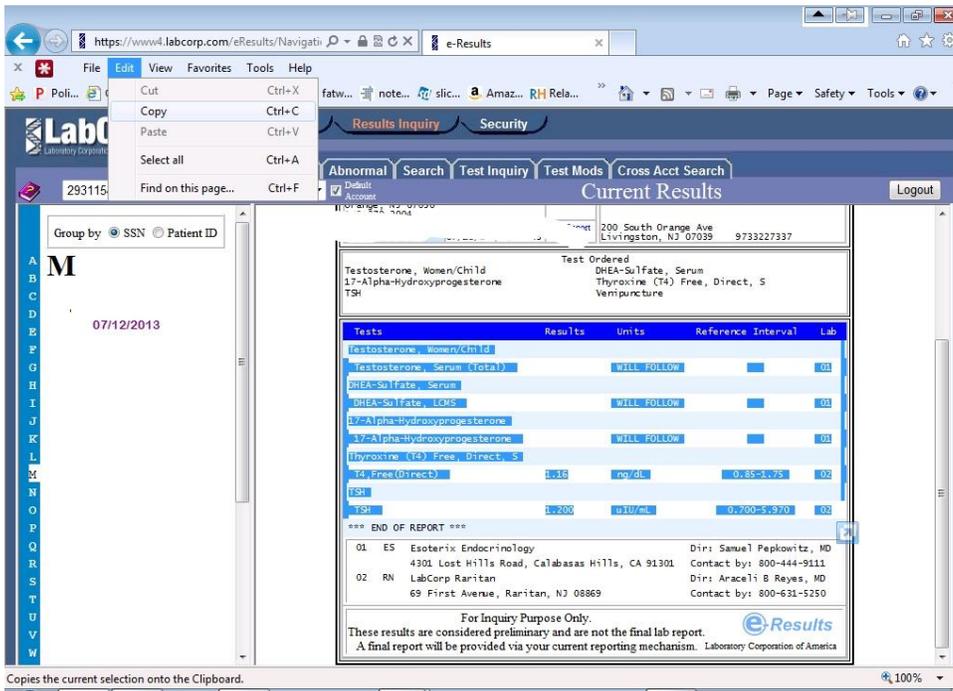
First bring the lab report up on e-results.



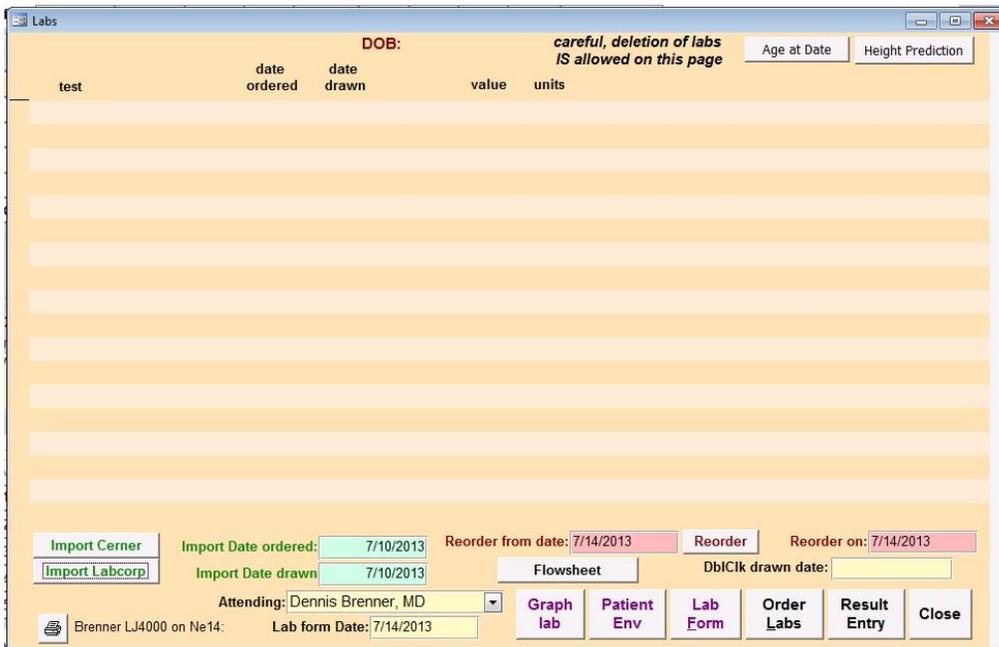
Next, select the text of the report – NOTE it is important to start the selection right at the beginning of the first letter of the first test (i.e the “T” in testosterone in the displayed example).



End the selection at the end the line on the last lab test listed. Then select the Edit menu at the top of the screen and choose copy.



Now switch back to Pedro and press the **IMPORT LABCORP** button.



The following screen will open:

icllabimp

**Aaaaa, Test Pt** **DOB: 12/25/2002**

test	date	value	flag	normal					
Data: WBC	7/10/2013	5.4		4.0-9.1	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, WBC	res date: 7/10/2013	status: Normal	value: 5.4	unit: x10E3/uL					
Data: RBC	7/10/2013	4.76		4.14-5.80	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, RBC	res date: 7/10/2013	status: Normal	value: 4.76	unit: x10E6/uL					
Data: Hemoglobin	7/10/2013	13.8		12.6-17.7	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, Hgb	res date: 7/10/2013	status: Normal	value: 13.8	unit: g/dL					
Data: Hematocrit	7/10/2013	40.9		37.5-51.0	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, Hct	res date: 7/10/2013	status: Normal	value: 40.9	unit: %					
Data: MCV	7/10/2013	86		79-97	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, MCV	res date: 7/10/2013	status: Normal	value: 86	unit: fL					
Data: MCH	7/10/2013	29		26.6-33.0	1	ignore	<input type="checkbox"/>	add <input type="checkbox"/>	Save Map
Test: #Error	res date: 7/10/2013	status: Normal	value: 29	unit: pg					
Data: MCHC	7/10/2013	33.7		31.5-35.7	1	ignore	<input type="checkbox"/>	add <input type="checkbox"/>	Save Map
Test: #Error	res date: 7/10/2013	status: Normal	value: 33.7	unit: g/dL					
Data: RDW	7/10/2013	13.3		12.3-15.4	1	ignore	<input type="checkbox"/>	add <input type="checkbox"/>	Save Map
Test: #Error	res date: 7/10/2013	status: Normal	value: 13.3	unit: %					
Data: Platelets	7/10/2013	339		150-349	1	ignore	<input type="checkbox"/>	add <input checked="" type="checkbox"/>	Save Map
Test: CBC, Platelets	res date: 7/10/2013	status: Normal	value: 339	unit: x10E3/uL					
Data: Neutrophils	7/10/2013	53		40-70	1	ignore	<input type="checkbox"/>	add <input type="checkbox"/>	Save Map
Test: #Error	res date: 7/10/2013	status: Normal	value: 53	unit: %					
Data: Lymphs	7/10/2013	42		20-47	1	ignore	<input type="checkbox"/>	add <input type="checkbox"/>	Save Map
Test: #Error	res date: 7/10/2013	status: Normal	value: 42	unit: %					

This screen allows you to modify the mapping of lab tests from Labcorp / Cerner to Pedro. Each lab test name that will be import needs to mapped to a pedro lab test ONCE. After it is mapped, that mapping will remain until it is modified. On this screen, text in Green-background fields represent information that is imported from Labcorp / Cerner. Text in Yellow-background fields is the text that will be imported into Pedro.

**P** NARINE, JOSHUA - 00001012061 Opened by Brenner MD, Dennis

Task Edit View Patient Chart Links Notifications Time Scale Options Help

Me Patient List Discharge Dashboard BH CIS Links Links Tear Off Attach Change Suspend

Allerg Not Recorded

Isolation:

Menu < > Results Review

Recent Results Vital Signs **Laboratory** Microbiology Viewer Radiology Assessments

Flowsheet: Lab View Level: Lab View More Table Gro

07 July 2013 01:32 EDT - 15 July 2013 01:32 EDT (Clinical Range)

**Navigator**

- Endocrine

Lab View		07/12/13 15:37 EDT
Endocrine		
<input type="checkbox"/> T4 Free		1.29
<input type="checkbox"/> TSH		3.08

Opened by Brenner MD, Dennis

Task Edit View Patient Chart Links Notifications Time Scale Options Help

Message Center Patient List Discharge Dashboard BH CIS Links Links Tear Off Attach Change Suspend

Allergies: Allergies Not Recorded Age: Sex: Male NBI; Pvt Lab  
DOB: MRN: 0000 Acct #: 000  
Dosing Ht: Dosing Wt: 0 kg Preferred L

Isolation:

Menu < > Results Review

Recent Results Vital Signs **Laboratory** Microbiology Viewer Radiology Assessments

Flowsheet: Lab View Level: Lab View More Table Gro

07 July 2013 01:32 EDT - 15 July 2013 01:32 EDT (Clinical Range)

Navigator	
<input checked="" type="checkbox"/> Endocrine	

Lab View	
	07/12/13 15:37 EDT
Endocrine	
<input type="checkbox"/> T4 Free	1.29
<input type="checkbox"/> TSH	3.08

Labs
**Aaaaa, Test Pt**
**DOB: 12/25/2002**
*careful, deletion of labs IS allowed on this page*
Age

test	date ordered	date drawn			value	units		
▶ Albumin / Globulin ratio	7/10/13	7/10/13	D	Normal	1.8		Q	normal: (1.1-2.5 )
BUN / creatinine	7/10/13	7/10/13	D	Normal	24		Q	normal: (27-Sep)
Globulin, Total	7/10/13	7/10/13	D	Normal	2.6	g/dL	Q	normal: (1.5-4.5 )
Alkaline Phosphatase [67686R (Q	7/10/13	7/10/13	D	Normal	153	IU/L	Q	normal: (150-530 )
ESR	7/10/13	7/10/13	D	Normal	2	mm/hr	Q	normal: (0-15 )
Free T4 (labcorp:001974 quest:302	7/10/13	7/10/13	D	Normal	1.12	ng/dL	Q	normal: (0.93-1.60 )
TSH (labcorp:004259 quest:30163	7/10/13	7/10/13	D	Normal	3.67	uIU/mL	Q	normal: (0.450-4.500 )
Anti-TTG Ab IgA (labcorp 164640 c	7/10/13	7/10/13	D	Normal	<2	U/mL	Q	normal: (0-3 )
Quantitative IgA (labcorp 001784 q	7/10/13	7/10/13	D	Normal	91	mg/dL	Q	normal: (77-278 )
CBC, WBC	7/10/13	7/10/13	D	Normal	5.4	x10E3/u	Q	normal: (4.0-9.1 )
CBC, RBC	7/10/13	7/10/13	D	Normal	4.76	x10E6/u	Q	normal: (4.14-5.80 )
CBC, Hgb	7/10/13	7/10/13	D	Normal	13.8	g/dL	Q	normal: (12.6-17.7 )
CBC, Hct	7/10/13	7/10/13	D	Normal	40.9	%	Q	normal: (37.5-51.0 )
CBC, Platelets	7/10/13	7/10/13	D	Normal	339	x10E3/u	Q	normal: (150-349 )
CBC, MCV	7/10/13	7/10/13	D	Normal	86	fL	Q	normal: (79-97 )
Sodium	7/10/13	7/10/13	D	Normal	138	mmol/L	Q	normal: (134-144 )
Potassium	7/10/13	7/10/13	D	Normal	4.8	mmol/L	Q	normal: (3.5-5.2 )
Chloride	7/10/13	7/10/13	D	Normal	102	mmol/L	Q	normal: (97-108 )

Import Corner

Import Labcorp

Import Date ordered: 7/10/2013

Reorder from date: 7/14/2013

Reorder

Import Date drawn: 7/10/2013

Flowsheet

DbIClk drawn

Attending: Dennis Brenner, MD

Graph lab

Patient Env

Lab Form

Ord Lab

Brenner LJ4000 on Ne14:

Lab form Date: 7/14/2013

https://www4.labcorp.com/eResults/Navigation.aspx?e-Results

File Edit View Favorites Tools Help

Cut Ctrl+X  
Copy Ctrl+C  
Paste Ctrl+V  
Select all Ctrl+A  
Find on this page... Ctrl+F

LabCorp Laboratory Corporation

293115

Results Inquiry Security

Abnormal Search Test Inquiry Test Mods Cross Acct Search

Current Results

Group by  SSN  Patient ID

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W

07/12/2013

Test Ordered  
DHEA-Sulfate, Serum  
Thyroxine (T4) Free, Direct, Serum  
Venipuncture

Tests	Results	Units	Reference
Testosterone, Women/Child			
Testosterone, Serum (Total)		WILL FOLLOW	
DHEA-Sulfate, Serum			
DHEA-Sulfate, LCMS		WILL FOLLOW	
17-Alpha-Hydroxyprogesterone			
17-Alpha-Hydroxyprogesterone		WILL FOLLOW	
Thyroxine (T4) Free, Direct, Serum			
T4, Free (Direct)	1.16	ng/dL	
TSH			
TSH	1.200	uIU/mL	

\*\*\* END OF REPORT \*\*\*

01 ES Esoterix Endocrinology Dir: 4301 Lost Hills Road, Calabasas Hills, CA 91301 Cont:

02 RN LabCorp Raritan Dir: 69 First Avenue, Raritan, NJ 08869 Cont:

For Inquiry Purpose Only.  
These results are considered preliminary and are not the final lab report.  
A final report will be provided via your current reporting mechanism.

Copies the current selection onto the Clipboard.

Browser address bar: <https://www4.labcorp.com/eResults/Navigation> e-Results

Navigation: News/Resources | Results Inquiry | Security

LabCorp Laboratory Corporation of America

Current | Pending | Abnormal | Search | Test Inquiry | Test Mods | Cross Acct Search

Pediatric Endo Metabolism  Default Account

Group by  SSN  Patient ID

07/12/2013

Draw	Entered	Last Report	200 South Orange Ave Livingston, NJ 07039
07/12/13	07/12/13		

Test Ordered

- Testosterone, Women/Child
- 17-Alpha-Hydroxyprogesterone
- TSH
- DHEA-Sulfate, Serum
- Thyroxine (T4) Free, S
- Venipuncture

Tests	Results	Units	Ref
Testosterone, Women/Child			
Testosterone, Serum (Total)		WILL FOLLOW	
DHEA-Sulfate, Serum			
DHEA-Sulfate, LCMS		WILL FOLLOW	
17-Alpha-Hydroxyprogesterone			
17-Alpha-Hydroxyprogesterone		WILL FOLLOW	
Thyroxine (T4) Free, Direct, S			
T4, Free (Direct)	1.16	ng/dL	
TSH			
TSH	1.200	uIU/mL	

\*\*\* END OF REPORT \*\*\*

01	ES	Esoterix Endocrinology 4301 Lost Hills Road, Calabasas Hills, CA 91301	Dir: Cont:
02	RN	LabCorp Raritan 69 First Avenue, Raritan, NJ 08869	Dir: Cont:

For Inquiry Purpose Only.  
These results are considered preliminary and are not the final lab report.  
A final report will be provided via your current reporting mechanism.

The screenshot shows the LabCorp e-Results web application. The browser address bar displays <https://www4.labcorp.com/eResults/Navigation>. The LabCorp logo is visible at the top left. Navigation tabs include "News/Resources", "Results Inquiry", and "Security". A secondary navigation bar contains "Current", "Pending", "Abnormal", "Search", "Test Inquiry", "Test Mods", and "Cross Acct Search". The main header shows "Pediatric Endo Metabolism" and "Current Results".

On the left, a vertical alphabetical index (A-W) is present, with "M" selected. Below it, the date "07/12/2013" is displayed. A "Group by" dropdown is set to "SSN".

The main content area shows a table with columns for "Specimen Number" (1) and "Control Number". Below this, a table lists test results:

Tests	Results	Units	Referen
Testosterone, Women/Child			
Testosterone, Serum (Total)		WILL FOLLOW	
DHEA-Sulfate, Serum			
DHEA-Sulfate, LCMS		WILL FOLLOW	
17-Alpha-Hydroxyprogesterone			
17-Alpha-Hydroxyprogesterone		WILL FOLLOW	
Thyroxine (T4) Free, Direct, S			
T4,Free(Direct)	1.16	ng/dL	

Additional information on the right includes "Lab RN", "Time 07:57", "Fasting N", "Volume", "Patient Address", "Control #", "Draw 07/12/13", "Entered 07/12/13", "Last Report", and "Test Ordered" (DHEA-Sulfate, Serum; Thyroxine (T4) Free, Direct; Venipuncture). Clinical information includes "Physician ID" and "Account: Pediatric Endo Metabolism". The address "200 South Orange Ave, Livingston, NJ 07039" is also visible.



## 2.12. Medications button

(Sample Prescription, appendix page 17). Medications are added by clicking on **ADD MED**. The medication chooser form will open up.

In the med name filter field you can filter the meds by entering a string of characters and pressing **FILTER**. Choose the SIG in the upper right of this form. The bottom left has Dispense, Days, and Refill choosers as well as 30 and 90 day present buttons for different common tablet prescriptions. After you close this form, click on the **DAW** checkbox if the prescription is DAW. The *missed* field is used for the medication pop-up that is accessible from the visit forms. It will let you designate how many times the patient reports missing the medication.

There are a few other buttons and fields on the meds tab. If associated drug information is available, there will be a “Drug Info Present” notification in blue. Press **VIEW DRUG INFO** to view the information. **DELETE MED** deletes a medication from the patient’s profile. **PRINT MED LIST** prints a med list for the chart. **COPY MED** makes a copy of the currently selected medication, so that you can enter a dosage change for example. **PATIENT ENV** will print an envelope to the patient, which is useful if you need to mail a prescription to the home. **PRINT RX** prints

prescriptions be sure to choose a practitioner from the drop down list before printing prescriptions. **ADD DIABETES MEDS 30d** and **ADD DIABETES MEDS 90d** adds the 10 standard medications that every diabetic needs to the list in 30d and 90d durations, respectively. The only diabetes medication that is not added is a glucometer. If needed, add that manually using **ADD MED**. If the medication you wish to add is not on the list, press **MED DEFS** to open the medication definition edit screen.

The **Add / Edit Meds / Preparations** form allows you to add a medication to the list of medications or edit the available preparations for a medication. Click **ADD MED** and then enter the name of the medication when prompted. Then, use the *category* dropdown to assign the new medication to a category. Click on the *growth hormone* checkbox if you are adding a growth hormone preparation. Enter any *comments* if appropriate. Click on *associated drug info* and choose the appropriate medication from the drop down to associate the new medication with an entry from the drug book. Click on **ADD PREP** in the lower left to add a preparation. The other buttons at the bottom are as follows:

- **EDIT CURRENT MED** edits a med that you have brought up by double-clicking on the medication list in the right half of the screen.
- **DELETE MED** deletes a medication. Please do this with care.
- **REFRESH** should not be necessary and this button will be removed in later versions.
- **EDIT MED CATEGORIES** allows you to edit the categories for each medication.
- **CLOSE** closes the form.
- **EDIT SIGS** edits the sig entries

### 2.13. Parameters tab

Turner, Tina DOB: 1/8/92

Parameters entered for this patient:

Parameter	Category	Disease
Describe glucagon administration 9/4/05 entry: 2	Acute complications	Diabetes teaching
Describe prevention of a daytime and overnight hypoglycemia 9/4/05 entry: 2	Acute complications	Diabetes teaching
Explain proper treatment of hyperglycemia 9/4/05 entry: 2	Acute complications	Diabetes teaching
Explain proper treatment of hypoglycemia 9/4/05 entry: 2	Acute complications	Diabetes teaching
Explain sick day guidelines 9/4/05 entry: 2	Acute complications	Diabetes teaching
State need for wearing/carrying medical ID 9/4/05 entry: 2	Acute complications	Diabetes teaching
State the causes, signs, and symptoms of hyperglycemia 9/4/05 entry: 2	Acute complications	Diabetes teaching
State the causes, signs, and symptoms of hypoglycemia 9/4/05 entry: 2	Acute complications	Diabetes teaching
State when to call health care provider 9/4/05 entry: 2	Acute complications	Diabetes teaching

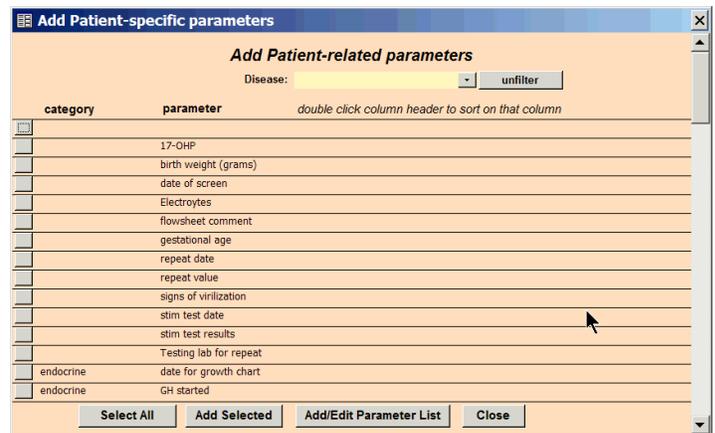
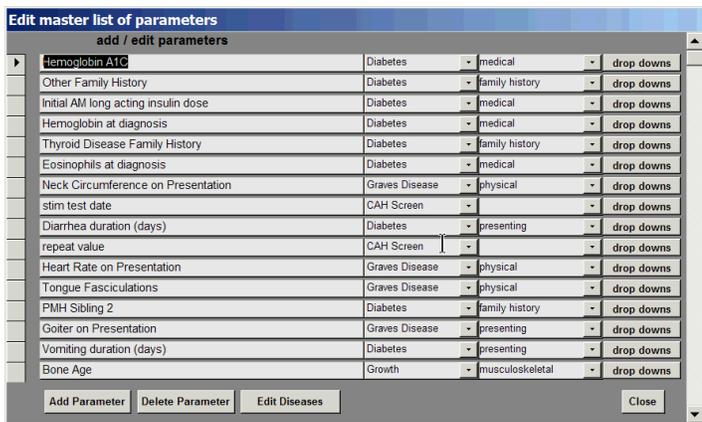
t parameter entries here. Delete by selecting record via box to its left and pressing delete key. Re-Sort Generate table

(C) 2000-4 Dennis Brenner M.D. Print Report Add Parameters to patient

The **parameters** tab allows you to associate parameters with a patient. This is done by first *selecting* the parameters that you wish to track for a particular patient, and then *entering* the values of these parameters. Users can edit the master list of parameters, and each parameter has an associated list of drop-down entries that are also user-editable. Parameters can be associated with a date, or can be date-independent. There are a few special parameters that affect the printing of the growth charts. The special parameters are:

Parameter	Date Dependent?	Description
GH started	Yes	Enter the date that GH was started
Date for growth chart	Yes	Draws vertical line with the text entered at the entered date; for example, "Testosterone Started"
MH	No	Maternal Height (when no initial visit is entered into PEDRO)
PH	No	Paternal Height (when no initial visit is entered into PEDRO)

Click **RE-SORT BY DATE / CATEG / PARAM** to resort the list of parameters. Click **ADD PARAMETERS TO PATIENT** to choose which parameters to track for this patient. The **Add patient-related parameters form** lets you filter the list of parameters to add by disease to enable easy selection. Click on the *Disease* drop-down to filter the list, or click on **UNFILTER** to see all the possible parameters. Click on the toggle button to the right of the category to select as parameter, and then click Add Selected to add the selected parameters to the list of parameters being tracked for the patient. **SELECT ALL** selects all parameter. **ADD/EDIT PARAMETER LIST** allows you to edit the master list of parameters.



The **Edit master list of parameters** form lets you enter the Parameter text, the disease it is associated with and the category. The **DROP DOWNS** button lets you edit the drop down for each parameter. On the **edit master list of parameters** form, **EDIT DISEASES** allows you to edit the list of diseases. **ADD PARAMETER** adds a parameter to the list. **DELETE PARAMETER** deletes a parameter.

## 2.14. Flowsheet Button

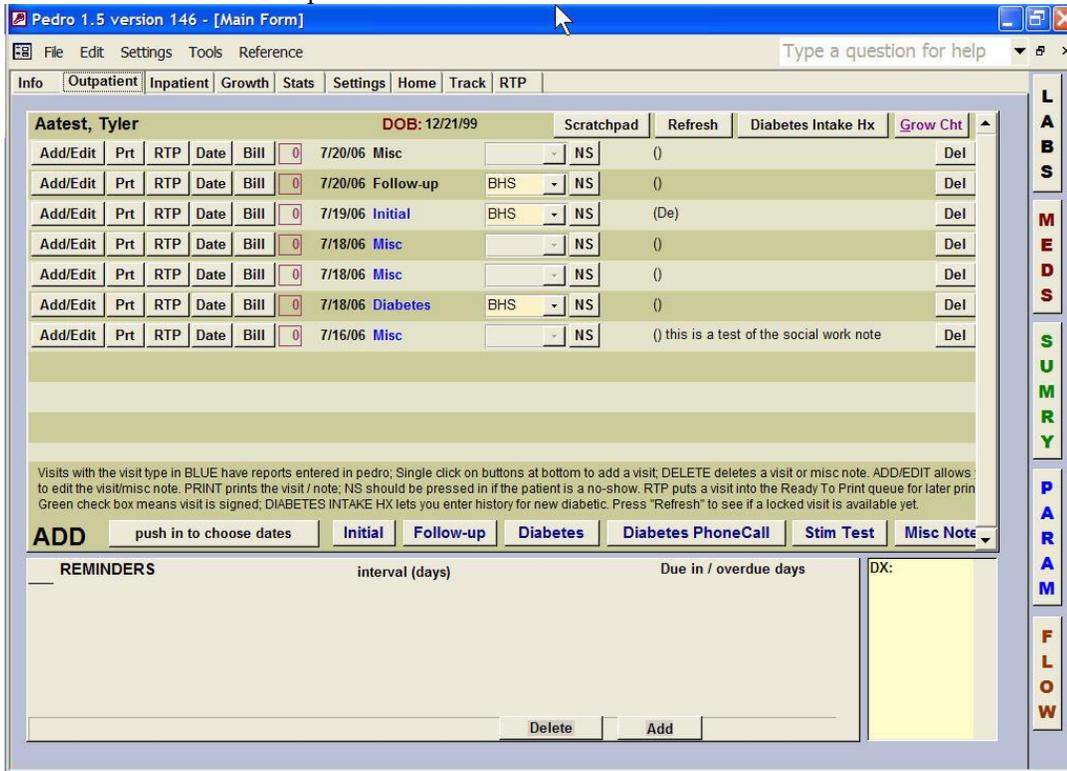
The **Flowsheet tab** displays a flowsheet containing the patients age, anthropomorphic data, tanner stage, lab data, and medications in tabular format.

## 3. Billing Module

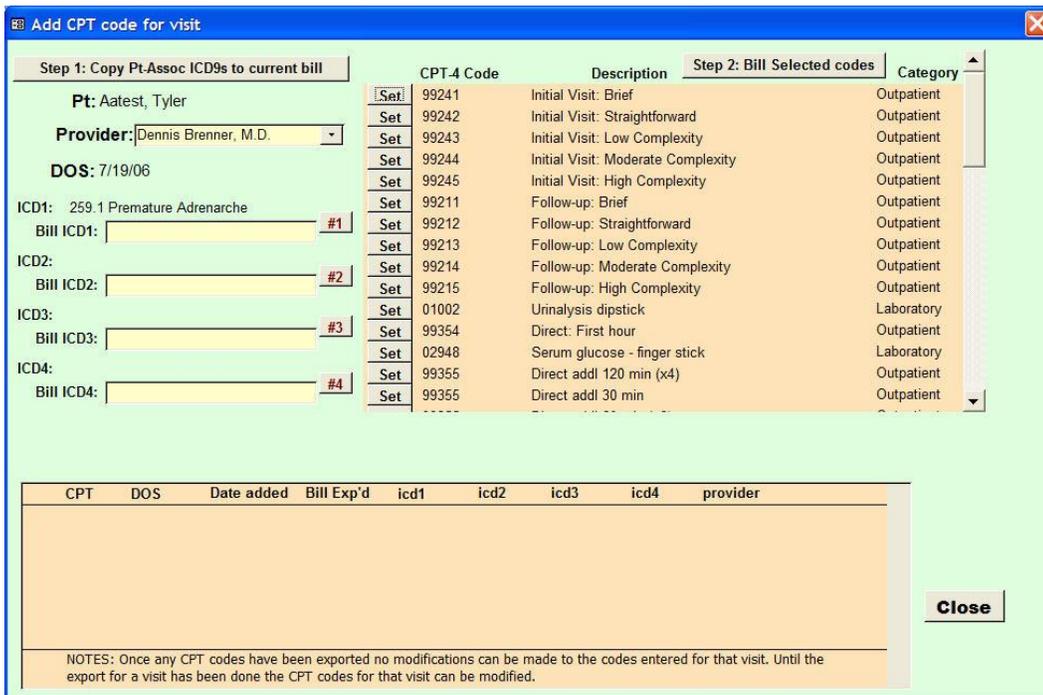
There are 2 aspects to the billing module: the first is entering the CPT codes and ICD-9 codes and the second is exporting the billing data to a file that can be used by the billing company.

Pedro lets you add four ICD-9 codes and as many CPT codes as you wish for any date of service along with a provider name.

You will notice on the outpatient visit screen:

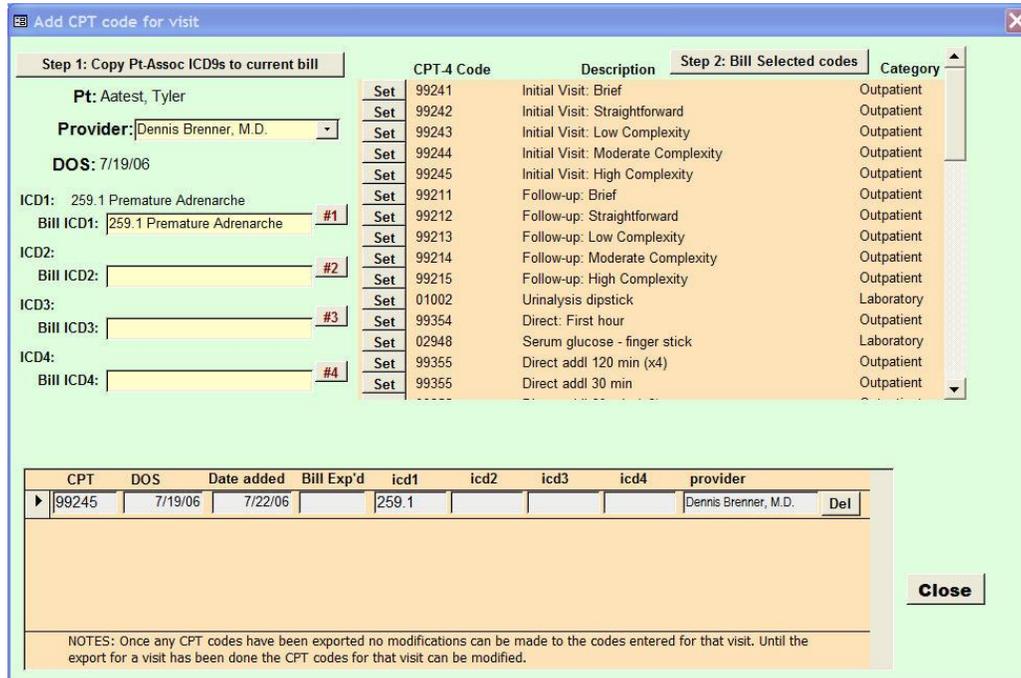


That the visits now have both a Bill button and a purple box with a number in it. This purple number represents the number of CPT codes billed for that particular date of service. When you press the Bill button on a visit the following screen opens up:

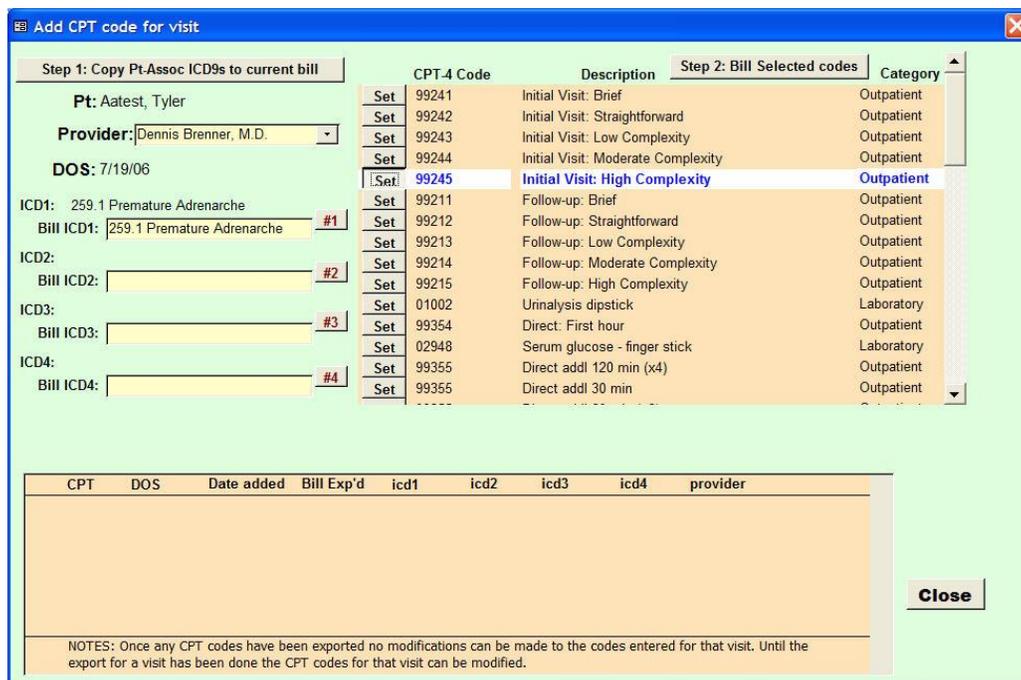


This screen is where the CPT codes and ICD-9 codes are selected. The Provider will be set to the provider for the visit automatically, but can be changed if necessary by using the drop-down box.

As you know, Pedro associates ICD-9 codes with patients, not visits. The billing module will let you choose whether to use the ICD-9 codes that are associated with the patient OR allow you to choose new ones for a specific date of service. If you press the “**Step 1: Copy Pt-Assoc ICD9s to current bill**” button it will copy the patient-associated ICD-9s to the billing screen. If you wish to change these, press the #1, #2, #3, or #4 buttons to change the ICD9’s



The next step is to choose the CPT codes. Select a CPT code by pressing the SET button in the area to the upper right. Selected CPT’s will change color. Then, press the “**Step 2: Bill selected codes**” button and it will copy the selected codes and ICD9’s into the database of codes to be billed and place them into the list on the bottom of this screen. The next version of the program will let you edit the CPT code list. Press the **Close** button to close the form



The next part of the billing process is the exporting of bills to a file that the billing company can use. This is accomplished using the **Billing** button on the bottom center of the main screen.

When you press this button, the Billing export screen opens up:



In this screen you will select CPTs to be exported. Pedro attempts to prevent you from exporting a CPT for the same date of service twice by preventing you from selecting a CPT for export that has already been exported. The fields in the list are as follows:

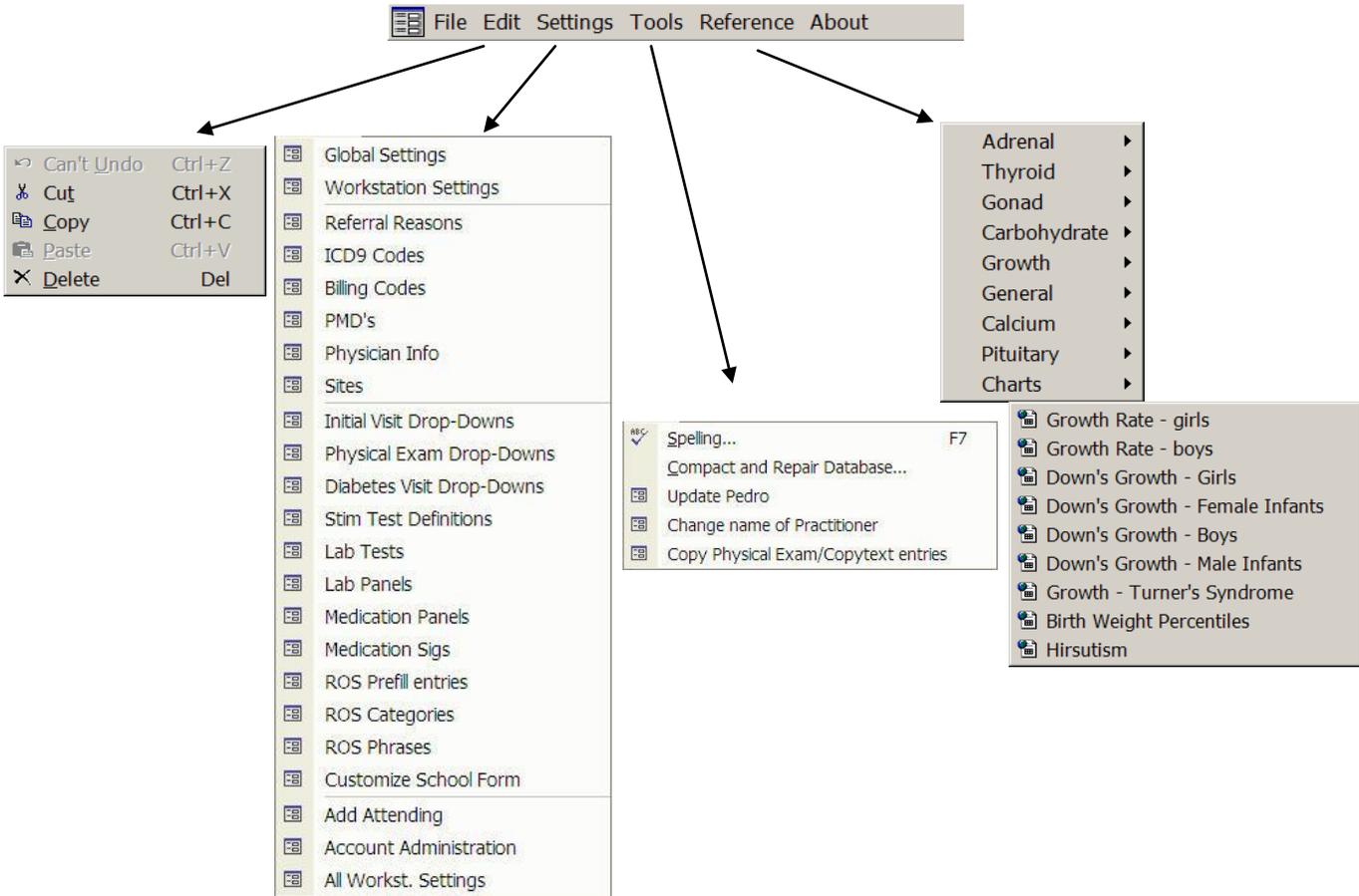
- Name
- Male (checked if pt is male)
- CPT code
- DOS - date of service
- Added – date that the CPT codes were chose
- Exprt'd – date that the CPT codes were exported to the billing company
- ICD1,2,3,4 – ICD9 codes
- Provider – provider for the visit
- DEL – deletes a CPT code
- SET – selects for billing

The buttons at the top perform the following functions:

- **Show only non-exported** – shows only visits that were not previously exported when this button is pressed in.
- **Select by date** – this button will select all codes for a date range that were not previously exported. It uses the date range entered in the upper left.
- **Select by date with repeat** – this button will select all codes for a date range but will include visits that have been previously exported. It uses the date range entered in the upper left
- **Clear all selections** – clears all selections
- **Print unbilled visit list** – this prints a list of visits that do not have any CPT codes billed. It uses the date range entered in the upper left
- **Perform export** – This actually performs the export. Pedro will select a filename that includes the date in it. You can change this if you wish. After it is exported Pedro will ask you to confirm that the file was exported correctly. It is recommended that you double click on the file and just make sure it loads into excel to make sure that it exported. When you confirm it was exported correctly then it will unselect all the CPTs and set the exported date on those records to the current date.

## 4. Menus

There are several menus available from the main screen



### 4.1. Global Settings

Value	Entry
919	
ijteachform	no
defsite	UNC
idximport	dd
nursnote	no
nj_name_x	2.425
nj_name_y	1.45
nj_dob_x	5.0
nj_dob_y	1.45
nj_date_x	5.00
nj_date_y	1.75
nj_displabel_x	2.2
nj_displabel_y	3.3
nj_disp_x	2.6
nj_disp_y	3.3
nj_daw_x	5.20

Buttons: Add Entry, Delete Entry, Close

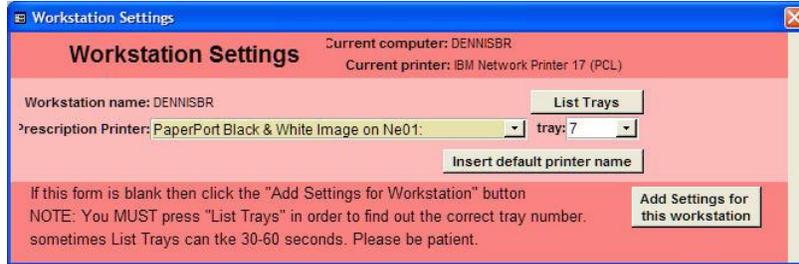
This form is password protected to prevent you from changing the settings accidentally. Here are these settings:

setting	Entry	Description
areacode	201-	Default area code
lijteachform	No	LIJ Client-specific – should be no for all sites but LIJ
defsite	HUMC	Default site
idximport	HUMC	Configure IDX import screen
nursnote	Yes	Enable or disable nursing note (“yes”enables)
nj_name_x	2.425	These fields used to position fields on NJ rx’s
nj_name_y	1.45	
nj_dob_x	5.0	
nj_dob_y	1.45	
nj_date_x	5.00	
nj_date_y	1.75	
nj_displabel_x	2.2	
nj_displabel_y	3.3	
nj_disp_x	2.6	
nj_disp_y	3.3	
nj_daw_x	5.20	
nj_daw_y	4.025	
nj_subperm_x	2.35	
nj_subperm_y	4.025	
nj_norefill_x	2.673	
nj_norefill_y	4.225	
nj_refill_x	2.2	
nj_refill_y	4.4	
nj_medname_x	2.2	
nj_medname_y	2.6	
nj_siglabel_x	2.2	
nj_siglabel_y	2.85	
nj_sig_x	2.5	
nj_sig_y	2.85	
current_version	97	Current version number
version_check_file	curvers.txt	File on shared directory that stores the update version number
update_method	Nosync	Nosync in SQL and networked back end versions
rtpcopies	2	number of copies of each letter printed during ready to print printouts
npstring	Whatever	If this string is in provider name for NJ rx’s automatic shift for nurse practitioner rx’s is made
npoffset	0.25	Offset for NP prescriptions in NJ
liccode	11111	DO not modify this value
firstrun	no	If set to yes pedro resets all these settings on the next startup
ftp_site		Used for auto update feature – do not modify
ftp_username		Used for auto update feature – do not modify
ftp_password		Used for auto update feature – do not modify
ftp_file1		Used for auto update feature – do not modify
ftp_file2		Used for auto update feature – do not modify
ftp_file3		Used for auto update feature – do not modify

setting	Entry	Description
ftp_destdir		Used for auto update feature – do not modify
rtpflow	1	If set to 1, will print flowsheet on RTP visits
rtpgrowth	1	Will print this number of copies of growth charts on RTP visits
pmd2copy	0	Prints this many EXTRA copies of RTP visits
rtpprintchart	0	If set to 1, will print extra copy of all note from RTP for chart
duplab	0	If set to 1, will print extra copy of all lab forms for chart
problastall	0	If set to 1, will print problem list on “print all”
medlistall	0	If set to 1, will print medlist on “print all”
problastrtp	0	If set to 1, will print problem list on RTP visits
medlistrtp	0	If set to 1, will print medlist on RTP visits
copiesall	0	Currently unused
growthall	1	Will print this number of copies of growth charts on “print all”
pdfmaker	Acrobat Distiller	Used for UNC only – do not change
disableresize	0	When set to 1 will prevent PEDRO from resizing to your screen resolution
usehalf	0	This determines whether the sliding scale calculator uses half units by default (1 = yes)
dcsign	1	If set to 1 will let you sign visits by double clicking on the visit type in the visit list
enablebill	1	Enables the billing module – currently for SBHCS only
odbc1	60	Do not change
odbc2	1500	Do not change
billpath	c:\	Used for billing module – do not change
misc_par_check	-1	Used for billing module – do not change
bill_ftp_site		Used for billing module – do not change
bill_ftp_username		Used for billing module – do not change
bill_ftp_password		Used for billing module – do not change
bill_ftp_destdir		Used for billing module – do not change
sync1	\\bhsent1\pedro\	These are for the network directory drop down
sync2	\\192.168.0.1\pedro\	These are for the network directory drop down
destsync1	\\bhsent1\pedro\netpedro.mdb	These are for the network directory drop down
destsync2	\\192.168.0.1\pedro\netpedro.mdb	These are for the network directory drop down

The file menu is not used in PEDRO and can be ignored. The edit menu contains undo (control + z), copy (control + c), cut (control + x), paste (control + v), and delete (Del). On certain subforms the edit menu is not available, but the keyboard shortcuts are always available.

## 4.2. Workstation Settings



This is where you set the printer for New Jersey prescriptions. Be sure the tray number is correct. Note that the tray numbers are assigned by your printer driver and can sometimes not be intuitive. Please be sure to press **LIST TRAYS** to get the proper tray numbers. If this screen is blank when you open it, press **ADD SETTINGS FOR THIS WORKSTATION** to create a settings record for the workstation you are on.

## 4.3. Edit Referral Reasons



This form lets you edit the referral reasons. The referral reason is what shows up as the “chief complaint” on the printed initial reports.

### 4.4. Edit ICD-9 codes

Diagnosis	Category
260.43 DIABETES WITH RENAL MANIFE:	
275.3 DIS PHOSPHORUS METABOL	
276.2 ACIDOSIS	
294.9 ORGANIC BRAIN SYND NOS	
300.01 PANIC DISORDER	
368 VISUAL DISTURBANCES	
368.2 DIPLOPIA	
564.0 CONSTIPATION	
709.01 VITILIGO	
714.0 RHEUMATOID ARTHRITIS	
785.0 TACHYCARDIA NOS	
814.01 FX NAVICULAR, WRIST-CLOS	
814.10 FX CARPAL BONE NOS-OPEN	
923.20 CONTUSION OF HAND(S)	
239.7 Tumors, Unspecified	Adrenal
255.0 Cushing's Disease	Adrenal
255.0 Cushing's Syndrome	Adrenal

The process for editing ICD-9 codes is discussed above in the section that describes ICD-9 codes

### 4.5. Edit billing codes

Diagnosis	Category
260.43 DIABETES WITH RENAL MANIFE:	
275.3 DIS PHOSPHORUS METABOL	
276.2 ACIDOSIS	
294.9 ORGANIC BRAIN SYND NOS	
300.01 PANIC DISORDER	
368 VISUAL DISTURBANCES	
368.2 DIPLOPIA	
564.0 CONSTIPATION	
709.01 VITILIGO	
714.0 RHEUMATOID ARTHRITIS	
785.0 TACHYCARDIA NOS	
814.01 FX NAVICULAR, WRIST-CLOS	
814.10 FX CARPAL BONE NOS-OPEN	
923.20 CONTUSION OF HAND(S)	
239.7 Tumors, Unspecified	Adrenal
255.0 Cushing's Disease	Adrenal
255.0 Cushing's Syndrome	Adrenal

The process for editing ICD-9 codes is discussed above in the section that describes ICD-9 codes

### 4.6. Edit PMD's

Refer to the PMD section above for details about this form

## 4.7. Physician Info

**Edit Physician Information**

Doctor Doctor, M.D.    lic#:    TITLE: Division of Pediatric Endocrinology  
 Edit Attending Name    beeper:    Pedro Medical Center  
 inactive    type: attending

Nurse Nurse    lic#:    TITLE: Registered Dietician  
 Edit Attending Name    beeper:    Pedro Medical Center  
 inactive    type: fellow

Please be careful to only change your info!    Close    Add Nurse/Fellow

This form lets you add a Nurse or Fellow and also lets you modify the address, license, and beeper number.

## 4.8. Sites

**Edit Sites**

Site

- ▶ PMC
  - Division of Pediatric Endocrinology and Diabetes
  - Pedro Medical Center
  - Doctor Doctor, M.D.
  - 300 Pedro Lane - East Longmeadow, MA
  - Phone 413-555-1111 - Fax 413-555-2222

Don't mess with these unless you know what you're doing!    Close

This form lets you edit the list of sites

### 4.9. Initial Visit Drop-Downs

Category	Entry	Profile	default
development	Walked age [enter age walked]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Mild delay in speech and motor development	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Voice change age [voice change age in years]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Pubic Hair age [pubic hair development age in years]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Tooth eruption [tooth eruption normal;early;delayed]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Mild speech delay, normal motor development	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Mild delay in motor milestones; normal speech devel	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Normal development	Doctor Doctor, M.D.	<input checked="" type="checkbox"/>
development	Tooth shedding [tooth shedding normal;early;delayed]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Axillary Hair age [pubic hair development age in year	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Talked age [enter age talked]	Doctor Doctor, M.D.	<input type="checkbox"/>
development	Breast Enlargement age [breast development age in	Doctor Doctor, M.D.	<input type="checkbox"/>
ethnicity	Pakistani	Doctor Doctor, M.D.	<input type="checkbox"/>
ethnicity	Eastern European	Doctor Doctor, M.D.	<input type="checkbox"/>
ethnicity	Indian	Doctor Doctor, M.D.	<input type="checkbox"/>
ethnicity	Italian	Doctor Doctor, M.D.	<input type="checkbox"/>
ethnicity	Irish	Doctor Doctor, M.D.	<input type="checkbox"/>

### 4.10. Physical Exam Drop-Downs

Category	Entry	Profile	default
Dentition	normal for age	Doctor Doctor, M.D.	<input checked="" type="checkbox"/>
Skin	Normal, no pigmentary lesions	Doctor Doctor, M.D.	<input checked="" type="checkbox"/>
Skin	mild acanthosis in axillae only; + skin tags, striae	Doctor Doctor, M.D.	<input type="checkbox"/>
Skin	test	Doctor Doctor, M.D.	<input type="checkbox"/>
Skin	Mild acanthosis nigricans	Doctor Doctor, M.D.	<input type="checkbox"/>
Skin	Test of drop down edit	Doctor Doctor, M.D.	<input type="checkbox"/>
General	Stigmata of Turner's syndrome	Doctor Doctor, M.D.	<input type="checkbox"/>
Ears	low set	Doctor Doctor, M.D.	<input type="checkbox"/>
Extremities	short metacarpals/metatarsals	Doctor Doctor, M.D.	<input type="checkbox"/>
Eyes	Fundi nl, PERRL, EOMI	Doctor Doctor, M.D.	<input checked="" type="checkbox"/>
General	Proportional, non-dysmorphic	Doctor Doctor, M.D.	<input type="checkbox"/>
General	neurologically impaired child in NAD	Doctor Doctor, M.D.	<input type="checkbox"/>
Skin	pale striae on flanks	Doctor Doctor, M.D.	<input type="checkbox"/>
Skin	Pale striae on flanks	Doctor Doctor, M.D.	<input type="checkbox"/>
General	Slim, well nourished, interactive child in NAD	Doctor Doctor, M.D.	<input type="checkbox"/>
Fontanelles	Anterior open and flat; posterior closed	Doctor Doctor, M.D.	<input type="checkbox"/>
General	obese, interactive child in NAD	Doctor Doctor, M.D.	<input type="checkbox"/>

### 4.11. Diabetes Visit Drop-Downs

category	entry	order:
Weight Gain / Loss	normal	1
Weight Gain / Loss	recent weight loss [number of lbs] in [time interval]	2
Weight Gain / Loss	recent weight gain [number of lbs] in [time interval]	3
Weight Gain / Loss	trying to lose weight via [method of weight loss]	3.5
Weight Gain / Loss	has always been heavy	5
Weight Gain / Loss	gradual gain in weight over the past few years	6
Weight Gain / Loss	appetite has increased	7
Weight Gain / Loss	low weight gain for past few years	8
Weight Gain / Loss	stabilized	9
Weight Gain / Loss	Recent wt. loss, has regained to previous.	10
Weight Gain / Loss	other	98
Weight Gain / Loss	omit	99
Cardiovascular	normal	1
Cardiovascular	palpitations	2
Cardiovascular	no palpitations	3
Cardiovascular	chest pain	4
Cardiovascular	no chest pain	5
Cardiovascular	orthostasis	6
Cardiovascular	no orthostasis	7
Cardiovascular	tachycardia	11

Buttons: Add Entry, Delete Entry, Close

### 4.12. Stim Test Definitions

See the above stim test form section for an explanation of this screen

### 4.13. Lab Tests

category	test	default units	Panel to display	freq used
Adrenal	24 hr urine for 17 corticosteroids		1 radiology	0
Adrenal	24 hr urine for 17 ketosteroids		1 radiology	0
Adrenal	24 hr urine for pregnanetriol	mg/24 hrs	1 radiology	0
Adrenal	24-hour microalbuminuria	ug/ml	1 radiology	8
Adrenal	5-HIAA, 24 HR	mg/24 hr	1 radiology	0
Adrenal	ACTH	pg/ml	1 radiology	0
Adrenal	ACTH Stim Test		1 radiology	9
Adrenal	Aldosterone		1 radiology	10
Adrenal	Androstane DioI Glucuronide	ng/dl	1 radiology	11
Adrenal	Androstenedione	ng/dl	1 radiology	12
Adrenal	Angiotensin Converting Enzyme		1 radiology	13
Adrenal	anti-adrenal antibodies		1 radiology	14
Adrenal	CAH Pediatric Prof 6 to Esoterix		1 radiology	0
Adrenal	CAH Pediatric Prof 7 to Esoterix		1 radiology	0
Adrenal	Catecholamines		1 radiology	15
Adrenal	Catecholamines, Frac, 24 HR	ug/24 hr	1 radiology	0
Adrenal	Corticosteroid Binding Globulin		1 radiology	16

Buttons: Add Test, Delete Test, Close

## 4.14. Lab Panels

## 4.15. Medication Panels

- **ADD PANEL** adds a new panel
- **EDIT MEDS** opens the below screen and lets you edit the meds for the panel
- **DELETE PANEL** lets you delete a panel
- **RENAME PANEL** lets you rename a panel
- **CLOSE** closes this screen

Medications

Panel Name: Diab30 Lantus 2 pens  
Panel Desc: diabetes 30 days Lantus 2 boxes pen

Medication	Preparation	DAW
Insulin Lantus	3cc prefilled cartridge, box of 5	<input type="checkbox"/>

SIG: use as directed for IDDM    DISP: 2 boxes    REFILL: 11    DAYS: 30

Press "Add Med" to add a medication to the panel

Add Med    Delete Med    Close

Press **ADD MED** to add a med to the panel. Then choose the med from the dropdown along with the other settings for this med within the panel. Then press **CLOSE** to close this screen.

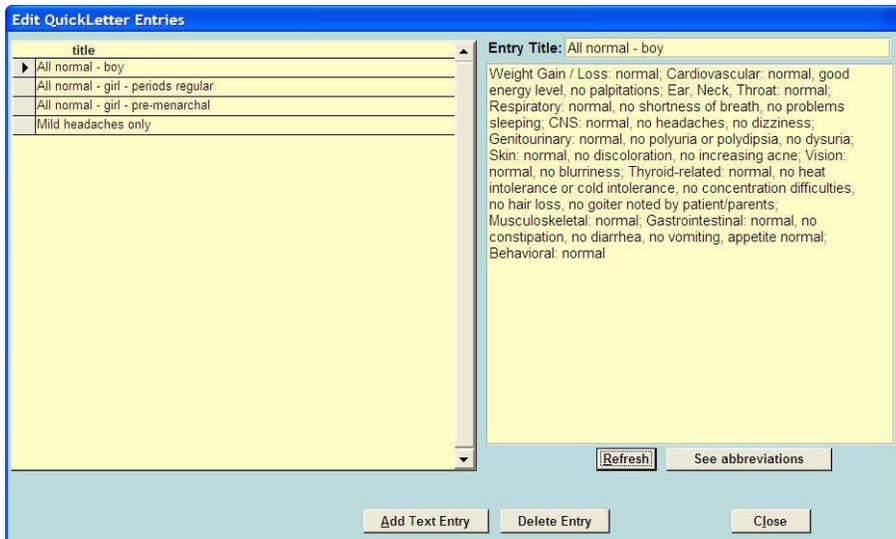
#### 4.16. Medication Sigs

Edit Sigs

- 0.5 (one-half) tabs po BID
- 0.5 (one-half) tabs po qD
- 0.5 (one-half) tabs po QID
- 0.5 (one-half) tabs po TID
- 1 spray po BID
- 1 spray po qD
- 1 tab po BID
- 1 tab po qD
- 1 tab po QID
- 1 tab po TID
- 1.5 tabs po BID
- 1.5 tabs po qD
- 1.5 tabs po QID
- 1.5 tabs po TID
- 2 tabs po BID
- 2 tabs po qD
- 2 tabs po QID
- 2 tabs po TID
- cc's po BID
- cc's po qD

Add Record    Delete Record    Close Form

## 4.17. ROS Prefill Entries



This lets you edit the ROS prefill entries. Double click on the title of the entry in the left pane to bring it up on the right for editing.

## 4.18. ROS Categories



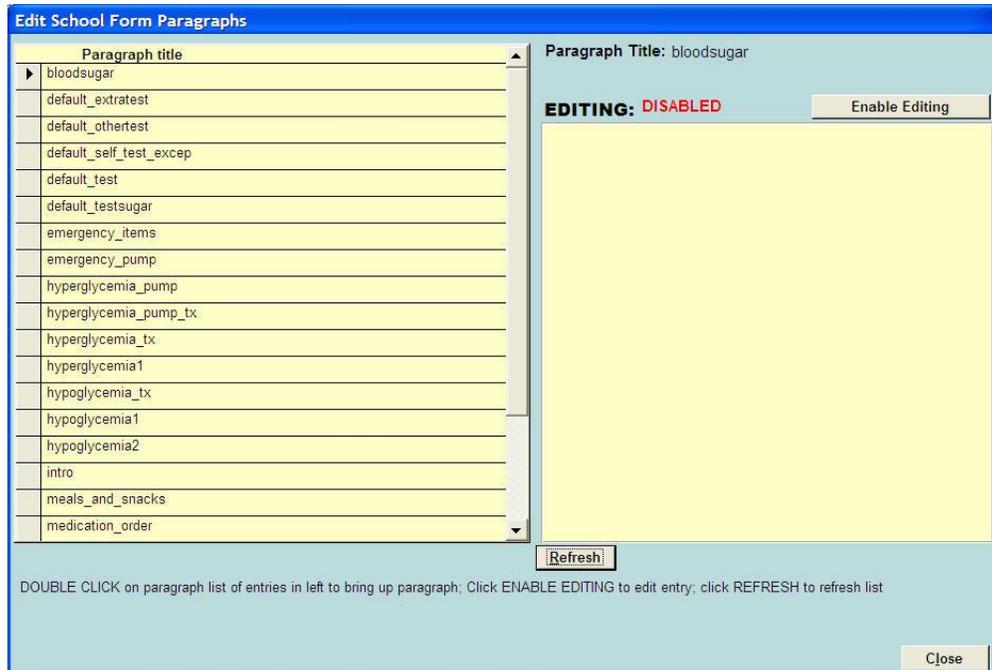
This lets you edit the categories for the ROS. The number at the end is the order

## 4.19. ROS Phrases



This lets you edit the phrases for the ROS click-ons

## 4.20. Customize School Form



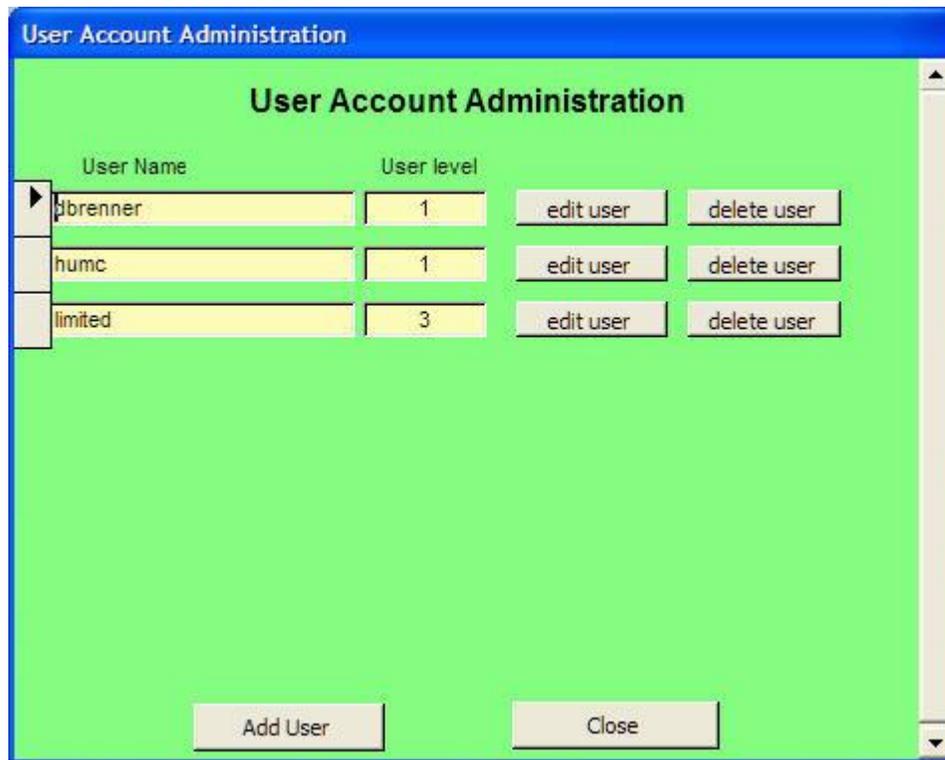
This lets you customize the school form paragraphs. Print a sample school form and it will be easy to figure out which paragraphs go where.

## 4.21. Add attending

Only use this to add an attending under the direction of the developer

## 4.22. Account Administration

---



You must be an administrator to access the account administration screen. Note that some versions of pedro do not have this account administration screen. Click **ADD USER** to add a user. Pedro will prompt you for the username and password. Click **EDIT USER** to change the password and user level. Click **DELETE USER** to delete a user. Click **CLOSE** to close. Below is a picture of the **Edit User form**:



## 4.23. All Workst. Settings

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Use this to remove settings for NJ prescription printing for a workstation.

## 4.24. The Tools Menu

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- Spelling can be accessed by pressing F7 throughout PEDRO

- **Compact and repair database** should be pressed periodically to perform internal housekeeping on the Pedro database
- **Update Pedro** is used to update Pedro to new versions. This may not be enabled for all sites
- **Change name of practitioner** is used to change a doc's name. Please only do this in consultation with the developer
- **Copy physical exam / Copytext entries** is used to copy text from one practitioner to another. This is only to be used when adding a new practitioner or it can make a real mess. Please only do this in consultation with the developer