Inpatient and Ambulatory Discharge Summaries

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Associate Professor of Medicine
Division of General Internal Medicine
Consulting on medication adherence projects for Otsuka Pharmaceuticals and Booz Allen Hamilton
Outline

1. Inpatient Discharge Instructions/Summaries
2. Outpatient After Visit Summaries
Patient vs. PCP
What’s known (not much)
Examples
Impact of Design on Recall

EMR-integrated treatment card
- Drop down menus
- Drug name, dose, frequency, purpose, precautions and side effects
- Clinician reviewed cards with patient

Results at 1-week
- Purpose 96% vs. 89%, p<0.001
- Precautions 35% vs. 23%, p<0.001
- Potential side effects 51% vs. 24%, p<0.001

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Facility Info

Facility: The Mount Sinai Hospital

Address: One Gustave L. Levy Place, New York NY 10029

Phone: 212-241-6500

Patient Discharge Instructions

Admission Information

1/23/2014

Provider

Department

CGM

Dept Phone

Hospital Problem List (diamond indicates principle problem)

*Sacral osteomyelitis

Allergies as of 2/6/2014

Penicillins

Reactions

Unknown

Vaccines you were given at Mount Sinai as of 2/6/2014

Never Reviewed

No vaccinations were given during this hospitalization.

Discharge Medications

This represents a good faith effort on the part of your medical care team to give you a complete and accurate list of all of your medications. If you have questions about any medication on this list, please contact the doctor who prescribed it for you, or your primary doctor.

Discharge Medications

As of 2/6/2014 1:20 PM

<table>
<thead>
<tr>
<th>Take these medications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acetaminophen 650 mg tablet</strong></td>
</tr>
<tr>
<td>Medicine</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>capsule</td>
</tr>
<tr>
<td><strong>diclofenac 0.1 % drops</strong></td>
</tr>
<tr>
<td>Commonly known as: VOLTAран</td>
</tr>
<tr>
<td><em>docusate sodium 100 mg capsule</em></td>
</tr>
<tr>
<td>Commonly known as: COLACE</td>
</tr>
<tr>
<td>*docusate sodium 283 mg/5 mL enema</td>
</tr>
<tr>
<td>Commonly known as: THERAVAC SB,ENEMEEZ</td>
</tr>
<tr>
<td><strong>dorzolamide-timolol 2-0.5 % eye drops</strong></td>
</tr>
<tr>
<td>Commonly known as: COSOPT</td>
</tr>
<tr>
<td>fluticasone 50 mcg/actuation spray,suspension</td>
</tr>
<tr>
<td>Commonly known as: FLONASE</td>
</tr>
</tbody>
</table>
New prescriptions

Where to get your medications

<table>
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<tr>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>docucate sodium 283 mg/5 mL enema</td>
</tr>
<tr>
<td>magnesium hydroxide 400 mg/5 mL suspension</td>
</tr>
<tr>
<td>pantoprazole 40 mg tablet, delayed release (DR/EC)</td>
</tr>
<tr>
<td>polyethylene glycol 3350 17 gram powder in packet</td>
</tr>
</tbody>
</table>

Information on where to get these meds is not yet available. Ask your nurse or doctor.

<table>
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<tr>
<td>sertraline 100 mg tablet</td>
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Please remember the importance of keeping an accurate up to date medication list and bring THIS medication list with you to your next DOCTOR'S VISIT.

If you have any questions regarding your visit, please call your Primary Care Provider.

Patient PCP Information

<table>
<thead>
<tr>
<th>Provider</th>
<th>PCP Type</th>
</tr>
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<tbody>
<tr>
<td>[redacted]</td>
<td>General</td>
</tr>
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</table>

Your To Do List

<table>
<thead>
<tr>
<th>Date</th>
<th>Provider</th>
<th>Department</th>
<th>Dept Phone</th>
<th>Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7/2014 1:00 PM</td>
<td>Plastic Specialties</td>
<td>Plastic Surgery</td>
<td>212-999-9969</td>
<td>None</td>
</tr>
<tr>
<td>2/10/2014 11:00 AM</td>
<td>[redacted] MD</td>
<td>Internal Medicine Associates</td>
<td>212-659-8551</td>
<td>None</td>
</tr>
<tr>
<td>2/13/2014 12:45 PM</td>
<td>[redacted] MD</td>
<td>Gastroenterology</td>
<td>212-241-4299</td>
<td>None</td>
</tr>
</tbody>
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Future Orders

DIET REGULAR

FOLLOW UP APPOINTMENT - FPA

Questions:
FPA:

Responses:
FPA Gastroenterology - 5 East 98th Street, 11th Floor (212) 241-4299 Comment - secretary called but will confirm with Dr. when pt can be scheduled, secrery will call patient when schedule is available

FPA Appointment Date:
Appointment Time:
Reason For Visit:
Provider:

FOLLOW UP APPOINTMENT - OTHER

Questions:

Responses:
### Heart Healthy DISCHARGE INSTRUCTIONS

**WHAT TO DO IF YOUR SYMPTOMS WORSEN**
- Seek help IMMEDIATELY if you experience:
  - Severe shortness of breath
  - Foamy pink mucus while coughing
  - Sudden irregular heartbeat
  - Dizziness or fainting
  - Nausea
- Call your doctor the same day for:
  - Shortness of breath when lying down
  - Difficulty breathing during routine activities
  - Rapid weight gain NOT caused by eating
  - Skin sores from fluid build-up
  - A dry, hacking cough
  - Ankle/foot swelling (“edema”)

**MONITORING YOUR WEIGHT:**
- Weigh yourself every day at the same time (for example, before breakfast)
- Wear the same clothing when you weigh yourself (for example, with underwear or without)
- Stand upright when you weigh yourself
- Keep a daily log of your weight
- Notify your health care provider if you gain more than 3 or 4 pounds over 2 days

**SMOKING CESSATION**
If you smoke, refer below to Smoking Cessation information. This information reinforces advice that was provided to you during your hospitalization about the importance of quitting smoking and gives information about local smoking cessation programs.

### Stroke Discharge Plan and Referral Form

**SEEK IMMEDIATE MEDICAL ATTENTION IF YOUR CONDITION WORSENS OR YOU EXPERIENCE THE FOLLOWING SYMPTOMS:**
- Sudden weakness or numbness of the face, arm or leg
- Loss of speech or trouble talking or understanding speech
- Sudden blurred or double vision, or loss of vision

**WRITTEN DISCHARGE INFORMATION PROVIDED/REVIEWED:**
- □ Stroke 'Brain Attack' pamphlet, which includes risk factors for recurrent stroke
- □ Caregiver resources (CAPP)
- □ Community resources for stroke
Information about pressure ulcers and their care

Skin Savers: A Guide for Patients, Families and Caregivers

Skin is your first line of defense. It is important to protect it while you are sick or recovering, unable to move, or unable to control your bowel or bladder.

What is a pressure ulcer?
A pressure ulcer or bedsore is an injury to the skin and the tissue underneath it. It may happen when your skin and the underlying tissue is not able to tolerate the force against your bone. Your skin can be reddened or discolored, and deep wounds can expose muscle or bone.

Where do pressure ulcers form?
Pressure ulcers form where skin and underlying tissue is pressed against bone by a person’s body weight or some other pressure. The location of the wound depends upon the person’s position and their ability to move. For example, a person confined to bed may develop a pressure ulcer on their lower back, over their hip bone or on their heels. A person in a wheelchair may develop ulcers on their buttocks, ankles, shoulder blades, elbows, back of their head or spine. For people using supplemental oxygen, pressure ulcers can also occur around the ears and face from the oxygen tubing.

Pressure ulcers can be prevented by using, or making sure your caregiver uses, the following important skin saving techniques:

Skin saving guide:
Always ask your doctor, nurse or caregiver about your concerns including discomfort or pain in your skin.

Daily Routine:
- Inspect your skin at least once a day.
- Bathe when needed and moisturize your skin to prevent dryness.
- Report any redness, broken skin or pain to your doctor.
- Do not rub or massage the skin over bony parts of the body, this can hurt the skin and tissue underneath.

Inability to Move/Limited Movement:
- Change your position in bed frequently as tolerated by your medical condition.
- Ask your doctor about a special mattress to relieve pressure on your skin.
- Change or shift your position when out of bed in chair.
- Use foam, gel, or air cushion when sitting in a chair. Do not use donut-shaped cushions.
- When changing position, lift the body with the linen sheet to avoid rubbing the skin.
- Do not drag the body when changing position.
- Use pillows or wedges to keep knees or ankles from touching each other.
- In bed, place pillows under the legs from mid leg to ankle to keep heels off the bed.
- May use heel protectors to avoid rubbing skin on the heels.

Loss of Bowel or Bladder Control:
- Clean skin if soiled by urine or stool.
DISCHARGE SUMMARY

You have been in hospital care because you have experienced dizziness for a period of time and finally you fainted. When you fainted you fell and now suffer from back pain. Your blood pressure was found to be too low and this could explain the dizziness. Your medications have therefore been adjusted and your blood pressure is now back to normal. During your hospital care we also found that you had an infection in the urinary tracts, for which you now are receiving antibiotics.

After discharge, you will return to the nursing home Flower garden. Within three weeks you will have an appointment with your General Practitioner, who will measure and follow up on your blood pressure and back pain.

Medication Report

- Metoprolol has been decreased from 2 to 1 tablets per day, due to low blood pressure.
- Furosemide has been discontinued since you no longer have a problem with swollen ankles.
- Paracetamol has been added because of the back pain from your fall.
- Cefadroxil has been added due to a urinary tract infection.

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<th>Noon</th>
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<th>Comments</th>
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<td>Lowers blood pressure</td>
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<tr>
<td>Tabl Hydrochlorothiazide</td>
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<td>Lowers blood pressure</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Tabl Metformin</td>
<td>850 mg</td>
<td>Against diabetes</td>
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<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tabl Paracetamol</td>
<td>500 mg</td>
<td>Against back pain</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>On demand</td>
</tr>
<tr>
<td>Tabl Cefadroxil</td>
<td>500 mg</td>
<td>Against urinary tract infection</td>
<td>1</td>
<td>1</td>
<td></td>
<td>Until 13 January</td>
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The Ambulatory Visit Summary (AVS)
Meaningful Use Core Measure #12

Provide AVS after each office visit

“Relevant and actionable information and instructions”

Printed or electronic
Required Elements

- Patient name
- Office contact info, date and location of current visit
- Updated problem list, medication list, vitals
- Reason(s) for visit, symptoms
- Procedures, immunizations, or medications administered during visit
- Tests ordered and results (if available)
- Summary of topics covered
- Time, location of next appointment
- List of appointments patient needs to schedule, with contact info
- Recommended patient decision aids
A Mixed Methods Evaluation of AVS

- Convenience sample
  - NCQA Accredited practices and professional contacts
- Telephone interviews with key informants
- AVS samples, adult patients with multimorbidity
- AVS reviewed for:
  - Content
  - Format
  - Reading grade level
  - Suitability, understandability, actionability
    - Suitability Assessment of Materials (SAM)
    - Patient Education Materials Assessment Tool (PEMAT)
Practices

• 18 Practices

• 11 Academically affiliated

• EHR platform
  – Epic (10)
  – eClinical Works (2)
  – GE Centricity (2)
  – Allscripts (1)
  – Eclipsys (1)
  – NextGen (1)
  – Quadramed (1)
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<tr>
<td>Pages</td>
<td>2</td>
<td>(1-7)</td>
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# AVS Content

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</tr>
<tr>
<td>Demographics</td>
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<tr>
<td>Primary care provider name</td>
<td>78%</td>
</tr>
<tr>
<td>Condition-specific instructions</td>
<td>78%</td>
</tr>
<tr>
<td>Appointment information for procedures, consultations</td>
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</tr>
<tr>
<td>Diagnosis list</td>
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# AVS Content

<table>
<thead>
<tr>
<th>Specific Content</th>
<th>% of AVS</th>
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<tbody>
<tr>
<td>Visit date</td>
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<tr>
<td>Vital signs</td>
<td>61%</td>
</tr>
<tr>
<td>Allergies</td>
<td>56%</td>
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<tr>
<td>Return appointment information</td>
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<tr>
<td>Patient problem list</td>
<td>28%</td>
</tr>
<tr>
<td>Generalized instructions</td>
<td>28%</td>
</tr>
<tr>
<td>Goals of care</td>
<td>22%</td>
</tr>
<tr>
<td>Immunization list record</td>
<td>17%</td>
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# AVS Order of Content

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<tr>
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<td>Demographics</td>
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<td>Visit date</td>
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<tr>
<td>Primary care provider name</td>
<td>3</td>
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<tr>
<td>Diagnosis list</td>
<td>4</td>
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<tr>
<td>Appointment information for procedures, consultations</td>
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<tr>
<td>Goals of care</td>
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Median (range): (1-2), (1-3), (1-7), (3-7), (2-6), (3-7)
### AVS Order of Content

<table>
<thead>
<tr>
<th>Specific Content</th>
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<tbody>
<tr>
<td>Condition-specific instructions</td>
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<tr>
<td>Vital signs</td>
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<tr>
<td>Return appointment information</td>
<td>6</td>
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<tr>
<td>Medications</td>
<td>7</td>
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<tr>
<td>Patient problem list</td>
<td>7</td>
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<td>Generalized instructions</td>
<td>10</td>
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<tr>
<td>Immunization list record</td>
<td>10</td>
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</tbody>
</table>

Median (range): 6 (4-9), 6 (4-11), 6 (3-10), 7 (2-8), 7 (5-8), 9 (4-10), 10 (9-11), 10 (8-12)
**Patient Information**

For:

* **Clinical Visit Summary-Custom**

During your visit today at you were seen by the following problems were addressed: BRONCHITIS, ACUTE WITH MILD BRONCHOSPASM (ICD-466.0); ANXIETY DEPRESSION (ICD-300.4); LOWER LIMB AMPUTATION STATUS UNSPEC LEVEL (ICD-V44.70)

**Instructions:**
1) Advised to increase intake of fluids.
2) Advised to follow-up in 1 week.
3) Preventative care regimen discussed.

**Prescriptions:**
1) *Prosthetic Leg ... Please fit L prosthetic leg under knee. (# 1 with 0 refills)
2) Zoloft 50 Mg Tabs ... 1 tb po qdaily for mood (# 30 with 3 refills)
3) Proair Hfa 108 (90 BASE) Mcg/act Aers ... 1-2 puffs po prn for SOB (# 1 with 0 refills)
4) Advair Diskus 250-50 Mcg/dose Misc ... Take one (1) inhalation twice a day for SOB (# 1 with 3 refills)

**Updated Medication List:**
1) Advair Diskus 250-50 Mcg/dose Misc (Fluticasone-salmeterol) ... Take one (1) inhalation twice a day for SOB
2) Proair Hfa 108 (90 BASE) Mcg/act Aers (Albuterol sulfate) ... 1-2 puffs po prn for SOB
3) Zoloft 50 Mg Tabs (Sertraline hcl) ... 1 tb po qdaily for mood
4) Prosthetic Leg ... Please fit L prosthetic leg under knee.

As we discussed, please:
- FILL and start taking any new prescriptions given to you today
- STOP any medications that I have asked you to stop
- CHANGE the way you are taking any existing medication that I have instructed you to change.

Please call our office if you have any questions about these instructions or your medications. If you have other medications at home that are not on this list, please contact our office, or the prescribing physician (as listed on the prescription bottle).

**Current Problem List:**
1) LOWER LIMB AMPUTATION STATUS UNSPEC LEVEL (ICD-V44.70)
2) BRONCHITIS, ACUTE WITH MILD BRONCHOSPASM (ICD-466.0)
3) ANXIETY DEPRESSION (ICD-300.4)
4) FATIGUE (ICD-780.79)
5) HYPERGLYCEMIA (ICD-790.6)
6) HYPERLIPIDEMIA (ICD-272.4)
7) RELIGIOUS BELIEF AFFECTING CARE: NO (ICD-V62.6)

**Allergies and Adverse Reactions:**
No known drug allergies

**Orders & Results for Labs, Studies, and Consultations:**
Please have the following orders done as requested. If you choose not to do so, please call us to let us know. If you have these orders done and you do not receive your test results within 3 weeks, please
**Patient Information**

For:

* Clinical Visit Summary-Custom

contact our office.

Current Labs and Studies: Comprehensive Metabolic Panel (14), Lipid Panel, CBC w/ Differential/Platelet, TSH Reflex to Free T4, Hemoglobin A1c, Nebulizer

**Problems Assessed This Visit:**
BRONCHITIS, ACUTE WITH MILD BRONCHOSPASM
His updated medication list for this problem includes:
Advair Diskus 250-50 Mcg/dose Misc (Fluticasone-salmeterol) ..... Take one (1) inhalation twice a day for sob
Proair Hfa 108 (90 Base) Mcg/act Aers (Albuterol sulfate) ..... 1-2 puffs po prn for sob

Orders:
Nebulizer (CPT-94640)

Pulmonary Functions Reviewed:
O2 sat: 93 (07/03/2013)
Advised to stop smoking.
f/u in 1 week

ANXIETY DEPRESSION
Assessed as: new started on new medication.
Patient to stop meds if symptoms increase or suicidal thoughts.
f/u next week
Start with 1/2tb for 3 days and take med at night before bedtime. then take 1 tb

LOWER LIMB AMPUTATION STATUS UNSPEC LEVEL
Assessed as: new orders to fit new prostesis.

**Vital Signs:**
Height: 67 inches  
Weight: 174 lbs.  
BMI: 27.35  
Temperature: 98.2 F  
Blood Pressure: 122/77 mmHg  
Normal BMI 18.5-25 (18-65 yrs); 22-30 (65+ years)  
Pulse: 106 bpm
Updated Medication List:
1) Advair Diskus 250-50 Mcg/dose Misc (Fluticasone-salmeterol) .... Take one (1) inhalation twice a day for SOB
2) Proair Hfa 108 (90 BASE) Mcg/act Aers (Albuterol sulfate) .... 1-2 puffs po prn for SOB
3) Zoloft 50 Mg Tabs (Sertraline hcl) .... 1 tb po qdaily for mood
4) Prostetic Leg ( ) .... Please fit L prosthetic leg under knee.

As we discussed, please:
- FILL and start taking any new prescriptions given to you today
- STOP any medications that I have asked you to stop
- CHANGE the way you are taking any existing medication that I have instructed you to change.

Please call our office if you have any questions about these instructions or your medications. If you have other medications at home that are not on this list, please contact our office, or the prescribing physician (as listed on the prescription bottle).

Current Problem List:
1) LOWER LIMB AMPUTATION STATUS UNSPEC LEVEL (ICD-V49.70)
2) BRONCHITIS, ACUTE WITH MILD BRONCHOSPASM (ICD-466.0)
3) ANXIETY DEPRESSION (ICD-300.4)
4) FATIGUE (ICD-780.79)
5) HYPERGLYCEMIA (ICD-790.6)
6) HYPERLIPIDEMIA (ICD-272.4)
7) RELIGIOUS BELIEF AFFECTING CARE: NO (ICD-V62.6)

Allergies and Adverse Reactions:
No known drug allergies

Orders & Results for Labs, Studies, and Consultations:
Please have the following orders done as requested. If you choose not to do so, please call us to let us know. If you have these orders done and you do not receive your test results within 3 weeks, please
Thank you for choosing us for your healthcare needs. The following is a summary of today’s visit and other instructions and information we hope you find helpful. Please bring in your medications with you to every visit and please let us know if any of your medications are incorrect on this list.

**Reason(s) for visit:** mouth pain.

---

**Assessment/Plan**

Salivary gland calculus (527.5)
She will be referred to ENT -today.

**Medications**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Sig Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrochlorothiazide 25 mg Tab</td>
<td>take 1 tablet (25MG)</td>
<td>by oral route every day</td>
</tr>
<tr>
<td>lisinopril 20 mg tablet</td>
<td>take 1 tablet (20MG)</td>
<td>by oral route every day</td>
</tr>
<tr>
<td>Augmentin 500 mg-125 mg tablet</td>
<td>take 1 tablet by oral route</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>ibuprofen 800 mg tablet</td>
<td>take 1 tablet (800MG)</td>
<td>by oral route 3 times every day with food</td>
</tr>
</tbody>
</table>

---

**BP/Temp/Pulse/Respiration**

<table>
<thead>
<tr>
<th>BP (mm/Hg)</th>
<th>Temp F</th>
<th>Temp C</th>
<th>Pulse/min</th>
<th>Resp/min</th>
</tr>
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<tbody>
<tr>
<td>136/90</td>
<td>98.4</td>
<td>61</td>
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</table>

**Height/Weight/BMI**

<table>
<thead>
<tr>
<th>Height Ft ln cm</th>
<th>Weight Lb-oz kg</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 2.00 .00</td>
<td>253.00</td>
<td>46.27</td>
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**Referrals**

<table>
<thead>
<tr>
<th>Status</th>
<th>Physician</th>
<th>Appointment</th>
<th>Appt Time</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ordered</td>
<td>referred to ENT -today</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education Date**  **Education Materials**
Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Please bring in your medications with you to every visit and please let us know if any of your medications are incorrect on this list.

Reason(s) for visit: mouth pain.

Assessment/Plan:
Salivary gland calculus (527.5)
She will be referred to ENT today.

Medications:
- Medication Name: hydrochlorothiazide 25 mg Tab
  - Sig Description: take 1 tablet (25MG) by oral route every day
- Medication Name: lisinopril 20 mg tablet
  - Sig Description: take 1 tablet (20MG) by oral route every day
- Medication Name: Augmentin 500 mg-125 mg tablet
  - Sig Description: take 1 tablet by oral route every 12 hours
- Medication Name: ibuprofen 800 mg tablet
  - Sig Description: take 1 tablet (800MG) by oral route 3 times every day with food

BP/Temperature/Pulse/Respiration:
- BP (mm/Hg): 136/90
- Temp F: 98.4
- Temp C: 61

Height/Weight/BMI:
- Height Ft ln cm: 5.0 2.00 0.00
- Weight Lb-oz kg: 253.00 46.27

Referrals:
- Status: ordered
- Physician: referred to ENT today

Education Date: Education Materials
Zztest,
Andy
7/3/2013
10:20
AM
Office
Visit

Provider Location: General Internal Medicine

Please take a few moments to review this summary of your visit. We recommend that you keep this information private as it contains your personal health information and instructions. Please notify the doctor's office if you have any changes or updates. Thank you.

Allergies
CEFTRIAXONE SODIUM; PEANUT OIL; PENICILLIN V; PENICILLINS

Medical Conditions Addressed During This Visit
- Tobacco use disorder - Primary
- ACNE NEC
- Mitral Valve Repair
- RHEUMATIC AORTIC STENOSIS/INSUFF

Ongoing Medical Conditions as of 7/3/2013
- "VENTILATION" PNEUMONIT
- ACNE NEC
- FACIAL NERVE DIS NEC
- HEMATURIA
- Hypertension
- Mitral valve prolapse
- Mitral Valve Repair
- Morbid Obesity
- OBESITY NOS
- Ocular Hypertension
- OSTEOPOROSIS NOS
- Other and Unspecified Hyperlipidemia
- OTHER CONSTIPATION
- OTHER PSCORIASIS
- Polyarthritis
- PYELONEPHRITIS: CHRONIC (aka CHRONIC PYELONEPHRITIS)
- RHEUMATIC AORTIC STENOSIS/INSUFF
- Sensory Hearing Loss, Bilateral
- SLE (systemic lupus erythematosus)
- Unspecified Diffuse Connective Tissue Disease

Current Medications
### Meds Administered, Vaccinations

- **SPIRIVA HANDIHALER 18 MCG CAPS**
  - 1 blister cap daily as needed
- **Insulin Pump Disposable (V-Go 30) Kit**
  - Inject 12 units with each meal in addition to 30 units basal
- **carbamazepine (TEGRETOL) 200 MG TABS**
  - Take 1 tab by mouth four times daily.
- **Ranitidine 150 MG OR 37.5 ML SOLN**
  - None Entered
- **Atiskiren-Hydrochlorothiazide 150-12.5 MG TABS**
  - 1
- **ZYRTEC 10 MG TABS**
  - Take 1 tab by mouth every day.
- **Alopurinol (LIPITOR) 10 MG TABS**
  - 1 tablet at bedtime. DO NOT TAKE WITH MILK.
- **Warfarin Sodium (COUMADIN) 1 MG TABS**
  - 1 TABLET DAILY
- **HYDROCHLOROTHIAZIDE 12.5 MG OR CAPS**
  - 1 CAP orally every day
- **ASPIRIN EC 325 MG OR TBEC**
  - 1 tablet orally every day

### Immunizations/Medications Administered on Date of Encounter - 7/3/2013

- No immunizations or medications administered today

### Other Orders Placed During This Visit

- **TOBACCO COUNSELING (NON-BILL)**

### Patient Instructions

#### WHAT SHOULD I DO TO PREPARE TO QUIT?

Once you decide to quit smoking, the first step is to set a quit date on which you will completely quit smoking. You have decided to quit smoking on __________. We recommend quitting cold turkey because this is more successful then slowly reducing the amount you smoke.

#### HOW SHOULD I PREPARE TO QUIT?

- Tell your family, friends, and coworkers you want to quit — ask if they want to quit with you
- Try to identify and avoid things that make you want to smoke. Common examples include stressful situations, drinking alcohol, and being around other smokers in the workplace or home.

#### WHAT WITHDRAWAL SYMPTOMS CAN I EXPECT?

You should be prepared to deal with the possibility of nicotine withdrawal symptoms, including anxiety, frustration, depression, weight gain, and intense cravings to smoke. If you have attempted to quit before, think about symptoms you had then and try to make a plan to cope. Most withdrawal symptoms become manageable within two to four weeks. There are also medicines available to help you deal with withdrawal symptoms — ask your doctor about these medicines.

#### WHAT ARE THE BENEFITS OF QUITTING SMOKING?

One day later your heart, blood pressure, and circulation will show improvements. One year later your risk of heart disease is half that had you continued to smoke. Five to fifteen years later your risk of stroke is the same as someone who had never smoked. Ten years later your risk of lung cancer is reduced to half that had you continued to smoke. Fifteen years later your risk of heart disease is the same as someone who had never smoked and your overall risk of death is essentially the same as if you had never smoked, as long as you quit before illness develops. You will also notice that you have saved a lot of money!
Please take a few moments to review this summary of your visit. We recommend that you keep this
information private as it contains your personal health information and instructions. Please notify the
doctor's office if you have any changes or updates. Thank you.

<table>
<thead>
<tr>
<th>Allergies</th>
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<tbody>
<tr>
<td>CEFTRIAXONE SODIUM; PEANUT OIL; PENICILLIN V; PENICILLINS</td>
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<table>
<thead>
<tr>
<th>Medical Conditions Addressed During This Visit</th>
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<tbody>
<tr>
<td>Tobacco use disorder - Primary</td>
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<tr>
<td>ACNE NEC</td>
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<tr>
<td>Mitral Valve Repair</td>
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<tr>
<td>RHEUMATIC AORTIC STENOSIS/INSUFF</td>
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</table>

<table>
<thead>
<tr>
<th>Ongoing Medical Conditions as of 7/3/2013</th>
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<tbody>
<tr>
<td>&quot;&quot;&quot;VENTILATION&quot;&quot;&quot;&quot; PNEUMONIT</td>
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<tr>
<td>ACNE NEC</td>
</tr>
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<td>FACIAL NERVE DIS NEC</td>
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<tr>
<td>HEMATURIA</td>
</tr>
<tr>
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<td>Other and Unspecified Hyperlipidemia</td>
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<td>OTHER CONSTIPATION</td>
</tr>
<tr>
<td>OTHER PSORIASIS</td>
</tr>
<tr>
<td>Polyarthritis</td>
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<td>PYELONEPHRITIS: CHRONIC(aka CHRONIC PYELONEPHRITIS)</td>
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<td>Sensory Hearing Loss, Bilateral</td>
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<tr>
<td>SLE (systemic lupus erythematous)</td>
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<tr>
<td>Unspecified Diffuse Connective Tissue Disease</td>
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<tr>
<td>Medication</td>
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<tr>
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<tr>
<td>SPIRIVA HANDEHALER 18 MCG CAPS</td>
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<tr>
<td>Insulin Pump Disposable (V-GO 30) KIT</td>
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<td>carbamazepine (TEGRETOL) 200 MG TABS</td>
</tr>
<tr>
<td>Anakinra 100 MG/0.67ML SOLN</td>
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<td>ZYRTEC 10 MG TABS</td>
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</tr>
<tr>
<td>ASPIRIN EC 325 MG OR TBEC</td>
</tr>
</tbody>
</table>

Medications Administered During Visit
None

Immunizations/medications administered on date of encounter - 7/3/2013
No immunizations or medications administered today

Other Orders Placed During This Visit
Tobacco Counseling (Non-Bill)

Patient Instructions

WHAT SHOULD I DO TO PREPARE TO QUIT?
Once you decide to quit smoking, the first step is to set a quit date on which you will completely quit smoking. You have decided to quit smoking on __________. We recommend quitting cold turkey because this is more successful then slowly reducing the amount you smoke.
## Reading Grade Level

<table>
<thead>
<tr>
<th>Condition</th>
<th>Median</th>
<th>(Range)</th>
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<tr>
<td>Flesch-Kincaid</td>
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<td>(8-20)</td>
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<tr>
<td>SMOG</td>
<td>10</td>
<td>(8-15)</td>
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<td>Gunning-Fog</td>
<td>11</td>
<td>(7-19)</td>
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<tr>
<td>Coleman-Liau</td>
<td>9</td>
<td>(3-11)</td>
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<tr>
<td><strong>Condition-specific Instructions (n=14)</strong></td>
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<td>SMOG</td>
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<td>(5-13)</td>
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<td>Gunning-Fog</td>
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<td>(5-26)</td>
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<td>(3-18)</td>
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# Readability

<table>
<thead>
<tr>
<th></th>
<th>Median Score (range)</th>
<th>Interpretation</th>
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</thead>
<tbody>
<tr>
<td><strong>SAM</strong></td>
<td>61 (46-96)</td>
<td>Adequate</td>
</tr>
<tr>
<td><strong>PEMAT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Understandability</strong></td>
<td>69% (20-92)</td>
<td></td>
</tr>
<tr>
<td><strong>Actionability</strong></td>
<td>80% (38-100)</td>
<td></td>
</tr>
</tbody>
</table>
Clinicians’ Perspectives

- Medication lists “helpful” but most other elements are not helpful
- “Frustrating”
- “Need it in Spanish”
Summary

- Little research on DCS/AVS
- AVS/DCS examined here not designed to meet needs of users with limited health literacy or cognition
- Inconsistencies across AVS
- Many AVS may not meet MU criteria
Alex Federman, MD, MPH
alex.federman@mssm.edu