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To assist providers with meeting documentation and coding requirements, several system-level Emergency Department Auto-Texts have been created. These are listed below and detailed in the appendix. Instructions for obtaining education on the use of the dynamic documentation tool are included, as well.

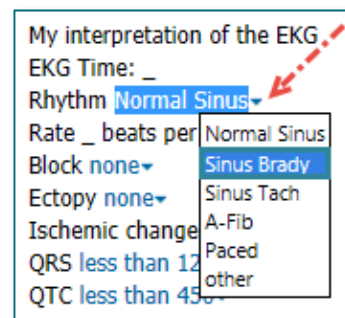
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### New Auto-Text Abbreviations

Several new auto-texts are available for ED providers. These begin with the /ed\_ prefix, for ease of use and discovery. Descriptions of the auto-texts listed below are available in the Appendix.

### Auto-Text FAQ

- What are the **blue carets** within the ED Auto text?
  - The carets indicate a drop-down menu to choose from, so the provider may select the best option to complete their documentation.
- How do I move my cursor when there is an underscore within an auto text?
  - Underscores (    ) are often used to highlight “fill-in-the-blank” areas in an auto-text. Press the **F3** key on the computer keyboard to toggle between the underscores (    ).
  - When in the body of the note, press F3 to jump from blank to blank.



Procedures	Attestations
<ul style="list-style-type: none"> <li>• /ed_procedure_splint&amp;strap</li> <li>• /ed_procedure_intubation</li> <li>• /ed_procedure_laceration</li> <li>• /ed_procedure_I&amp;D</li> <li>• /ed_procedure_orthopedic_reduction</li> <li>• /ed_procedure_sedation</li> <li>• /ed_critical_care_time</li> </ul>	<ul style="list-style-type: none"> <li>• /ed_attest_resident_H&amp;P</li> <li>• /ed_attest_resident_procedure</li> <li>• /ed_attest_PA</li> </ul>
	<b>Interpretations</b>
<ul style="list-style-type: none"> <li>• /ed_us_renal</li> <li>• /ed_us_eFAST</li> <li>• /ed_us_abdominal_aorta</li> <li>• /ed_us_transabdominal_pregnancy</li> <li>• /ed_us_gallbladder_normal</li> <li>• /ed_us_Guided_IV</li> <li>• /ed_us_echo_cardiac_arrest</li> <li>• /ed_us_central_line</li> <li>• /ed_us_echo_normal</li> <li>• /ed_us_nerve_block</li> <li>• /ed_us_abscess</li> </ul>	<ul style="list-style-type: none"> <li>• ed_ekg_interpretation</li> <li>• /ed_xray_interpretation</li> </ul>
Ultrasound	Documentation
	<ul style="list-style-type: none"> <li>• /ed_intracerebral_hemorrhage_score</li> <li>• /ed_ros_unobtainable</li> </ul>
	<b>Medical Decision Making</b>
	<ul style="list-style-type: none"> <li>• /ed_records_reviewed</li> </ul>
	<b>Historical Documentation</b>
	<ul style="list-style-type: none"> <li>• /ed_history_caveat</li> <li>• /ed_ems_treatments</li> </ul>
	<b>Other</b>
	<ul style="list-style-type: none"> <li>• /ed_cc (chief complaint)</li> </ul>

## Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_procedure_splint&strap	<p>Time: [Date/Time Current]</p> <p>Procedure: Splint and/or Strap Placement</p> <p>Risks &amp; benefits explained, and verbal consent obtained from the: <a href="#">patient</a> ▼</p> <p>Indication: <a href="#">Sprain immobilization</a> ▼</p> <p>Confirmed correct: patient, procedure, side, site</p> <p>Anatomical location: _</p> <p>Applied <a href="#">Self</a> ▼</p> <p>Type of device <a href="#">shoulder sling</a> ▼</p> <p>Patient tolerated: well</p> <p>Complications: none</p> <p>Reassessment post procedure: neurovascular status intact with good distal sensation and cap-refill &amp; alignment status in good position.</p> <p>Splint and Strap care instructions provided to patient.</p>
/ed_procedure_intubation	<p>PROCEDURE: Endotracheal Intubation</p> <p>Time out done to confirm correct: patient and procedure</p> <p>INDICATION: Airway protection</p> <p>Risks and benefits explained as best as possible.</p> <p>Patient Preoxygenation with 100% oxygen non-rebreather mask.</p> <p>Suction available</p> <p>RSI Induction Medications used: _</p> <p>Using a <a href="#">MAC 3</a> ▼ a <a href="#">_</a> ▼ ET tube was placed through the vocal cords with good visualization.</p> <p>Afterwards there were good breath sounds bilaterally and no abdominal sounds heard.</p> <p>A CO2 detector was also used to confirm ET tube placement.</p> <p>ET tube was secured at <a href="#">_</a> ▼ cm at the lip.</p> <p>Patient maintained their blood pressure and pulse ox adequately. Patient tolerated procedure well.</p> <p>Complications: <a href="#">none</a> ▼ Confirmation chest x-ray was done.</p> <p>The patient was placed on a ventilator.</p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_procedure_laceration	<p>TIME: [ Current Date and Time ]            PROCEDURE: Laceration repair            PREOP DIAGNOSIS: Laceration            POSTOP            DIAGNOSIS:            Laceration            LOCATION: _            LENGTH: _ cm</p> <p>PROCEDURE IN DETAIL: After verbal consent was obtained from the patient, the wound was examined and was ▼ neurovascularly intact and the edges were anesthetized with _ ▼. On exam no ▼ obvious tendon injuries were seen. The wound was clean ▼. After adequate local anesthesia was obtained, the wound was irrigated with a copious amount of fluid. The wound was then examined for any associated soft tissue injuries or foreign bodies. After I was convinced that there were no foreign bodies, the wound was then repaired using _ ▼ _ ▼ in a sterile fashion. A total of #_ simple interrupted ▼ sutures ▼ were placed. Wound was closed in a single ▼ layer closure. The patient tolerated this procedure well, there were no complications.</p>
/ed_procedure_orthopedic_reduction	<p>Time: [ Date/Time Current (ST) ]            Procedure: _ ▼ Reduction            Time out done to confirm correct: patient, procedure, side, site            Consent: patient: _ ▼ Indication: _ ▼ Location: _            Pre-Procedure Exam: Circulation, motor, sensory intact            Technique: traction-counter traction ▼ Post-Procedure Exam: Circulation, motor, sensory intact &amp; alignment improved            Post-Procedure X-Ray: Alignment improved            Immobilization: _ ▼ Patient Tolerated: well            Complications: none ▼</p>

## Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_procedure_I&D	<p>PROCEDURE: Incision and drainage.            PRE-procedure diagnosis: <a href="#">abscess</a> ▼ POST-Procedure diagnosis: <a href="#">abscess</a> ▼            After risks and benefits explained, <a href="#">verbal</a> ▼ consent was obtained from the patient prior to performing the procedure.            A timeout was performed.            Time: [ Current Date and Time ]            Performed by: Author of this note</p> <p>PROCEDURE:            Location: _            The site was anesthetized with _ ml of <a href="#">_</a> ▼.            A sterile incision was made over the area of concern.            Loculations <a href="#">_</a> ▼ to be broken up using hemostats.            Drainage: <a href="#">_</a> ▼; <a href="#">_</a> ▼.            The wound <a href="#">was packed in my usual fashion</a> ▼. Wound cultures were <a href="#">_</a> ▼. The patient tolerated the procedure well.            Complications: <a href="#">none</a> ▼ Blood loss: <a href="#">minimal</a> ▼ ml            Antibiotics were <a href="#">_</a> ▼</p>
/ed_critical_care_time	<p><u>Critical Care Time</u>            Upon my evaluation, this patient had a high probability of imminent or life-threatening deterioration due to _ which required my direct attention, intervention, and personal management.</p> <p>I have personally provided _ minutes of critical care time exclusive of time spent on separately billable procedures. Time includes review of laboratory data, radiology results, discussion with consultants, and monitoring for potential decompensation. Interventions were performed as documented.</p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_procedure_sedation	<p>Time: _</p> <p>Procedure: Procedural sedation</p> <p>Risks &amp; benefits explained, and consent obtained from the: <a href="#">patient ▼</a>; <a href="#">written ▼</a> Indication: <a href="#">_ ▼</a></p> <p>Time out done to confirm correct: patient and procedure</p> <p>Patient has no history of allergies to the planned sedation medications.</p> <p>Patient has had no known difficulty with previous anesthesia.</p> <p>Patient last ate or drank at about _ hours ago.</p> <p>ASA class is <a href="#">_ ▼</a></p> <p>Cardiac monitoring, BP, and supplemental oxygen with Pulse Ox monitoring used with constant attendance, and suction and advanced airway equipment was readily available.</p> <p>Pre-Sedation Physical exam done and vital signs per Notes</p> <p>Sedation was then accomplished using _ mg of _ . - See nursing notes for details.</p> <p>Post- Sedation vital signs per Notes</p> <p>Total Time the ED Provider provided Procedure Sedation (time began with medication administration and ended with provider leaving the room): _ Minutes</p> <p>See hospital Procedural Sedation Flow Sheet</p> <p>The patient was then allowed to wake up from sedation with constant monitoring until appropriate level of consciousness was achieved: awake and alert and oriented</p> <p>Patient tolerated sedation: well</p> <p>Complications: <a href="#">none: Patient did not have any hypoxia or require any rescue breathing and had no vomiting ▼</a></p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_eFAST	<p>ED Bedside Ultrasound: FOCUSED ASSESSMENT WITH SONOGRAPHY FOR TRAUMA</p> <p>INDICATION: The patient was involved in a _.</p> <p>PROCEDURE IN DETAIL: Ultrasound images were obtained using a 5-2 MHz curvilinear probe. A coronal plane of the right upper quadrant was obtained and was _ for anechoic fluid in the right chest, in Morison’s pouch, or in the right subdiaphragmatic space. A subcostal window of the heart was obtained and was _ for the presence of free fluid in the pericardial space. A coronal plane of the left upper quadrant was obtained and was _ for anechoic fluid in the left chest, the splenorenal space, and the left subdiaphragmatic space. A suprapubic window was _ for free fluid posterior and lateral to the bladder. The bladder was visualized in the transverse and sagittal planes. Intercostal views of the right and left anterior mid chest were obtained, with visualization of the pleura and utilization of M-mode, showing _ evidence of pneumothorax.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, _ FAST scan including cardiac, thoracic, and abdominal views.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_us_abdominal_aorta	<p>Bedside ED Ultrasound: ABDOMINAL AORTA</p> <p>INDICATION: The patient presented to the Emergency Department with _ pain.</p> <p>PROCEDURE IN DETAIL: Ultrasound images were obtained using a 5-2 MHz curvilinear probe. Axial and sagittal planes of the abdominal aorta were obtained from just below the diaphragm to the level of the bifurcation. The aorta measured _ at its largest diameter.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, _.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>

## Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_gallbladder_normal	<p>Bedside ED Ultrasound: LIMITED ABDOMINAL ULTRASOUND</p> <p>INDICATION: The patient presented to the Emergency Department with abdominal pain.</p> <p>PROCEDURE IN DETAIL: Ultrasound images were obtained using a 5-2 MHz curvilinear probe. Transverse and longitudinal views of the gallbladder was obtained. There were _ gallstones noted. There is _ evidence of gallbladder wall thickening. There is _ pericholecystic fluid noted. The common bile duct had _ caliber.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, _ gallbladder with _ evidence of cholelithiasis or cholecystitis.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_us_echo_cardiac_arrest	<p>ED Bedside Ultrasound: ECHOCARDIOGRAM 2D</p> <p>INDICATION: Cardiac Arrest</p> <p>PROCEDURE IN DETAIL: Using a 5-1 MHz phased array probe, a subxiphoid view of the heart was obtained.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, _.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_ekg_interpretation	<p>My interpretation of the EKG</p> <p>EKG Time: _</p> <p>Rhythm <b>Normal Sinus</b> ▼</p> <p>Rate _ beats per minute</p> <p>Block <b>none</b> ▼</p> <p>Ectopy <b>none</b> ▼</p> <p>Ischemic changes <b>No</b> ▼</p> <p>QRS <b>less than 120</b> ▼</p> <p>QTC <b>less than 450</b> ▼</p>



## Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_echo_normal	<p>ED Bedside Ultrasound: ECHOCARDIOGRAM 2D</p> <p>INDICATION: _</p> <p>PROCEDURE IN DETAIL: Using a 5-1 MHz phased array probe, subxiphoid, parasternal short, and parasternal long views of the heart were attempted, showing a normodynamic left ventricle. There was no evidence of pericardial effusion. The inferior vena cava was then visualized and showed normal respirophasic changes, with collapse of less than 50% from inspiration to expiration.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, normal limited bedside echocardiogram</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_us_Guided_IV	<p>ED Bedside Ultrasound: PERIPHERAL INTRAVENOUS LINE PLACEMENT, ULTRASOUND GUIDANCE</p> <p>INDICATION: The patient requires peripheral intravenous access.</p> <p>PROCEDURE IN DETAIL: Using a 13-6MHZ linear probe, with a sterile cover, a short axis of the vein was obtained. The _ vein in the _ arm was completely compressible. Under real time guidance, the needle tip was visualized penetrating the vein, and was then visualized within the vein prior to advancement of the catheter. Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, successful peripheral venous catheterization under ultrasound guidance.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_central_line	<p>ED Bedside Ultrasound: CENTRAL VENOUS LINE PLACEMENT, ULTRASOUND GUIDANCE</p> <p>INDICATION: The patient requires central venous access.</p> <p>PROCEDURE IN DETAIL: Using a 13-6 MHZ linear probe, with a sterile cover, a short axis view of the right internal jugular vein was obtained. The vein was completely compressible. The carotid artery was identified and was non-compressible. Under real time guidance, the needle tip was visualized penetrating the _ internal jugular vein and was then visualized within the vein. A wire was then place into the vein, and the vein was noted to be compressible around the wire. A longitudinal image of the wire within the vein was captured and was loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, successful central venous catheter placement into the _ internal jugular vein under ultrasound guidance.</p> <p>If this ultrasound is billed for,</p> <p>permanent images have been recorded.</p>
/ed_us_nerve_block	<p>US ED Bedside _ Nerve Block</p> <p>Indication: _.</p> <p>Exam: After informed verbal consent was obtained, a 13-6 MHz linear array probe was used to perform an US for a _ nerve block. The _ nerve was identified. Surrounding vasculature was also identified by compression and arterial color flow. Under sterile precautions a _ gauge spinal needle was advanced using US guidance to the nerve sheath. After plunger was drawn back with no blood return, _ mL of _ was injected and was seen to surround the nerve sheath. Spinal needle was then withdrawn, and the area was gently massaged. Patient tolerated procedure well without complications. Nerve block was successful. Images were saved and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, successful ultrasound-guided _ nerve block.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_abscess	<p>ED Bedside Ultrasound: SOFT TISSUE FLUID LOCALIZATION</p> <p>INDICATION: The patient requires incision and drainage of an abscess.</p> <p>PROCEDURE IN DETAIL: Using a 13-6MHZ linear probe, two views were obtained, perpendicular to one another, over the area of soft tissue swelling, which was located on _. A _ sized fluid collection was seen.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, soft tissue fluid collection.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_attest_resident_H&P	<p>I personally saw and examined the patient with the resident. I have reviewed and agree with the resident's findings, including all diagnostic interpretations and treatment plan as written. I was present for the key portions of any procedures performed and the inclusive time noted for any critical care statement.</p>
/ed_attest_resident_procedure	<p>The procedure performed by the resident was under my direct supervision.</p>
/ed_attest_PA	<p>The patient presents with a chief complaint of _ for _'s duration. My exam reveals _. I reviewed the PAs note and agree with the PA's findings and plan.</p>
/ed_us_transabdominal_pregnancy	<p>Bedside ED Ultrasound: TRANSABDOMINAL ULTRASOUND FOR PREGNANCY</p> <p>INDICATION: The patient presented to the Emergency Department with _.</p> <p>PROCEDURE IN DETAIL: Ultrasound images were obtained using a 5-2 MHz curvilinear probe. Good fetal movement was noted. Fetal heart rate was _.</p> <p>Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, single live intrauterine pregnancy with normal fetal heart rate and good fetal movement.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>

### Appendix: ED Auto-Texts

Prefix	Auto-Text
/ed_us_renal	<p>Bedside ED Ultrasound: RENAL</p> <p>INDICATION: The patient presented to the Emergency Department with flank pain.</p> <p>PROCEDURE IN DETAIL: Ultrasound images were obtained using a 5-2 MHz curvilinear probe. Longitudinal and transverse views of both kidneys were obtained. There was _ perinephric fluid appreciated. There was _ evidence of significant hydronephrosis or hydroureter. Images were captured and loaded into IMPAX.</p> <p>CONCLUSION: Per my interpretation, _ appearing kidneys with _ evidence of significant hydronephrosis or hydroureter.</p> <p>If this ultrasound is billed for, permanent images have been recorded.</p>
/ed_xray_interpretation	X-ray of the _ was reviewed and my interpretation is: _.
/ed_intracerebral_hemorrhage_score	<p><u>Intracerebral Hemorrhage Score</u></p> <p>GCS: _ ▼ Age greater than or equal to 80: no = 0 ▼ _</p> <p>ICH volume greater than or equal to 30mL: no = 0 ▼</p> <p>Intraventricular hemorrhage: no = 0 ▼</p> <p>Infratentorial origin of hemorrhage: no = 0 ▼</p> <p>Total Score (0-6) = _</p>
/ed_ros_unobtainable	Except what is already provided in the HPI, a full ROS is unable to be obtained due to _.
/ed_records_reviewed	As part of my Medical Decision Making, the following records were reviewed, if available: Prior Records, Medications List, Triage Note, Nursing Notes, Past Medical, Surgical, Social and Family History.
/ed_history_caveat	Unable to obtain history due to _, therefore the history was obtained from _.
/ed_ems_treatments	According to EMS report, the following treatments were provided to the patient prior to ED arrival: _.
/ed_cc	[ ED CC ] (chief complaint)