Typicals: Web Ambulatory Tip Sheet All Disciplines

Overview

Within MEDITECH documentation, user can create "Typicals", the ability to define preset responses that are commonly documented that may be used on a regular basis or what would be considered normal for a certain diagnosis. This is similar to the "Normals" feature in previous MEDITECH platforms. Users can change (if desired) the responses that are pulled in, which is a process that is referred to as documentation by exception.

Where to find a 'Typical' and what does a Typical look like?

Typicals can either be applied at the template or section level. The Typicals icon (as shown below) is found in either the Documentation Navigation bar or the Section/Section Group header.

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Adult Asthma Clinic V	/isit Prev	riew Rapid Entry Typicals	Save Sign		mber) (Her/Hers
Delete Document Create New Typical Edit Contributor/Signers	y Provider Note Assessmen	nt STATS Departure	Last Saved at 03/06/2021 23:41	16,F · HCN# 45	nb,Two 17/05/2005 561237890-AA V000000094
Add Content	-		View Previous	No Show	SCH AMB, V.TESTAMB
Switch Document Visit Date: 20/05/2021			2021		
Horr coma 15 ocreaming			FULL Resuscitation		
✓ Febrile Resp. Illness (FRI)			Search Chart	×	
New/Worse Cough/Shortness of Breath No					
Feverish/Shakes/Chills No			SOCIAL HISTORY	RESPONSE	
Travelled Outside of Canada or Been to a Country with a Health Alert in the Last 3 Weeks No Country/Countries Travelled To η/a		Physical activity type	none		
> Gastrointestinal Screening		Leisure activities	clubs, music, games and reading		

Notice there are no Typicals at the section level in this image.

1. Provider Typicals: These are provider specific Typicals that can either be built on the fly during the documentation of a patient visit or can be created using the Manage Typicals Routine.

2. Standard Normals: This will pull any Typicals defined on the Section level. These are the responses that pull into the document if selecting the T icon as noted above.



3. Select Responses: The usual responses for the selected Typical display on the right side of the screen. The user has the option to select which content to pull into the current document.

4. Exit/Apply: Once selected, the user can select the Apply button to pull those responses into the document. Selecting Exit brings the user back to the document.

Typicals AMB,TWO (Amber) She/He	r/Hers 16 F 17/05/2005 Allergy/Adv: kiwi, pean	ut (More 🗸) Exit Apply	
New Typical	Please review and ensure no patient specific clinical data is being applied as a Typical		
Reason for consult	Provider Note		
Diabetes Document	Clinic Note		
	Reason for Consult:	Date of Procedure: []	
		Surgeon: []	
		PREOPERATIVE DIAGNOSIS: Chronic mechanical low back pain due to lumbar facet disease.	
	This is an example of	POSTOPERATIVE DIAGNOSIS: Same.	
commonly documented findings that a user can select and fill in the unique patient specific data		OPERATION: Fluoroscopic guided bilateral lumbar facet medial branch radiofrequency neurotomy for L2 medial branch, L3 medial branch, L4 medial branch and L5 dorsal ramus nerves.	
		CLINICAL NOTE: []	
		Informed consent was obtained from the patient regarding risks and benefits of the procedure. The risks included nerve injury, permanent damage, infection and bleeding. The fact that the patient may not get relief was discussed as well as the fact that this procedure is for pain management and will	

After a typical is selected, click the "Apply" button to insert it into documentation. The Typical information will be inserted as per the application. Notice the Typicals button is at the section level. This will allow the Typical to be used specifically for this section of the document.



Adult Asthma Clinic Visit				
Contributor: <none> Last Saved at 03/06/2021 23:52</none>				
Intake Health Summary Provider Note Assessment STATS Departure				
✓ Provider Note Add Content Typicals View Previous				
✓ Clinic Note				
Reason for Consult				
Date of Procedure: []				
Surgeon: []				
PREOPERATIVE DIAGNOSIS: Chronic mechanical low back pain due to lumbar facet disease.				
POSTOPERATIVE DIAGNOSIS: Same.				
OPERATION: Fluoroscopic guided bilateral lumbar facet medial branch radiofrequency neurotomy for L2 medial branch, L3 medial branch, L4 medial branch and L5 dorsal ramus nerves.				
CLINICAL NOTE: []				
Informed consent was obtained from the patient regarding risks and benefits of the procedure. The risks included nerve injury, permanent damage, infection and bleeding. The fact that the patient may not get relief was discussed as well as the fact that this procedure is for pain management and will not alter the initial pathology.				
The patient had a positive response to the diagnostic lumbar facet medial branch blocks and is a good candidate for the procedure.				
An intravenous saline lock was started and the patient was given a total of 2 mg of Midazolam and 100 mcg of Fentanyl for sedation. The patient was fully monitored throughout the procedure using automatic blood pressure cuff monitoring, ECG and oxygen saturation level. Supplemental oxygenation via nasal prongs at 3 L/min was provided throughout the procedure. The patient was responding to verbal commands.				
PROCEDURE: The patient was placed in the prone position with sterile preparation of the skin of the back using Chlorhexidine swabs. Draping was done in a sterile manner. Fluoroscopy was used throughout the procedure.				
For L2, L3 and L4 medial branches, identification of the junction between the superior articular process and transverse process was done. An oblique view then a declined view was obtained of the identified target area.				

How to create a new Typical

- 1. Go to the section of choice
- 2. Answer the questions within the document section where you want to create a typical.

■ Adult Asthma Clinic Visit			
Cancel Document			
Create New Typical			
Edit Contributor/Signers nt			
Add Content			
Switch Document			

∃ Adult Asthma Clinic Visit	Preview Rapid Entry	Typicals	Save			mber) /Her/Hers	0
Contributor: Sanjeev Singwi, MD Co-Contributor: Tiffany Niles-Queensborough, MD Last Saved at 03/06/2021 23:5 Intake Health Summary Provider Note Assessment STATS Departure V Intake View Previous View Previous View Previous				54	16, F · HCN# 4	nb,Two 17/05/2005 561237890-AA V000000094	
✓ Intake				No Sho	W	SCH AMB, V.TESTAME	
				Visit Da	Visit Date: 20/05/2021		
					FULL F	Resuscitation	
V AMB Triage Assessment			Search	Search Chart			
					•	N G	
> MOH Covid-19 Screening				SOCIAL	HISTORY	RESPONSE	*
✓ Febrile Resp. Illness (FRI)				l activity	none		
New/Worse Cough/Shortness of Breath No			type				
Feverish/Shakes/Chills No			Leisure	activities	clubs, music, games and readin	ng	
Travelled Outside of Canada or Been to a Country with a Country/Countries Travelled To n/a	Health Alert in the Last 3 We	eeks No		Alcohol	type	beer, wine and ha liquor	ird
> Gastrointestinal Screening				caffeine		Yes	

3. Select "Create New Typical on the document menu



To create a new Typical

- Create a new name for the Typical
- Select the sections that you want as part of the Typical. Notice in this example the Provider Note removed by deselecting the checkmark.
- After completing the creation of the new Typical, select the Save button.

Create New Typicals AMB,TWO (Amber) She/Her/Hers 16 F 17/05/2005 Allerg	y/Adv: kiwi, peanut (More ▼)
*My Typicals Name Intake Normals	
Please review and ensure no patient s	pecific clinical data is being saved as a Typical 🔷 🔺
AMB Triage Assessment	
Febrile Resp. Illness (FRI)	
New/Worse Cough/Shortness of Breath:	No
Feverish/Shakes/Chills:	No
Travelled Outside of Canada or Been to a Country with a Health Alert in the Last 3 Weeks:	Νο
Country/Countries Travelled To:	n/a
Provider Note	
Clinic Note	
Reason for Consult:	Date of Procedure: []
	Surgeon: []
	PREOPERATIVE DIAGNOSIS: Chronic mechanical low back pain due to lumbar facet disease.
	POSTOPERATIVE DIAGNOSIS: Same.
	OPERATION: Fluoroscopic guided bilateral lumbar facet medial branch radiofrequency neurotomy for L2 medial branch, L3 medial branch, L4



Notice the new Typical has been applied at the section level in the document template

