



Cardiology

GlanceEMR Cardiology has been designed to include and integrate the specialty elements required for efficient clinical documentation and the associated revenue capture in the Cardiology office. GlanceEMR provides the Cardiologist an efficient way to manage the heart related disease efficiently and the ability to generate consultation letters with different diagnostic procedure interpretation reports.

CCHIT certified GlanceEMR Cardiology incorporates the highest standards of clinical documentation and interoperability required in the market place today. The specialty templates in this GlanceEMR specialty module were designed by Cardiologists for Cardiologists and incorporate the guidelines of American College of Cardiology.

Cardiology Specific Functionalities:

- Maintain Cardiac Risk Factors
- Coumadin Tracking Sheet
- Disease management templates (hypertension, CAD)
- Interface to the clinical equipments
- Document & Track custom target value of lab parameters.

Consultation Report:

- Build New/Follow up Consultation Letters Quickly.
- Create Personalized Consultation Letters.
- Include the procedure findings into the letter automatically if desired.
- Fax consultation letter to the referring physician on the fly.

Procedures:

Interpretation Templates

- Echocardiogram
- EKG
- Nuclear Stress Test
- ABI Carotid Doppler
- Cardiac catheterization

Efficient way to maintain the insurance prior authorization details and alerts you if the authorization is expired.

Reference:

www.acc.org



SAMPLE CONSULTATION LETTER

USA MEDICAL CENTRE

Patient Name: Theodore S. Smith

Account No: 006821

DOB: 05/15/1932

03/20/2010

Edward Butler M.D.

Freddie Flintstone M.D.

78 East Main Street

John Alexander M.D.

Anytown, CT 06702

RE: **Theodore S. Smith**

Dear Dr. Flintstone M.D.

Offices:

1 West Main Street
Waterbury, CT 06702
Ph : (203)-123-4567
Fax : (202)-123-7654

21 North Main Street
Shelton, CT 06484
Ph : (203)-123-8901
Fax : (202)-123-1089

I had the pleasure to see your patient, Theodore S. Smith in my office today. He is a 78-year-old male, with complaints of chest discomfort, cough and shortness of breath. He has been having chest pain for the past two months. It is located in the substernal region and radiates to back. Chest pain is felt as tightness. Pain is aggravated by exercise and relieved by rest. He is able to walk a flight of stairs. He is able to walk a block. He denies palpitations, syncope, edema or cyanosis.

Review of Systems

- **Constitutional:** Recent weight gain and fatigue present. No fever, chills, recent weight loss or malaise.
- **Ear/Nose:** No tinnitus, otalgia, hearing loss, nasal congestion, rhinorrhea, epistaxis, ulcers, sinusitis, headache and vertigo.
- **Cardiovascular:** PND, orthopnea, angina, dyspnea, high blood pressure and swelling of ankles present. No palpitation, edema, claudication, PVD, syncope, MI, rheumatic fever or lightheadedness/dizziness.
- **Respiratory:** Cough and wheezing present. No sputum or hemoptysis.
- **Neurology:** Headache present. No weakness of extremities, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures or trouble walking.
- **Psychiatric:** No anxiety, depression, hallucination, delusions, aggressive behavior, wandering and crying.

Past Medical History:

- He has been diagnosed with hypertension, diabetes mellitus, and dyslipidemia in the year 2000.
- Patient denies peptic ulcer disease, asthma, COPD, kidney problem and bleeding disorders.
- An EKG in 2004 revealed sinus rhythm pattern while a follow up EKG performed on August 3, 2006 revealed underlying sinus rhythm pattern without any changes.

Surgical History Details:

- He underwent an appendectomy in 1994 and hernia repair was done in 2003. Post op period was uneventful and he recovered well.
- HTN has been reported in Father.
- Diabetes Mellitus has been reported in Mother.

Social History Details:

- He quit smoking approximately 8 months ago. Prior to that time, he had about 35- to 40-pack-year history.

Cardiac risk factor:

- Diabetes Mellitus.
- Family History of hypertension.

Current Medication

- The patient is actively taking Abilify 10 mg PO 1 tablet b.i.d. For 30 days (refills 1) and Aspirin 50 mg TAB PO 1 Tablet 1 for 1 day (refills 1).

Physical Examination

- **Vital Signs:** Weight is 215 lbs, BP is 114/75 mmHg and Pulse is 65 per min.
- **Constitutional:** Patient is well-developed, well-nourished, appearing stated age, no acute distress.
- **Eye exam** reveals conjunctivae and sclera moist without injection or suffusion. Pupils appear equal, round, reactive to light and accommodation (PERRLA).
- **Ear exam** reveals external ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- **Respiratory exam** reveals lungs are clear to auscultation and percussion. Breath sounds are equal.
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- **Cardiovascular: Regular rate.** Regular rhythm. PMI is at the left 5th interspace. Normal S1 diastolic murmur. Normal S2. No rubs, gallop, palpable thrill or heave. Normal carotid pulse, brachial pulse, femoral pulse, popliteal pulse and post tibial pulse. Capillary refill (< 2-3 seconds).
- **Extremities exam** reveals no findings of cyanosis, clubbing or edema.

Evaluation

- Echocardiogram performed on 03/20/2010: Left ventricle is normal in size and thickness. Normal LV systolic function. Normal diastolic function. Trace regurgitation seen in both mitral valve and tricuspid valve.

Assessment

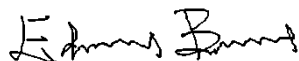
- Chest Pain
- Shortness of breath

Plan

- Exercise nuclear stress test ordered on 03/31/2010.
- He was advised to lose weight and given instruction on how to lose weight. Offered option of dietician consult and regular exercise.
- He has been advised to take low fat diet and to follow a strict exercise regimen.
- He has been advised to reduce salt intake and to exercise regularly. Sodium intake should be < 100 mmols/day.

I thank you again for allowing me to participate in his care.

With personal regards,



Edward Butler M.D.