

**Responsible Electronic Documentation (RED) Checklist
Northwestern University Feinberg School of Medicine**

Instructions:

- This instrument is designed to be used on progress notes only (not H&Ps)
- Please choose a patient who has been hospitalized for 3-10 days
- In using the checklist, you should have access to at least two consecutive days of progress notes, and should evaluate the second of the two days (e.g. for a patient hospitalized Feb 4-7, you would look at notes from Feb 5 and 6, and evaluate the Feb 6 note)

Subjective						
The note contains:	No	Yes	N/A			
1. Commentary on interval events.						
2. Current patient concerns or symptoms.						
Objective						
The physical examination documents the following:	No	Yes	N/A			
3. Succinct vitals.						
4. Examination of all systems relevant to today's symptoms and primary reason for continued hospitalization						
5. Examination different from the previous day's exam.						
The data portion of the note contains:	No	Yes	N/A			
6. Labs only if they are new and important to the patient's care.						
7. Imaging studies only if this is the first day they are included.						
8. A summary of the imaging or the impression of the imaging report rather than the full report.						
Assessment and Plan						
The assessment and plan meets these criteria:	No	Yes	N/A			
9. A summary statement is included.						
10. The summary statement is changed from the previous day's statement.						
11. Significant concern(s) from subjective section are included.						
12. A problem-based assessment is included.						
13. The note is internally consistent without contradictions.						
Mark on a scale as defined in key	1	2	3	4	5	N/A
14. Problems are described as improving, worsening, persistent, stable, resolved or inactive.						
15. Interpretation of all significant new labs and studies is included.						
16. Problems written as diagnoses or accompanied by a differential if still evaluating						
17. Active problems accompanied by sound clinical reasoning.						
18. Active problems associated with brief, clear plan.						
19. Assessment and plan updated compared to the previous day's.						
Summary						
Overall, the note, on a scale of 1-5 (1 is strongly disagree, 2 is somewhat disagree, 3 is neither agree nor disagree, 4 is somewhat agree and 5 is strongly agree.)	1	2	3	4	5	
This note is REASONED. It reflects rational clinical thought processes by the clinician.						
This note is UPDATED from the previous day's note. It attempts to communicate the current state of the patient.						
This note is SUCCINCT: It is concise and easy to read.						
	No			Yes		
This note appears TRUTHFUL. It is internally consistent and not contradicted by information from the prior day's note.						

Progress Note Hospital Day 2

8/28/2013

Subjective:

No acute events over night.
Patient c/o back pain starting yesterday evening.

Objective:

Recent Vitals (24Hr):

	T	BP	HR	RR	O2sat	FiO2
Last	97.8	100/65	78	18	100	

General: AAF, NAD, pleasant, cooperative
HEENT: Sclera anicteric
Neck: neck supple
CV: irregularly irregular, tachycardic, nl S1, S2, no gallops
Lungs: CTAB, no rales, ronchi or wheezes
Abdomen: +BS, + surgical scar, soft non distended, + diffuse TTP, no rebound or guarding
EXT: Trace BI LE edema
Neuro: alert and oriented to self, place, time, comprehension, fluency intact.

Latest Results:

08/28/13 05:21 AM

CBC

CHEM

\ 10.0 L /	136	107	8	/	CA 8.0 L
2.4 L -----	179	-----	-----	79	MG 1.5 L
/ 29.9 \	4.4	26	0.82	\	PHOS -----

PT:	PTT:	INR:	Bedside Glucose:
38.1 H	40.4 H	3.4 H	72

Last 5 CBC Results:

	WBC	Hb	Hct	Platelets
08/28/13 05:21 AM:	2.4 H	10.0 L	29.9 L	179
08/27/13 04:22 AM:	2.8 H	10.0 L	30.0 L	208
08/26/13 03:53 AM:	7.2	10.0 L	29.5 L	216
08/25/13 04:40 AM:	4.0	10.3 L	31.1 L	228
08/24/13 05:14 AM:	3.0 L	11.0 L	31.9 L	285

Last 5 Chem Panel Results:

	Na	K	Cl	HCO3	BUN	CR	Gluc
08/28/13 (05:21)	136	4.4	107	26	8	0.82	96
08/27/13 (04:22)	137	4.6	108	25	9	0.85	86
08/26/13 (03:53)	136	4.9	106	26	9	0.83	89
08/25/13 (04:40)	136	3.8	107	22	7	0.66	87
08/24/13 (05:14)	134	4.4	106	23	6	0.66	102 H

Other Results

CT A/P 8/27/2013:

1. There are thickened loops of small bowel with areas of mucosal enhancement with adjacent mesenteric free fluid and prominent mesenteric lymph nodes. The findings are consistent with enteritis due to either infectious, inflammatory or ischemic etiology.

ECHO 12/8/2011:

Left ventricular size is normal. Mild to moderate basal septal hypertrophy is present. Moderate global hypokinesis is present. Left ventricular systolic function is moderately to severely reduced. Visually estimated **LV ejection fraction is 30-35%** .

The left atrium is severely dilated. The right atrium is moderately dilated.

Moderate fibrocalcific changes are present on the aortic valve, but there is no aortic stenosis. There is trace aortic regurgitation.

The mitral valve is thickened and moderately calcified but with preserved opening. The motion of the posterior leaflet is restricted. Mild mitral annular calcification is present. There is low-moderate mitral regurgitation.

Moderate tricuspid regurgitation is present.

The aortic root is normal in size.

Compared to the previous study from 12/5/2011, the LV ejection fraction has decreased; the mitral regurgitation appears less severe; the PA systolic pressure is decreased.

Dobutamine Stress Echo 12/29/2009: In summary, there is no clinical, electrocardiographic or echocardiographic evidence of dobutamine-induced myocardial ischemia.

Octreotide scintigraphy with SPECT-CT Imaging 5/26/2011:

Semonstrates interval resection of the patient's previously noted lesion in the right upper quadrant since the prior study from November 2005. There is no definite evidence of residual or recurrent carcinoid tumor involvement at present, with only a subtle, questionable finding in the left mid-lung field for which follow-up repeat diagnostic CT imaging of the chest after a suitable clinical interval is recommended.

CTA chest 3/2012: Stable 4-mm pulmonary micronodule in the right middle lobe.

Cardiac Cath 12/7/2011:

LAD:

- * (Proximal), Luminal Irregularities 10% lesion
- * (Ostial), Discrete 40% lesion

LCX:

- * (Proximal), Luminal Irregularities 10% lesion
- * (Mid), Discrete 30% lesion
- * **MARG2 (Ostial), Discrete 70% lesion**

RCA:

- * (Mid), Discrete 30% lesion
- * (Distal), Discrete 50% lesion
- * (Mid), Tubular 20% lesion

CONCLUSIONS:

- * **2. Normal right heart catheterization.**
- * **3. Normal LVEDP**

Assessment and Plan:

72 yo F with MMP including history of sarcoid, gastric carcinoid s/p resections in 05, CML , a.fib on Warfarin, CHF and chronic abdominal pain presents with the cc of abdominal pain and diarrhea

Abdominal pain and diarrhea: differential includes enteritis (CT with thickened bowel concerning for enteritis), infection (viral or bacterial) , c diff, inflammatory, ischemic (since patient has atrial fibrillation but INR is therapeutic), carcinoid (patient has history of this; octreotide study in 5/11 with questionable finding in left mid lung field, however CTA in 3/12 with no mention of such finding. Will consider more testing if diarrhea returns).

--cipro and flagyl x 3 days

- gentle hydration
- stool studies
- continue norco 10 prn

Chest pain and SOB:

- Per pt chronic and is due to her sarcoid
- EKG with non specific T wave changes, 1st trop neg, cont to trend trop
- Very low suspicion for PE given suprathertaputic INR.
- Cont home Advair

CML:

- Pt of Jones, aware of pt's admission
- Per Oncologist ok to hold Sprycel for few days while pt is recovering. Sprycel can sometimes cause diarrhea, but this is usually early in the treatment and pt has been on it chronically.
- Jones asked to keep informed of pt's status

A.fib:

- Cont home toprol XL 100 daily
- INR suprathertaputic today, likely due to diarrhea, will hold Warfarin today, especially that INR is expected to go higher with abx.
- Cont home Toprol XL

CHF:

- EF 30-35% on 12/2011
- BNP elevated today, but pt not clinically in CHF, no crackles on exam or LE edema
- gentle hydration as above
- cont home lasix 20 daily

CAD/CHF:

- LHC in 12/2011 with 70% stenosis of LCX,
- Cont home ASA, and toprol, not currently on statin

Pulmonary sarcoid

- no steroids for the past 6 years, not currently an active problem, could be contributing to the above mentioned CP and SOB

GERD:

Cont home lansoprazole 30 Daily

PPX:

- Hold warfarin
- Home PPI

FEN:

- s/p 1L NS in ED, will give additional 250cc
- Replete lytes prn
- TLC diet

Progress Note Hospital Day 3
8/29/2013

Subjective:

No acute events over night.
Diarrhea and abdominal pain improving.

Objective:

Recent Vitals (24Hr):

	T	BP	HR	RR	O2sat	FiO2
Last	97.2	112/72	82	18	99	

General: AAF, NAD, pleasant, cooperative

HEENT: Sclera anicteric

Neck: neck supple

CV: irregularly irregular, tachycardic, nl S1, S2, no gallops

Lungs: CTAB, no rales, ronchi or wheezes

Abdomen: +BS, + surgical scar, soft non distended, + diffuse TTP, no rebound or guarding

EXT: Trace BI LE edema

Neuro: alert and oriented to self, place, time, comprehension, fluency intact.

Latest Results:
(8/29/13 07:03)

CBC

CHEM

\ 9.8 L /	139	107	8	/
2.3 L -----	183	-----	-----	79
/ 28.8 \	3.4	23	0.76	\

PT:

31.1 H

PTT:

34.4

INR:

2.8 H

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The mitral valve is thickened and moderately calcified but with preserved opening. The motion of the posterior leaflet is restricted.

Mild mitral annular calcification is present. There is low-moderate

mitral regurgitation.
Moderate tricuspid regurgitation is present.
The aortic root is normal in size.
Compared to the previous study from 12/5/2011, the LV ejection fraction has decreased; the mitral regurgitation appears less severe; the PA systolic pressure is decreased.

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- patient with no more diarrhea overnight
- cipro and flagyl x 3 days
- gentle hydration
- stool studies pending
- continue norco 10 prn

Chest pain and SOB:

- Per pt chronic and is due to her sarcoid
- EKG with non specific T wave changes, 1st trop neg, cont to trend trop
- Very low suspicion for PE given supratharapeutic INR.
- Cont home Advair

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Teaching Better EHR Note Writing-It's a Matter of Trust

Group Exercise

Spend ten minutes reading these two progress notes and jotting reactions to the following. Then spend ten minutes discussing in your small group.

1. Find two strengths in these notes.
 - a.

 - b.

2. From the perspective of a medical educator, write down two weaknesses in these notes.
 - a.

 - b.

3. From the perspective of the regulatory team in your hospital (billing/coding), what are the strengths and weaknesses in these notes?
 - a.

 - b.

 - c.

 - d.

