Example of an Epic Note Template for a Telemedicine (Video) Palliative Care Assessment (Please note, this does not include the documentation items required for a consult). Also, this note is constructed as an “APSO” note, which places the Assessment and Plan at the top, for ease of communication to referrers.

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| TELEMEDICINE PALLIATIVE CARE ASSESSMENT XXXXXX Health ServicesOriginating Site: \*\*\*Distant Site: \*\*\* |
| **Date of Service: @DATE@ @NOW@** |  |  |

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| **Patient has consented to receive telemedicine services.**All individuals on call allowed to hear: {YES NO:13741} Any barriers to effective communication: {Yes/No:19680} |

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| **Telehealth:** | @CHIEFCOMPLAINT@ |
| **ASSESSMENT** |

@NAME@ is a @AGE@-year-old @SEX@ seen today for a palliative care encounter

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| **PLAN** |

**Recommendations:**

**Goals of care**:

\*\*\*

**Advanced Directives:**

@ACP@

**Symptom Management:**

Pain: {Pain:17036}

Constipation: {Constipation:17037}

Nausea/Vomiting: {Nausea Vomiting:17009}

Dyspnea: {Dyspnea:17010}

Fatigue: {Fatigue:17011}

Loss of appetite and/or weight loss: {Loss of appetite and/or weight loss:17012}

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**Psychosocial:**

{Psychosocial:17019}

**Referrals:**{Referrals:17020}

**Spiritual:** { :11685}

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| **HISTORY OF PRESENT ILLNESS** |

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| Primary dx: {Select diagnosis:15268}@NAME@ is a @AGE@-year-old @SEX@ seen today to discuss the following:\*\*\*@FUNCSTAT@ |

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| **PAST MEDICAL / SURGICAL HISTORY** |

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| @PMH@  | @PSH@  |

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| **ALLERGIES / MEDICATIONS** |

**Allergies**

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| --- |
| @ALLERGY@  |

**Medication List:**

@MED@

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| **SOCIAL HISTORY** |

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| --- |
| @HHSOCDOC@ |

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| **CODE STATUS** |

@RRCODESTATUS@

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| **REVIEW OF SYSTEMS**  |

@ROSBYAGE@

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| **PHYSICAL EXAM** |

 **Vitals: @VS@**

@PHYEXAMPAL@

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| **REVIEW OF STUDIES and IMAGES** |
| **I have personally reviewed imaging and labs in the EMR.** |

Pertinent Labs: { :11569} |

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| Telemedicine Palliative Care Services Provided by: @ME@Telemedicine Palliative Care: Spent {Times:13938} out of {Total Time:13941} minutes in care coordination with the medical team and in education of {Patient family members:11427} on prognosis, disease process and symptom management.Example of an Epic Telemedicine (Video) Note template used for a Program offering Primary Care and other services in the home to a population with Advanced Illness (not Palliative Care alone)

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| **TELEMEDICINE CXXXX CARE PROGRAM****XXXXX Health Services****Originating Site: \*\*\*****Distant Site: \*\*\*** |
| **Date of Service: @DATE@ @NOW@** |  |  | **Patient consented to a telemedicine visit.** **All individuals on call allowed to hear: {YES NO:13741}** **Any barriers to effective communication: {Yes/No:19680}** |

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| **Chief Complaint:** | @RFV@ |

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| **HISTORY OF PRESENT ILLNESS** |

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| **@NAMU@** is a @AGE@ @SEX@ \*\*\*  |

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| **PAST MEDICAL / SURGICAL HISTORY** |

|  |  |
| --- | --- |
| @PMH@  | @PSH@  |

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| **ALLERGIES / MEDICATIONS** |

**Allergies**

|  |
| --- |
| @ALLERGY@  |

**Medications**@MED@

|  |
| --- |
| **FAMILY / SOCIAL HISTORY** |

**Family history**

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| @FAMHX@ |

**Social History**

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| @SOCX@@DRUGHX@ |

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| **CODE STATUS** |

@RRCODESTATUS@

|  |
| --- |
| **REVIEW OF SYSTEMS**  |

@ROSBYAGE@

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| **PHYSICAL EXAM** |

 **Vitals: @VS@**@PHYEXAMPAL@

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| **Functional Status**  |

@FUNCSTAT@

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| **REVIEW OF STUDIES and IMAGES** |
| **I have personally reviewed imaging and labs in the EMR.** |

Pertinent Labs:@RESUFAST(NA,K,BUN,CREA:3,GFRW,GFRCOM)@@RESUFAST(ALT,AST,GGT,ALKP,TBIL)@@RESUFAST(WBC,HGB,MCV,PLT,PLTMAN)@@RESUFAST(FE,TIBC,FERR,FESAT)@@RESUFAST(TSH,VITD,VITDST,INR,MA,MAR)@@RESUFAST(HA1C:2,HGBA1C:2)@@RESUFAST(CHOL,TRIG,HDL,LDLC,DIRLDL)@Pertinent Radiology Reviewed |

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| **ASSESSMENT** |
| @DIAG@

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| **PLAN** |

 \*\*\*Telemedicine Services Provided by: @ME@Telemedicine: Spent {Times:13938} out of {Total Time:13941} minutes in care coordination with the medical team and in education of {Patient family members:11427} on prognosis, disease process and symptom management. |

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**Basic Telephone Note:**

TELEPHONE VISIT NOTE

Date and time of Service: @TD@ @NOW@

Provider Name: @me@

Chief Complaint:\*\*\*

History of Present Illness: (Background, results (labs, imaging, procedures), history,synopsis of discussion)

\*\*\*

Assessment & Plan: \*\*\*

Next Steps: \*\*\*

Time spent in this visit: {Time; 15 min - 8 hours:17441}