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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | TELEMEDICINE PALLIATIVE CARE ASSESSMENT  XXXXXX Health Services  Originating Site: \*\*\*  Distant Site: \*\*\* | | | | | **Date of Service: @DATE@ @NOW@** |  |  | |  | | --- | | **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} | | |

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

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

|  |
| --- |
| **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}

\*\*\*

**Psychosocial:**

{Psychosocial:17019}

**Referrals:**{Referrals:17020}

**Spiritual:** { :11685}

|  |
| --- |
| **HISTORY OF PRESENT ILLNESS** |

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

|  |
| --- |
| **PAST MEDICAL / SURGICAL HISTORY** |

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

|  |
| --- |
| **ALLERGIES / MEDICATIONS** |

**Allergies**

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

**Medication List:**

@MED@

|  |
| --- |
| **SOCIAL HISTORY** |

|  |
| --- |
| @HHSOCDOC@ |

|  |
| --- |
| **CODE STATUS** |

@RRCODESTATUS@

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

@ROSBYAGE@

|  |
| --- |
| **PHYSICAL EXAM** |

**Vitals: @VS@**

@PHYEXAMPAL@

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **REVIEW OF STUDIES and IMAGES** | | **I have personally reviewed imaging and labs in the EMR.** |   Pertinent Labs: { :11569} |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | **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}** | |  |  |  | | --- | --- | | **Chief Complaint:** | @RFV@ |  |  | | --- | | **HISTORY OF PRESENT ILLNESS** |  |  | | --- | | **@NAMU@** is a @AGE@ @SEX@ \*\*\* |  |  | | --- | | **PAST MEDICAL / SURGICAL HISTORY** |  |  |  | | --- | --- | | @PMH@ | @PSH@ |  |  | | --- | | **ALLERGIES / MEDICATIONS** |   **Allergies**   |  | | --- | | @ALLERGY@ |   **Medications**  @MED@   |  | | --- | | **FAMILY / SOCIAL HISTORY** |   **Family history**   |  | | --- | | @FAMHX@ |   **Social History**   |  | | --- | | @SOCX@  @DRUGHX@ |  |  | | --- | | **CODE STATUS** |   @RRCODESTATUS@   |  | | --- | | **REVIEW OF SYSTEMS** |   @ROSBYAGE@   |  | | --- | | **PHYSICAL EXAM** |   **Vitals: @VS@**  @PHYEXAMPAL@   |  | | --- | | **Functional Status** |   @FUNCSTAT@   |  |  |  | | --- | --- | --- | | |  | | --- | | **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 |  |  | | --- | | **ASSESSMENT** | | @DIAG@   |  | | --- | | **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. | |

**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}