


This document shows concepts for views of the patient summary portion of the health record based on several different use cases: geriatric, pediatric, emergency, and self care.

GERIATRIC CARE (CLINICIAN VIEW)

SUMMARY



Jeff3 Augre33

DOB: 14.Nov.1936 (80)

Administrative sex: Male

Telephone number: (555) 555-5555

Email: None

Preferred language: Spanish

Ethnicity: Hispanic

Religion: Atheist

Occupation: Retired

Education & Literacy: Bachelors degree

Insurance: United Healthcare #29483900

Environment of care: Patient's home

Address: 55 Avenue St. Apt #5 Avenue City, MA, 55555

Action items

1

Geriatric assessment recommended

Due to Jeff's increased difficulty in walking

Health problems

☐ Hypertension

☐ Glaucoma

☐ Mid stage alzheimers

Health concerns

☐ Increasing difficulty walking

☐ Increasing fatigue

☐ Increasing social isolation

Health goals

☐ Keep blood pressure under control

☐ Reconnect with grandchildren

Activities of Daily Living


ADLs1 concern

IADLs3 concerns

Current Medications

Name	Dosage	Freq	Prescribed	Last filled
Aspirin	81mg, oral	1x/day	14.Jun.2011	14.Jun.2016
Travatan	1 eye drop	1x/day	20.Sep.2006	12.Jun.2016


Care team



Dr. Nick Cline

Primary Care Provider

Data consent



Melissa Yang

Geriatric care manager


Data consent

View 5 more

- 1 Geriatric patients are usually over 75
Most people do not need geriatrics care expertise until 70 or older.
- 2 Living situations can be highly variable
Environment of care may differ from the patient's home, to long-term care facilities, nursing homes, day care facilities, or hospices.
- 3 More than half of adults aged 65+ have 3 or more medical problems
Some common conditions for geriatric patients can be dementia, diabetes, hypertension, glaucoma and cataracts.
- 4 Greater emphasis on mental health
Psychological care takes greater importance with increased social isolation (estimates from 10 - 43% for those 65 and older), decline in mental capabilities. Other common issues in this age group are low physical activity, fatigue and depression.
- 5 A focus on independence
ADLs, IADLs such as doing housework, prepping meals, taking medications as prescribed, and managing money all take greater importance. Physical and cognitive impairments are common, as well as gait abnormalities and falls.
- 6 Multiple medications
Geriatric patients tend to take many medications at the same time due to a greater number of chronic conditions that may be present.
- 7 Emphasis on care teams
With increasing health conditions comes a greater need for integrated care and communication with other PCPs, specialists and family members. Providers may include home health aides, geriatric care managers, geriatricians, nutritionists, physical therapists, speech and hearing specialists, and geriatric psychiatrists.

PEDIATRIC CARE (CLINICIAN VIEW)

SUMMARY



Dan3a9 Lee9

DOB: 20.Dec.2013 (3)

Administrative sex: Male

Ethnicity: Pacific Islander

Insurance: United Healthcare #29483900

Address: 55 Avenue St. Apt #5 Avenue City, MA, 55555

Legal guardian: Jamie Lee Mother (555) 555-5555

Action items

1

Schedule an influenza vaccine

Age 3 is the recommended age for this vacc.

2

Schedule a well-child visit

The last checkup was 7 months ago

Developmental milestones

3 years

Social and emotional

No concerns

Language/communication

2 concerns

Difficulty naming familiar objects

Difficulty following 2 or 3 step instructions

Cognitive

No concerns

Physical development

No concerns

Health problems

☐ No major health problems

Health concerns

☐ Communication difficulties in development


☐ Genetic risk for autism

Health goals

☐ Greater development of communication skills

☐ Monitor behavior closely for autistic tendencies


Care team



Dr. Tim Jonas

Pediatrician

Data consent



Tammy Lee

Aunt

Data consent

View 3 more

1 Pediatric patients are 21 or younger

2 Patient population cannot make decisions for themselves
Guardianship and privacy issues have high importance as this patient population generally cannot make decisions for themselves. Information on family, guardians, and their relationship to the patient should be included.

3 Emphasis on vaccinations
Assessing a child's immunization status is of high importance. Vaccines (taken and forecasting) should be listed clearly in the health record.


4 Frequent well-child visits
For the first 3 years of life, there will be frequent provider visits to keep a close eye on development.

5 Developmental roadmap
Developmental milestones should be emphasized to ensure healthy growth. These include behavior, social skills, motor skills, language skills, and cognitive skills. Milestones can be broken down into timeframes: 2 months, 4 months, 6 months, 9 months, 1 year, 18 months, 2 years, 3 years, 4 years, and 5 years.

6 Focus on developmental issues
In terms of problem lists, there is greater emphasis on developmental issues, congenital defects and genetic variance. These problems can have greater future consequences for this population group when compared to adult or older patients.

EMERGENCY CARE (CLINICIAN VIEW)

SUMMARY



Sandy5 Ku30

DOB: 05.APR.1984 (32)

Administrative sex: Female

Telephone number: (555) 555-5555

Email: None

Preferred language: English

Ethnicity: American Indian

Religion: Catholic

Education & Literacy: Professional degree

Insurance: United Healthcare #29483900

Address: 55 Avenue St. Apt #5 Avenue City, MA, 55555

Organ donor: Registered donor

Advanced directive: Yes

Health problems

☐ Hypertension

☐ Diabetes

Devices

☐ None


Allergies

Pollen	Severe	Respiratory issues
Ibuprofen	Moderate	Moderate diarrhea
Peanuts	Mild	Small rash

Current Medications

Name	Dosage	Freq	Prescribed	Last filled
Aspirin	81mg, oral	1x/day	14.Jun.2016	14.Jun.2016
HTCZ	25mg, oral	3x/day	12.Jun.2016	12.Jun.2016

Emergency




Cody Ku

Brother

Data consent

Care team



Dr. Nick Cline

Primary Care Provider

Data consent

1 Care preferences play a greater role
Due to the possibility that the patient may not be able to properly communicate during an emergency situation, some ID information increases in importance: preferred language, advance directives, religious beliefs, and organ donation status.


2 Special needs should be included
Special needs should be taken into account. Does the patient use medical devices (wheelchair, respirator, home dialysis, etc), and is there any anticipated assistance required with walking, eating, dressing, etc.

3 Contraindications take highest priority
These include medications being taken (name, indication and reason, prescribed date, dose schedule, amount, dose route), adverse reaction risks (substance, criticality, expected reaction).

4 Emergency contact information
Emergency contact information for medical providers, friends and family members should be easily accessible. Names, relationship to the patient, phone numbers. If the patient is a dependent, information on the parent or legal guardian should be emphasized.

SELF CARE (PATIENT VIEW)

MY SUMMARY



Good morning Julia59S!

It's Tuesday July 13th

Today

Week

Month

Year

11 am

Time to take your daily aspirin tablet

Action items

1

Join the nearby fitness club

Becoming active can reduce blood pressure

2

Schedule an annual checkup

Last checkup was 2 years ago

3

Make appointment for annual flu shot

Protects against influenza that will be common in the upcoming season

Your health is
Good but could improve

Problems

☐ Mild hypertension

Concerns

☐ High blood pressure

☐ Overweight, 25.1 BMI

☐ Housing security concerns

☐ Smoking 2x/week

Goals

☐ Keep blood pressure under control

☐ Lose 10 pounds of weight so I can be at 130 lbs

☐ Reconnect with my high school friends

1 Care plan reminders
A strong emphasis should be placed on health reminders. What to do today, what to do next week, or any health related activities in the near future such as doctor visits, immunizations, and personal goal related events.

2 Goal driven actions
Patients should feel educated and empowered through actionable steps driven by the patients high level goals. The patient must feel like they have control over their health so that they feel responsible for their health.

3 Glaceable view of health status
An easily understandable at-a-glance current view of health should be included. The patient should not be feeling overwhelmed by their health record.

4 Patient controlled health record
Primary responsibility for the information in the personal health record would belong to the patient. Access to view and edit a large portion of the record should be available. The patient should have a strong say in their goals to guide their health.

REFERENCES

Geriatric view references

- Resnick, B. (2013, October). Overview of Geriatric Care - Geriatrics - Merck Manuals ... Retrieved October 18, 2016, from <http://www.merckmanuals.com/professional/geriatrics/provision-of-care-to-the-elderly/overview-of-geriatric-care>
- Geriatrics Aging & Health A To Z Health In Aging. (2012, March). Retrieved October 18, 2016, from <http://www.healthinaging.org/aging-and-health-a-to-z/topic-geriatrics/>
- How to Hire a Geriatric Care Manager - Next Avenue. (2012, March). Retrieved October 18, 2016, from <http://www.nextavenue.org/how-hire-geriatric-care-manager/>
- Nabil, S. N. (n.d.). Senior Health (Successful Aging): Health and Disease ... Retrieved October 18, 2016, from http://www.medicinenet.com/senior_health/page2.htm
- Geriatric Patient & Caregiver Education - Cleveland Clinic. (n.d.). Retrieved October 18, 2016, from <http://my.clevelandclinic.org/services/medicine-institute/geriatric-medicine/patient-caregiver-education>
- Nicholson, N. R. (2012). A Review of Social Isolation. The Journal of Primary Prevention, 137-152. Retrieved October 18, 2016, from <http://www.medscape.com/viewarticle/769914>
- ADL / IADL Checklist - Senior Planning Services. (n.d.). Retrieved October 18, 2016, from <http://www.seniorplanningservices.com/files/2013/12/Santa-Barbara-ADL-IADL-Checklist.pdf>
- Geriatric care management - Wikipedia, the free encyclopedia. (n.d.). Retrieved October 18, 2016, from https://en.wikipedia.org/wiki/Geriatric_care_management

Pediatric view references

- Morris, S., MD. (2015, Feb). Medical School Admissions Doctor - US News & World Report. Retrieved October 18, 2016, from <http://www.usnews.com/education/blogs/medical-school-admissions-doctor/2015/02/03/learn-about-the-world-of-pediatric-medicine>
- Core Functionality in Pediatric Electronic Health Records (Rep.). (2015, April). Retrieved October 18, 2016, from Agency for Healthcare Research and Quality website: <https://www.effectivehealthcare.ahrq.gov/ehc/products/591/2070/pediatric-EHR-report-150417.pdf>
- CDC | Milestones 3 Years | Learn the Signs. Act Early ... (2009). Retrieved October 18, 2016, from <http://www.cdc.gov/ncbddd/actearly/milestones/milestones-3yr.html>
- Pediatric nursing - Wikipedia, the free encyclopedia. (n.d.). Retrieved October 18, 2016, from https://en.wikipedia.org/wiki/Pediatric_nursing

Emergency view references

- Emergency health information: Keep your personal and ... (2015, June). Retrieved October 18, 2016, from <http://www.mayoclinic.org/first-aid/emergency-health-information/basics/art-20134333>
- "Creating an Emergency Health Information Card." Department of Public Health. Connecticut Department of Public Health, n.d. Web. 18 Oct. 2016.

Self care view references

- Herlin, B. (2016). Care Plans A Path to Driving Better Outcomes. Lecture presented at Stanford Medicine X, San Francisco.
- Personal health record: A tool for managing your health ... (2014, June). Retrieved October 18, 2016, from <http://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/personal-health-record/art-20047273>
- What is a personal health record? | FAQs | Providers ... (n.d.). Retrieved October 18, 2016, from <https://www.healthit.gov/providers-professionals/faqs/what-personal-health-record>
- Fritton, J. R., DDS, & Davies, D., MD. (2008, Aug). Personal Health Records to Improve Health Information Exchange and Patient Safety. Advances in Patient Safety: New Directions and Alternative Approaches (Vol. 4: Technology and Medication Safety). Retrieved October 18, 2016, from <https://www.ncbi.nlm.nih.gov/books/NBK43760/>.