

## **JAY'S BLOG (HTTP://BLOG.JAYMEHTA.CO.UK/)**

NHS DOCTOR, CLINICAL INFORMATICIAN, TECHNOPHILE

### Posts

# My EHR Design

9th April 2019   [Jay Mehta \(http://blog.jaymehta.co.uk/author/jaymehta/\)](http://blog.jaymehta.co.uk/author/jaymehta/)   [Leave a comment \(http://blog.jaymehta.co.uk/2019/04/my-ehr-design/#respond\)](http://blog.jaymehta.co.uk/2019/04/my-ehr-design/#respond)

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I was at a fantastic lecture recently where the speaker was explaining some best-practice principles, but would intermittently shout “Do The Thing” and give a real demonstration or example.

Following on from my posts about clinical user experience in electronic healthcare records (EHRs) I’ve tried to “do the thing”!

(<http://blog.jaymehta.co.uk/wp-content/uploads/2019/04/Web-1920---1@2x.png>)

Desktop EHR Design.



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I also made a tablet version, to show how this design should be responsive and device-independent.



**Name:** Dex Trocardia  
**DOB:** 01/04/1989  
**Age:** 30  
**Gender:** Male

**Hospital Number:** 12345678  
**NHS Number:** 123 456 7890  
**GP:** Dr Stevens Johnson

**Allergies:** Shellfish; NKDA  
**Resus status:** Full Resuscitation  
**Alerts:** None

All Notes

Medical Notes

Nursing Notes

Custom Filter

+ Add New Note



**Mr Jonny Lang**  
 Consultant Orthopaedic Surgeon

**Ward Round Mr Lang**  
 0820 - 5th April 2019

Note authored by: Dr Jenny Hicks  
 Orthopaedic FY1 Doctor  
 Bleep 4008

Day 3 post ORIF for left tibia mid shaft fracture. Difficulty mobilising yesterday due to pain as reported by physiotherapy team. Patient reporting ongoing pain today.

O/e:  
Neurovascularly intact left foot  
Wound clean  
Vital signs reviewed

Imp: pain poorly controlled post op

Plan:  
Increase analgesia  
If not improving consider pain team referral  
Ongoing physiotherapy input



**Ms Hygea Briars**  
 Staff Nurse

**Nursing Notes**  
 0730 - 5th April 2019

Note authored by: Ms Hygea Briars  
 Staff Nurse

Patient comfortable overnight, slept throughout the night. Morning medication given as charted, also given PRN tramadol. Vital signs as charted, NEWS score = 0. Personal hygiene needs met. Call bell in reach. Patient declined breakfast. Patient asking for increased analgesia, will ask doctors to review on ward round.



**Ms Hygea Briars**  
 Staff Nurse

**Nursing Notes**  
 2130 - 4th April 2019

Note authored by: Ms Hygea Briars  
 Staff Nurse



**Dr Hope Green**  
 Consultant Orthogeriatrician

**Orthogeriatric Review**  
 1630 - 4th April 2019

Note authored by: Dr Hope Green  
 Orthogeriatric Consultant

Asked by nursing staff to see patient for ?constipation.

Patient reports spasmodic abode pain, 4 out of 10 severity. Bowels last open 3 days ago. Appetite normal. No vomiting. No diarrhoea.

O/e: abdomen non-tender, some LIF fullness but no organomegaly. Bowel sounds normal. DRE - normal. Chaperoned by Frances Wick (physiotherapy student). Vital signs reviewed - normal.

Imp: constipation secondary to opioid use.

Plan: Unable to reduce opioid analgesia currently. Movicol prescribed plus PRN suppository if needed.



**Mike Steel**  
 Orthopaedic Physiotherapist

**Orthopaedic Physiotherapy Assessment**  
 1430 - 4th April 2019

Note authored by: Frances Wick  
 Physiotherapy Student

Day 2 post surgery. Verbal consent obtained, baseline observations within normal parameters, pain currently not well controlled.

Summary

Notes

Drugs

Charts

Tests

Audit Log

My Profile

Settings

([http://blog.jaymehta.co.uk/wp-content/uploads/2019/04/Users\\_jaymehta\\_Downloads\\_Tablet20EHR@2x.png](http://blog.jaymehta.co.uk/wp-content/uploads/2019/04/Users_jaymehta_Downloads_Tablet20EHR@2x.png) iPad-1.png).

Tablet version of EHR Design.



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Main features of this design:

- Use of colour to identify which page you're on.
- KISS – keeping it as simple as possible, only 6 buttons to choose between when looking at a patient's record.
- Modern layout – very similar to a “news feed” style of reading online text.
- Intuitive – trying to minimise use of jargon, maximise use of recognisable icons etc.
- Design consistency with other online services – e.g. filter with a link highlighter, green colour and “+” icon for adding a new note.

Please feel free to make comments and suggestions – I'm working on the design of the next page already!

[\\_\(/#facebook\)](#) [\\_\(/#twitter\)](#) [\\_\(/#email\)](#)  
[\\_\(/#linkedin\)](#) [\\_\(/#whatsapp\)](#)  
[\\_\(/#copy\\_link\)](#)

Posted in: [Clinical UX](#) [Edit](#) (<http://blog.jaymehta.co.uk/wp-admin/post.php?post=150&action=edit>) (<http://blog.jaymehta.co.uk/category/clinical-ux/>).

Filed under: [clinical design](http://blog.jaymehta.co.uk/tag/clinical-design/) (<http://blog.jaymehta.co.uk/tag/clinical-design/>), [clinical ux](http://blog.jaymehta.co.uk/tag/clinical-ux/) (<http://blog.jaymehta.co.uk/tag/clinical-ux/>), [design](http://blog.jaymehta.co.uk/tag/design/) (<http://blog.jaymehta.co.uk/tag/design/>), [digital](http://blog.jaymehta.co.uk/tag/digital/) (<http://blog.jaymehta.co.uk/tag/digital/>), [digital health](http://blog.jaymehta.co.uk/tag/digital-health/) (<http://blog.jaymehta.co.uk/tag/digital-health/>), [ehr](http://blog.jaymehta.co.uk/tag/ehr/) (<http://blog.jaymehta.co.uk/tag/ehr/>), [user experience](http://blog.jaymehta.co.uk/tag/user-experience/) (<http://blog.jaymehta.co.uk/tag/user-experience/>), [user-centred](http://blog.jaymehta.co.uk/tag/user-centred/) (<http://blog.jaymehta.co.uk/tag/user-centred/>), [ux](http://blog.jaymehta.co.uk/tag/ux/) (<http://blog.jaymehta.co.uk/tag/ux/>).

[← Clinical User-Centred Design: Part 2](#)      [EPR Guide – An Open Source Web App →](#)  
(<http://blog.jaymehta.co.uk/2019/03/clinical-user-centred-design-part-2/>)      (<http://blog.jaymehta.co.uk/2019/04/epr-guide-an-open-source-web-app/>)

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Comment

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## ARCHIVES

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[March 2019 \(http://blog.jaymehta.co.uk/2019/03/\)](http://blog.jaymehta.co.uk/2019/03/)

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Note: It's not always easy to make this happen, fix up what you can.