

Dotmark Medical Solutions (DMS) Doctor Manual

"Easy, Quick and Efficient"

At DMS we strive to facilitate and streamline all your enterprise needs to achieve excellent care delivery and clinical productivity.

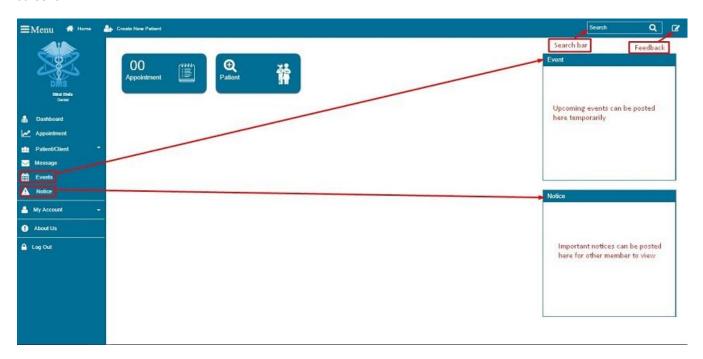
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Introduction

After logging in, you will be navigated to the DMS dashboard. DMS dashboard contains tools that can be used for many purposes. These all will be discussed in this manual.

Doctor can scan NFC card directly to view the patient details from this screen. NFC card won't work on other screens.



Click on the icon on the top-right corner of the screen to view options related to the user account.

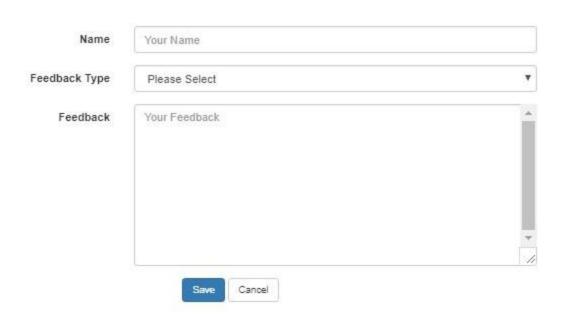
Clicking log out will sign you off from the session and redirect you to the log in page.



Feedbacks

Feedbacks for improving DMS system, error reporting and additional comments can be sent. Press feedback icon on the top right corner next to the Search bar and fill up the form.

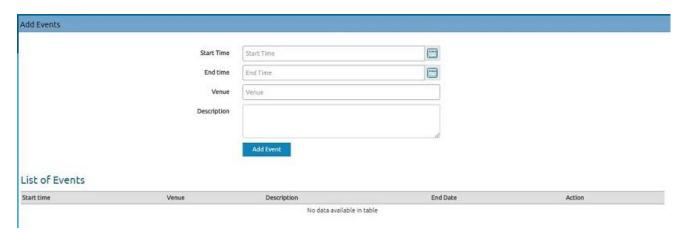
Feedbacks

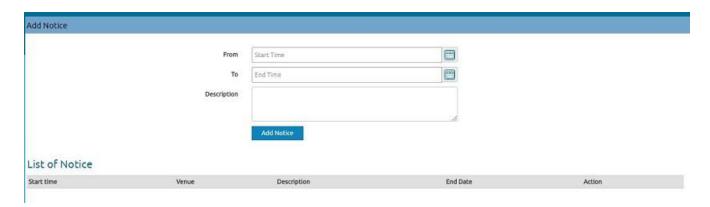


Events and Notices

Upcoming events and notices can be easily added to the dashboard. On the side bar scroll down, find **Events** and **Notice**. Click on them and fill up the form as required and post it on the dashboard.

NOTE: Every account holder can view this on their dashboard and could be super useful, so it should be properly utilized.

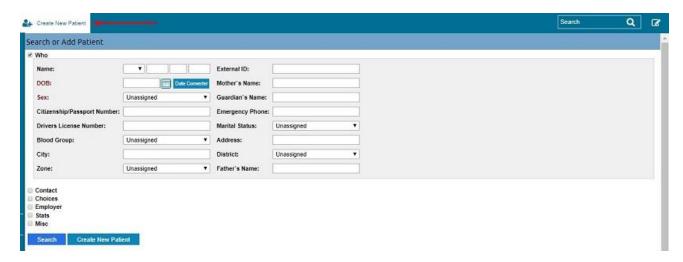




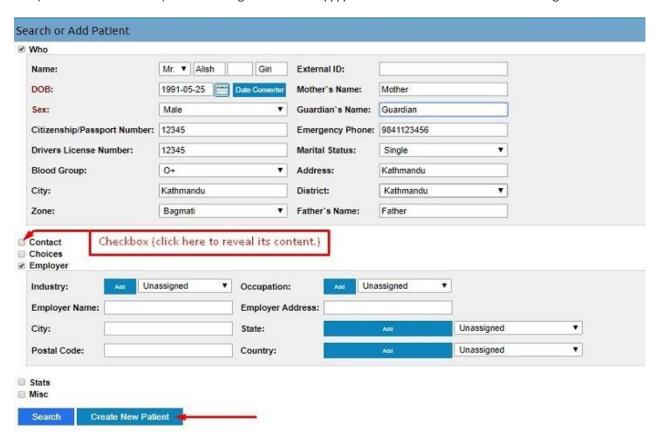
These messages will be posted for certain time only. **From** and **To** indicates start date and end date respectively of that message.

Create a New Patient

Click on the Create New Patient button on the top left of the screen as shown in the image below.

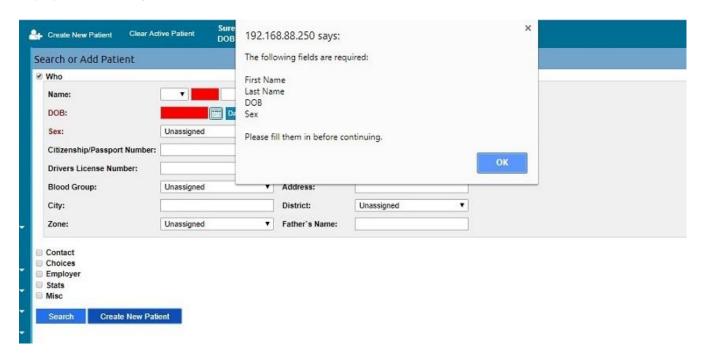


Click on the checkbox as shown in the figure below to reveal its content and fill up the patient details and press **Create New Patient** on the bottom of the page. Note that entering the age of the patient will auto convert the patient's age. To use this facility simply type the age of the patient in the D.O.B section and focus out (click somewhere else) to convert age into date in yyyy-mm-dd format as shown in the image below.



Here,

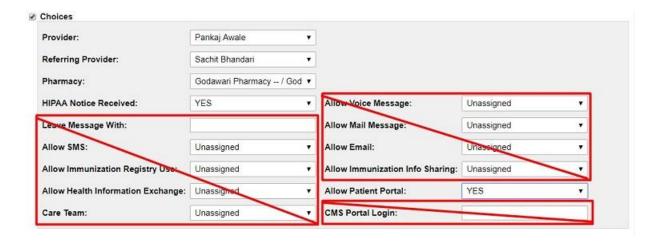
• Who section contains primary details and if any mandatory field is missed out then a message will be displayed, and missing fields will be marked red.



• Contact: This is the contact details of the patient.



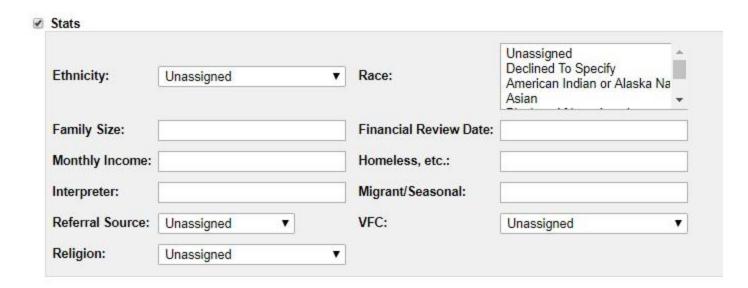
• Choices: Patient's custom preferences.



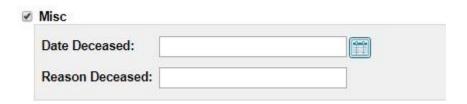
- Provider: This is the Doctor.
- o Referring Provider: Provider referring to another provider.
- Pharmacy: Pharmacy that patient prefers.
- HIPAA Notice Received: The HIPAA Privacy Rule mandates that health care providers distribute a Notice of Privacy Practices to all patients. The Notice of Privacy Practices also describes the HIPAA defined patient rights related to use and disclosure of the individual's health information.
- o Leave Message With: Not Applicable.
- o Allow SMS: Not Applicable.
- o Allow Immunization Registry Use: Not Applicable.
- o Allow Health Information Exchange: Not Applicable.
- o Care Team: Not Applicable.
- o Allow Voice Message: Not Applicable.
- Allow Mail Message: Not Applicable.
- o Allow Email: Not Applicable.
- o Allow Immunization Info Sharing: Not Applicable.
- Allow Patient Portal: This option determines whether to give patient access to the patient portal or not. This
 configuration will appear on Patient Demographic page on top, next to the patient's name.
- o CMS Portal Login: Not Applicable.
- **Employer:** Current employer of the patient.



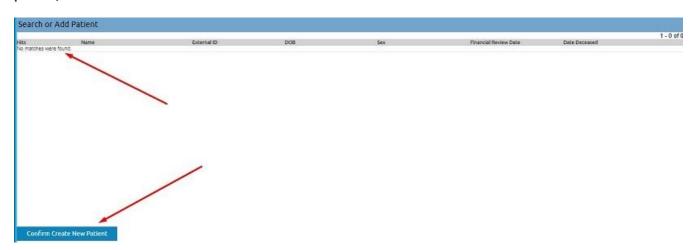
Stats: Full background of the patient.



• Misc: Deceased status of the patient.



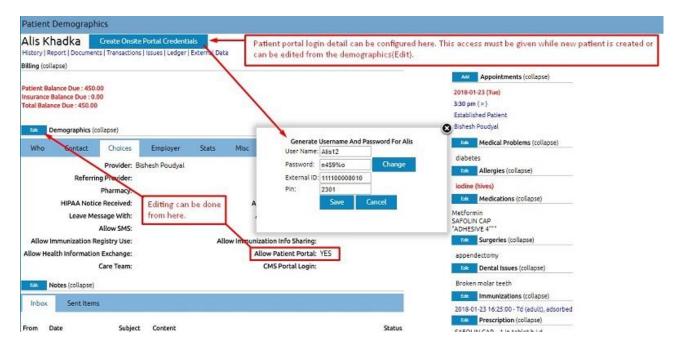
NOTE: Creating a new patient will first check if any existing patients matches the current detail of the patient, if non-item matches then click on Confirm Create New Patient.



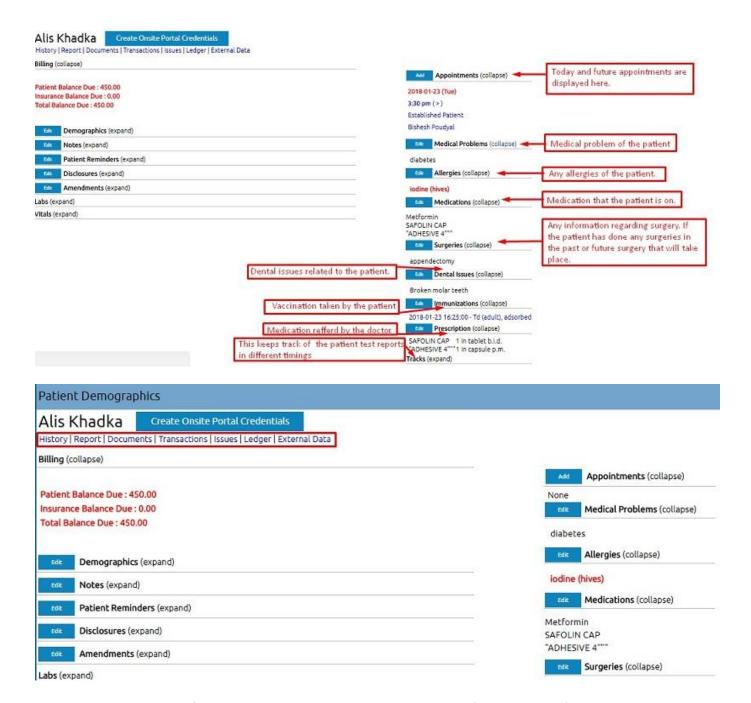
After creating new patient, you will be navigated to the **Patient Demographics** This page will contain all the personal information of the patient along with his/her appointments and medical reports (Future medical report of the newly created patient).

Patient Demographics

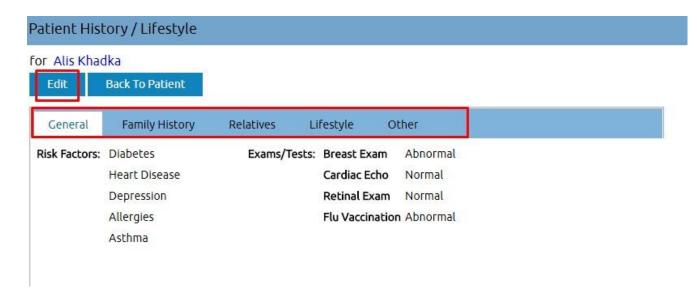
The following image illustrates how a patient portal can be configured and assigned. To allow **Patient Portal** access must be given from the **Choices** section which has been explained in **Create New Patient** section above.



- This page enlists all the necessary information regarding the patient. All the future test results, charges and editing of the records can be managed from here.
- This page will be updated frequently with every visit the record history will be published here by the doctors or other responsible members.
- Any notes for that patient can be attached by clicking the **Notes** link and following the instructions (Click on the Patient name to come back to the demographics page).



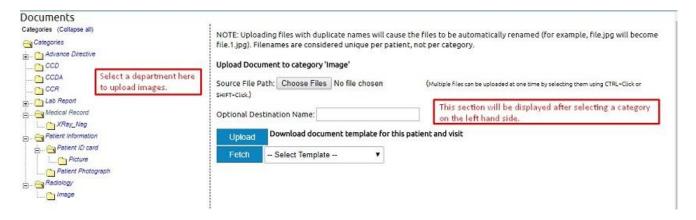
- The links below the name of the patient, as shown in the image below, gives further details of the patient.
- **History:** Click history tab to view the following page. This section contains general history of the patient, family's medical history, relative's medical history, lifestyle habits and other details. Click on the edit button to add or edit any of the contents.



• Report: CCR as shown in the image below exchanges most relevant and timely clinical information about a patient among providers, institutions, or others. This has to be completed upon referral or transfer or other transition of a patient from one caregiver to another. To be completed by Physicians, Nurses, Ancillary providers (e.g., social work, physical therapy, occupational therapy). CCD is an electronic document exchange standard for sharing patient summary information. Summaries include the most commonly needed pertinent information about current and past health status in a form that can be shared by all computer applications, including web browsers, electronic medical record (EMR) and electronic health record (EHR) software systems.



• **Documents:** Click Documents to upload images files of the test conducted like x-rays or a pdf file of some kind. Select a category and upload files related to the subject to keep record of the active patient.



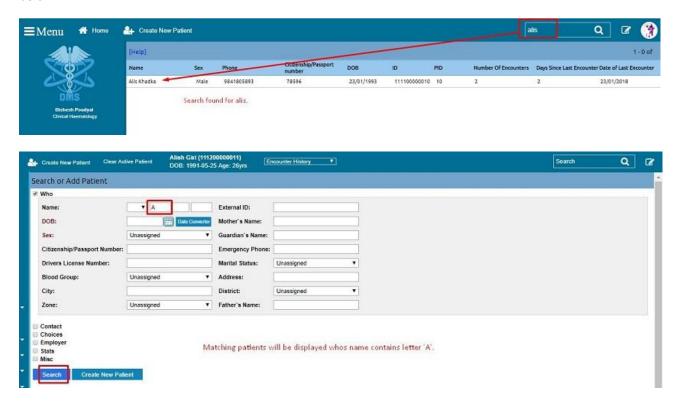
- Transactions:
- Issues:



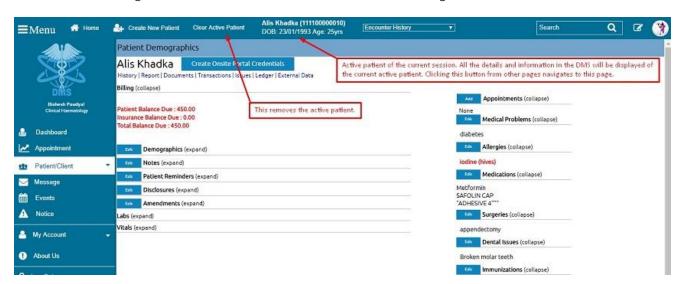
- Ledger: Doctors do not have access to this option.
- External Data:

Searching an Existing Patient

Patients search can be done from the search bar or the create new patient page as shown in the image below.



After selecting a patient, A button will appear at the top of the page called active patient. This will stay active until it is cleared using the **Clear Active Patient** button as shown in the image below.



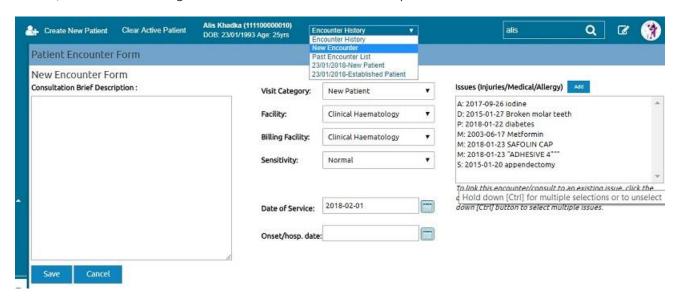
Encounters

Encounter history stores all the active patient visits in the past.

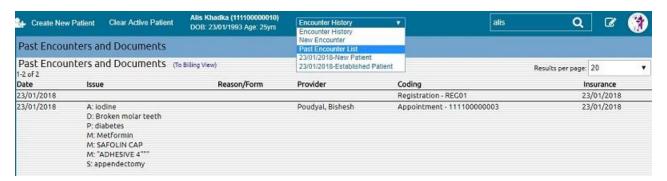
Note: Make sure to select a patient to make this section visible. This patient will be an active patient in the DMS system until the Clear Active Patient button is pressed.



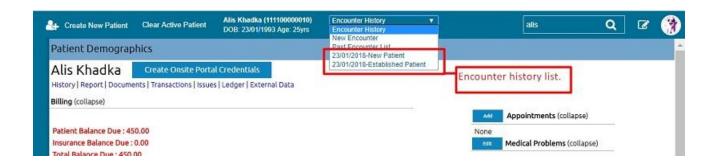
New Encounter will display the following form. This encounter will be created for the active patient i.e. Alis Khadka, as shown in the image below. Please fill in the details as required and save it for future reference.



All the past encounters of the active patient will be displayed in this section. The following patient just have one encounter.



Active patient's encounter history will be displayed as a list in this dropdown as shown in the image below.



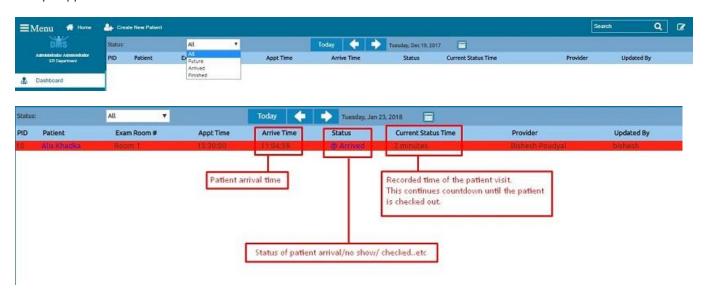
Creating/Editing Appointments

Doctors do not have permission to create or edit appointments.

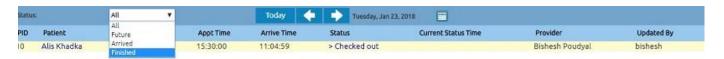
Dashboard

Appointment

It shows the list of patients' appointments for the logged in doctor. It contains all past, present and future appointments detail. You can also select certain date to view appointments for that date. Press **Today** to see today's appointments.

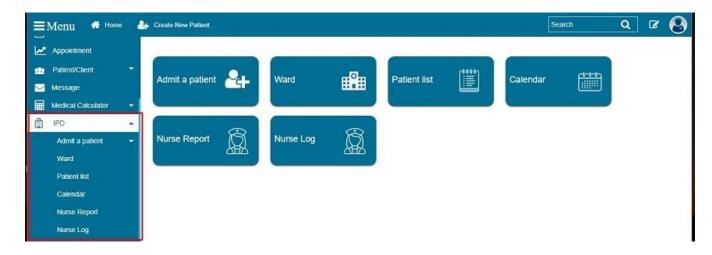


After the appointment is finished. The duration and its detail will be stored in the finished option as shown in the image below.



I.P.D

Hospital Inpatient Care (IPD) requires patient with medical problem that is serious enough for a doctor to admit into the hospital for an overnight stay. Select required task from the list in IPD section.

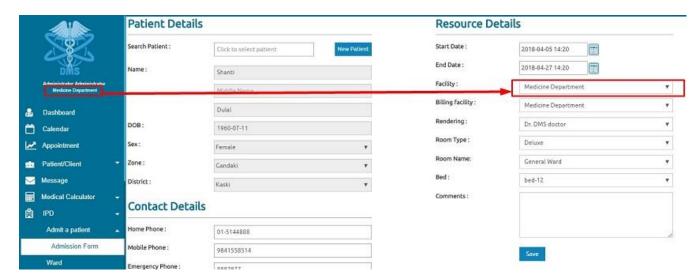


Admit Patient

Admission Form

To fill up admission form please fill up the new patient details or click **Search Patient** to select an existing patient.

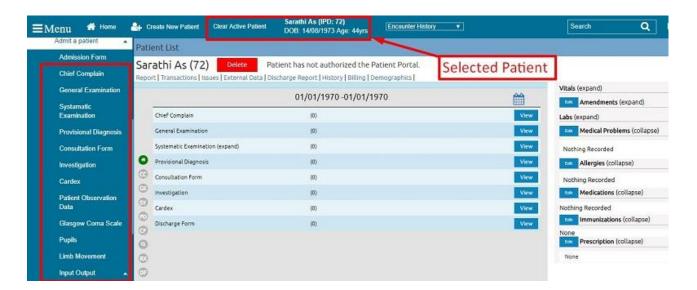
The **Resource Details** section describes the time frame of the booking, rendering doctor and other details as shown in the image below. Press **Save** when done.



This section will also display rooms available at the bottom on the screen.

The reservation can be viewed and edited from the **Resources** section in the dashboard.

Select a patient to view the following options.



Chief Complain

This is the area where doctor writes information regarding the reason of the patient's visit.

General Examination

This is the process by which a medical professional investigates the body of a patient for signs of disease.

- Vitals section should have details about the patient's internal organs.
- Graphic Pain Map list where exactly is the pain located in the patient body.
- Physical Examination is the general examination in details of a patient.
- BASU and PILLLCCO are the information regarding Bowel, Appetite, Sleep and, Urine (BASU) and Pollor, Leterus, Lymphadeaopath, Leuconijchia, Clubbing, Cyanosis, and Oedema (PILLLCCO).

Systematic Examination

This section can be used by the doctors if required.

Provisional Diagnosis

This information is one to which the clinician is not yet committed. Specify a provisional diagnosis with the term (Provisional) Example: Axis I: 300.4, Dysthymic disorder (Provisional) You may choose to specify diagnoses that should be ruled out in order to commit to the provisional diagnosis

Consultation Form

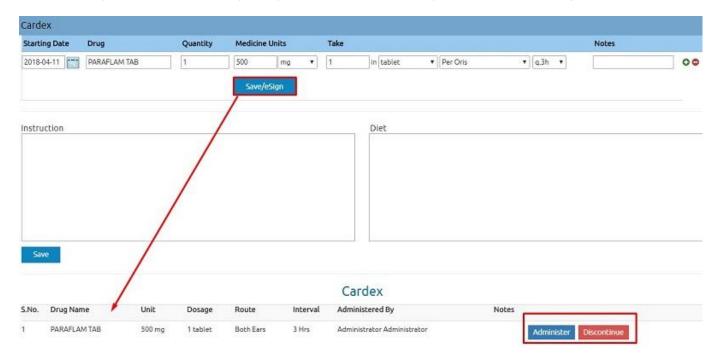
While in the IPD if a patient requires to be referred to another doctor this form is used where information regarding the referral should be entered in detail.

Investigation

This is where Procedure order and Radiology order are created for the IPD patients.

Cardex

Cardex is used to add medication prescribed for the patient, which on pressing **Administer**, Nurses will be informed that patient has to take that prescription. This will be viewed by nurses in the **Nurse Report** section.



Patient Observation Data

This will display information regarding the observation made of a patient.

Glasgow Coma Scale

This is a scoring system used to describe the level of consciousness in a person following a traumatic brain injury.

Pupils

Information of pupils' reaction test that was conducted should be recorded here.

Limb Movement

Information regarding limb movement of a patient.

Input Output

Intake Form

Patient's any form of intakes into the body should be recorded here.

Output Form

Patient's any form of output from the body should be recorded here.

Balance

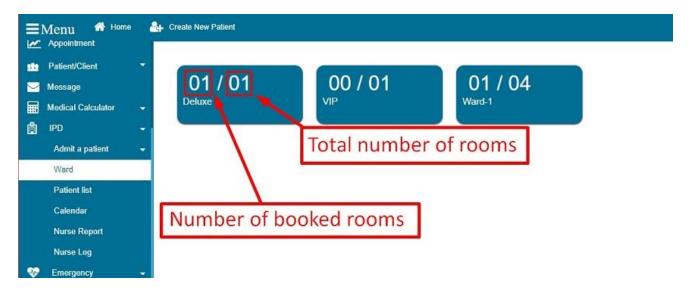
This is the record of patient's intakes and output of the body with a balance amount which determines the condition of a patient.

Discharge Form

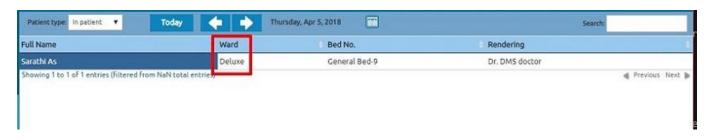
Discharge form of a patient with information regarding brief history, treatment and advice, follow up's and diet advice should be given.

Ward

Displays all different wards available in the Hospital with number of booked beds, followed by total number of beds as shown in the image below.



Click on a ward section to view patients who have bookings made.



Patient List

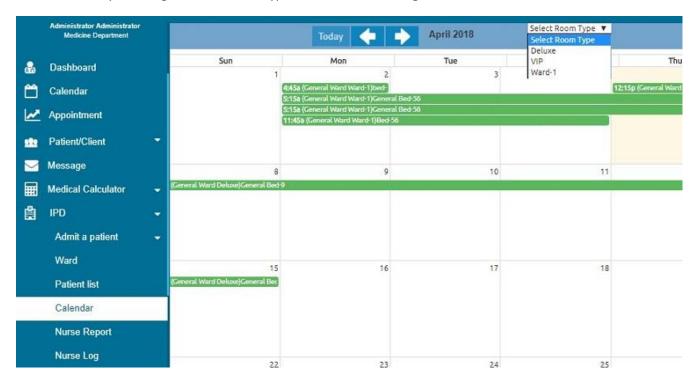
Show the list of all the IPD patients list with description as follow.



Calendar

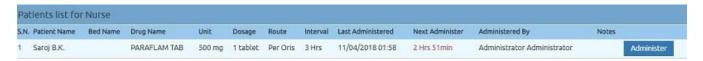
Click on **Calendar** to view all the existing ward bookings with details. Click on the booking to view details. Editing is only possible from the **Resources** section.

Filter the view by selecting one of the ward types as shown in the image below.



Nurse Report

Medication that has to be taken by a patient will be displayed here with all the necessary information. Click on **Administer** after the medication has been given to the patient to keep track of it. This can be viewed in the **Nurse Log**.



Nurse Log

Medication that has been given to the patient will be displayed here. This section provides history of the medication given to a patient.



Patient

It shows list of all patients.

Appointment

This section is explained above in the dashboard section.

Patient/Client

Patient: This shows the list of all patients.

New/Search: Create a new patient or search existing patient as described in the General section above.

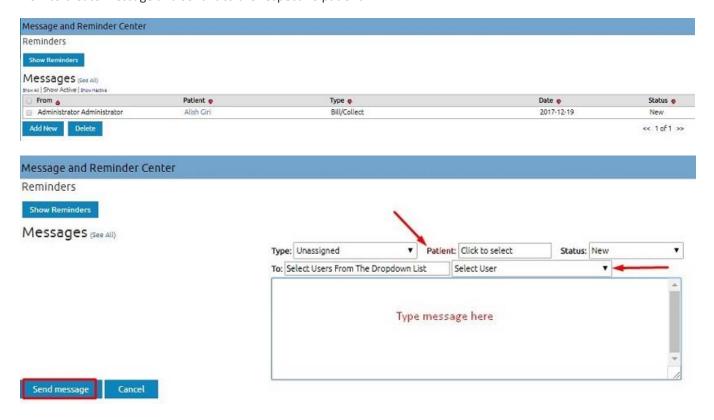
Patient Education: Search any information on the web from here.



Chart Tracker: Track patients with this function. Enter the **Patient ID** to view the information.

Message

History of sent messages will be displayed here with details like from, patient, type, date and status. Click Add New to create message and send it to the respective patient.



Events

This topic is described in the Introduction section.

Notice

This topic is described in the Introduction section.

My Account

Password

Change your password here.

Password Change



Customize your password here.

Authorizations

Most of the details of different departments in the hospital will be stored here.

Address Book

Office Note

Any users can add notes here. These notes will be stored here, and anyone can come here and view these notes.

Configure Tracks

Doctors update this section to keep records of varieties of tests like blood pressure test in different timings, its normal state for person of certain type and other in-depth details for other members to view. These records will be stored in the encounter history. Accessing this information from the **Encounters**, graph of that record will be displayed. This graph also can be printed if required.

About Us

Provides information about DMS.