

JeeNah EMR

General Notes

Patient demography will be shown in all the pages that will consist of Patient Name, UHID, Age, Gender, Last visit Date, Total No of Visits and Allergy.

Whenever the patient is complains of allergy, the Allergy field will turn red and will show the details of allergy.

All pages are divided into two column, the left panel is named as Data Entry panel and the right one is named as Data Captured panel.

The data entered in the data entry panel will be loaded to the Data captured panel, when the save button is clicked.

The saved data in the captured panel shall be available to Clear / edit until the data are verified. Once verified, that data can not be changed.

There will be buttons for Save, Save & Verify, Back and Report.

The back button is used to restore the original page. The Back button will appear when more button is clicked.

Whenever the Report button (any pages in the application) is clicked, shall show a dialogue box to print the reports of all visits or any particular visits. Option to choose the required visit shall be available.

When report is generated for the current visit, the report shall contain the data upto the entry. When the data is not verified, the report shall specify that the report is not verified.

When selected to view all reports, all visit data shall be shown horizontally. But printing shall happen in descending order from current to previous visits.

The following field names are used. The Types are field is mentioned in the field in red colour.

Free Text Field: To add free texts in multiple lines and allow next line when Enter key is tapped.

Numeric Field: To enter numeric values with two decimal points only.

Alpha Numeric: to enter alpha numeric character

Pick List Field: To have names of pick list derived from the respective fields.

The page names are shown as tabs. Change of colour to white of the tabs will indicate the current page.

The grey fonts shall indicate the name of the place holder.

Red colour with in { } shall define the type of field or instruction for development.

As far as possible use floating fields.

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

Vitals

Presenting Complaints

Past History

Examination

Provisional Diagnosis

Plan of Care

Treatment Plan

Weight

Kg

Height

cm

BP Systolic

mmHg

BP Diastolic

mmHg

Pulse

bpm

Respiration

bp

Body Temperature

°F

Oxygen Saturation

%

BMI

kg/m²

Blood Sugar

mg/dL

Enter Notes

	Date 11/11/19 Time 09:57	Date 11/11/19 Time 08:50	Date Time
Weight	86 Kgs	86 Kgs	
Height	163 cm	163 cm	
BP	120 / 90	110 / 90	
BMI	52 kg/m ²	52 kg/m ²	
Pulse Rate	84 bpm	84 bpm	
Respiration	92 bp	90 bp	
Temperature	98.4 ⁰ F	98.6 ⁰ F	
Oxygen Saturation	70%	70%	
Blood Sugar	90 mg/dL	90 mg/dL	

Save

Save & Verify

Back

Report

Notes for Vitals Page

No fields are mandatory. The fields that are shown in the page will be available to enter data.

Except the notes field all the fields are numeric only.

{ After capturing the data, the data will be saved in the Capture column after clicking the Save button. The saved data can be edited till Save & Verify is clicked. Once verified, further entry of data will be captured as next visit. This can continue for any number of entries and captured with Time stamp}.



Click of More and Graph button shall show the entire data for different visits. When full view of vitas is displayed, Back button shall appear to bring back to the current Screen

☐ Check Box before Weight (the check box can be brought up) will enable loading of previous Vital values to edit.

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
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Vitals

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More

Symptoms Pick list

Symptoms { Alpha numeric Auto Fill }

Duration { Free Text }

<input checked="" type="checkbox"/>	Stomach Pain	2 Days
<input checked="" type="checkbox"/>	Nausea and Vomiting	2 Days
<input type="checkbox"/>	Abdomen Pain	2 Days

Save to Pick list

{ The loaded list of symptoms can be saved as a pick list by clicking Save to Pick List. Upon clicking it will show a box to enter the name of the pick list }

History of Present Illness { Alpha numeric Free text field with multiple lines }

012345678910

No PainMildModerateSevereVery SevereWorst Pain Possible

0

1-3

4-6

7-9

10

Save

Presenting Illness

{ The texts with checked boxes are displayed here. }

Stomach Pain - 2 Days

Nausea and Vomiting – 2 Days

<History of Presenting Illness>

Pain intensity: <No Pain> / Mild / Moderate / Severe / Very Severe / Worst Pain Possible
{ If possible bring the same icon with the scale mark and description
For example

Moderate

{ When selected from the Pick list, all the symptoms will be empty. The user shall be able to add the check if required. When saved, the symptoms will be loaded in this capture column. Each symptom can be selected and cleared if required.
Save function shall only save and can be cleared. Once Verified, shall not be editable }

Notes to Presenting Complaints.

The complaints presented by the patient is recorded here. Whenever a symptom is entered, that will create a row containing check box, Symptoms and duration. The user shall tick the check box and write the duration of the complaint. The rows will multiply as and when the symptoms are entered in the symptom field.

This will be loaded only after clicking the save button.

Pick list:

The symptom list generated can be saved as a pick list so that at any point time the named pick list with the list of symptoms can be populated. There could be as many pick list as possible.

There is a graphical pain scale is shown with the pain in the ascending order of No Pain, Mild, Moderate, Severe, Very Severe and Worst Pain Possible.

Click of the specific pain icon shall record the pain level.

Besides taking the data to the capture panel, the pain scale will be shown in black and white except the recorded pain icon in the same colour as shown in the data entry panel.

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

- Vitals
- Presenting Complaints
- Past History
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Similar Episodes If any	Duration	Treatment Taken
{ Text Box }		{ Text Box }

Hx of Blood Transfusion: ☐ Yes ☐ No

Reaction / Comments { Text Box }

Health Habits

Health Habits Pick List

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking	Three Years { Text Box }
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol	One year
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco	

Save to Pick list

{ Only for female }

Genital / Reproductive History ☐ Married ☐ Unmarried

Pregnancy: Gravida ----- Para ----- Abortion ----- Proterm ... Full Term ----- Living Children -----

Menstrual History: ☐ Normal ☐ Abnormal ☐ MenopauseLMP

Date

Allergies

Allergy { Auto Fill with loading option }

{ Alleregy will appear in the top right corner in red }

Medical History & Medication

☐ ASA / NSAD ☐ COX 2 ☐ Insulin ☐ Anti-coagulant ☐ Antibiotic Prophylaxis

Medical History Pick List

Diseases	Duration	Treatment
Type Diseases { Auto fill }		

Similar Episodes:

<Contents of Text Box>

Hx of Blood Transfusion:

{ If Yes - } Patient has undergone blood transfusion.
<Text Box>

{ If No – } No blood transfusion.
<Text Box>

Health Habits:

Smoking – Three years
Alcohol – One year

Genital / Reproductive History:

The patient is married.

Gravida <> Para <>Abortion <> Proterm <> Full Term <> Living Children <>

Allergy:

The patient is Allergic to < Allergy >, <Allergy> { Show in Red colour }

Medical History

Diabetes	4 years	Glycid MR 30 one in the morning BF
Blood Pressure	3 Years	Amolong 5 One in the morning AF
Cholestrol	Onset	Strator F one in the morning AF

<Any other relevant history?

Diabetes	4 years	Glycid MR 30 one in the morning BF
Blood Pressure	3 Years	Amolong 5 One in the morning AF
Cholestrol	Onset	Strator F one in the morning AF

Save to Pick list

Any other relevant history

Surgical History

Surgical History

Save

Surgical History

<Surgical History>

Report

Back

Clear

Clear All

Save & Verify

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

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General Examination / Review of Systems

General Examination Pick List

General Examination { Auto fill }

ADD

{ Similar to MediView Findings with unlimited Modifier }Example – To discuss

Build	<input type="checkbox"/> Well	<input type="checkbox"/> Moderate	<input type="checkbox"/> Thin	<input type="checkbox"/> Obese
Nourishment	<input type="checkbox"/> Well	<input type="checkbox"/> Malnourished		
Hydration	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate		

Save to Pick list

Comments

Specific Examination

{ Similar to General Examination }

Comments

Save

General Examination / Review Systems:

Build	Well
Nourishment	Well
Hydration	Inadequate

<Comments>

Specific Examination:

Similar to General Examination

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

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<div>Provisional Diagnosis { Auto Fill }</div> <div><div>Gastritis</div></div> <div>Comments</div> <div>Save</div>	<div>< Provisional Diagnosis></div> <div>< Provisional Diagnosis></div> <div><Comments></div>
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Report

Back

Clear

Clear All

Save & Verify

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

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Investigation

Service Pick List

Service Name { Auto Fill } If Connected to HIS, will take the list from there

Service Name	Rate	Discount	Net Amount

Notes

Referrals

Referred to { Auto Fill }

Reason for Referral

Gynecologist

Add Letter

Cross Referral

Show the list of In-house Doctors { If Selected, the patient visit will be added to the respective doctor }

Reason for Referral

Save

Investigation

<Investigation>

<Investigation>

<Investigation>

<Notes>

Referrals

Patient Referred to <Referred to>.

< Reason for Referral>

Patient Referred to <Referred Dr>

<Reason for referral>

{ When Add Letter is clicked a standard template showing the date, Patient Name, Age, Gender, name of the dr, address, body of letter and the referring dr (Consulting Dr). }

- Report
- Back
- Clear
- Clear All
- Save & Verify

Patient Name	UHID	Age	Gender	Last Visit Date:	Total Visits:	Allergies
<Patient Name>	<UHID>	<Age>	<Gender>	<Date>	<Nos>	<Allergies>

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<div>Differential Diagnosis / Final Diagnosis { Same as provisional Diagnosis }</div> <div>Medication { Similar to the existing one }</div> <div>{ Give a check box to populate the previous medications in addition to the normal selection and selection from the pick list. When the patient is visiting for the first time, the current medication list can be populated. The previous medication can be loaded with the dosage etc }</div> <div>Other Procedures</div> <div><div>Procedure Name { Auto Fill }</div><div>Date</div></div> <div>Additional Notes for Procedures { Free Text Multiple lines }</div> <div><div></div><div>Procedure Pick List</div></div> <div>Instruction for the Patient { Auto Fill }</div> <div>Additional Notes for Instruction { Free Text Multiple lines }</div>	<div>Differential Diagnosis / Final Diagnosis</div> <div><div><Final Diagnosis></div><div><Final Diagnosis></div></div> <div><Additional Notes></div> <div>Medication</div> <div><div><Drug Name><Dosage><Duration><Remarks></div><div><Drug Name><Dosage><Duration><Remarks></div><div><Drug Name><Dosage><Duration><Remarks></div></div> <div><Notes></div> <div><Diet ></div> <div><General Recommendation></div> <div>Patient is recommended to undergo <Procedure>. Tentatively scheduled on <Date></div> <div><Additional Notes for Procedure></div> <div><Instruction to the patient></div>
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