

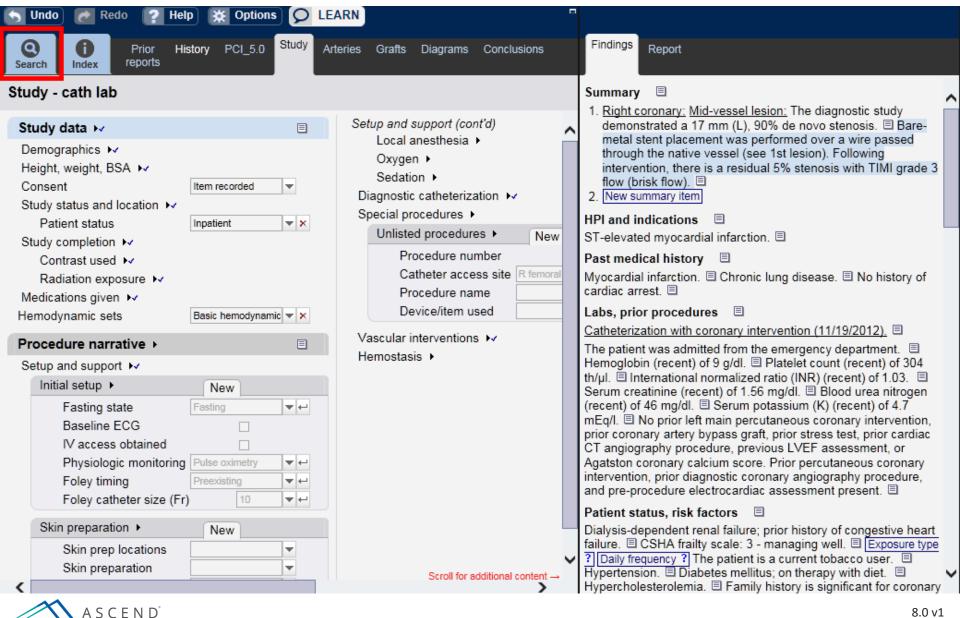
HEALTH INFORMATION TECHNOLOGY

## Searching with the Reporting Module All reporting modules



doc v1

The *Search* tab can be used to locate a specific finding in the reporting application. Although the example below uses a cath report, the process is the same for all of ASCEND's reporting modules.



8.0 v1

To access the search function, click the *Search* tab located next to the *Index* tab. This opens a *Search* panel on the left side of the screen.

🕤 Undo 🕜 Redo 💡 He	elp 💥 Options ᄋ LEARN		•	
Search	Index Prior History	PCI_5.0 Study Arteries	Grat ▶	Findings Report
×	Study - cath lab			Summary  I. <u>Right coronary: Mid-vessel lesion:</u> The diagnostic study
	Study data ►         Demographics ►         Height, weight, BSA ►         Consent         Study status and location ►         Patient status         Study completion ►         Contrast used ►         Radiation exposure ►         Medications given ►         Hemodynamic sets         Procedure narrative ►         Setup and support ►         Initial setup ►         Fasting state         Baseline ECG         IV access obtained         Physiologic monitoring         Foley timing         Foley catheter size (Fr)         Skin preparation ►         Skin preparation	Preexisting		demonstrated a 17 mm (L), 90% de novo stenosis. □ Baremetal stent placement was performed over a wire passed through the native vessel (see 1st lesion). Following intervention, there is a residual 5% stenosis with TIMI grade 3 flow (brisk flow). □         2. New summary item         HPI and indications □         ST-elevated myocardial infarction. □         Past medical history □         Myocardial infarction. □ Chronic lung disease. □ No history of cardiac arrest. □         Labs, prior procedures □         Catheterization with coronary intervention (11/19/2012). □         The patient was admitted from the emergency department. □         Hemoglobin (recent) of 9 g/dl. □ Platelet count (recent) of 304         th/µl. □ International normalized ratio (INR) (recent) of 1.03. □         Serum creatinine (recent) of 1.56 mg/dl. □ Blood urea nitrogen (recent) of 46 mg/dl. □ Serum potassium (K) (recent) of 4.7         mEq/l. □ No prior left main percutaneous coronary intervention, prior coronary artery bypass graft, prior stress test, prior cardiac CT angiography procedure, previous LVEF assessment, or Agatston coronary calcium score. Prior percutaneous coronary intervention, prior diagnostic coronary angiography procedure, and pre-procedure electrocardiac assessment present. □         Patient status, risk factors □       □         Dialysis-dependent renal failure; prior history of congestive heart failure. □ CSHA frailty scale: 3 - managing well. □ Exposure type         ? Daily frequency ? The patient is a current tobacco user. □         Hypertension. □ Diabetes mellitus;



Click in the text entry field and begin typing a search term. As the term is being entered, a list of possible matches is displayed. Complete the entry or select a term from the provided list, then click the *Search* (magnifying glass) icon. When entering keywords, exact phrases, or abbreviations into the search field, the *Search* function will automatically resolve any naming discrepancies. Please note, the following special characters are not allowed in search: " & < >.

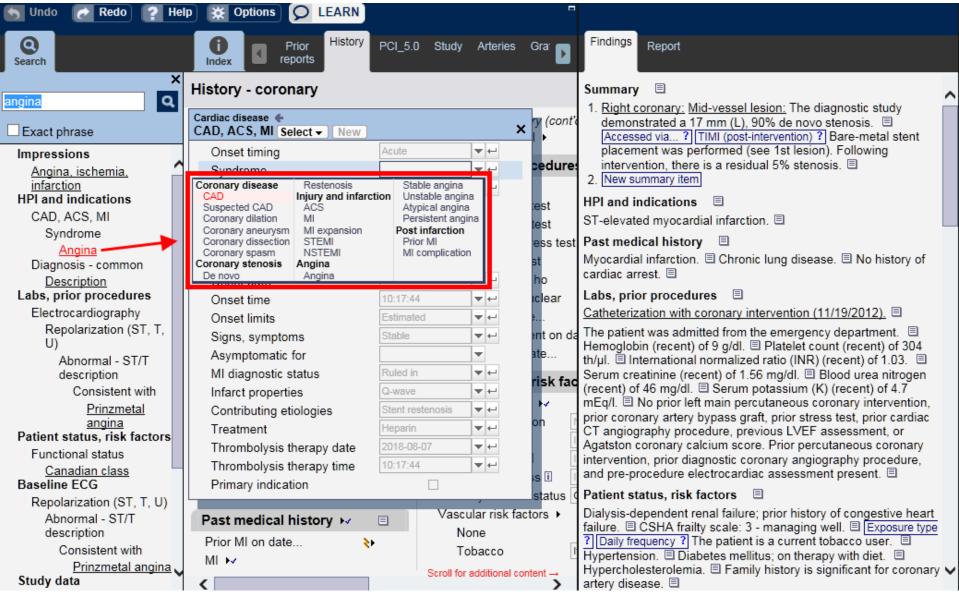
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© Search	Index Prior History	PCI_5.0 Study Arteries	Grat 🕨	Findings Report
angina 🔍	Study - cath lab			Summary  I. Right coronary: Mid-vessel lesion: The diagnostic study
angina anginal anginalclass	Study data ► Demographics ► Height, weight, BSA ► Consent Study status and location ► Patient status Study completion ► Contrast used ► Radiation exposure ► Medications given ► Hemodynamic sets	Item recorded    K Inpatient  K Basic hemodynamic   K	Dia Dia Spe	<ol> <li><u>Right coronary, Mid-vesser resion</u>. The diagnostic study demonstrated a 17 mm (L), 90% de novo stenosis. ■ Baremetal stent placement was performed over a wire passed through the native vessel (see 1st lesion). Following intervention, there is a residual 5% stenosis with TIMI grade 3 flow (brisk flow). ■</li> <li><u>New summary item</u></li> <li>HPI and indications ■</li> <li>ST-elevated myocardial infarction. ■</li> <li>Past medical history ■</li> <li>Myocardial infarction. ■ Chronic lung disease. ■ No history of cardiac arrest. ■</li> <li>Labs, prior procedures ■</li> <li><u>Catheterization with coronary intervention (11/19/2012).</u> ■</li> </ol>
	Procedure narrative → Setup and support → Initial setup → Fasting state Baseline ECG IV access obtained Physiologic monitoring Foley timing Foley timing Foley catheter size (Fr Skin preparation → Skin prep locations Skin preparation	Preexisting	Her	The patient was admitted from the emergency department. Hemoglobin (recent) of 9 g/dl. Platelet count (recent) of 304 th/µl. International normalized ratio (INR) (recent) of 1.03. Serum creatinine (recent) of 1.56 mg/dl. Blood urea nitrogen (recent) of 46 mg/dl. Serum potassium (K) (recent) of 4.7 mEq/l. No prior left main percutaneous coronary intervention, prior coronary artery bypass graft, prior stress test, prior cardiac CT angiography procedure, previous LVEF assessment, or Agatston coronary calcium score. Prior percutaneous coronary intervention, prior diagnostic coronary angiography procedure, and pre-procedure electrocardiac assessment present. <b>Patient status, risk factors</b> Dialysis-dependent renal failure; prior history of congestive heart failure. CSHA frailty scale: 3 - managing well. Exposure type <u>Patient frequency</u> The patient is a current tobacco user. Hypertension. Diabetes mellitus; on therapy with diet. Hypercholesterolemia. Family history is significant for coronary
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A list of related terms will be presented in a list below the search field. Any of the underlined items in the search list can be selected to navigate to that content in the reporting module.

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Q Search	<b>O</b> Index Prior History	PCI_5.0 Study Arteries	Gra' ▶	Findings Report
angina Q	Study - cath lab			Summary 🗉
Exact phrase Impressions Angina, ischemia,	Study data ↦ Demographics ↦ Height, weight, BSA ↦		Setu 🔨	Right coronary: Mid-vessel lesion: The diagnostic study demonstrated a 17 mm (L), 90% de novo stenosis. Accessed via? TIMI (post-intervention) ? Bare-metal stent placement was performed (see 1st lesion). Following intervention, there is a residual 5% stenosis. 2. New summary item
infarction HPI and indications CAD, ACS, MI	Consent Study status and location <i>▶</i> Patient status	Inpatient V X	Dia Spe	HPI and indications ST-elevated myocardial infarction.
Syndrome <u>Angina</u> Diagnosis - common Description	Study completion ₩ Contrast used ₩ Radiation exposure ₩			Past medical history
Labs, prior procedures Electrocardiography Repolarization (ST, T,	Medications given ► Hemodynamic sets	Basic hemodynamic 💌 🗙	Vas	Labs, prior procedures <u>Catheterization with coronary intervention (11/19/2012).</u> The patient was admitted from the emergency department.
U) Abnormal - ST/T description Consistent with <u>Prinzmetal</u> <u>angina</u> Patient status, risk factors Functional status <u>Canadian class</u>	Procedure narrative → Setup and support → Initial setup → Fasting state Baseline ECG IV access obtained Physiologic monitoring Foley timing	E New Fasting ▼← Pulse oximetry ▼← Preexisting ▼←	Her	Hemoglobin (recent) of 9 g/dl.  □ Platelet count (recent) of 304 th/µl.  □ International normalized ratio (INR) (recent) of 1.03.  □ Serum creatinine (recent) of 1.56 mg/dl.  □ Blood urea nitrogen (recent) of 46 mg/dl.  □ Serum potassium (K) (recent) of 4.7 mEq/l.  □ No prior left main percutaneous coronary intervention, prior coronary artery bypass graft, prior stress test, prior cardiac CT angiography procedure, previous LVEF assessment, or Agatston coronary calcium score. Prior percutaneous coronary intervention, prior diagnostic coronary angiography procedure, and pre-procedure electrocardiac assessment present.  □
Baseline ECG Repolarization (ST, T, U) Abnormal - ST/T description Consistent with <u>Prinzmetal angina</u> Study data	Skin preparation Skin preparation			Patient status, risk factors       □         Dialysis-dependent renal failure; prior history of congestive heart failure.       □ CSHA frailty scale: 3 - managing well.       □ Exposure type         ? Daily frequency ?       The patient is a current tobacco user.       □         Hypertension.       □ Diabetes mellitus; on therapy with diet.       □         Hypercholesterolemia.       □ Family history is significant for coronary vartery disease.       □



# Clicking an underlined item will sync to the location in the reporting module where data can be recorded.





#### O LEARN Undo Options Redo Help History Findings Q (i Prior PCI 5.0 Study Arteries Grai Report Index reports Search × History - coronary Summary Q angina 1. Right coronary: Mid-vessel lesion: The diagnostic study Cardiac disease 🗲 (cont'e demonstrated a 17 mm (L), 90% de novo stenosis. X CAD, ACS, MI Select -Exact phrase New Accessed via... ? [TIMI (post-intervention) ?] Bare-metal stent placement was performed (see 1st lesion). Following Acute $\mathbf{T} \in \mathbf{T}$ Onset timing Impressions cedures intervention, there is a residual 5% stenosis. **X** Syndrome Angina Angina, ischemia, New summary item infarction $\mathbf{v} \in \mathbf{U}$ ST changes None HPI and indications HPI and indications ST deviated for Ŧ test CAD, ACS, MI ST-elevated myocardial infarction. Door time 🗓 w. test Syndrome ess test Past medical history Duration w. Angina Myocardial infarction. E Chronic lung disease. No history of Onset (duration) Ŧ Diagnosis - common cardiac arrest. $\mathbf{T}$ ho Description Onset date Labs, prior procedures Labs, prior procedures 📃 10:22:38 $\mathbf{v} \in \mathbf{I}$ Onset time iclear Electrocardiography Catheterization with coronary intervention (11/19/2012). $\mathbf{z} \in \mathbf{U}$ Estimated Onset limits Repolarization (ST, T, The patient was admitted from the emergency department. ent on da Stable $\mathbf{T}$ Signs, symptoms U) Hemoglobin (recent) of 9 g/dl. E Platelet count (recent) of 304 Asymptomatic for ₩. ate... th/µl. International normalized ratio (INR) (recent) of 1.03. Abnormal - ST/T MI diagnostic status Ruled in ▼⊷ Serum creatinine (recent) of 1.56 mg/dl. E Blood urea nitrogen description risk fad (recent) of 46 mg/dl. Serum potassium (K) (recent) of 4.7 Consistent with Q-wave ▼ [+] Infarct properties mEq/I. I No prior left main percutaneous coronary intervention, 4 Prinzmetal $\mathbf{z} \in \mathbf{U}$ Contributing etiologies prior coronary artery bypass graft, prior stress test, prior cardiac angina on $\mathbf{v} \in \mathbf{U}$ Treatment Heparin CT angiography procedure, previous LVEF assessment, or Patient status, risk factors Agatston coronary calcium score. Prior percutaneous coronary $\mathbf{v} \in \mathbf{I}$ Thrombolysis therapy date Functional status intervention, prior diagnostic coronary angiography procedure, Thrombolysis therapy time 10:22:38 $\mathbf{x} \in \mathbf{U}$ Canadian class and pre-procedure electrocardiac assessment present. i. Baseline ECG Primary indication status Patient status, risk factors Repolarization (ST, T, U) Vascular risk factors 🕨 Dialysis-dependent renal failure: prior history of congestive heart Abnormal - ST/T Past medical history 🐱 failure. CSHA frailty scale: 3 - managing well. Exposure type description None Prior MI on date ... ? Daily frequency ? The patient is a current tobacco user. ₹ Consistent with Tobacco Hypertension. Diabetes mellitus; on therapy with diet. MI 😽 Prinzmetal angina Hypercholesterolemia. E Family history is significant for coronary Scroll for additional content -> Study data artery disease.

### Selections will automatically appear in the Findings viewer and Report viewer.



#### O LEARN Undo Coptions Redo Help History Findings 0 PCI 5.0 Study Arteries Gra († Prior Report Index reports Search × History - coronary Summary 🔳 Q prinzmetal 1. Right coronary: Mid-vessel lesion: The diagnostic study Past medical history (cont' demonstrated a 17 mm (L), 90% de novo stenosis. 🗉 Coronary indications → Exact phrase Peripheral arterial > Accessed via... ? [TIMI (post-intervention) ?] Bare-metal stent placement was performed (see 1st lesion). Following Impressions HPI and indications W ▤ Labs, prior procedures intervention, there is a residual 5% stenosis. Angina, ischemia, infarction Signs and symptoms New summary item Syndrome Abnormal ECG Chest pain 5 HPI and indications Prinzmetal angina Abnormal stress test Chest pain with dyspnea Labs, prior procedures ST-elevated myocardial infarction. Equivocal stress test Atypical chest pain Electrocardiography 5 Nondiagnostic stress test Past medical history Repolarization (ST, T, U) Chest discomfort 5 Myocardial infarction. E Chronic lung disease. No history of Positive stress test Abnormal - ST/T Dyspnea cardiac arrest. 🗉 Positive stress echo description Hypotension Labs, prior procedures 📃 Positive stress nuclear Consistent with Pain, discomfort > Catheterization with coronary intervention (11/19/2012). Prior cath on date ... Prinzmetal angina Existing diagnoses Baseline ECG The patient was admitted from the emergency department. Prior coronary stent on da CHF Hemoglobin (recent) of 9 g/dl. E Platelet count (recent) of 304 5 Repolarization (ST, T, U) Prior CABG on date th/µl. International normalized ratio (INR) (recent) of 1.03. NSTEMI 2 Abnormal - ST/T Serum creatinine (recent) of 1.56 mg/dl. E Blood urea nitrogen description STEMI Patient status, risk fac (recent) of 46 mg/dl. E Serum potassium (K) (recent) of 4.7 Consistent with Acute MI mEq/I. I No prior left main percutaneous coronary intervention, Functional status M Prinzmetal angina prior coronary artery bypass graft, prior stress test, prior cardiac CAD Systolic function CT angiography procedure, previous LVEF assessment, or Stable angina Killip class 🗓 Agatston coronary calcium score. Prior percutaneous coronary Unstable angina 5 NYHA class 🗓 intervention, prior diagnostic coronary angiography procedure, and pre-procedure electrocardiac assessment present. CAD, ACS, MI 🐱 Canadian class II Cardiac function, disease > Dialysis/renal status Patient status, risk factors Vascular risk factors > Dialysis-dependent renal failure: prior history of congestive heart Past medical history 🐱 failure. CSHA frailty scale: 3 - managing well. Exposure type None Prior MI on date... ? Daily frequency ? The patient is a current tobacco user. ₹ Tobacco Hypertension. Diabetes mellitus; on therapy with diet. MI 😽 Hypercholesterolemia. E Family history is significant for coronary Scroll for additional content -> artery disease.

### Note that if a narrow, specific search is performed, links will be generated for every item returned.



## A broad search returns many results and allows navigation of the search results through expandablecollapsible finding groups.

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Q Search	Index Prior Prior PCI_5.0	) Study Arteries Gra ▶	Findings Report
myocardial Q	History - coronary		Summary  I. Right coronary: Mid-vessel lesion: The diagnostic study
Exact phrase	Coronary indications ►	Past medical history (cont'o Peripheral arterial ►	demonstrated a 17 mm (L), 90% de novo stenosis.
<ul> <li>Impressions</li> <li>HPI and indications</li> <li>Past medical history</li> <li>Labs, prior procedures</li> <li>Patient status, risk factors</li> <li>Baseline ECG</li> <li>Study data</li> <li>Adverse outcomes</li> <li>Procedure narrative</li> <li>Right ventricle</li> <li>Left ventricle</li> <li>Coronary arteries</li> <li>Recommendations</li> <li>Procedure Procedure Procedure Procedure Procedure Procedure Procedure <u>Myocardial biopsy</u> <u>Stress MPI</u> <u>Exercise stress MPI</u> <u>Pharmacologic stress</u> <u>MPI</u></li> </ul>	ions istory cedures risk factors       HPI and indications ▶       ■         Signs and symptoms Chest pain       >         Chest pain       >         Atypical chest pain       >         Atypical chest pain       >         Atypical chest pain       >         Dyspnea       □         Hypotension       □         Pain, discomfort ▶       >         Existing diagnoses       CHF         CHF       >         NSTEMI       >         stress MPI       Acute MI	Peripheral arterial ► Labs, prior procedures Abnormal ECG Abnormal stress test Equivocal stress test Nondiagnostic stress test Positive stress test Positive stress echo Positive stress nuclear Prior cath on date Prior coronary stent on dat Prior CABG on date Patient status, risk face Functional status ►< Systolic function Killip class [] NYHA class [] Canadian class [] ]	placement was performed (see 1st lesion). Following intervention, there is a residual 5% stenosis. ■         2. New summary item         HPI and indications         ST-elevated myocardial infarction. ■ Angina pectoris. ■         Past medical history         Myocardial infarction. ■ Chronic lung disease. ■ No history of cardiac arrest. ■         Labs, prior procedures         Catheterization with coronary intervention (11/19/2012). ■         The patient was admitted from the emergency department. ■         Hemoglobin (recent) of 9 g/dl. ■ Platelet count (recent) of 304         th/µl. ■ International normalized ratio (INR) (recent) of 1.03. ■         Serum creating concept) of 1.65 mg/dl. ■ Blood urgos pitrogen
	Cardiac function, disease ► Past medical history ►  Prior MI on date MI ►	Dialysis/renal status Vascular risk factors ► None Tobacco	Patient status, risk factors Dialysis-dependent renal failure; prior history of congestive heart failure. CSHA frailty scale: 3 - managing well. CSHA frailty scale: 3 - managing well. Exposure type Daily frequency? The patient is a current tobacco user. Hypertension. Diabetes mellitus; on therapy with diet. Hypercholesterolemia. Family history is significant for coronary artery disease.



To close the *Search* feature, click on the 'X' in the upper right hand corner of the search panel. The *Search* feature also remembers the previous input, and reopening the search panel will restore the last results.

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Q Search	Index Prior Prior History	PCI_5.0	Study Arteries Gra D	Findings Report
myocardial Q	History - coronary			Summary  I. Right coronary: Mid-vessel lesion: The diagnostic study
Exact phrase	Coronary indications +		Past medical history (cont' Peripheral arterial ▶	demonstrated a 17 mm (L), 90% de novo stenosis.
Impressions	HPI and indications W			placement was performed (see 1st lesion). Following
<ul> <li>HPI and indications</li> <li>              ■ Past medical history      </li> </ul>	Signs and symptoms		Labs, prior procedure Abnormal ECG	2. New summary item
<ul> <li>∃ Labs, prior procedures</li> <li>∃ Patient status, risk factors</li> </ul>	Chest pain Chest pain with dyspnea 🎗		Abnormal stress test	HPI and indications
Baseline ECG     Study data	Atypical chest pain		Equivocal stress test	ST-elevated myocardial infarction.
	Chest discomfort		-	Past medical history
Procedure narrative	Dyspnea		Positive stress test Positive stress echo	cardiac arrest.
⊞ Right ventricle			Positive stress nuclear	Labs, prior procedures 🗉
Coronary arteries	Pain, discomfort ►		Prior cath on date	Catheterization with coronary intervention (11/19/2012).
⊞ Recommendations     ■	Existing diagnoses CHF		Prior coronary stent on da	The patient was admitted from the emergency department.
	NSTEMI 2		Prior CABG on date	Hemoglobin (recent) of 9 g/dl.
	STEMI		Patient status, risk fac	Sorum creatining (recent) of 1 F6 mg/dL B Blood uron pitrogen
	Acute MI 💦	:	Functional status 🐱	mEq/I. 🗏 No prior left main percutaneous coronary intervention,
	CAD 👌	:	Systolic function	prior coronary artery bypass graft, prior stress test, prior cardiac CT angiography procedure, previous LVEF assessment, or
	Stable angina	:	Killip class 🗓	Agatston coronary calcium score. Prior percutaneous coronary
	Unstable angina <b>≷</b> CAD, ACS, MI ►<		NYHA class 🗓	intervention, prior diagnostic coronary angiography procedure, and pre-procedure electrocardiac assessment present. 国
	Cardiac function, disease	•	Canadian class 🗓 📋	
			Dialysis/renal status ⊵ Vascular risk factors ►	Dialysis-dependent renal failure; prior history of congestive heart
	Past medical history 🐱		None	failure. 🗏 CSHA frailty scale: 3 - managing well. 🗏 Exposure type
		(F	Tobacco	Poily frequency ? The patient is a current tobacco user. Hypertension. □ Diabetes mellitus; on therapy with diet.
	MI 🗸		Scroll for additional content →	Hypercholesterolemia.
			,	altery disease.





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