

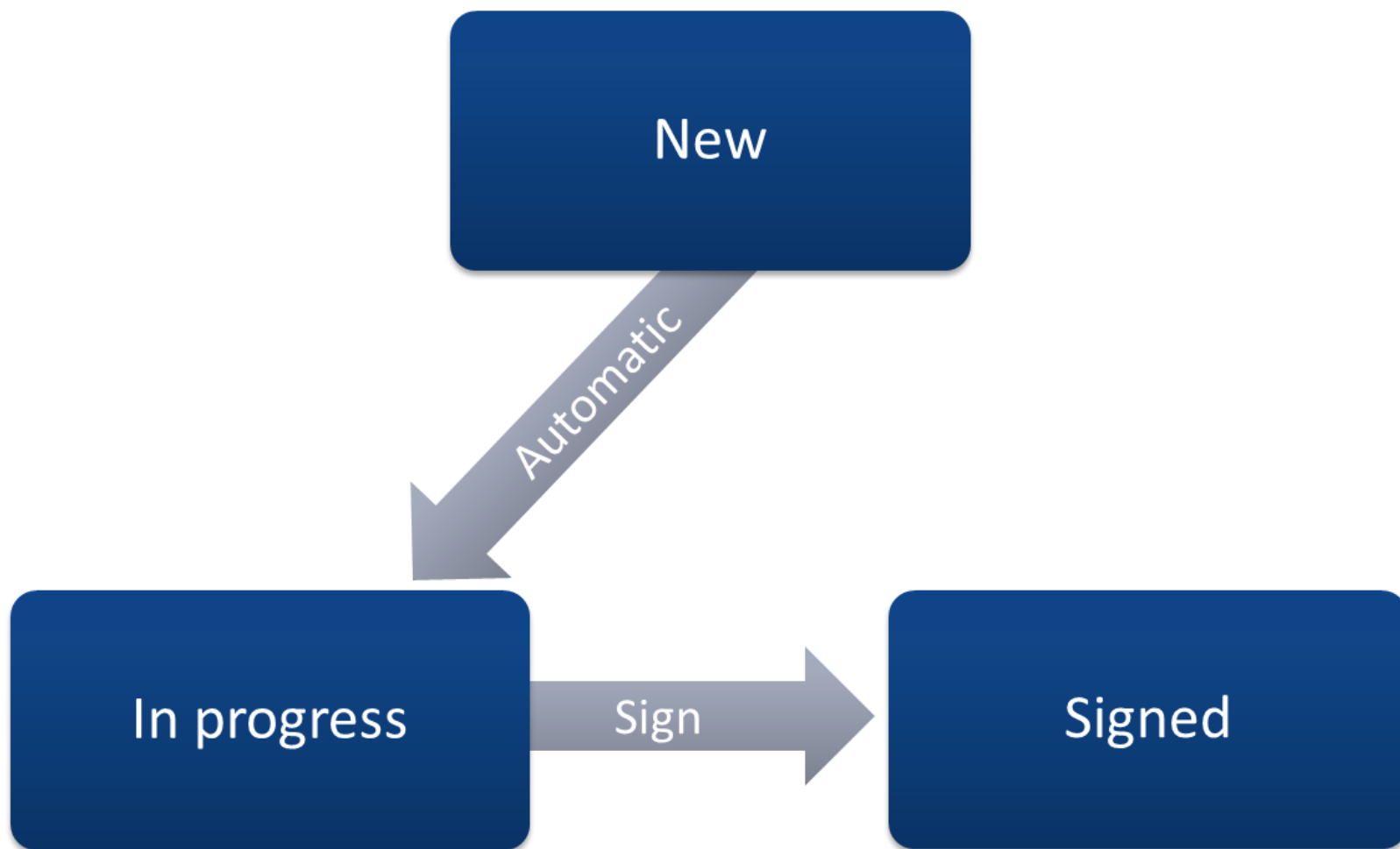
Signatures and Amendments

All reporting modules

ACV 8.0

doc v1

When ASCEND receives an order from the hospital information system, a new study is created. When opened, the study status changes automatically to **In Progress**. The complete report is then available for review prior to signing. Signing the report is the final step in the workflow and attests that the study is complete.



When the ASCEND report is deemed complete, it is ready to be signed. Once signed, the study will be locked and will remain so unless it is unlocked for an amendment at a later time. Clicking *Sign* brings up the report signature confirmation form. The process of signing a report is the same for all of ASCEND's reporting modules.

To be read For attending overread Preliminary release **Sign** Close

Undo Redo Help Options LEARN

Search Index History Study Measurements Calculations Diagrams Minor abnormalities Findings Findings Report

Study - transthoracic

Study data

Patient

- Height (cm): 165.1
- Height (in): 65
- Weight (kg): 57.6
- Weight (lb): 126.7
- Heart rate (bpm):
- Systolic (mm Hg):
- Diastolic (mm Hg):

Study status and location

- Patient status: Inpatient
- Study status: Routine
- Location: Procedure room
- Procedure room number:
- Study type: Transthoracic (TTE)
- Study components: 3 items recorded
- Teaching case:
- Teaching case details:
- Changes from preliminary:
- IAC candidate:

Technical notes [not on report]

- IAC - echocardiography: Enforce compliance

Procedure narrative

Transthoracic echo

- Procedure performed:
- Purpose: Diagnosis
- Ultrasound machine:
- Technical difficulty: Limited windows
- Image quality: Adequate
- Acoustic windows: 3 items recorded
- Image format: Quad screen
- Enhancement purpose: Opacify LV

Urgent and critical findings

- Significance: Critical result
- Absence of....:
- Finding:
- Reported by:
- Reported to:
- Role:
- Date: 2018-08-07
- Time: 17:57:02
- Read-back verified:

Adverse outcomes

- No complications:

Findings

Summary

- Left ventricle:** The cavity size is normal. Wall thickness is normal. Systolic function is normal. The estimated ejection fraction is 55-65%. Wall motion is normal; there are no regional wall motion abnormalities.
- Stress ECG conclusions:** Duke scoring: exercise time of 6 min 15 sec; maximum ST deviation of 1.1 mm; Treadmill angina scale ?; resulting score is 1. This score predicts a moderate risk of cardiac events.
- [New summary item](#)

Allergies, diet, and meds

No known allergies.

Study data

Patient is 72 year(s) old. Patient birthdate: 01/27/1943. Study date: 07/23/2015. Study time: 09:56 PM. Black. Birth gender: male. Height: 165.1 cm. Height: 65 in. Weight: 57.6 kg. Weight: 126.7 lb. BMI: 21.1 kg/m². BSA: 1.63 m². Bruce protocol. Transthoracic echocardiography. M-mode, complete 2D, and complete spectral Doppler. CP. Inpatient. Routine. Patient unit: WC 4B. Patient room number: 428. The patient tolerated the procedure well. Financial class: Blue Cross.

Procedure narrative

Transthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal, apical, and subcostal acoustic windows. Treadmill exercise testing was performed using the Bruce protocol. The patient exercised for 6 min 15 sec, to a maximal work rate of 7.4 mets. Exercise was terminated due to fatigue.

The report signature confirmation form shows the final report as it will appear, along with a list of any missing information. In this case, HIS data has not been imported. The system may be configured to prevent signing without providing missing data, or may be configured to allow signature with missing data. By default, the knowledge base requires the missing data to be present before signing.

Report signature confirmation

Notifications:

You are signing a study that has been assigned to Abrahams, Tim, MD as the responsible physician

You are signing a study that has been assigned to practice Cardiology Associates, Inc

Imports: The following are required:
HIS on 08/07/2018 18:02 for Lowell, Ralph Julius

ASCEND General Hospital
1234 Main St. Anywhere, USA 02345
Phone: (800) 555-1234
Fax: (800) 555-1235

Transthoracic Echocardiography
Bruce protocol
M-mode, complete 2D, and complete spectral Doppler

Patient:	Ralph Julius Lowell	Study date:	07/23/2015	Height:	165.1 cm (65 in)
MRN:	#648379 (MRN)	Birth date:	01/27/1943	Weight:	57.6 kg (126.7 lb)
Accession:	#698aod964	Age:	72 year(s)	BSA:	1.63 m ²
Patient location:		Birth gender:	M	BMI:	21.1 kg/m ²
Study status:		Patient status:	Inpatient	HR:	
Facility:	East Campus			BP:	

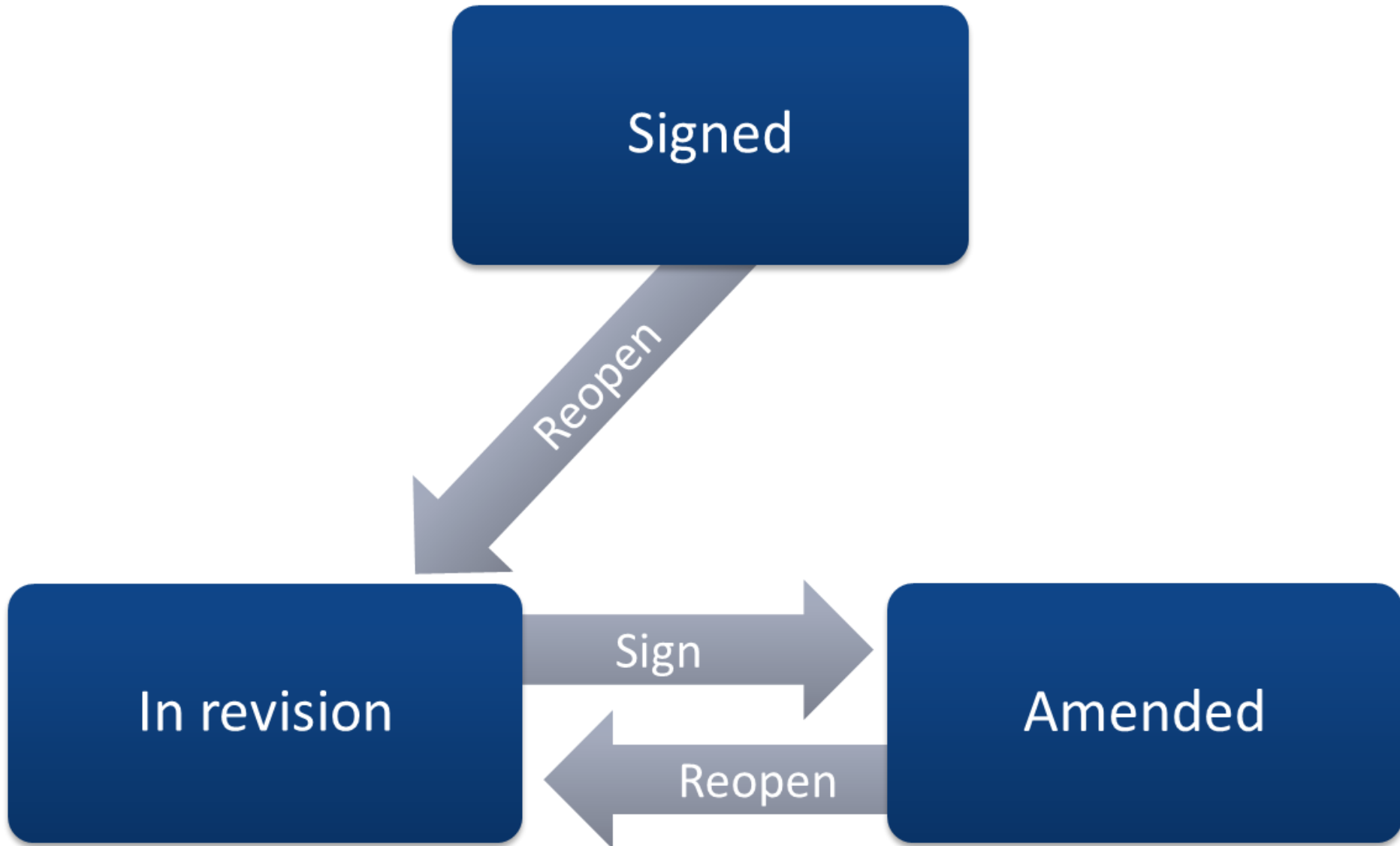
Summary: Stress ECG conclusions: Duke scoring: exercise time of 6 min 15 sec; maximum ST deviation of 1.1 mm; ; resulting score is 1. This score predicts a moderate risk of cardiac events.

Study data: Race: Black. Procedure: Transthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal, apical, and subcostal acoustic windows. Treadmill exercise testing was performed using the Bruce protocol. The patient exercised for 6 min 15 sec, to a maximal work rate of 7.4 mets. Exercise was terminated due to fatigue. Study completion: The patient tolerated the procedure well.

I have reviewed this report and assume responsibility for its accuracy and completeness.

Confirm Cancel

Once a report has been signed, it can be reopened and edited if needed. During the editing process, the report will be marked as *In revision*. When the changes have been completed, the report will require signature again, thereby changing its status to *Amended*. If necessary, an *Amended* report can be reopened for additional changes, and closed via the signing process.



To amend a report, open a signed study from the hospital information system's worklist. From the pick list at the top of the ASCEND reporting interface select the report to be amended. Click *Re-open* to complete the action.

Report - Signed - Saved on 08/07/2018 18:23

Print



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 1234 Main St. Anywhere, USA 02345
 Phone: (800) 555-1234
 Fax: (800) 555-1235

Transthoracic Echocardiography

Bruce protocol

M-mode, complete 2D, and complete spectral Doppler

Patient:	Ralph Julius Lowell	Study date:	07/23/2015	Height:	165.1 cm (65 in)
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Patient location:		Birth gender:	M	BMI:	21.1 kg/m ²
Study status:		Patient status:	Inpatient	HR:	
Facility:	East Campus			BP:	

Summary: Stress ECG conclusions: Duke scoring: exercise time of 6 min 15 sec; maximum ST deviation of 1.1 mm; ; resulting score is 1. This score predicts a moderate risk of cardiac events.

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Cardiac stress table:

Stage	Time into phase	HR	BP
Standing	--	85	173/101 (125)
Start exe	00:00	94	188/118 (141)
Stage 1	03:00	125	200/117 (145)
Stage 2	06:00	148	--
Peak exe	06:15	150	--
Recovery	00:55	123	203/105 (138)
End rec	05:44	--	199/118 (145)

Stress results: Maximal heart rate during stress was 151 bpm (102% of maximal predicted heart rate). The maximal predicted heart rate was 148 bpm. The target heart rate was 126 bpm. The rate-pressure product for

The reason for the amendment must be entered. This text does not show on the amended report; it is stored internally. Once the reason is entered, the window may be closed or left open so that the addendum text can be entered. All addendum text appears on the amended report. If all additional information is entered into the addendum, the report may be signed without editing the reported findings however the report may be opened for additional editing of findings and then signed.

Report - Signed - Saved on 08/07/2018 18:23

Print

Re-open for amendment

Reason for amendment -- This information is not shown on the amended report

Add recommendation.

Close Close this window and leave the study for physician to amend

Addendum -- This information is shown on the amended report

Add recommendation.

Sign Sign study without editing findings

Edit report Open the study for editing

Cancel

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Patient:
MRN:
Accession:
Patient locat
Study status
Facility:

Summary: St
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Study data: [
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Cardiac stres

Stage	Time
Standing	--
Start exe	00
Stage 1	03
Stage 2	06
Peak exe	06
Recovery	00
End rec	05

Stress result
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The addendum will appear in the patient report as indicated in the example below.

The screenshot displays the ASCEND software interface, divided into two main panels: Findings and Report.

Findings Panel:

- Left ventricle:** Normal by TTE. Cavity size: Normal. Thickness: Normal. Diffuse hypokinesis: Mild. Systolic function: Normal. EF (%): []
- Ventricular septum:** Normal. Thickness: Normal. Dyssynergy: Present. Paradox: Present. Other abnormalities: Early diastolic notch. Diastolic flattening: Present. Systolic flattening: Present. Interpretation: Post-thoracotomy.
- Aortic valve:** Normal by TTE. Prosthesis: []. Prosthesis type: []. Overall impression: []. Description: []. Annular calcification: []. Visualization: []. Leaflet number: []. Appearance: []. Mild sclerosis: []. Sclerosis without stenosis: []. Velocity: []. Stenosis: []. Regurgitation: [].
- Aorta and arteries:** Normal. Mild aortic calcification: []. Description: []. Visualization: []. Size: []. Aortic pathology: []. Coronary arteries: [].

Report Panel:

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Transthoracic Echocardiography
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M-mode, complete 2D, and complete spectral Doppler

Patient: Ralph Julius Lowell
MRN: #648379 (MRN)
Accession: #698aod964
Patient location: East Campus
Study status: []
Facility: East Campus

Study date: 07/23/2015
Birth date: 01/27/1943
Age: 72 year(s)
Birth: M
gender: []
Patient status: Inpatient

Height: 165.1 cm (65 in)
Weight: 57.6 kg (126.7 lb)
BSA: 1.63 m²
BMI: 21.1 kg/m²
HR: []
BP: []

Addendum: Add recommendation.

Summary:

- Stress ECG conclusions: Duke scoring: exercise time of 6 min 15 sec; maximum ST deviation of 1.1 mm; Treadmill angina scale ?; resulting score is 1. This score predicts a moderate risk of cardiac events.
- New summary item

Recommendations: New recommendation

Study data: Race: Black. Procedure: Transthoracic echocardiography was performed. Image quality was adequate. Scanning was performed from the parasternal, apical, and subcostal acoustic windows. Treadmill exercise testing was performed using the Bruce protocol. The patient exercised for 6 min 15 sec, to a maximal work rate of 7.4 mets. Exercise was terminated due to fatigue. Study completion: The patient tolerated the procedure well.

Cardiac stress table:



ASCEND[®]

HEALTH INFORMATION TECHNOLOGY

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