

## Test Scenario Data for §170.314(e)(2) Ambulatory setting only - clinical summary

*Reference the Test Scenario Procedure for Test Scenario Data implementation guidance.*

### TD170.314(e)(2) – 1: Create a Patient Clinical Summary

ONC-supplied test data are for adult patients; additional information may be supplied by the Vendor as needed.

The data presented in this test scenario constitutes what should be contained in the clinical summary made available by Get Well Clinic's EHR to the patient.

Ms. Myra Jones is a 66-year-old White female with a history of pneumonia, hypertension and asthma controlled on albuterol for breakthrough. Following her discharge from Community Health and Hospitals on August 13, 2012, she presented to Dr. Henry Seven at the Get Well Clinic on August 16th, 2012 with increased difficult breathing for the past 3 days. Ms. Jones was diagnosed by Dr. Seven with pneumonia. She was treated (2 puffs albuterol), provided a prescription for ciprofloxacin, had labs performed, given orders for a chest x-ray and CT scan, and referred to Dr. George Potomac for a pulmonology consultation.

#### A) Patient Demographics

- Patient name: Myra Jones
- Sex: F
- Date of birth: 5/1/1947
- Race: White
- Ethnicity: Not Hispanic or Latino
- Preferred language: English

#### B) Care Team

- Provider's name: Dr. Henry Seven
- Provider's office contact information: 555-555-1002, Get Well Clinic, 1002 Healthcare Dr. Portland, OR 97005

#### C) Date and Location of Visit (supplied but can be pre-loaded)

- 8/16/2012, Get Well Clinic, 1002 Healthcare Dr., Portland, OR 97005

#### D) Reason for Visit/Chief Complaint

- Increased difficulty breathing, 3 days
- Cough productive of greenish sputum, 3 days

#### E) Social History

- Smoking Status: Former smoker, [SNOMED-CT: 8517006], 2005 to 2011

#### F) Medication Allergies

Allergen: Bactrim, [RxNorm: 208416]  
Reaction: Rash  
Status: Vendor supplied (for example, Active)

Allergen: Codeine, [RxNorm: 2670]  
Reaction: Shortness of breath  
Status: Vendor supplied (for example, Active)

Allergen: Aspirin, [RxNorm: 1191]  
Reaction: Hives  
Status: Vendor supplied (for example, Active)

#### G) Medications Administered During Visit

- Albuterol 0.09 MG/ACTUAT [Proventil] [RxNorm: 573621], 2 puffs once

#### H) Active Medications

- Fluticasone 110 mcg, [RxNorm: 1165655], one puff inhale twice daily, 8/1/2012, Active
- Metoprolol Tartrate 25 mg, [RxNorm: 866924], one tablet by mouth twice daily, 2/10/2010, Active
- Ciprofloxacin 500 mg, [RxNorm: 309309], one tablet by mouth every 12 hours for three days, 8/16/2012, Active
- Albuterol 0.09 MG/ACTUAT [Proventil], [RxNorm: 573621], 2 puffs every 6 hours PRN wheezing, 8/16/2012, Active

#### I) Problems

- Hypertension, [SNOMED CT: 38341003], Start: 5/1/2009, Active
- Pneumonia, [SNOMED CT: 233604007], Start: 8/6/2009, Active
- Asthma, [SNOMED-CT: 195967001], 1/3/2007, Active

#### J) Procedures

- Chest X-Ray, PA and Lateral Views, [SNOMED CT: 168731009], Date: 8/17/2012
- CT thorax w/o contrast material [CPT: 71250], Date: 8/17/2012

#### K) Vital Signs

- Height: 175 cm
- Weight: 88 kg
- Blood Pressure: Systolic 130 mmHg and diastolic 82 mmHg
- BMI: 28.6

#### L) Laboratory Tests and Values/ Results

- HGB, [LOINC: 30313-1], 14.2, 8/16/2012
- HCT, [LOINC: 4544-3], 45%, 8/16/2012
- WBC, [LOINC: 6690-2], 7.6 (10<sup>3</sup>/ul), 8/16/2012
- PLT, [LOINC: 777-3], 220 (10<sup>3</sup>/ul), 8/16/2012

#### M) Immunizations

- Tetanus and diphtheria toxoids [CVX: 113], 4/14/2012, Completed
- Influenza virus vaccine [CVX: 88], 5/6/2012, Completed
- Pneumococcal polysaccharide [CVX: 33], 8/6/2012, Completed

#### N) Care Plan

Vendor supplied data that includes care plan goals and instructions are permitted

- Goal: asthma management, [SNOMED CT: 406162001]  
Instructions: resources and instructions provided during visit

#### O) Clinical instructions

- Patient may continue to experience difficulty breathing
- Return to clinic or call 911 if you experience chest pain, shortness of breath, high fevers, or intractable vomiting/diarrhea

#### P) Diagnostic Tests Pending

Sputum Culture [LOINC: 6460-0], 8/16/2012

#### Q) Future Scheduled Tests

- Scheduled Imaging
  - Chest X-Ray [SNOMED CT:168731009], 8/17/2012
  - CT Thorax w/o Contrast Material [CPT 71250], 8/17/2012

#### R) Future Appointments

- Dr. Henry Seven, 1007 Healthcare Dr., Portland, OR 99123 on Test Date + 3 weeks
- Referrals to Other Providers
  - Dr. George Potomac, 555-555-1049, 1047 Healthcare Drive, Portland, OR 97005 on 8/20/2012 for a pulmonology consultation

#### S) Recommended Patient Decision Aids: Vendor supplied

## Notes

- Where permitted by the Consolidated CDA IG (HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation, DSTU Release 1.1 Draft Standard for Trial Use July 2012), and not otherwise restricted by a code system or the 2014 Edition Certification Criteria (Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology, Final Rule) alternate code systems to those presented here may be used.
- Where permitted by the Consolidated CDA IG, and not otherwise restricted by a code system or the 2014 Edition Certification Criteria, coded examples may be replaced with text-only entries.
- Blood pressure may be recorded as separate systolic and diastolic values.
- Where permitted by the Consolidated CDA IG, and not otherwise restricted by a code system, metric units of measure may be used.
- Statuses and dates are vendor supplied unless provided; dates are to include month, day and year, no standard date format is required unless specified by the Consolidated CDA IG.
- Vendors may supply alternate vocabulary codes, provided they are valid, appropriate and meet the 2014 Edition Certification Criteria requirements.

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## Document History

Version Number	Description of Change	Date
1.0	Posted for Public Feedback	September 11, 2013

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