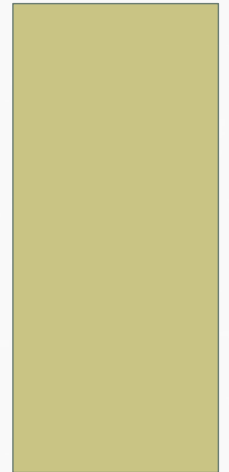


FUNCTIONAL SPECIFICATION MAPPING

CPT JEFF NEGARD
GSN 706 INFORMATICS



AHLTA - COPY FORWARD

All information entered into a yellow box can be copied forward, and ideally it would automatically populate from the most recent previous encounter when a "New Encounter" is opened. But this not the case.

The screenshot displays a medical software interface with a menu bar (File, Edit, View, Go, Tools, Actions, Help) and a toolbar with icons for Appointments, Patient Search, CHCS, Save, Save As, Template Mgt, Dx Prompt, FindTerm, Browse From Here, Drawing, A/P, Disposition, Sign, Cancel, and Close. A Folder List on the left shows categories like Health History, Problems, Meds, Allergy, Wellness, Immunizations, Vital Signs Review, Readiness, Patient Questionnaire, DoD/VA/Theater History, Army Readiness, OB Summary, BH Module, Lab, Radiology, Clinical Notes, Previous Encounters, Flowsheets, HAIMS, Current Encounter, Screening, Vital Signs Entry, S/O, Drawing, A/P, Disposition, and Artifacts and Images. The main window shows a patient encounter for 'AIM - TSWF-CORE' with tabs for HPI/PFSH, Screening, BH/Other Screening, ROS, PE, Well Female, MSK (up), MSK (low), Spine, EXIT/CCP, Procedures, and Obsolete Templates. A blue header reads 'TSWF COREAIM Form - Version 1Q2015' with a note: 'Items in YELLOW or with the CF logo, copy forward. Tabs with ® are information only tabs.' A red banner below reads 'For Ebola screening, guidance and resource links, see Screening tab' and 'Army: Per Army guidance, providers Air Force/Navy: Ebola screening is be...'. The form contains several sections: A. Chief Complaint (Right foot pain), B. History of Present Illness (2000 Character Limit) with a note about a refrigerator incident, C. Pain Level, D. Pain Assessment, E. Medical Conditions (PMHx), F. Surgeries/Procedures (Dates), H. Allergies, I. Current Meds (include OTCs), and K. Preventive Services. A yellow callout box on the right states: 'Currently, any information entered into a yellow box must be manually input or copied forward from a previous encounter by the user. This is a time-consuming process, and the following steps are needed to complete the copy-forward action.' A yellow oval highlights the yellow boxes in sections E, F, H, I, and K.

Currently, any information entered into a yellow box must be manually input or copied forward from a previous encounter by the user. This is a time-consuming process, and the following steps are needed to complete the copy-forward action.

Folder List

- Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - Readiness
 - Patient Questionnaire
 - DoDVA/Theater His
 - Army Readiness
 - OB Summary
 - BH Module
- Lab
- Radiology
- Clinical Notes
- Previous Encounters**
- Flowsheets
- HAIMS
- Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - Drawing
 - A/P
 - Disposition
 - Artifacts and Images

Appointments Current Encounter S/O **Previous Encounters** ← 1

View last 20 3+2+2 View View All

Include Cancelled and LWOBs

Date	Status	Appt Class	Appt Type	Primary Diagnosis	Clinic/Location	User	Enc #
16 Mar 2015 0722	Complete	Telephone Con...	T-CON*	CLOSED FRAC...	Int Med Medical Home Cl K Be	HENDRIX, ELIZABETH A	BETH-20155...
11 Mar 2015 1439	Complete	Telephone Con...	T-CON*	HYPERLIPE...	Int Med Medical Home Cl K Be	MITCHELL, JEANNE P	BETH-20123...
29 Jul 2014 1030	Complete	Outpatient	EST	Tooth pain	Int Med Medical Home Cl K Be	HENRY, JAMES A	BETH-17864...
07 May 2014 1348	Complete	Telephone Con...	T-CON*	OSTEOPOROS...	Int Med Medical Home Cl K Be	LEGO, CORAZON P	BETH-17071...
01 Apr 2014 0959	Complete	Telephone Con...	T-CON*	CHRONIC SIN...	Int Med Medical Home Cl K Be	ROCKEY, ALICE A	BETH-16688...
19 Mar 2014 1524	Complete	Outpatient	PROC	Need For Vacci...	Immunization Clinic Be	AULT, JOSHUA M	BETH-16559...
19 Mar 2014 1430	Complete	Outpatient	EST	HYPERLIPE...	Int Med Medical Home Cl K Be	ANDREWS, MARY ANNE	BETH-16558...

Signed: [Signature] 01 Aug 2014 1226 signed by HENRY, JAMES A [1 documents found]

Patient Name

Patient: RESTER, KIM-ANH	Date: 29 Jul 2014 1030 EDT	Appt Type: EST
Treatment Facility: WALTER REED NATIONAL MILITARY MEDICAL CNTR	Clinic: INT MED MEDICAL HOME CL K BE	Provider: HENRY, JAMES ARMSTRONG
Patient Status: Outpatient		

Reason for Appointment:
tooth/bad breath

Appointment Comments:
acs/irmac

G3 P3 A1 LC3.

Vitals
Vitals Written by NEWTON, DIANE @ 29 Jul 2014 1043 EDT
BP: 105/69, HR: 81, T: 98.4 °F, HT: 58 in, WT: 114 lbs, SpO₂: 99%, BMI: 23.83, BSA: 1.434 square meters,
Tobacco Use: No, Alcohol Use: No, Pain Scale: 5/10 Moderate, Pain Scale Comments: mouth pain

Comments: pain left side of jaw
mouth bleeding

S/O Note Written by HENRY, JAMES ARMSTRONG @ 01 Aug 2014 1217 EDT

Chief complaint
The Chief Complaint is: Tooth pain.

History of present illness
The Patient is a 66 year old female.

<<Note accomplished in TSWF-CORE>>

Ms. Rester is a 66 year old woman, who normal resides in FL where she receives dental care, presents to GIMS for evaluation of left jaw/tooth pain. She has had this pain for 3 months and denies f/c/s, difficulty with mastication, or frank pus. She denies eye symptoms or TMJ locking. She states that she had amoxicillin left over from a dental procedure that never happened, which she took, with some improvement in symptoms.

Pain Severity 5 / 10.

Allergies
Allergies Verified and Updated

First, the "Previous Encounter" tab (1) must be opened, and then an encounter that is recent enough to be relevant (2), yet was completed properly must be located. Multiple encounters may need to be reviewed to ensure the Past Medical History was completed in its entirety.



File Edit View Go Tools Actions Help

Appointments Patient Search CHCS Append Narrative Amend Sign Encounter Copy Forward Print Save As Template Artifacts and Images Close

Folder List

- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Review
- Readiness
- Patient Questionnaire
- DoD/VA/Theater His
- Army Readiness
- OB Summary
- BH Module
- Lab
- Radiology
- Clinical Notes
- Previous Encounters
- Flowsheets
- HAIMS
- Current Encounter
- Screening
- Vital Signs Entry
- S/O
- Drawing
- A/P
- Disposition
- Artifacts and Images

Appointments Current Encounter S/O Previous Encounters

View last 20 3+2 View View All Include Cancelled and Lw/OBS

Date	Status	Appt Class	Appt Type	Primary Diagnosis	Clinic/Location	User	Enc #
16 Mar 2015 0722	Complete	Telephone Con...	T-CON*	CLOSED FRAC...	Int Med Medical Home Cl K Be	HENDRIX, ELIZABETH A	BETH-20155...
11 Mar 2015 1439	Complete	Telephone Con...	T-CON*	HYPERLIPIDE...	Int Med Medical Home Cl K Be	MITCHELL, JEANNE P	BETH-20123...
29 Jul 2014 1030	Complete	Outpatient	EST	Tooth pain	Int Med Medical Home Cl K Be	HENRY, JAMES A	BETH-17864...
07 May 2014 1348	Complete	Telephone Con...	T-CON*	OSTEOPOROS...	Int Med Medical Home Cl K Be	LEGO, CORAZON P	BETH-17071...
01 Apr 2014 0959	Complete	Telephone Con...	T-CON*	CHRONIC SIN...	Int Med Medical Home Cl K Be	ROCKEY, ALICE A	BETH-16688...
19 Mar 2014 1524	Complete	Outpatient	PROC	Need For Vacci...	Immunization Clinic Be	AULT, JOSHUA M	BETH-16559...
19 Mar 2014 1430	Complete	Outpatient	EST	HYPERLIPIDE...	Int Med Medical Home Cl K Be	ANDREWS, MARY ANNE	BETH-16558...

Signed: [Patient Name] 1226 signed by HENRY, JAMES A (1 documents found)

Patient: RESTER, KIM-ANH	Date: 29 Jul 2014 1030 EDT	Appt Type: EST
Treatment Facility: WALTER REED NATIONAL MILITARY MEDICAL CNTR	Clinic: INT MED MEDICAL HOME CL K BE	Provider: HENRY, JAMES ARMSTRONG
Patient Status: Outpatient		

Reason for Appointment: tooth/bad breath

Appointment Comments: acs/irmac

G3 P3 A1 LC3.

Vitals
Vitals Written by NEWTON, DIANE @ 29 Jul 2014 1043 EDT
BP: 105/69, HR: 81, T: 98.4 °F, HT: 58 in, WT: 114 lbs, SpO₂: 99%, BMI: 23.83, BSA: 1.434 square meters,
Tobacco Use: No, Alcohol Use: No, Pain Scale: 5/10 Moderate, Pain Scale Comments: mouth pain

Comments: pain left side of jaw
mouth bleeding

S/O Note Written by HENRY, JAMES ARMSTRONG @ 01 Aug 2014 1217 EDT

Chief complaint
The Chief Complaint is: Tooth pain.

History of present illness
The Patient is a 66 year old female.

<<Note accomplished in TSWF-CORE>>

Ms. Rester is a 66 year old woman, who normal resides in FL where she receives dental care, presents to GIMS for evaluation of left jawtooth pain. She has had this pain for 3 months and denies f/c/ns, difficulty with mastication, or frank pus. She denies eye symptoms or TMJ locking. She stated that she had amoxicillin left over from a dental procedure that never happened, which she took, with some improvement in symptoms.

Pain Severity 5 / 10.

.....
Allergies
Allergies Verified and Updated

If the past encounter is sufficient for use, the user must **manually copy** the information forward. To copy the pertinent history forward to the new encounter, the user must select the "Copy Forward" button (3).

File Edit View Go Tools Actions Help

Appointments Patient Search CHCS Save [5] Date Mgt Dx Prompt FindTerm Browse From Here Drawing A/P Disposition Sign Cancel Close

Folder List

- Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - Readiness
 - Patient Questionnaire
 - Do/DVA/Theater His
 - Army Readiness
 - OB Summary
 - BH Module
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
 - HAIMS
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - Drawing
 - A/P
 - Disposition
 - Artifacts and Images

Reminders

- Anti-Tobacco Counseling
- Chlamydia Screen
- Diabetes Mellitus Screening
- Fecal Occult Blood (Guaiac) Scree
- Healthy Diet Counseling
- Height & Weight Screen
- HIV Screen
- Mammogram Screening
- Papanicolaou (PAP Smear) Screeni
- Sigmoidoscopy Screen
- Tobacco Cessation Counseling

Appointment Current Encounter S/O [4]

<< >> <Copy Forward Templat AutoEnter ROSMPT History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Allergy Free Text: NKDA~

Duration (numeric) Onset Modifier

Value Unit

Templates (History)

- past medical history
 - Allergy Free Text: Allergies Verified and Updated~ reported medical history Reported medical history ~Tubular adenoma (ascending colon)-2006.~Chronic R maxillary sinusitis...
 - surgical / procedural history ~Multiple root canals
- social history
 - social history reviewed Married 2 children and 4 grandchildren.
- Physician's Services
 - preventive medicine services
- Medications, Vaccines
 - current medication (Use for free text) ~Calcium/vitamin D 600mg/400 IU~Ibandronate 150mg one tab once monthly~amoxicilli...

Chief complaint

The Chief Complaint is: Right foot pain.

History of present illness

The Patient is a 67 year old female.

<<Note accomplished in TSWF-CORE>>

First visit for pt of another PCM who reports 2-3 weeks ago opened the skin and bled. States toe is still swollen and tender to touch. Started on ibuprofen 400 mg with good effect.

Medication list reviewed with patient, reconciliation complete.

Pain Severity 3/ 10.

Allergies

NKDA

Current medication

Vitamin D 1000 International units daily

Calcium/vit D 600 mg/400 International units twice daily

Lipitor 20 mg every evening

Ibandronate 150 mg once monthly.

Past medical/surgical history

Reported:

Medical: Reported medical history Tubular adenoma (ascending colon)-2006, Chronic R maxillary sinusitis, Osteopenia, Lichen sclerosis, Heart disease requiring open heart surgery, NSVDx2, h/o Lyme disease

Add to Default Template

The "S/O" tab (4) will automatically open in the new encounter, and the user must make sure that the "Copy Forward" template (5) is open.

File Edit View Go Tools Actions Help

Appointments Patient Search CHCS Save Save As Template Mgt **7** term Browse From Here Drawing A/P Disposition Sign Cancel Close

Folder List

- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Review
- Readiness
- Patient Questionnaire
- DoD/VA/Theater His
- Army Readiness
- OB S
- BH M
- Lab
- Radiology
- Clinical Notes
- Previous Encounters
- Flowsheets
- HAIMS
- Current Encounter
- Screening
- Vital Signs Entry
- SO
- Drawing
- A/P
- Disposition
- Artifacts and Images

6

Appointments Current Encounter **5/0**

<< >> <Copy Forward Templat> AutoEnter ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Allergy Free Text: NKDA~

Duration (numeric) Onset Modifier

Value Unit

Templates (History)

- past medical history
- Allergy Free Text: Allergies Verified and Updated~
- reported medical history Reported medical history ~Tubular adenoma (ascending colon)-2006,~Chronic R maxillary sinusitis...
- surgical / procedural history ~Multiple root canals
- social history
- social history reviewed Married 2 children and 4 grandchildren.
- Physician's Services
- preventive medicine services
- Medications, Vaccines
- current medication [Use for free text] ~Calcium/vitamin D 600mg/400 IU~Ibandronate 150mg one tab once monthly~amoxicilli...

Chief complaint

The Chief Complaint is: Right foot pain.

History of present illness

The Patient is a 67 year old female.

<<Note accomplished in TSWF-CORE>>

First visit for pt of another PCM who reports 2-3 weeks ago opened the Opened skin and bled. States toe is still swollen and tender to touch with ibuprofen 400 mg with good effect.

Medication list reviewed with patient, reconciliation complete

Pain Severity 3/ 10.

Allergies

NKDA

Current medication

Vitamin D 1000 International units daily
Calcium/vit D 600 mg/400 International units twice daily
Lipitor 20 mg every evening
Ibandronate 150 mg once monthly.

Past medical/surgical history

Reported:

- Medical: Reported medical history Tubular adenoma (ascending colon)-2006,
- Chronic R maxillary sinusitis
- Osteopenia
- Lichen sclerosis
- Heart disease requiring open heart surgery.
- NSVDx2
- h/o Lyme disease

Add to Default Template

The "PMH" tab (6) must be selected, and then the "AutoEnter" button (7) must be selected to complete the copy forward task.

- Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - Readiness
 - Patient Questionnaire
 - DoD/VA/Theater His
 - Army Readiness
 - OB Summary
 - BH Module
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
 - HAIMS
- Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - Drawing
 - A/P
 - Disposition
 - Artifacts and Images

Appointments Current Encounter S/O

AIM - TSWF-CORE AutoNeg Undo Details Browse Shift Browse Note View

HPI/PFSH Screening BH/Other Screening ROS PE Well Female MSK (up) MSK (low) Spine --** EXIT/CCP **-- Procedures Obsolete Terms Tools Change Log Outline View

TSWF CORE AIM Form - Version 1Q2015
Items in **YELLOW** or with the **CF** logo, copy forward. Tabs with **CF** are information only tabs.

For Ebola screening, guidance and resource links, see Screening tab **Army: Per Army guidance, providers must screen 10**
Air Force/Navy: Ebola screening is based on clinical j

A. Chief Complaint: Right foot pain Attending Physician: <name>. Discussed w

B. History of Present Illness (2000 Character Limit) -- Type <CTRL>+<ENTER> for new line --
<<Note accomplished in TSWF-CORE>>
First visit for pt of another PCM who reports 2-3 weeks ago opened the refrigerator at home and small bowl fell out onto right foot. Opened skin and bled. States toe is still swollen and tender to touch and is wondering if broke the toe or not. Has been using ibuprofen 400 mg with good effect.

C. Pain Level: Pain Severity 3/10 **D. Pain Assessment** Do

Pain assessment
Location:
Duration:
Quality:
Factors that correlate with onset:
Frequency:
Average level:
Worst level:
Least level:
What makes it better:
What makes it worse:

E. Medical Conditions (PMHx) Tubular adenoma (ascending colon)-2006.
Chronic R maxillary sinusitis
Osteopenia
Lichen sclerosis
Heart disease requiring open heart surgery.
NSVDx2
h/o Lyme disease

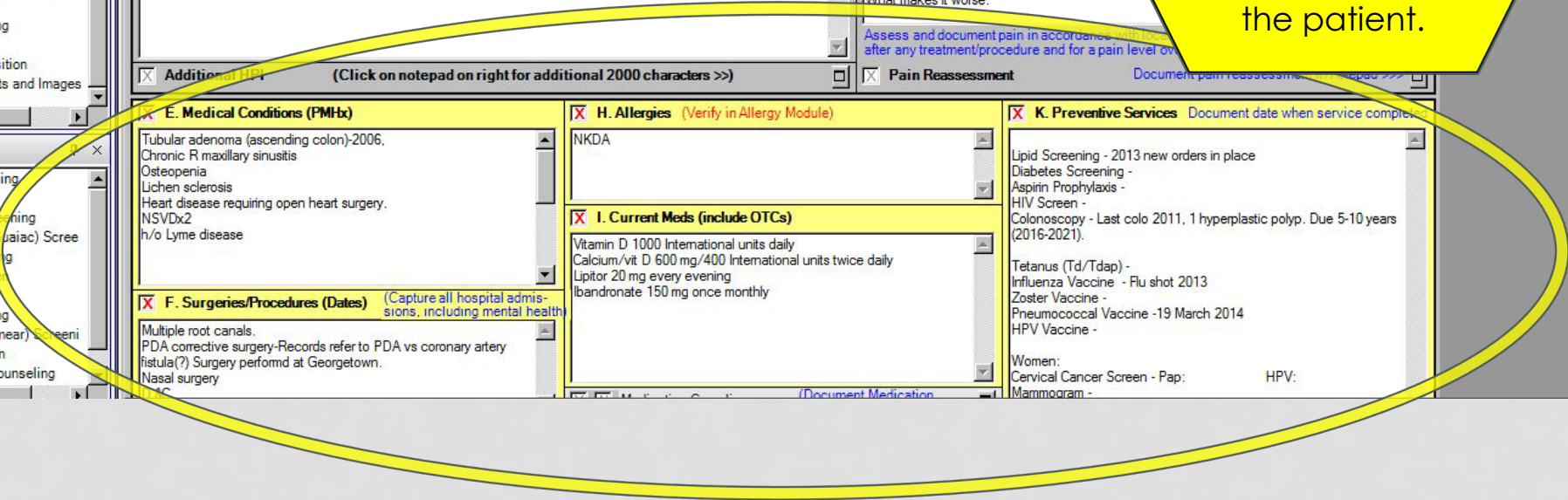
F. Surgeries/Procedures (Dates) (Capture all hospital admissions, including mental health)
Multiple root canals.
PDA corrective surgery-Records refer to PDA vs coronary artery fistula(?) Surgery performed at Georgetown.
Nasal surgery

H. Allergies (Verify in Allergy Module) NKDA

I. Current Meds (include OTCs)
Vitamin D 1000 International units daily
Calcium/vit D 600 mg/400 International units twice daily
Lipitor 20 mg every evening
Ibandronate 150 mg once monthly

K. Preventive Services Document date when service complete
Lipid Screening - 2013 new orders in place
Diabetes Screening -
Aspirin Prophylaxis -
HIV Screen -
Colonoscopy - Last colo 2011, 1 hyperplastic polyp. Due 5-10 years (2016-2021).
Tetanus (Td/Tdap) -
Influenza Vaccine - Flu shot 2013
Zoster Vaccine -
Pneumococcal Vaccine -19 March 2014
HPV Vaccine -
Women:
Cervical Cancer Screen - Pap: HPV:
Mammogram -

Once all of these steps are completed, the yellow boxes will be populated and the provider can review the information with the patient.



AHLTA - SUBJECTIVE /
OBJECTIVE

The screenshot shows a medical software interface with a menu bar (File, Edit, View, Go, Tools, Actions, Help) and a toolbar. A yellow arrow labeled '1' points to the 'S/O' tab in the 'Current Encounter' section. The 'Folder List' on the left includes categories like Health History, Current Encounter, and Reminders. The main window displays a patient chart with tabs for HPI/PFSH, Screening, BH/Other Screening, ROS, PE, Well Female, MSK (up), MSK (low), Spine, etc. A yellow callout box contains the following text:

To complete a patient chart, the "S/O" tab (1) is used to document the Subjective/Objective portion of the encounter. But, this involves selecting multiple tabs and moving back-and-forth between them. This can become tedious if the computer or AHLTA program itself is running slowly.

The patient chart content includes:

- A. Chief Complaint:** Right foot pain
- B. History of Present Illness (2000 Character Limit):** <<Note accomplished in TSWF-CORE>> First visit for pt of another PCM who reports 2-3 weeks ago opened the refrigerator at home and small bowl fell out onto right foot. Opened skin and bled. States toe is still swollen and tender to touch and is wondering if broke the toe or not. Has been using ibuprofen 400 mg with good effect.
- E. Medical Conditions (PMHx):** Tubular adenoma (ascending colon)-2006, Chronic R maxillary sinusitis, Osteopenia, Lichen sclerosis, Heart disease requiring open heart surgery, NSVDx2, h/o Lyme disease
- F. Surgeries/Procedures (Dates):** Multiple root canals, PDA corrective surgery-Records refer to PDA vs coronary artery fistula(?) Surgery performed at Georgetown, Nasal surgery
- H. Allergies (Verify in Allergy Module):** NKDA
- I. Current Meds (include OTCs):** Vitamin D 1000 International units daily, Calcium/vit D 600 mg/400 International units twice daily, Lipitor 20 mg every evening, Ibuprofen 150 mg once monthly
- K. Immunizations:** Lipid Screen, Diabetes Screen, Aspirin Prophylaxis, HIV Screen, Colonoscopy - Last colo 2011, 1 hyperplastic polyp. Due 5-10 years (2016-2021), Tetanus (Td/Tdap) - Influenza Vaccine - Flu shot 2013, Zoster Vaccine, Pneumococcal Vaccine - 19 March 2014, HPV Vaccine, Women: Cervical Cancer Screen - Pap: HPV: Mammogram -

Folder List

- Health History
 - Problems
 - Diagnosis
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - Readiness
 - Patient Questionnaire
 - DoD/VA/Theater His
 - Army Readiness
 - OB Summary
 - BH Module
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowsheets
 - HAIMS
 - Current Encounter
 - Screening
 - Vital Signs Entry
 - S/O
 - Drawing
 - A/P
 - Disposition
 - Artifacts and Images

Appointments Current Encounter S/O

HPI/PFSH Screening BH/Other Screening ROS PE Well Female MSK (up) MSK (low) Spine --** EXIT/CCP **-- Procedures Obsolete Terms Tools Change Log Outline View

Items in **YELLOW** or with the **CF** logo, copy forward. Tabs with **©** are information only tabs.

For Ebola screening, guidance and resource links, see Screening tab **Army: Per Army guidance, providers must screen** **Air Force/Navy: Ebola screening is based on clinical**

A. Chief Complaint: Right foot pain

B. History of Present Illness (2000 Character Limit) -- Type <CTRL>+<ENTER> for new line --

<<Note accomplished in TSWF-CORE>>
 First visit for pt of another PCM who reports 2-3 weeks ago opened the refrigerator at home and small bowl fell out onto right foot. Opened skin and bled. States toe is still swollen and tender to touch and is wondering if broke the toe or not. Has been using ibuprofen 400 mg with good effect.

C. Pain Level: Pain Severity

D. Pain Assessment

Pain assessment
 Location:
 Duration:
 Quality:
 Factors that correlate with onset:
 Frequency:
 Average level:
 Worst level:
 Least level:
 What makes it better:
 What makes it worse:

Additional HPI (Click on notepad on right for additional 2000 characters >>)

Pain Reassessment

Ideally, the most used tabs (HPI, Screening, BH/Other Screening, ROS, and PE) would be combined into one tab to increase the speed of data entry.

Reminders

- Anti-Tobacco Counseling
- Chlamydia Screen
- Diabetes Mellitus Screening
- Fecal Occult Blood (Guaiaac) Scree
- Healthy Diet Counseling
- Height & Weight Screen
- HIV Screen
- Mammogram Screening
- Papanicolaou (PAP Smear) Screeni
- Sigmoidoscopy Screen
- Tobacco Cessation Counseling

E. Medical Conditions (PMHx)

Tubular adenoma (ascending colon)-2006.
 Chronic R maxillary sinusitis
 Osteopenia
 Lichen sclerosis
 Heart disease requiring open heart surgery.
 NSVDx2
 h/o Lyme disease

F. Surgeries/Procedures (Dates) (Capture all hospital admissions, including mental health)

Multiple root canals.
 PDA corrective surgery-Records refer to PDA vs coronary artery fistula(?) Surgery performd at Georgetown.
 Nasal surgery
 D.&C.

H. Allergies (Verify in Allergy Module)

NKDA

I. Current Meds (include OTCs)

Vitamin D 1000 International units daily
 Calcium/vit D 600 mg/400 International units twice daily
 Lipitor 20 mg every evening
 lbandronate 150 mg once monthly

K. Preventive Services Document date when service completed

Lipid Screening - 2013 new orders in place
 Diabetes Screening -
 Aspirin Prophylaxis -
 HIV Screen -
 Colonoscopy - Last colo 2011, 1 hyperplastic polyp. Due 5-10 years (2016-2021).
 Tetanus (Td/Tdap) -
 Influenza Vaccine - Flu shot 2013
 Zoster Vaccine -
 Pneumococcal Vaccine -19 March 2014
 HPV Vaccine -
 Women:
 Cervical Cancer Screen - Pap: HPV:
 Mammogram -

Topic Outline
SUMMARY & RECOMMENDATIONS

- INTRODUCTION
- DEFINITION OF UNIPOLAR MAJOR DEPRESSION
- TREATMENT GOALS
- MILD TO MODERATE MAJOR DEPRESSION
 - Choosing treatment
 - Antidepressants plus psychotherapy
 - Antidepressants
 - Selecting an antidepressant
 - Side effects
 - Dose
 - Pharmacogenetics
 - Early improvement and response
 - Duration of an adequate trial
 - Efficacy of antidepressants
 - Mildly ill patients
 - Psychotherapy
 - Selecting a psychotherapy
 - Clinician guided self help
 - Mildly ill patients
 - Efficacy of psychotherapy
 - Compared with antidepressants
 - Relaxation and positive activities
 - Exercise
 - Primary care patients
 - Anxiety and insomnia
- SEVERE MAJOR DEPRESSION
 - Choosing treatment
 - Choosing an antidepressant
- MINOR DEPRESSION
- PERSISTENT DEPRESSIVE DISORDER (DYSTHYMIA)
- SPECIAL CIRCUMSTANCES
 - Elderly
 - Pregnancy

Side effects — For initial treatment of mild to moderate depression, it is important to select medications that patients can tolerate at doses sufficient to achieve remission. Self report scales are available for eliciting antidepressants side effects during treatment. (See ["Using scales to monitor symptoms and treat depression \(measurement based care\)"](#), section on 'Adverse side effects scale'.)

Although some adverse effects (eg, gastrointestinal toxicity) (table 2) are common across second-generation antidepressants, the incidence of specific side effects during short-term treatment (eg, 6 to 12 weeks) varies.

- **Diarrhea** occurs more often with [venlafaxine](#) (16 versus 8 percent of patients)
- **Nausea and vomiting** occurs more often with [bupropion](#) (16 versus 6 percent; paroxetine is especially problematic)
- **Sexual dysfunction** occurs more often with [paroxetine](#) (42 versus 25 percent)
- **Somnolence** occurs more often with [paroxetine](#) (42 versus 25 percent)
- **Weight gain** is greater with [paroxetine](#) (0.8 to 3.0 kg after six to eight weeks of treatment)

Although antidepressants may be associated with side effects when indicated, the benefits of treatment for depression are compelling and the possible association should not deter clinicians from treating patients with depression and no sign of diabetes, long-term (>24 weeks) (incidence rate ratio 1.8, 95% CI 1.4-2.5) [40].

A study of 1000 people 65 years and older, followed for up to ten years, found that the incidence of diabetes was similar in patients with and without depression, regardless of antidepressant treatment (hazard ratio 1.0, 95% CI 0.8-1.2).

Problems with the study, including confounds and the possibility of reverse causation, lead us to suggest that further studies are needed to clarify this issue until better designed studies have been conducted. (See ["Pharmacology, administration, and side effects"](#), section on 'Side effects'.)

Antidepressants can rarely injure the liver. Liver failure leading to death is rare. Information about drug induced liver injury is available in the ["Atypical antidepressants: Pharmacology, administration, and side effects"](#), section on 'Side effects'.)

Antidepressants can rarely injure the liver. Liver failure leading to death is rare. Information about drug induced liver injury is available in the ["Atypical antidepressants: Pharmacology, administration, and side effects"](#), section on 'Side effects'.)

Additional information about side effects of antidepressants is discussed separately in the drug information topic for each drug, as well topics that review antidepressant classes.

To increase the speed of navigating a lengthy chart, a **Navigation Tree** (such as this example from UpToDate) can be used. As seen here, when a topic is selected on the left side of the page, it automatically brings it to the top of the page for review and/or entry. In AHLTA, this would allow for entry into the specific sections (HPI, Screening, etc) rather than needing to scroll up-and-down a lengthy chart.