

**Dictation System  
for Inpatient**

HISTORY & PHYSICALS,  
DISCHARGE SUMMARIES,  
DELIVERY (NORMAL) NOTES  
OPERATIVE REPORTS

**DIAL 3-4000**

LISTEN FOR VERBAL PROMPTS.

ENTER:

- First 5 digits of your provider i.d. (do NOT key check digit!) **followed by the # sign**
- **Work type, followed by the # sign:**
  - 1 = discharge summary
  - 2 = operative report
  - 3 = delivery note (normal only)
  - 5 = history & physical
  - 41= stat discharge summary (transfers)
- Patient's 7-digit MR# (do NOT key check-digit!) **followed by the # sign**
- Begin dictating after the tone

Keypad Instructions:

<b>1</b>	<b>2</b>	<b>3</b>
Pause	Record	5 Sec Rewind
<b>4</b>	<b>5</b>	<b>6</b>
15 Sec Forward	Disconnect	Go to End
<b>7</b>	<b>8</b>	<b>9</b>
15 Sec Rewind	Next Report	Go To Start
<b>*</b>	<b>0</b>	<b>#</b>

To end dictation , press 5.

**Please note confirmation number at end of each dictation for future reference.**

To dictate multiple reports **press 8 after each report then enter new document type, MRN** and begin dictating. After you press 8 a confirmation number will play.

**HISTORY & PHYSICAL:  
WORK TYPE = 5**

**DICTATION GUIDELINES:**

Required to be dictated and transcribed within 24 hrs of admission. Please dictate according to the following order: State "**non-contributory**" if not done.

1. Patient Name (**required**) PLEASE SPELL THE LAST NAME
2. MR# (**required**)
3. Nursing Floor (needed for continuity of care)
4. Admit Date (**required**)
5. Dictation Date (**required**)
6. Attending Physician (**required**)
7. Primary care Physician
8. Referring Physician and address.
9. Consulting Physician
10. Chief Complaint
11. History of Present Illness
12. Allergies
13. Medications
14. Past History
15. Social & Family History
16. Review of Systems
17. Advance Directives
18. DNR Status
19. Physical Exam:
  - \*General
  - \*Vital Signs
  - \*HEENT
  - \*Neck
  - \*Lymphadenopathy
  - \*Breasts
  - \*Cardiovascular
  - \*Lungs
  - \*Abdomen
  - \*Genitourinary
  - \*Rectal
  - \*Extremities
  - \*Musculoskeletal
  - \*Skin
  - \*Neurologic
  - \*Development
  - \*Test Results
  - \*Assessment and Plan
20. Additional cc's (other than #7, 8 or 9 above) – PLEASE SPELL NAME, GIVE COMPLETE ADDRESS

**DISCHARGE SUMMARY**  
**WORK TYPE = 1**  
**STAT DISCHARGE SUMMARY = 41**

**DICTATION GUIDELINES:**

Required to be dictated within 48 hrs of discharge. Please DO NOT re-dictate the H&P in the Discharge Summary!

Please dictate according to the following order::

1. Patient Name (**required**) PLEASE SPELL THE LAST NAME
2. MR# (**required**)
3. Admit Date (**required**)
4. Discharge Date (**required**)
5. Dictation Date (**required**)
6. Attending Physician (**required**)
7. Primary Care Physician
8. Referring Physician and address.
9. Consulting Physician
10. Final Diagnosis (**required**), then all secondary diagnoses
11. Principal Procedure; then all secondary procedures
12. “*See Admission H&P (if dictated)*” – DO NOT REDICTATE!
13. Laboratory Data (pertinent lab and other test results, including significant antibody report if applicable)
14. Hospital Course, including treatment rendered, condition on discharge, and discharge disposition.
15. Instructions to patient and family, including physical activity, medication, diet and follow-up care.
16. Discharge Medications
17. Advance Directives
18. DNR Status (when appropriate)
19. Additional cc’s (other than #7, 8 or 9 above) – PLEASE SPELL NAME, GIVE COMPLETE ADDRESS

**OPERATIVE REPORT**  
**WORK TYPE = 2**

**DICTATION GUIDELINES:**

Required to be dictated immediately after surgery. *OPERATIVE FINDINGS* should describe separately what was found. *PROCEDURE* should describe what was done. Significant adjacent structures are to be described, e.g. "the mass was lateral to a displaced ureter." The word "*inadvertent*" should **NOT** be used. All operative reports should be dictated as if they would be used in legal proceedings. **TEACHING SURGEON** must document and define key portions of surgical procedures and/or his/her presence for entire procedure.

1. Patient Name (**required**) PLEASE SPELL THE LAST NAME
2. MR# (**required**)
3. Date of Surgery (**required**)
4. Dictation Date (**required**)
5. Teaching Surgeon (**required**)
6. Preoperative Diagnosis
7. Postoperative Diagnosis
8. Procedure Performed
9. Resident Surgeon
10. Assistant Surgeon(s)
11. Anesthesia
12. Specimens
13. Disposition of Specimen(s)
14. Drains
15. Cultures
16. Estimated Blood Loss
17. IV Fluids
18. Urine Output
19. Dressings
20. Complications
21. Indications for Surgery
22. Operative Findings
23. Procedure (technique)
24. Post Op Plan/Instructions
25. Teaching Surgeon Attestation
22. cc's (PLEASE SPELL NAME, GIVE COMPLETE ADDRESS)

**CONSULT:  
WORK TYPE = 7**

Please dictate according to the following order: State "*non-contributory*" if not done.

1. Patient Name **(required)**  
PLEASE SPELL THE LAST  
NAME
2. MR# **(required)**
3. Admit Date **(required)**
4. Service Date **(required)**
5. Attending Physician **(required)**
6. Performing Service **(required)**
7. Requesting Service **(required)**
8. Consultation at the request of:  
**(required)**
9. Chief Complaint
10. History of Present Illness
11. Review of Systems
12. Past Medical History
13. Past Surgical History
14. Social History
15. Family History
16. Medications
17. Allergies
18. Laboratory Data
19. Imaging Studies
20. Physical Exam
21. Assessment and Plan

### TO REVIEW DICTATION:

- 1) Dial 3-4000 from any touch-tone phone.
- 2) First 5 digits of your provider i.d. (do NOT key check digit!) **followed by the # sign**
- 3) Enter \*0
- 4) You will be prompted to enter the work type: 1 = Discharge Summary, 2 = Operative Report, 3 = Delivery Note, 5 = History & Physical, 41 = STAT Discharge Summary, 7 = Consult. This is the work type you want to review.
- 5) You will be prompted to enter the 7-digit MR # of the report you want to review. (DO NOT KEY IN THE CHECK-DIGIT!).
- 6) If there is no dictation to match what you have entered, you will hear the message: "No job matched your selected criteria."
- 7) When the identification is complete, the dictation (voice) will immediately begin.
- 8) To hear a report **last** dictated dial 3-4000. Enter your provider id #, then \*0. followed by a # at prompt for work type. Then a # at prompt for MR number. The last dictation will then begin.

**Please call the  
Transcription Dept. at  
966-2525  
Mon-Fri 7:30 am to 5 pm  
should you require  
assistance.**

**For after-hrs assistance, the  
voicemail message at  
966-4797 will direct you.**

