

## Document ED Confidential Notes

### *View and Document Confidential items*


Click [here](#) for information on documenting confidential data.

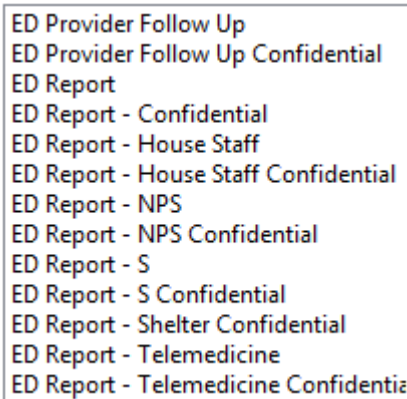
### **Confidential Note creation**

There are two methods of creating documents.

- Direct Charting
- Dynamic Documentation

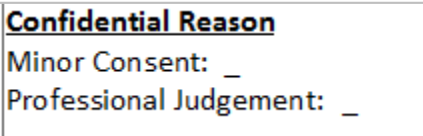
### **How to Create Confidential Notes in Direct Charting**

1. From the Documents component in the Workflow Summary, click the **Documents** header to open the **Notes** section.
2. Click the  add icon. Once the document opens, select the appropriate confidential note type from your drop-down list. If you do not have the appropriate note type in your drop-down list, refer to [Add confidential ED document types to your personal list](#)



ED Provider Follow Up  
ED Provider Follow Up Confidential  
ED Report  
ED Report - Confidential  
ED Report - House Staff  
ED Report - House Staff Confidential  
ED Report - NPS  
ED Report - NPS Confidential  
ED Report - S  
ED Report - S Confidential  
ED Report - Shelter Confidential  
ED Report - Telemedicine  
ED Report - Telemedicine Confidential

3. When a confidential note type is selected, document the reason for confidentiality.



**Confidential Reason**  
Minor Consent: \_  
Professional Judgement: \_

4. Document confidential items by typing, using Fluency Direct and/or the following dot phrases:
  - .homeMedsOnlyConf
  - .homeMedsNonConf+Conf
  - .problemslistOnlyConf
  - .problemslistNonConf+Conf
  - .socialHxNonConf+Conf
  - .socialHxOnlyConf

**Note:** Depending on the situation, you also may need to create a non-confidential note. See [Documenting a Dual Note](#).

**How to Integrate Confidential Data into a Dynamic Documentation Note**

Documenting Confidential Note: Entire visit needs to be kept confidential (one note)

1. Document meds, labs, problems and social history in the appropriate ED Workflow Summary component and mark confidential as appropriate.

**Note:** Even though you are creating a confidential note, you must mark confidential items (i.e. meds, labs, problems, and social history) as confidential in the chart.

2. Click **ED Report Confidential** or **ED – House Staff Confidential**



3. All documentation, both confidential and non-confidential, from the Workflow Summary components and other areas of the chart will pull into this note.

**Note:** The assessment will pull in as two separate sections: non-confidential diagnoses and confidential diagnoses. Number your diagnoses so the confidential ones are grouped at the bottom.

Problem List/Dx		
Name	Classification	Actions
1 ▾ Severe persistent asthma	Medical	✓ This Visit
2 ▾ Hemophilia A	Medical	✓ This Visit
3 ▾ Deletion of F9 gene	Medical	✓ This Visit
4 ▾ Type 1 diabetes	Medical	✓ This Visit
5 ▾ ⚠ Depression	★ Confidential	✓ This Visit
6 ▾ HIV disease	★ Confidential	✓ This Visit

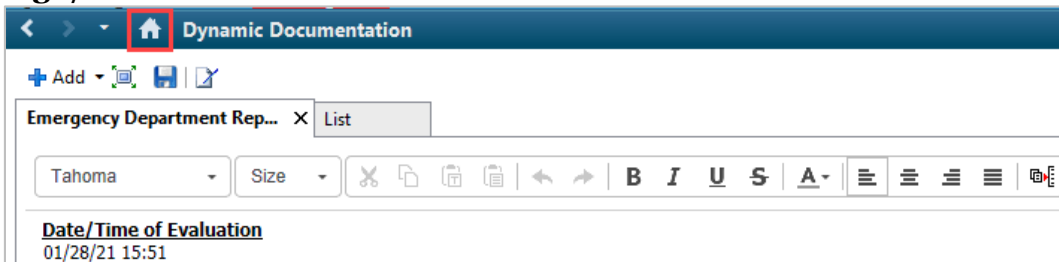
Assessment
1. Severe persistent asthma
2. Hemophilia A
3. Deletion of F9 gene
4. Type 1 diabetes
★ <b>Confidential Assessment</b>
1. Depression
2. HIV disease

4. Complete documentation and sign note.

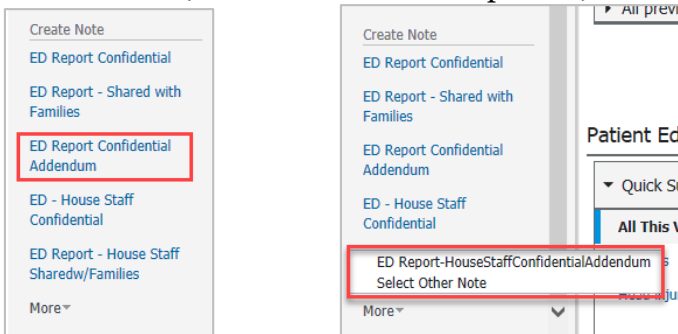
**Document ED Confidential Notes**

Documenting Dual Note: Only part of the visit is confidential (two notes filtered by confidentiality)

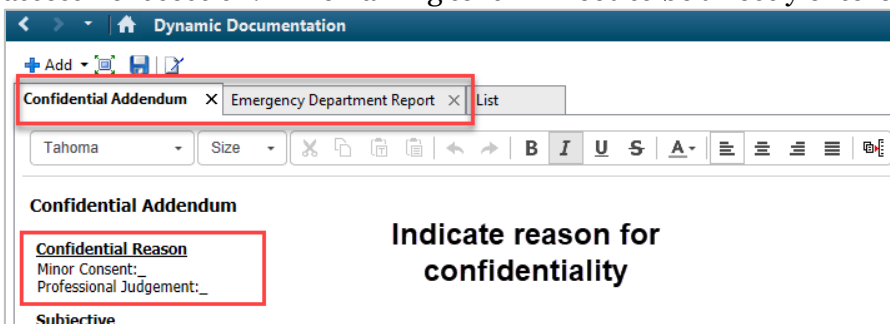
1. While documenting and ordering, items marked as confidential will filter to a separate confidential only note, leaving all items NOT marked confidential in the **ED Report – Shared with Families**.
2. Document non-confidential information in the ED Workflow Summary.  
**Note:** Your confidential information will be added in the Confidential Documentation scratch pad in the ED Workflow Summary.  
**Note:** The Confidential Documentation scratch pad needs to be added to the ED Workflow Summary. Click [here](#) for instructions.
3. Mark the appropriate Meds, Labs, Problems, & Social History confidential.
4. Click **ED Report – Shared with Families** or **ED Report House Staff Shared with Families**.
5. Once the non-confidential note is open in Dyn Doc, complete the note, select **Save and Close** or **Sign/Submit** to return to the workflow.



6. Select **ED Report Confidential Addendum** or **ED Report – House Staff Confidential Addendum** (found in the **More** drop down).



7. Workflow Summary documentation (except for anything documented in the Confidential Documentation scratch pad) and non-confidential data will pull into the **ED Report – Shared with Families** only. All confidential data items will pull to the **ED Report - Confidential Addendum**. Information entered into the confidential documentation scratchpad will pull into the **ED Report – Confidential Addendum** assessment section. All remaining text will need to be directly entered into the note.



8. Complete documentation and sign each note.

**Document ED Confidential Notes**

**ED Note Template**

**ED Report – Share with Families vs ED Report – Confidential**

ED Report - Share with Families	Comparison	ED Report - Confidential
N/A	Clinician enters an x on the confidential reason	<b>Confidential Reason</b> Minor Consent: _ Professional Judgement: _
<b>Date/Time of Evaluation</b> 01/28/21 15:51	Same	<b>Date/Time of Evaluation</b> 01/28/21 15:51
<b>History of Present Illness</b> <small>CS</small> The patient is a 8 year old male who comes into the hospital after waking up short of breath.	Same	<b>History of Present Illness</b> <small>CS</small> The patient is a 8 year old male who comes into the hospital after waking up short of breath.
<b>Surgical History</b> 	This is a free text box only. It does not pull information from anywhere in the chart.	<b>Surgical History</b> 
<b>Problem List/Past Medical History</b> <u>Chronic</u> Asthma	The <b>Share with Families</b> report displays only the non-confidential items from the past medical history. The <b>Confidential</b> report displays all items with a separate header for confidential items.	<b>Problem List/Past Medical History</b> <u>Chronic</u> Asthma <u>Confidential</u> Behavior concern HIV disease
<b>Allergies</b> Shrimp	Same	<b>Allergies</b> Shrimp
<b>Home Medications</b> acetaminophen 160 mg oral tablet, chewable 160 mg = 1 TABLET PO 4x/Day	The <b>Share with Families</b> report displays home medications that were not marked confidential when documented. The <b>Confidential</b> report displays home meds marked both confidential and non-confidential with a specific <b>Confidential</b> header to identify confidential home meds.	<b>Home Medications</b> acetaminophen 160 mg oral tablet, chewable 160 mg = 1 TABLET PO 4x/Day <b>Confidential:</b> Percocet 2.5 mg-325 mg oral tablet 1 TABLET PO TID
<b>Immunizations up-to-date:</b>	Free text <b>Yes</b> or <b>No</b> depending on the immunization status.	<b>Immunizations up-to-date:</b>
<b>Pregnancy/Birth History</b> <b>Pregnancy/Birth History</b> Patient History Available: Yes, see history below <b>Delivery Information</b> Birth Hospital: Abbott/Mother-Baby	Same	<b>Pregnancy/Birth History</b> <b>Pregnancy/Birth History</b> Patient History Available: Yes, see history below <b>Delivery Information</b> Birth Hospital: Abbott/Mother-Baby
<b>Family History</b> Father: Congenital heart disease	Same	<b>Family History</b> Father: Congenital heart disease
<b>Social History</b>	The <b>Share with Families</b> report does NOT display the patient's social history. The <b>Confidential</b> report displays the social history plus anything marked confidential under a specific <b>Confidential</b> header.	<b>Social History</b> <u>Home/Environment/Tobacco Exposure</u> Lives with: Father, Mother, Siblings. Living situ <u>Social Work Assessment (Confidential)</u> Psycho Social Risk Factors: Coping difficulties.

**Document ED Confidential Notes**

<p><b>Review of Systems</b> Remainder of complete ROS is negative with no</p>	<p>Same</p>	<p><b>Review of Systems</b> Remainder of complete ROS is negative with no</p>																																																																							
<p><b>Physical Exam</b> <b>Initial Vital Signs</b> Axillary Temp: 36 DegC Apical Heart Rate: 120 bpm <b>General:</b> Alert, well appearing, well developed, <b>Skin:</b> No rashes or lesions</p>	<p>Same</p>	<p><b>Physical Exam</b> <b>Initial Vital Signs</b> Axillary Temp: 36 DegC Apical Heart Rate: 120 bpm <b>General:</b> Alert, well appearing, well developed, <b>Skin:</b> No rashes or lesions</p>																																																																							
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<p><b>Imaging</b></p>	<p>Same This is a free text area to comment on imaging findings. Some providers also "tag" and pull the image reading into this section.</p>	<p><b>Imaging</b></p>																																																																							
<p><b>ED Course/Medical Decision Making</b> 11-year-old female with complex medical history including spina bifida,</p>	<p>Same</p>	<p><b>ED Course/Medical Decision Making</b> 11-year-old female with complex medical history including spina bifida,</p>																																																																							
<p><b>Orders for today's visit</b> Medications ordered for this visit NS fluid flush 1,000 mL IV Once Ondansetron 4 mg/ 2 mL IV Push Once</p> <p><b>Radiology/Diagnostic Tests</b> US Testicular w/Duplex Ltd for Testicular Torsion</p> <p><b>Lab Orders</b> C-Reactive Protein, CBC with Diff and Platelets, CMP, UA Reflex Microscopy and Culture</p>	<p>This is a subsection of ED Course: <b>ONLY</b> Orders marked as non-confidential will show up under orders for today's visit within the <b>Share with Families</b> template. Orders marked confidential and non-confidential display in the confidential template. Here is where it makes a difference if a lab was marked as confidential when it was ordered.</p>	<p><b>Orders for today's visit</b> Medications ordered for this visit acetaminophen 325 mg/ 10.15 mL PO Q6H PRN PRN Ativan 0.5 mg IV Q6H PRN PRN</p> <p><b>Radiology/Diagnostic Tests</b> Chest &amp; Abdomen Foreign Body for Apnea CT Head w/o Contrast for Head Injury CXR, Chest &amp; Abdomen any 2 view Port for Apnea Pelvic, US Transvaginal OB for Appendicitis</p> <p><b>Lab Orders</b> CBC with Diff and Platelets, Celiac Disease Panel, CMP, Na Level, Pregnancy Test, Urine, I</p>																																																																							

**Document ED Confidential Notes**

<p><b>Assessment</b> 1. Testicular pain  2. Testicular swelling, right</p>	<p>The assessment pulls from the Problem List/Dx that were entered in ED workflow. Only non-confidential diagnoses are pulled into the <b>Release to Family</b> note whereas ALL diagnoses are pulled into the confidential note with a sub header for Confidential Dx. into the <b>Share with Families</b> template. Clinicians have the ability to create their own assessment within the confidential template and see confidential diagnoses.</p>	<p><b>Assessment</b> 1. Testicular pain  2. Testicular swelling, right  <b>Confidential Assessment</b> No diagnoses recorded</p>
<p><b>Plan</b> Change dressing to daily until the bleeding has ceased, then return to MWF</p>	<p>Same</p>	<p><b>Plan</b> Change dressing to daily until the bleeding has ceased, then return to MWF</p>
<p><b>Prescriptions:</b> acetaminophen (acetaminophen 160 mg oral tablet, chewable) 1 tab(s)</p>	<p>The <b>Share with Families</b> report displays <b>ONLY</b> non-confidential RXs. The <b>Confidential</b> report displays RXs marked confidential and non-confidential.</p>	<p><b>Prescriptions:</b> acetaminophen (acetaminophen 160 mg oral tablet, chewable) 1 tab(s)   CONFIDENTIAL - ondansetron (Zofran 4 mg oral tablet) 0.5 tab(s) By Mot</p>
<p><b>Follow up:</b> <b>Follow Up with</b> Chase Shutak <b>Where:</b> Children's of Minnesota <b>When:</b> Within 1 week 2530 Chicago Ave S General Pediatrics Suite 390 Minneapolis, MN 55424</p>	<p>Same</p>	<p><b>Follow up:</b> <b>Follow Up with</b> Chase Shutak <b>Where:</b> Children's of Minnesota <b>When:</b> Within 1 week 2530 Chicago Ave S General Pediatrics Suite 390 Minneapolis, MN 55424</p>
<p><b>Patient Education Provided:</b> Cellulitis Opioids: Safe Use, Storage and Disposal Sedation, Procedural</p>	<p>Patient education can be released to the portal AND displays in the note as having been given. If you want to give confidential patient ed to the patient, print the education, then remove it before the final signature to prevent it from displaying on the document. You can also search the Children's A-Z library and print from there, so it is not associated with the document.</p> <p><b>Note:</b> If there is a patient education handout given that we do not want a parent to know was given, remove it in the Depart tool as well as removing from the note.</p>	<p><b>Patient Education Provided:</b> Cellulitis Opioids: Safe Use, Storage and Disposal Sedation, Procedural</p>
<p><b>Provider Protection:</b> Mask: Surgical Mask Face Shield: yes Gloves: yes Gown: yes  CONDITION ON ED DISCHARGE OR TRANSFER: Stable</p>	<p>Same</p>	<p><b>Provider Protection:</b> Mask: Surgical Mask Face Shield: yes Gloves: yes Gown: yes  CONDITION ON ED DISCHARGE OR TRANSFER: Stable</p>
<p><b>Routing</b></p>	<p>Same</p>	<p><b>Routing</b></p>

**ED Report – Confidential Addendum/ED Report – House Staff Confidential Addendum**

**Confidential Addendum**

**Confidential Reason**

Minor Consent:\_  
Professional Judgement: \_

**Subjective**

**Objective**

**Confidential Problems**

**Confidential**  
Behavior concern  
HIV disease

**Confidential Home Medications**

Percocet 2.5 mg-325 mg oral tablet 1 TABLET PO TID  
Tylenol Children's Plus Cold oral liquid See Instructions  
Zofran 4 mg oral tablet 2 mg = 0.5 TABLET PO Q4H PRN for nausea or vomiting

**Confidential Social History**

**Adolescent OB History**

**Assessment**

1. Behavior concern

**Plan**

**Medications ordered for this visit**  
Ativan 0.5 mg IV Q6H PRN PRN

**Radiology/Diagnostic Tests**  
CXR, Chest & Abdomen any 2 view Port for Apnea  
Pelvic, US Transvaginal OB for Appendicitis

**Lab Orders**  
Celiac Disease Panel, PTT

**Follow up:**

**Telemedicine Visit**