Timeline

Last Modified on 03/20/2025 12:08 pm EDT

The Timeline within the Summary chart tab allows a user to see key data points that have been added to a patient's chart over time. Each clinical marker can be hovered over to see basic information about that new chart time. Once clicked, more details are displayed. Users can customize this view as they see fit.

Vitals Clinical Marker

The **Vitals** clinical marker will be added to the timeline whenever a new vital record is saved in the Vitals chart tab. While the information is originally triggered by a new vital record, a large amount of information can be viewed in the Vitals Trends screen.

Graph View

When the Vitals Clinical Marker is selected, the **Graph View** will be displayed. This allows a user to visualize changes to vitals, lab results, procedures, and medications over a period of time.

- Users can click on the Vitals or Lab Result data points within the screen to add the values to the graph.
- Users can filter the data by time range
- Users can customize the screen to meet their unique needs



Customize the Vitals List

If you would like to change the order or decide which options are available to you within the list of Vitals section in the upper left, follow these steps:

- 1. Right click over the window
- 2. Select Vitals Setup

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3. Use the arrows to move items up or down in the list. Use the Enabled indicator to turn items on or off.



- 4. Use the New button to add custom data points to the list. NOTE: Please contact iSalus Support for this.
- 5. Click Save



Customize the Procedures List

Users can choose to have procedures that are billed for in the office to be added to the timeline. This is done by pulling in specific CPT codes from the billing system. This is setup as both a Company and a User Setting.

User Setting: Procedure List for Vitals Timeline Wireframe Summary

Company Setting: Procedure List for Vitals Timeline Wireframe Summary

Customize the Lab Results List

Users can choose to have a list of lab results groupings added to the timeline. This is done by pulling in electronic or hand-entered lab result values from across the application. The exact list of options available are setup as both a Company and a User Setting.

User Setting: Wireframe List for Vitals Timeline Wireframe Summary

Company Setting: Wireframe List for Vitals Timeline Wireframe Summary

Save the Graph Layout

Once you have determined which items you would want turned on/off and graphed out together, you can save this graph layout so that it appears each time this window is opened.

- 1. Configure the window to your liking by:
 - 1. Adding or removing vital items from the graph
 - 2. Adding or removing lab results from the graph
 - 3. Setting the time frame that you care about
 - Deciding if you want to see All or Current Medications. And, if only Prescribed medications are displayed.
- 2. Right click over the window
- 3. Select Save Graph Layout

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Table View

Users can switch to the **Table View** by clicking the toggle in the upper left hand corner of the window. The information displayed is the raw data representation of the same information shown in the Graph View. The settings described above will also control the Table View.

Access the Table View

To see the Table View, follow the below steps:

1. Click on the Vitals Clinical Marker icon anywhere you see it on the Timeline or when viewing a Lab Result to launch the data trends.



2. Select the Table radio option in the upper left hand corner.

qatest.isalush	nealthcare.c	om/officemd/screens	/EMRSummary_Vi	tals.htm?id=1230738&t
Graph Tab	DD .			
Blood Pressure	113/83	19-Feb-19		
Neight	285lb	19-Feb-19	1	
Height	6' 3"	19-Feb-19	2	5.32
BMI	35.62	19-Feb-19	PSA/Tst./Cr	• • •
	120			
	110			
 Procedures BP Systolic PR Diactolic 	100			

3. The Table View is displayed.

ST, Patient X. 49y Fo	emale				3m	6m	1y	2y	Al
raph	Table		$D \perp \boldsymbol{arphi}$						
		03/14/2025	08/09/2024 🗸	08/30/2023 👗					
E2		-	-	32.93 pg/mL					
FSH		-	-	7.3 mlU/ml					
LH		-	-	3.9 mlU/ml					
PRL		-	-	2.1 ng/dl					
PSA 🗋									
Creat			-	2.5 mg/dL					
PSA		-	-	0.69 ng/ml					
Testosterone		-	-	79.7 ng/dl					
UAMicro 🗋									
Blood			Negative						
Glucose		-	Negative						
Leukocytes		-	Negative						
Nitrite		-	Negative						
 Vitals 									
BP		120 / 80 mmHg	- / -	- / -					
Pulse		66 bpm							

Notes Clinical Marker

The **Notes** clinical marker will be added to the timeline whenever a new SOAP Note is saved in the SOAP Notes chart tab. In addition to simply seeing the note saved on a given day, this screen also allows a user to copy forward an encounter quickly.

								🛦 Smith, SIMS H. (SIM					
	Aller	rgies			Medications				Problems				
NO KNOWN A	NO KNOWN ALLERGIES			multi	vitamin oral				History of radica				
<u>\</u>				Vitan	nin D3 oral				Encntr for follow Calculus of kidn			gnant neoplasm	
									Elevated prostat	te specific ant	igen [PSA]		
									Asymptomatic n Personal history			pididymis	
-													
	_									_			
		iewed 5/2019				Reviewed 07/25/2019					viewed 25/2019		
					Cli	nical Messag	jes						
							07/25/2						
						Timeline	Office Vi	sit- Allisor	n Lee Np-c (Aw	aiting Final	Sign-Off)		
Medications							\bigotimes		Ť				
Notes									(Phi)				
Immunizations									\bigcirc				
Order Results													
Communicatio	ns												
eDocuments													
Vitals							((
Health Exchan	ige												
	5/12/17	5/22/17	5/25/17	5/16/18	5/18/18	5/22/19	6/3/19	7/19/19	7/25/19	12/3/19	12/4/19	Today	
	<											>	

Viewing Past SOAP Notes

When the Notes Clinical Marker is selected, the Notes from that day will be displayed.

	×	
History of Present Illness	^	History of radical retrop Encntr for follow-up exa
Hx of prostate cancer. -Underwent radical prostatectomy in 1997		Calculus of kidney (Kidr Elevated prostate speci
-PSA rose to 0.37 and has remained stable in that range for years. Last PSA was 0.40 on 6/3/19.		Asymptomatic microsco Personal history of mali
Hx of SUI and has previously underwent bulking agent with minimal help.		
Hx of stones.		
He states he developed gross hematuria Friday after mowing his yard Thursday afternoon. Hematuria resolved Friday afternoon and he has had no further episode since that time. No associated dysuria, flank pain, or voiding difficulty.		
He is asymptomatic today. UA is unremarkable.		
Physical Exam - Male General: Appearance: Development is normal. Nutrition is normal, no acute		tates that he is still a
distress Neck: Overall appearance is normal Assessment of respiratory: Intercostal retractions normal, Use of		
Chemation. Orientated to time, Orientated to place, Orientated to	6	
Mood and affect: No anxiety, Not agitated Skin: Warm, Dry		Ū
Assessment and Plan		
Treatment Plan		
 General Counseling Discussed possible hematuria work up with pt today. Pt verbalized understanding and declines workup at 		()
this time.	~	
	 -Underwent radical prostatectomy in 1997 -PSA rose to 0.37 and has remained stable in that range for years. Last PSA was 0.40 on 6/3/19. Hx of SUI and has previously underwent bulking agent with minimal help. Hx of stones. He states he developed gross hematuria Friday after mowing his yard Thursday afternoon. Hematuria resolved Friday afternoon and he has had no further episode since that time. No associated dysuria, flank pain, or voiding difficulty. He is asymptomatic today. UA is unremarkable. Physical Exam - Male General: Appearance: Development is normal, Nutrition is normal, no acute distress Neck: Overall appearance is normal Assessment of respiratory: Intercostal retractions normal, Use of accessory muscles normal Orientation: Orientated to time, Orientated to place, Orientated to person Mood and affect: No anxiety, Not agitated Skin: Warm, Dry Assessment and Plan General Counseling Discussed possible hematuria work up with pt today. Pt verbalized understanding and declines workup at 	 -Underwent radical prostatectomy in 1997 -PSA rose to 0.37 and has remained stable in that range for years. Last PSA was 0.40 on 6/3/19. Hx of SUI and has previously underwent bulking agent with minimal help. Hx of stones. He states he developed gross hematuria Friday after mowing his yard Thursday afternoon. Hematuria resolved Friday afternoon and he has had no further episode since that time. No associated dysuria, flank pain, or voiding difficulty. He is asymptomatic today. UA is unremarkable. Physical Exam - Male General: Appearance: Development is normal, Nutrition is normal, no acute distress Neck: Overall appearance is normal Assessment of respiratory: Intercostal retractions normal, Use of accessory muscles normal Orientation: Orientated to time, Orientated to place, Orientated to person Mood and affect: No anxiety, Not agitated Skin: Warm, Dry Assessment and Plan Treatment Plan General Counseling Discussed possible hematuria work up with pt today. Pt verbalized understanding and declines workup at

If more than one note is saved on a given day, you can use the drop down at the top of the screen to select different notes.

	05/18/2018 Office Visit - Local Admin	nistrator		1	/	Ď	\times
	05/18/2018 Office Visit - Local Admin	nistrator					
	His 05/18/2018 Other - Local Administra Urd Urd 05/18/2018 Correspondence - Local His	tor					~
	His 05/18/2018 Correspondence - Local	Administrator		5			<u> </u>
Ē	Re 05/18/2018 Lab Report - Local Admi	nistrator					
C	Спот сотрани. на ргознаю са		 	 			
F C	Re 05/18/2018 Lab Report - Local Admi	Administrator nistrator	 -	 6		 	

Viewing the Nurses Note

The "Nurses Note" is a special type of note that is always available on the "Today" section. This is available so that providers or staff can click in a single place to review everything that has happened today for this patient. This section is 100% customizable for the individual user. These customization can be made in the Letter Setup window.



Copy an Encounter

When viewing a past SOAP Note, it may be helpful to be able to "Copy Forward" all or some of the templates that were used to generate that note. The 'Copy' button allows this to happen in a single screen.

Notes about the Copy Encounter Feature

- If a record has already been created that day (i.e. vitals have already been saved), by default the system will recognize this and not auto-select vitals to be copied.
- Only information stored in a template can be copied forward. If you typed information directly into the note and not in a template, this can not be copied forward.
- You can not edit data after it is copied on this screen, you must open the corresponding chart tab to make any additional changes. Because of this, we highly recommend activating the 'Display today's History' settings for the chart tabs that are needed. You can learn more about that by looking for the "Display Today's History" user setting for each cart tab.

To copy an encounter, follow the below steps:

1. Click the **Copy** icon on the toolbar.

			Copy Encounters
05/20/2019 Office Visit - Sara	(Awaiting Final Sign-Off)	~	
Problem List 1. Active - R3911 - Delay when starting to pass urine (finding) 2. Active - R339 - Retention of urine (disorder) 3. Active - N401 - Benign prostatic hyperplasia (disorder) 4. Active - Prostate specific antigen abnormal (finding) 5. Active - N529	History of Present Illness 70 y/o WM presents today for f/u. Hx of enlarged prostate with LUTS. DD Flomax. He developed urinary re catheter for some time. He underwe	etention and requir	

2. Use the window to select or deselect which encounter-based templates will be copied forward automatically.

✓ Select All	Encounters from 05/20/2019	Show Less All		Encounters for 06/04/2	020	
 HPI - History of Presen 				ory of Present Illness	020	
listory of Present Illness			ROS - Re	view of Systems		
History of Present			ROS - AU	JA		
70 y/o WM present			Vitals - 8	59 AM		
retention and requir	state with LUTS. He was previously managed on DD Flomax. He dev red indwelling catheter for some time. He underwent TURP at his post-op visit. He was instructed to taper off Flomax.	eloped urinary	🖌 Exam - P	hysical Exam - Male		
	vated PSA. He had a negative prostate biopsy in May 2015. Last PS	SA was 6.70 with a	Claim #3	1148		
	a June 2016. He has failed to follow up for repeat PSA.	A was 0.79 with a	Orders -	Electronic Orders		
	e is doing well. Feels he is voiding much better after TURP. He state s his bladder. Denies dysuria, hematuria. Nocturia X1-2 depending o		Orders -	Electronic Orders		
has stopped Floma		in hard invalid. The	 Orders - 	Electronic Orders		
PVR by BS: 0ml PSA: 1.18 DRE: smooth. svmr	metrical, no nodularity, no tenderness, enlarged					
Plan: RTC in 1 year for f/	u, UA, PVR, PSA, exam ted issues in the interim					
Call for any Currela				Copy Selected Encount	ers	
how Less	, Sara on	05/20/2019 6:23PM				
ROS - Review of System	ms					
eview of Systems		42				
Respiratory: No W Ear/Nose/Throat/M Cardiovascular: N Gastrointestinal: 1 Musculoskeletai: 1 Hematologic: No 5 Neurological: No 1 Immunologic: No 1 Genitourinary: No Elyrest No Blurred V Integumentary: NK Pain: Patient repor The patient comple accurate and comple	Pever, No Chills, No Headache. heezing, No Frequent Cough, No Shortness of Breath. fouth : No Ear Infection, No Sore Throat, No Sinus Problems. to Chest Pain, No Varicose Veins, No High Blood Pressure. No Joint Pain, No Neck Pain, No Back Pain. Swollen Glands, No Blood Clotting Problem. fremors, No Dizzy Spells, No Numbness/Tingling. Hay Fever, No Drug Allergies. Urine Retention, No Painful Urination, <u>Positive Urinary Frequency</u> fision, No Double Vision, No Paint. Skin Rash, No Bolis, No Perisistent Itch. 2essive Thirst, No Too Hol/Cold, Not Tired/Sluggish. ts no pain. ted their ROS via an Online Intake System and stated: <i>The above in lefe</i> . The information was reviewed and updated accordingly. reviewed and are negative .					
atient reports receiving an	influenza immunization Patient denies previously receiving a Pneum normal parameters Current medications were obtained, updated, or r					

3. Click the **Copy Forward** button once you have made your selections. These templates will be auto-created and auto-saved. You can navigate to the chart tabs to make changes to the copied templates if necessary.

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Copy Selected Encounters	
Jm	