This demonstration reviews usage of the Procedure Template & related popups. Details of the workflow will likely vary somewhat from clinic to clinic, but this should give you a good idea of NextGen functionality.

This has been prepared for EHR 5.8 & KBM 8.3. Subsequent updates may display cosmetic & functional changes.

Use the keyboard or mouse to pause, review, & resume as necessary.
Before We Start

• There are a number of different procedure popups, but most providers will only use a handful of them.
• There are a lot of similarities in how you use the various templates & popups, but also some differences. I’ll present some representative examples, but it is impractical to review them all in detail here.
• There are also a handful of flaws in the procedure templates. To avoid interrupting the flow of this presentation, I have given you some tips on these in another lesson.
• The best strategy is to become familiar with the procedure templates you’ll use frequently, perhaps by experimenting on a practice patient.
One way you can access the procedure popups is via the **Procedures Icon** at the bottom of the **SOAP tab**. This gives you a short list of common procedures you can select directly.
You also can access the full Procedures Template from the Procedures Link at the top of many templates & on the Navigation Bar.
Here you see a number of procedures, divided into several (mostly) logical headings. A few quick pointers here:

If you don’t initially see what you’re looking for, look around. For example, **Nebulizer Treatment** is over here, instead of under **Pulmonary**.
Instead, for many simple ENT procedures, like wax & foreign body removals, try Foreign Body Removal.

Most users won't want to attempt to use anything under the **ENMT** section. They're built more for ENTs than for primary care providers & they're formatted differently from most of the other popups, making them a bit tedious to use. They also have historically been riddled with errors—though that seems improved.
You can generate a consent form here, & most of the individual popups provide this too. But you may want to use paper consent forms you already have on hand, & have them scanned into the EHR after they’re signed.

You can generate procedure notes (either offline or in real time) here. But keep in mind that if you’re generating a regular visit note, the procedure note will be included, so you don’t have to generate one separately unless you just want to.
Now let's look at an example. Click **Incision & Drainage**.
You may want to begin by selecting these pre-procedure items, as desired.

We'll do a simple I&D. Click this checkbox.
A popup appears for you to select a diagnosis. You'll see a short list of likely candidates, but if you don't see something you can use, you have access to full diagnosis search. Here we'll pick **Cellulitis and abscess of trunk**.
Select your anesthetic; you’ll get a popup to specify how much you used, if desired.
Add additional details as desired.

But you'll often want to add more notes than can be specified with the checkboxes. Use this **Comments** box for that.

After prep w/ chlorhexidine & local anesthesia, a stab wound was made w/ #11 blade, expressing ~3 ml of pus. Culture obtained. Packed w/ iodoform guaze & covered w/ bulky gauze dressing.
For procedures you do often, you can save presets, so you can start with most of your selections already entered. Click the (quaintly archaic) floppy disc icon.
Give your preset a name; it’s often helpful to include your initials. There are some other options you can specify, but you usually don’t need to mess with them.

Click Add.
Your preset is added to the list of others you've saved.

Note that if you ever want to change it, the workflow is to make your changes on the popup, Select the preset name, then click Update.

When done click Save & Close.
Back on the procedure popup, when your documentation is done, click **Submit to Superbill**. You’ll usually get a **Charges submitted** confirmation, but this is somewhat inconsistent from template to template.

When done click **Save & Close**.
Let's look at Lesion/Wart/Punch/Others.
On some popups you can document several different procedures. This can be convenient but also confusing. The important things to remember are:

1) Document ALL your procedures before clicking **Submit to Superbill**; you can't add another one on this popup after submitting.

2) Use the **Comments** box to clarify anything that gets confusing as you document multiple procedures.
Now look at **Joint Aspiration/Injection**.
This popup works on a somewhat different model. First notice that you pick a diagnosis at the top instead of via a popup as before. If you’ve already added diagnoses on the encounter, they’ll be here. If not, you can click Add or Add Common Assessment. And notice that only your 1st 4 assessments display, so if the diagnosis you need for the joint is in the Assessment 5-8 slots, you may need to rearrange by using Sort DX.
Click in the 1st Procedure Box, & you’ll get this popup.

A few things to note:

1) Even if you’re injecting & not aspirating, they call it an “arthrocentesis” at this point.

2) They group joints as follows:
   b. Intermediate—AC, elbow, wrist, ankle.
   c. Minor—Hand, foot.
You'll be presented a series of popups that allow you to specify more details. Here we'll pick right shoulder subacromial space injection.
Check the **Site prepped Yes** box & make a selection in the ensuing popup (or type details in).

If you use anesthetic for the skin, indicate it here—but note this is NOT the anesthetic you might inject into the joint. (Ethyl chloride is also available here.)
Click in the Placement confirmed by box; here we’ll select manual palpation.

If you were aspirating, you’d indicate fluid details here.
Next click in the 1st Medication box, bringing up this popup. Unfortunately, this is where things get confusing for many providers.
We sometimes think in terms of brand names, but many of the names here are generic. In particular, it is helpful to note that Celestone is Betamethasone acet/sod phosp.

We also usually think in terms of volume of solution to inject, whereas this list indicates mass. That's because these are the units the medicine is billed by. You may need to get with your nurse & look at the bottle to figure out how many mg you are injecting.
What if you combine meds? If you click **Detail**, you’ll get a popup that lets you specify 2 meds. But not lidocaine. You don’t bill for local anesthetics. If you include one, you’ll need to mention it in the **Comments** box.
Use other checkboxes & bullets as desired, & add further details in the Comments box. This is a good place to clarify drug combinations & included anesthetics. Note you have access to My Phrases to speed this along.

And remember you can save presets.
The next step is different from what you’re thinking, & is different from many of the other procedure templates. Click Verify Charges.
The charges are posted to this grid. When done, click **Submit to Superbill** then **Save & Close**.

Place Order gives you the chance to send a task, which you probably don’t need to do here.
Notice that all the procedures you've done today are listed here.

Finally, let's look at the **Generic** popup.
Here you can document procedures that don’t have dedicated popups, & save them as presets for future use. It is helpful to know the diagnosis & procedure codes ahead of time when you use this popup.

There is another lesson that further reviews the use of the Generic Procedure Popup.
As discussed in the beginning, it is a good idea to try out any of the procedure templates you think you’ll use on a sample patient to learn its idiosyncrasies.

There are, unfortunately, a few misbehaviors in the procedure templates. A separate lesson online reviews some of them, along with some workarounds.

If you find a problem you can’t work through, please inform the EHR Team.
This concludes the NextGen Procedures demonstration.

For further information, please review the Procedures Problems & Tips lesson as well.

Being over the hill is much better than being under it.

R. Lamar Duffy, M.D.
Associate Professor
University of South Alabama
College of Medicine
Department of Family Medicine