This demonstration reviews a typical follow-up prenatal visit; we’ll also cover documenting lab & ultrasound findings. Details of the workflow will likely vary somewhat, depending on practice policy & clinic layout, though this should give you a good idea of the prenatal functionality within NextGen.

This has been prepared for EHR 5.8 & KBM 8.3, though some screen shots of older versions may appear if they don’t compromise the presentation. Subsequent updates may display cosmetic & functional changes.

Use the keyboard or mouse to pause & resume as necessary.
The nurse begins by double-clicking on the patient from her provider’s appointment list.

Our patient is in for a follow-up prenatal exam. We’ll also take this opportunity to demonstrate documentation of an ultrasound. There are several options on the order you do things & what parts are done by the nursing staff vs. providers, but this will provide you one example of a reasonable workflow.
Always begin by performing the 4-Point check.

When you first open the chart to the Intake Tab, you’ll note all the tabs are blank, & Specialty & Visit type are in red, demanding attention.
Click in the Specialty box & pick Obstetrics.

Note to Family Medicine Users:
You can now select Family Practice here as well; this will introduce a few small workflow variations that will be pointed out.

On the Visit types picklist select OB Prenatal.
It’s always good to begin by noting whether there are any Sticky Note or Alerts entries. Alerts is activated, displaying in red. If you review it, you’ll see that pregnancy is the reason for the alert.

There is a potential patient safety ramifications here. It makes sense for “pregnancy” to show as an alert, especially if a non-obstetrical provider is seeing the patient. But it means the obstetrician is going to see this alert lit up every time, which could lead you start to ignore it. It behooves you to check the alert to make sure there isn’t something else there you need to know about.
The nurse will typically begin by recording Vital Signs. Click the Add button.
Enter Vital Signs. (Details are reviewed in another demo.)

LMP: Skip (will be recalled in Prenatal templates).

Ht: 65 inches, carried forward.

Click Save, then Close when done.
Vital signs now display.

Now enter Chief Complaints, or Reasons for Visit. The most common complaints used in each clinic will appear on this list. Select routine prenatal. (Family Medicine users will need to type this in.) We won’t add any other complaints for this example.

You can use Intake Comments if needed to add a few HPI details.
Moving down the **Intake Tab**, review **Medications & Allergies**. Nothing has changed from what is displayed, so click the **Medications reconciled & Allergies Reviewed, no change** checkboxes.

The clinic has standing orders to perform a urinalysis at all OB visits. Click the **Standing Orders**.
As illustrated in other demonstrations, select Urinalysis, dipstick, associated with the supervision of pregnancy diagnosis, & enter results.

Click Submit to Superbill, Place Order, then Save & Close.
Now move to the **Gestational Age** tab.
Next move to the Histories tab.

Briefly review information on this template; you’ll note that the EGA has advanced since last visit. But there usually won’t be anything for the nurse to change here.
Navigate through this template, review, & update data as necessary. The collapsible panels come in handy here.

Also click Risk Factors.

As on the initial visit, a few questions may be answered. You can carry forward some answers from the last pregnancy, or the last encounter on this pregnancy, by clicking Copy Forward.
Some answers will be carried forward as appropriate. For the remaining questions, click **Yes** for any questions where this is necessary, then click **Set all unanswered to No**.

Leave **Risk Level** to the provider.

When done click **Save & Close**.
As far as we know, she’s still in the 1st trimester, so since we documented 1st trimester education last visit, there’s nothing to add on the Education tab; you can always glance at it if you need to make sure. But then go on to the Prenatal Detail tab.
Review as necessary; you’ll note that the Total pregnancy weight gain has updated since last visit.

But the main thing we need to do is add another line to the prenatal flow sheet. Click Add.
Some data is pre-populated from the vital signs & urinalysis. Some of these items will be entered by the nurse, while some will be completed later by the provider. Some fields are not germane at early stages of the pregnancy.

This information is added in this example: No pain, fetal movement, contractions, or fluid leakage. FHR: 130.

When done click Save then Close.
These details now appear in the grid.

Let's briefly look at the SOAP tab.
Usually there will be nothing for the nurse to do here. But sometimes in the course of rooming the patient, the patient adds other complaints. If that happens, you could add more Reasons for Visit here (or back on the Intake Tab).

The nurse notifies the provider the patient is ready. Click the Tracking icon.
Enter Room Number, then click in the Status box.

Double-click waiting for provider.

When done click Save & Close.
One last thing for the nurse to do. Click Intake to go back to the Intake Tab.
Navigate to the bottom & click **Generate Intake Note**.
The Intake Note is created, & the nurse can move on to the next patient.
The provider then opens the chart from the appointment list, generally starting on the Home Page, & performs the 4-point check.

Also review Sticky Notes, Alerts, & Risk Indicators.

Review other history as necessary, then move to the Gestational Age tab.
While this may well have been done at a previous encounter by the provider or a technician, for the purposes of demonstration, let’s document the initial ultrasound.

Click Ultrasound Mgmt; Obstetrics Department users will also find this on the Navigation Bar.
Click in the **Procedure** box & select the specific study you’re performing.

Then click in the **Diagnosis** box & select the diagnosis/indication for the ultrasound.
Complete other details as appropriate, then click First trimester Fetus #1 - #3.
Fill in details. When done click **Reviewed**, then **OK**.
The order appears on the grid, though you may have to click **Add Order** to make it display.

If your machine gives you a printed report, you may wish to have the staff scan this in to the encounter as well.

You can click **Print Report** to generate a document summarizing your findings.
USA Family Medicine
1504 Springhill Ave Ste 1800
Mobile, AL 366043273

PATIENT: Didre Quagmire
DATE OF BIRTH: 04/01/1990
DATE: 06/25/2014 9:55 AM
WORKING GESTATIONAL AGE: 11 Weeks 6 Days

Ultrasound Report Management

Working EGA: 11 Weeks 6 Days LMP Calculated EGA: 11 Weeks 6 Days

Ultrasound Type: Ultrasound OB <14 wk single fetus (76801) - Transvaginal

Diagnosis: Supervision of other normal pregnancyV22.1

Maternal Anatomy
Internal Os: normal
Uterus: normal
Cervical Length: normal
Adnexa: normal

Fetal Assessment Ultrasound Reports
First Trimester
Number of Sacs: one Number of Fetuses: one
Sac # 1
Yolk Sac: Present Measurement: 42.00 mm Heart Rate: 130
Crown Rump Length: 8.00 mm Crown Rump Length EGA: 13 Weeks 1 Day

Print if desired, then close the document.
To bill for the ultrasound, double-click on the order, opening this popup.

Complete details if needed, then click Submit to Superbill. Save then Close when done.
Now return to the **Gestational Age** tab.
Our ultrasound estimated EGA at 13 wks 1 day. Even though that isn’t a big difference from her menstrual dates, let’s change to the U/S dates for demo purposes. Click in the Ultrasound 1 date box & enter today’s date.

In the ensuing popup enter the Estimated Gestational Age from that ultrasound; in this example we’ll key in 13 wks, 1 day then click OK.
Click Ultrasound 1 adjusted and the EDD & EGA updates. Click Use as final EDD if desired.
Note that if you wish to pick another date for some reason, you can do so by clicking **Adjusted (provider)**.

And you can click **Add EDD Modification Comments** if you wish to clarify your reasoning.

Now let’s move on to the **Histories** tab.
As demonstrated in the Prenatal Intake lesson, navigate through this template to review & update as necessary. Much of this information will be relatively static throughout the pregnancy. Especially make sure to click Risk Factors.
Review Risk Factors (& update if necessary), then assign a Risk level. Our patient’s risk remains low.

When done click Save & Close.
Now go to the **Education** tab.
Since the revised ultrasound dates have moved her into the 2nd trimester, we’ll navigate down & click Add/Update to enter 2nd trimester education.
Check the checkbox as you discuss each issue.

When done click **Second trimester education documented as complete**, then **Save & Close**.

<table>
<thead>
<tr>
<th>Education elements:</th>
<th>Completed:</th>
<th>Initials:</th>
<th>Need for further discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>signs and symptoms of preterm labor</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>abnormal lab values</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>influenza vaccine</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>selecting a newborn care provider</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>smoking counseling</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>domestic violence</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>postpartum family planning / tubal sterilization</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
<tr>
<td>infant feeding discussed; Breast feeding recommended</td>
<td>06/25/2014</td>
<td>RLD</td>
<td></td>
</tr>
</tbody>
</table>
Education documentation now appears in the grid, & we'll move on to the Prenatal Detail tab.
Review the information as necessary. Next, select today’s line on the grid, then click Edit.
Review information entered by nurse & add further information from your history & exam. For this example, we'll add trace edema & 2+ DTRs.

Add other notes as desired, pick a follow-up time, then click **Save, Close**.
Your additions display on the grid.

Her intake lab came back a few days ago. Let’s pretend you haven’t seen it yet to demonstrate reviewing this. Click **Update Lab Results**...
...only to find that almost none of your results are posted here. Isn’t this just MADDENING? You would think a program like this would assist you by bringing in your lab results. Silly you.

As frustrating as it is, users will have to view results in the **Order Module** & manually enter them here. So close this popup (or knowing this, don’t open the popup in the first place).

(Note a lonely Hemoglobin result actually *did* find its way here. How sad.)
Open the Order Module.
Review the results. (Also sign them off if you haven’t done so already.) You could scribble down these results to transfer to the prenatal templates, but just close the order module to see another alternative.
Let's kill a tree & print the lab results to make it easier to enter them on the prenatal templates. One way to do this is to click Document Library.
<table>
<thead>
<tr>
<th>General</th>
<th>Letters</th>
<th>Assessments and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Hours Care Note</td>
<td>Lab Results-All</td>
<td>ACC/AHA ASCVD Risk Estimator</td>
</tr>
<tr>
<td>Chart Summary</td>
<td>Lab Results-Last 30 Days</td>
<td>Behavioral Assessments &amp; Tools</td>
</tr>
<tr>
<td>Confidential Note</td>
<td>Medication List</td>
<td>Edinburgh Postnatal Depression Scale</td>
</tr>
<tr>
<td>Controlled Substance Agreement, Full</td>
<td>Missed Appointment Reminder</td>
<td>Generate Report Scoring</td>
</tr>
<tr>
<td>Controlled Substance Contract, Brief</td>
<td>Patient Plan</td>
<td>Mini Mental Status Exam</td>
</tr>
<tr>
<td>Counseling Notepad</td>
<td>Safety Contract</td>
<td>Pediatric Symptom Checklist</td>
</tr>
<tr>
<td>Discharge Summary-Preliminary</td>
<td>Telephone Notes/Clinic Memos</td>
<td>St. Louis Univ Mental Status Exam (SLUMS)</td>
</tr>
<tr>
<td>Durable Medical Equipment Order</td>
<td>Visit Note (Master Document)</td>
<td>SLUMS Diagram Generate Report</td>
</tr>
<tr>
<td>FreeText</td>
<td>Vital Signs History</td>
<td></td>
</tr>
<tr>
<td>Hospital-Clinic Continuity Note</td>
<td>Weight Loss Program Sheet</td>
<td></td>
</tr>
<tr>
<td>Immunization Record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A document with her results is generated—and note that you see this document on the History Bar. Print this.

Now go back to the **Prenatal Detail** tab.
Click Update Lab Results again, & enter results.

A fairly quick way to do this is to enter your results, then set today’s date as the Default completed date, then click Apply default date to enter that date for each test.
Click All reviewed, then Save & Close.
As an aside, there does seem to be evidence that NextGen is working on getting lab results back to the prenatal templates, so maybe there will be an end to this manual entry nonsense at some point.

Now let's work our way down the rest of the template.
Here you can see the OB Problem List; we don’t need to add anything here.

The lab results you’ve entered also display on the template.
You can add other assessments & plans if necessary.

Residents can indicate their attending's participation.

You could next generate the Patient Plan.

Then click the Prenatal Record button to generate your documentation.
It takes a few moments, but this generates a summary of the visit formatted very much like the ACOG form. This takes the place of generating any other type of visit note for prenatal visits.

After it has been generated, close the report to return to the Prenatal Detail Tab.
### Diagnostic Studies

#### Assessment/Plan

<table>
<thead>
<tr>
<th>#</th>
<th>Assessment</th>
<th>Plan Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Supervision of other normal pregnancy (V22.1).</td>
<td>The patient had the following test(s) completed today Ultrasound OB &lt;14 wk single fetus. The patient had the following test(s) completed today Urinalysis, dipstick.</td>
</tr>
</tbody>
</table>

#### Orders

- **View of All Orders**
  - Lab (1)
  - Diagnostics (1)
  - Office Services (1)
  - View Immunizations Due
  - Procedures
  - Referrals

<table>
<thead>
<tr>
<th>Status</th>
<th>Ordered</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>completed</td>
<td>06/25/2014</td>
<td>Ultrasound OB &lt;14 wk single fetus</td>
</tr>
<tr>
<td>completed</td>
<td>06/25/2014</td>
<td>abnormal lab values</td>
</tr>
<tr>
<td>completed</td>
<td>06/25/2014</td>
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<tr>
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<td>completed</td>
<td>06/25/2014</td>
<td>smoking counseling</td>
</tr>
</tbody>
</table>

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Next click EM Coding.
Almost all of our obstetrical charges, including Medicaid, are paid globally, but there’s not a direct way to indicate that in NextGen. Until a better method is derived, just click Prenatal Visit 4-6, then Submit Code. (HSF billing handles the conversion to the global charge.)

Residents will need to click Submit to supervising physician for review.
Select your attending & click **Add User(s)**. Then click **OK**.
A resident also needs to view encounter properties to set the Supervising Physician for billing purposes. Right-click on the encounter folder & select Properties in the popup.
The resident doctor clicks the Supervisor dropdown arrow & selects the attending.

Then click **OK** to close the popup.
The **Checkout Tab** may be utilized by office staff to document completion of various orders, referrals, appointments, etc. The degree & manner of its use will be individualized to the workflow of each clinic.
This concludes the NextGen Prenatal Follow-Up Visit demonstration.

Inside every older person is a younger person wondering what happened.

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