Vision 3

Consultation Manager - Read Dictionary User Guide

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The Read Dictionary in Vision

Introduction to Read Dictionary

Most clinical data is entered and stored as a Read term from the Read dictionary, not only on Medical History but for other structured data such as contraception data, test results etc. Even immunisations which are not selected from the Read dictionary are stored as Read terms.

Consultation Manager eases the selection of Read terms by encouraging the use of Management Plans, Summary Forms, Guidelines and Add screens where relevant Read terms can be selected from a picklist. If you are unsure of the structured data area, then use History Add and rely on the system placing the record correctly. Lists of Read terms are given within each category on the on-screen help sections.

- Once a consultation is started, you can just begin typing a Read term straightaway (if set up to do so).
- Or type a code preceded by a # if you know it, eg #H33 and press Enter;
- or press F3 in the Read Select window for selection from the full Read dictionary.

On the History tab of a Vision 3 Framework of Patient Record, a History-Add screen is displayed, with the cursor waiting at the Read select window.

But once a Read window is displayed, how do you know what to type in order to select a Read term?

Read terms can be selected either by means of **keyword**, which you either know or guess at, eg cough, and pressing Enter, or by typing a Read **code**, preceded by #171, eg . You can then look through the hierarchical list.

Alternatively, at a Read select window, just press <F3> (function key) which takes you to the full Read Select screen. See *Quick add of Read descriptions from front - Add screen* (page 4), or *Keywords* (page 11) or *Select by Code/Hierarchy on Read Dictionary screen* (page 17).

A subset of the Read dictionary can be made into a **practice formulary**, with the commonly used Read terms (see *Read formulary* (page 19)). Further additions can be made to the Formulary at any time.

Entries from Read chapters are colour coded which on the Patient Records screen and timeline means you can quickly see problems that are related. The colour coding is set in **C**onsultation - **O**ptions - **S**etup (Patient Record Setup Options).

To check the current installed version of the Read dictionary, from Vision Consultation Manager click on Help, then About Consultation Manager. Alternatively, from the Vision front menu, click on Utilities – Event Log and look under Installations.

How the Read Dictionary is Structured

The Read Clinical Classification or Read codes are classified into 29 major chapter headings which comprehensively cover the whole of medicine (the version referred to here is Read 5 version 2) – see *Read chapters* (page 3) for a list.

How to know which chapter to choose from

There is no need to remember any of the codes in order to select an entry, though in time you may become aware of the main chapters, which are denoted by the first character of the code, for example, G for Circulatory system diseases (eg G30 Acute myocardial infarction), H for Respiratory system diseases, (eg H33 Asthma).

- Chapters A-Z on the whole cover a classification of systems: respiratory, cardiovascular, neoplasms etc.
- Chapters 1-9 cover amongst others: symptoms, on examination, X-ray and pathology, screening, operations and administration.
- Chapter 1 can be used to define symptoms. Once a specific diagnosis is made, you can use terms from chapters A-Z, eg G Circulatory system disease.
- Most pathology tests come under chapter 4, and X-rays in chapter 5.
- Health promotion, screening and advice terms are in Chapter 6.
- Operations and major and minor surgery come under Chapter 7.

For example, for a sore throat entry:

- A symptom is commonly from Chapter 1- History/symptom. For example, Sore throat symptom has a code of 1C9.. 00.
- If the pathological evidence points, for example, to an infectious sore throat, then select a code from Chapter A - Infectious/parasitic diseases. For example, Streptococcal sore throat, A340. 00.
- A code from Chapter H Respiratory Systems Diseases may be more appropriate, for example H121 Sore throat - chronic or H02 Sore throat NOS.
- Codes with Z refer to unspecified conditions, for example, Sore throat symptoms NOS, IC0Z. 00 where NOS is not specified or non-specific. It is recommended that NOS entries should be avoided if possible.

The five character Read code

The chapter headings and their Read codes can be detailed down to five hierarchical levels. Here are examples of five codes, each a "child" at a lower level of the "parent" code:

- H Respiratory system diseases
- - H0 Acute respiratory infections
- - H02 Acute pharyngitis
- - H023 Acute bacterial pharyngitis
- - H0230 Acute pneumococcal pharyngitis

Codes are sometimes written with extra dots to show the levels up to five, eg H02.. or H023. When you are entering a code, you do not need to type in the dots.

In addition, after the first five characters, there might be two further numbers. Most are 00, as in H02..00 Acute pharyngitis. If you list **synonyms** for a code you have highlighted (click in Display Synonyms), you can see if there are any

synonyms or alternative entries which mean the same. Those with * are called **preferred terms**.

For instance, the synonyms for H02. 00 Acute pharyngitis are:

*Acute pharyngitis (so the preferred term) – code H02.. 00

Sore throat NOS – code H02. 11

Viral sore throat NOS - H02. 12

Sometimes you can only find what you are looking for using a synonym. (see *Synonyms and preferred terms* (page 10).

The Read dictionary contains 100,000 preferred terms and 150,000 synonyms.

Read Chapters

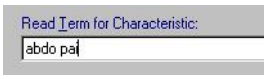
Read CHAPTER and description

- A Infectious/parasitic diseases
- B Neoplasms
- C Endocr/nutr/metab/immun. disease
- D Blood/blood forming organs dis
- E Mental disorders
- F Nervous system.sense organ dis
- G Circulatory system diseases
- H Respiratory system diseases
- J Digestive system diseases
- K Genitourinary system diseases
- L Pregnancy/childbirth/ puerperium
- M Skin/subcutaneous tissue disease
- N Musculoskelet / connective tissue
- P Congenital anomalies
- Q Perinatal conditions
- R [D] Symptoms, signs, ill-def. cond
- S Injury and poisoning
- T Causes of injury and poisoning
- Z Unspecified conditions (and also used for many community Read terms)
- 0 Occupations
- 1 History / symptoms
- 2 Examination / Signs
- 3 Diagnostic procedures
- 4 Laboratory procedures
- 5 Radiology/physics in medicine
- 6 Preventive procedures
- 7 Operations, procedures, sites
- 8 Other therapeutic procedures
- 9 Administration

Quick Add of Read Descriptions from the Journal Screen

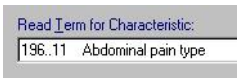
One of the quickest ways of displaying a Read Term Add screen is on the Patient Record. Just start typing straightaway (for this to happen, you need to make sure that Pop-up Read term dialog is checked in Consultation - Options - Setup - Patient Record).

1. When you have a Read term Add screen, or a Read term window in a screen such as History Add, enter either a keyword or a code:
   - **By keyword** - Either type in one or two partial words in the Read term for Characteristic window, eg **asthma**, or **Abdo pai**



Read Term Add

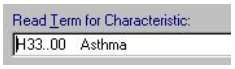
   - and press Enter:



Read Term displayed

   - Other keywords are suggested in *Keywords* (page 11) and *Ways of entering keywords* (page 15)
   - **By code** - Or if you know the Read code, type # then the code, eg **#H33** for Asthma, using the **upper** case for the letter of the chapter heading (code entry is case sensitive):

   - and press Enter:



   - or **press F3** which takes you directly to the Read dictionary hierarchy at the code you typed in.
   - See also *Select by Code/Hierarchy on Read Dictionary screen* (page 17).
2. Once you have pressed Enter, a Read Term is displayed to match your entry, eg 196..11 Abdominal pain type, or H33.. Asthma. The cursor stays in the Read Term for Characteristic window.
3. **Use the down arrow key ↓ to get the next term** that matches your two words, eg 197..13 Site of abdominal pain. Repeat this until you reach the description you want.
4. If you still cannot find what you want, **press F3 to reach the back Read Dictionary screen**. The keyword will be remembered in Keyword, and a list of relevant descriptions displayed. (If you delete out this keyword then press Alt-Backspace, the keyword will be restored you to what was originally typed in).

5. Look at the hierarchical list (it remembers what you typed in) and scroll through and select the description you want by double clicking on it.
6. Think about putting this term in the Formulary if it is used regularly.

Structured Data Areas

Note that if you type a term in directly in Read term for Characteristic, and then click on OK rather than F3 on a front screen such as History-Add, that entry will be accepted, if it is a valid Read description. This may not be the Read description you want, and you do not then have the option to scroll through other synonyms. You may also be reminded that the entry would be better placed in a structured data area (see Structured Data Areas)

A valid Read code must be entered

No match was found for the keyword and search text [ ]

[ ] is not in the Read dictionary. Please try again.

If you see one of the above messages, you have probably either typed in a keyword which Read does not recognise, or you have tried to find an item which is not part of your practice Formulary (if you select from the Formulary by default). A common error is to use lower case or upper case characters incorrectly, eg 25c is wrong while 25C is right. If so, clear your typed entry and start again.

Double click in the window Read term for Characteristic and go into the main Read Dictionary selection screen and try again, or switch off the Formulary by unchecking the box Display from Formulary. You are then selecting from the full Read dictionary.

Read Dictionary Selection Screen

You may prefer to use a more detailed method of selection, than that described in *Quick add of Read descriptions from front - Add screen* (page 4), particularly if you want to browse through the Read dictionary.

To Display the Read Dictionary Selection Screen:

- Either just start typing a keyword or code in Read Term Add then press F3;
- Or click on Select Read term from the Add Data menu, if you are making. for example, a Medical History entry or entering a test result;
- Or select Medical History from the Add Data menu.
- Or click on Record on the navigation pane (MRO column) of the Patient Record classic view

Then at the prompt Read term for characteristic:

- either double click in the Read window to display the Read Dictionary screen,
- or press F3 to display the Read Dictionary screen;
- or type in a keyword, such as **migraine**, or **diabetes**, or **abdo pai,** or **bronc acu** (other keywords are suggested in *Keywords* (page 11). Then either press Enter to remain at this front screen, or press F3 to go to the Read Dictionary screen where the keyword will be entered in the Keyword window.
- or type in a code preceded by #, eg #N22, and press Enter (see in *Quick add of Read descriptions from front - Add screen* (page 4)). The code is case sensitive so check upper and lower case. The most closely matching Read description is displayed in Read Term for Characteristic. Then press the down arrow to go down the hierarchy, or press F3 to go into the Read dictionary select screen.

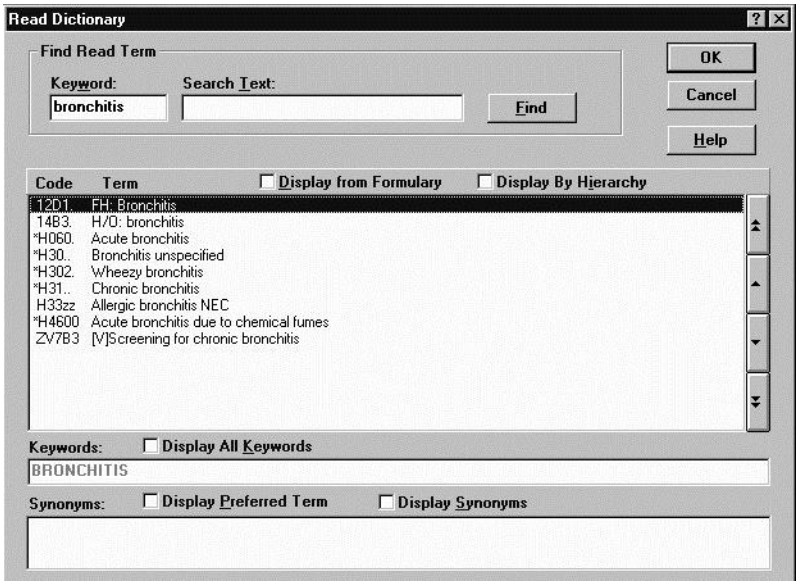
If you typed a term on the front window in Read Term for Characteristic, the Keyword will already be entered on the Read dictionary select screen, together with a list of the Read descriptions matching what you have typed in. If you used F3 on the front screen, having typed in a word, Read will remember this as a keyword and match descriptions on the Read dictionary screen.

If you have not typed in an entry in Read Term for Characteristic on the front screen, the Keyword will be blank, awaiting an entry in either Keyword or as a code.

On the Read Dictionary Select Screen - Keyword and Search Text

Entering a single keyword - Once the Read dictionary entry screen is displayed, enter a keyword in Keyword, eg KNEE, and click on **F**ind to display a list of any descriptions using the keyword.

Use the up/down arrow keys to scroll through the descriptions. To accept a description, either double click on the Read line, or click once on the line, then click OK. This will enter the term in Read Term for Characteristic on the front Add screen.



Find Read Term

No Match Was Found for the Keyword and Search Text

If the keyword you have typed in is inappropriate, you will be warned that no such keyword exists. Click on OK to this message, and enter another keyword. At a later time, you may change keywords or make additional keywords for a Read term - see *Read formulary* (page 19).

No Match Found

Search Text

The second window by Keyword is Search Text.

Entering two keywords - You can either use this for a second keyword, eg typing throat in keyword, and sore in Search Text and click on Find. This will narrow down the list to those with Sore throat in the description. Or type lumbar in Keyword then Tab key to Search text and type Pain, then click on Find. See *Ways of entering keywords* (page 15).

Searching the Full Read Dictionary

You can do a "free text search" if Read terms directly with Search text using the "wildcard" method. Type a term in Search text eg **lumbar**, and leave the Keyword blank; this will find all the Read descriptions with the word lumbar – BEWARE, however, this can take a very long time to search right through the Read dictionary and probably far too time-consuming to use during a consultation.

Display from Formulary

If you prefer to use the practice formulary, select Display from Formulary before typing in a code or keyword (see *Read formulary* (page 19)).

To re-select from the full Read dictionary, make sure Display by Formulary is unchecked.

Default selection from either formulary or dictionary: If you want the default for display from Formulary always to be checked or unchecked when you enter Read selection, set this for a user in Modules (from Vision Start-up menu) – Security – highlight the GP under Current Users – right mouse click – Edit user - Select Read term from Read formulary. Check for Formulary selection, unchecked for full drug dictionary selection.

Other Options When You Have Listed Read Descriptions for Selection

The immediate choice you have is:

- either click on a line on the list that looks promising, then click on Display by Hierarchy. The dictionary will be redisplayed in code order from the line you chose.
- Or just click on Display By Hierarchy and type a code in Code

Display by Keyword

choosing by **keyword**, eg BLOOD (see *Keywords* (page 11) and *Ways of entering keywords* (page 15)). You can click on this if you have the hierarchy or code screen displayed but want to select by keyword again. Clicking on Display by Keyword changes the Code prompt to a Keyword prompt.

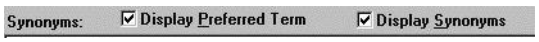
Display by Hierarchy

choosing by **hierarchy or code**. Either click once on a line on a list to highlight it, then click on Display By Hierarchy to display the Read dictionary in code order from that code. Then you can drill down the codes until you find what you want. Or you can just click on Display by Hierarchy, which changes the Keyword prompt to a Code prompt. Type in a Read **code** or initial chapter character, (you don't need the # here, just the code, but remember it is case sensitive). See *Select by Code/Hierarchy on Read Dictionary screen* (page 17)and for further information, see *How the Read dictionary is structured* (page 2).

Display all Keywords

Highlight a line on a list and click on Display All Keywords to show if this Read term has keywords attached. You will only see this prompt on the Keyword screen, not on the Hierarchy screen. To see if there are any keywords on a Hierarchy screen, right click on the line (see *Add new keywords to Read terms* (page 24)).

Synonyms and Preferred Terms



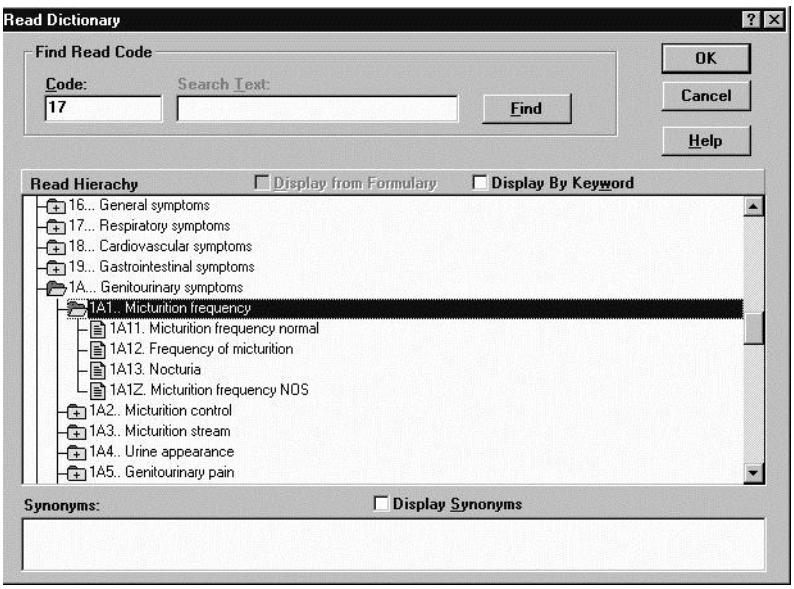
Highlight a line on a list then click on Display Synonyms. **Synonyms** are other ways of describing the same description. Not all terms have synonyms. Where there are synonyms, one of these will be the **preferred term**, which is asterisked * (see *Synonyms and preferred terms* (page 10)).

Default Selection of Read Term by Either Keyword or Hierarchy

You can set up the default for selecting a Read term when you first enter the Read select screen by either code or keyword in Modules (from Vision Start-up menu) – Security – highlight the GP under Current Users – right mouse click – Edit user - Read term selected by: Check one of these options: Read Hierarchy / Keyword.

Triggering a Guideline

If the Read term you have entered has triggered a guideline, and the option to display guidelines after history entries is switched on, you will be asked if you want to view this. See Guideline Triggering.



Part of the dictionary showing hierarchy of Read code

Keywords

Clinical details are entered from the Read dictionary by either Keyword or Code (see *Select by Code/Hierarchy on Read Dictionary screen* (page 17)and *Ways of entering keywords* (page 15)). Many terms can be selected by keyword, eg sinusitis, anxiety.

However, only about 150,000 Read terms in the full Read dictionary have a keyword, and some terms you can only find by means of the code hierarchy.

Keywords are not simply parts of the Read term. They have been specifically attached to the Read term when the Read dictionary was designed, for example, IHD in the keyword to find Ischaemic heart disease.

If you have created a practice Read formulary, each term within the Formulary has a keyword attached (see *Add/remove Read terms and keywords individually to Formulary* (page 19).

To See if a Read Term Has a Keyword

On the Read Dictionary Select screen (in Keyword, not Hierarchy mode), click on a term once to highlight it, and check the box **Display by keyword** if you have a list displayed (by keyword) to list any keywords associated with this term. Another way, which you can use on the Hierarchy screen, is to right click on a term to display the Add to Formulary screen – this lists any existing keywords.

To Find a Read Term by Keyword

From the Read Dictionary screen, type in a keyword, click on Find to list matching descriptions, scroll through and double click to select the description you want. (Entering a keyword is described in *Read dictionary selection screen* (page 6) - this section also explains how to search the whole Read dictionary if you do not know a keyword or term, using Search Text).

If you cannot find the entry you require, use the vertical scroll arrows to look through the list until you find the relevant term. The double arrows go to the previous and next pages, while the single arrows display the next or previous item.

Examples of Keywords

Here are some examples of keywords – from left to right, the Code, the Read Description then the keyword in italics. You will see that some Read terms have no keyword, but you can attach your own keywords to terms without keywords.

- C… Endoc/nutr/metab.immun.disease
- C0… Disorders of thyroid gland (thyroid)
- C05.. Thyroiditis (thyroiditi)
- C050. Acute thyroiditis
- C0502 Abscess of thyroid (abscess, thyroid)
- H… Respiratory system disease (respirator)
- H0… Acute respiratory infections (acute, infection, respirator)
- H06.. Acute bronchitis and bronchiolitis
- H060. Acute bronchitis (bronchitis)
- H0606 Acute pneumococcal bronchitis (pneumococc)

In the on-screen help chapter - Disease and Symptoms Data Entry - there are many sections listing Read codes, together with their keywords. Refer also to *The keywords already in your Read dictionary* (page 24)

One or Two Term Keywords

Enter either one term in Keyword, and optionally, a second term in Search Text. Press Tab to move from Keyword to Search Text. This will narrow down the resulting Dictionary display.

- Keyword: **asthma**
- Keyword: **attack** Search Text: **asthma**
- Keyword: **abdo** Search Text: **pai**
- Keyword: **throat** Search Text: **sore**
- Keyword: sore Search Text: throat
- Keyword**: ing** Search Text**:** **her** then press Find for inguinal hernia

The Search Text box can be used on its own as a "wild card" to search for a Read description containing the word you type in, particularly if you leave the Keyword blank – but BEWARE, this search can take a very long time and is not a feasible option during surgery consultations.

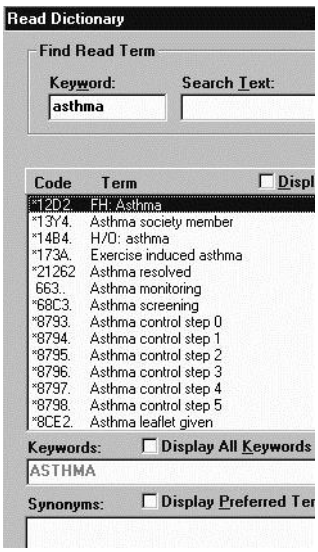
Refer to *Ways of entering keywords* (page 15) for other keyword suggestions.

If you have typed in a single entry, eg **cystitis**, and there is an exact match on the Read dictionary with this, this description will be selected in preference to any longer description which might contain the single term, such as H/O: recurrent cystitis.

If you type in two terms, and Read cannot match the first term, then it will search on the second term, using the first term as search text.

Read Code Chapters

The Read dictionary keywords bring together similar entries from different *Read chapters* (page 3) without your having to search them out. You may see a list of entries, related to the Keyword, but with different Read codes.



Read Dictionary

The different chapters represent different aspects such as 1 History/Symptoms, 6 Preventive Procedures, H Respiratory system diseases etc (see *How the Read dictionary is structured* (page 2).

When you have a list to choose from, be aware of the significance of the different Read chapters - this will matter when you come to search for entries.

You can click once to highlight an entry, then list by codes by clicking on Display by Hierarchy - see *Select by Code/Hierarchy on Read Dictionary screen* (page 17)

No match was found for the keyword

If the above message is displayed, then either the keyword does not exist within the Read Dictionary, or you may have the Formulary option selected and the keyword is not part of the formulary.

If the option Display from Formulary is selected, only Read terms within the Formulary will be displayed. At any time while at the Read Dictionary screen, you may switch to selection from the full Read dictionary by de-selecting Display from Formulary.

Preferred Terms* and Synonyms

Any entry with an asterisk on the list of Read descriptions is described as a preferred term (see *Synonyms and preferred terms* (page 10)).

Populate Read Formulary

Practices, (who previously used OXMIS codes) that have used the *Populate Read Formulary* (page 14) option, will have keywords created based on the alphabetical beginning of the old OXMIS term. See also *Read formulary* (page 19).

Changing Keywords

You may change keywords or make additional keywords for a Read term - see *Add new keywords to Read terms* (page 24) and *Add/remove Read terms and keywords individually to Formulary* (page 19).

Ways of Entering Keywords

Parts of the body or organs - You can enter parts of the body or the names of organs as keywords, for example:

- type in **nose** to search for nasal fracture;.
- type in **stomach** to find gastric ulcer under stomach diseases.

Symptoms – Entering symptoms in Keyword such as **swelling**, **pain, fracture, acute, chronic** can produce an unmanageably long list through which to scroll. It is recommended that these words can be used in the Search Text in conjunction with keywords, but first type the site in the Keyword in order to be more specific, for example, entering **Wrist** in Keyword and **Fracture** in Search Text; or Keyword – **asthma**, Search Text- **chronic**.

Type in a common term, such as, for example, **boil** in order to find furuncle.

Part keywords - If you type nothing at Keyword but click on Find, the Read dictionary will list from the very beginning. You can type in as little or as much of the Keyword as you like, but this determines the listing point, for example:

- typing **H** at Enter Keyword lists alphabetically from the beginning of H;
- typing **He** or **Hea** lists from Head;
- typing **Hear** lists from Hearing;
- typing **Heart** lists from Heart.

For hypertension, type in a keyword of **Hyperten** and a list will be displayed for selection.

Be specific but not too specific – for example, CONTRACEPTION would not find any entries with keyword CONTRACEPTIVE - therefore use CONTRACEP.

Keywords to avoid - Try to avoid terms such as **Pain**, **Acute** and **Chronic** as keywords because the resulting lists are very long.

Words that are frequently used, such as **Acute** or **Hyper** are not used as keywords because the selection list would be too long. If you want to enter a description such as Acute frontal sinusitis, type in either **Front** or **Sinus**.

Abbreviations, acronyms, eponyms - You may use:

- abbreviations: eg, **IHD, HB, CT**;
- or acronyms: eg**, BP, D&V; TATT**;
- or eponyms: eg, for Wilson's disease, type in **Wilson;** Osgood-Schlatter's disease, type in **Osgood** or **Schlatter**.

Read Code Abbreviations

Some common clinical abbreviations seen in Read descriptions are:

- O/E On Examination
- C/O Complaining of
- H/O History of
- FH: Family History

Other abbreviations appearing in the preferred terms are:

- **OS Other specified** - this options appears at the end of a list and should be selected if enough details is known about the data being recorded to say that it is not one of the other specific options.
- **NOS Not otherwise specified** - this option appears at the end of a list of entities and should be selected if not enough detail is known about the data being recorded to choose one of the other, more specific, options. It means the same as recording the code one level higher but may be useful if a more detailed cross reference code needs to be generated.
- **EC Elsewhere classified** - This refers to an entity that is classified elsewhere in the codes. It is usually referring to the underlying cause of the particular disorder and it a hint that you may wish to code this case as a second code to make is more specific.
- **NEC Not elsewhere classified** - This means that specific varieties of this entity appear elsewhere in the codes; these will usually be shown on the picking list after a key term search. If none of the other match the concept to be coded, use this code.
- **[SO] Site of** - occurs in sub-chapter 7N, sites of operation. These equate with Chapter Z in OPCS4 codes.
- **[D] Diagnosis** - in Chapter R, for a working diagnosis, eg [D] headache, [D] dizziness.
- **[M] Morphology of neoplasms** - chapter BB, recording cell type, eg Transitional Cell Ca Bladder.
- **[V]** Correspond to the ICD-9 chapter that allows the recording of supplementary factors influencing health status or contact with health services other than for illness, eg chapter ZV
- **[Q]** Qualifier (in preparation for Read 3, which moves away from rigid hierarchical relationship concept and allows cross-linking between codes (Chapter Z).
- **[X]** Cross referenced to specific ICD-10 codes (Read 2 relates to ICD-9).

Select by Code/Hierarchy on Read Dictionary Screen

On the Read dictionary select screen, you can select Read descriptions by code, and then change your list of descriptions from keyword entries to those with related codes in the same Read chapter:

1. If you have entered a keyword, click on **Find**, and display a list of Read dictionary entries. Then click once on the entry you want to highlight it (do not double click as this will accept the entry and return you to the front screen).
2. Then, highlighting one line that is or near to the one you want, click on **Display by Hierarchy** to display the Read dictionary in code order (hierarchy mode), automatically highlighting the code of the term selected, and displaying the dictionary in code order.

(For more information about the main chapter headings of codes, and how the five character Read code is structured, see *How the Read dictionary is structured* (page 2)).

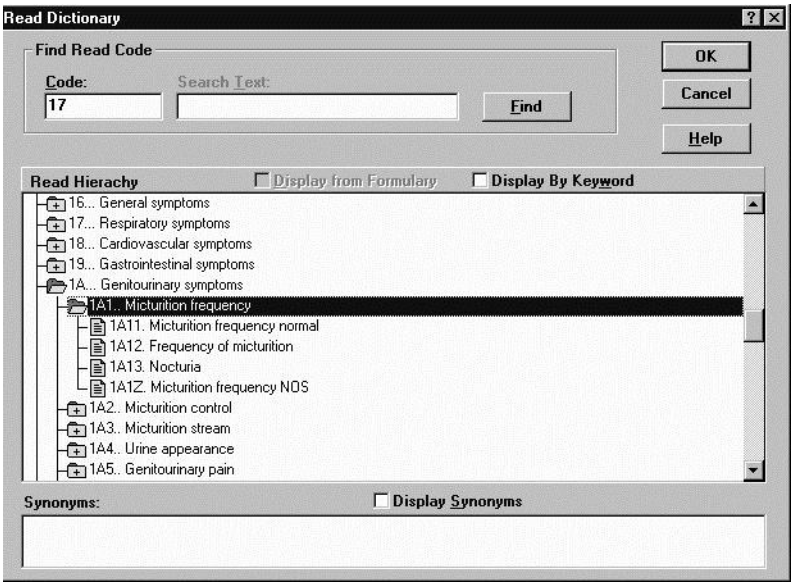
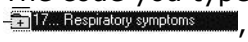


Figure 1: Part of the dictionary showing hierarchy of Read code

Alternatively, on the Read dictionary select screen, you can enter a Read code directly, for example:

1. Click on **Display by Hierarchy** to change the screen into hierarchy mode.
2. Type in a known code in Code, eg 17, and press Enter. Or just type in a Read chapter heading, such as 1 for symptoms. The dictionary is re-displayed in code order started from your selected code.

> **Note** - If you see the message: *No match was found for the keyword or search text* - Then check you have used **upper and lower case** correctly for alphabetic characters – if so, overtype the incorrect character and click on Find. Further check you have the right code. If in doubt, re-select Display by Hierarchy, and type in one level higher, eg type in 25 instead of 25C.

3. The code you typed should now be highlighted. If it is yellow "folder" box 

, this means there are further entries below. Double click on the yellow part to open the yellow folder and to display a list of lower level and relevant detailed entries.
4. If the term has a yellow page , this is the lowest level. Double clicking on this will select that code for your data entry.
5. You can also use to scroll up to earlier hierarchical entries.
6. If you double click on the yellow "open folder" box, , you will close the open branch. You can close right back to the main chapter heading.

If you are not sure of the exact Read code, select a chapter heading, such as **H** for Respiratory System Diseases (type #H in Read Term for Characteristic on the front screen, or H in Code on the Find Read code screen). Go down the hierarchy from there by double clicking on the until you drill down to the required entry (see *How the Read dictionary is structured* (page 2)).

> **Note - Potential problems using Read codes and keys for data entry** - There are a few term strings that can represent both keys and Read codes. For example, B12 which represents Malignant neoplasm of small intestine and duodenum, while the term B12 is the key for eleven different terms - eg, serum vitamin B12 (Read code 42T..), Vitamin B12 level (44Lc.), Schilling test - B12 absorption.(4524.). Another is T3 - Serum T3 Level (4424.) and T3... Other road vehicle accidents.
>
> **Note** - Entering by Read code is case sensitive. For instance, 8H7p Refer to community alcohol team, whereas 8H7P is Refer to pathology department.

Synonyms and Preferred Terms

Highlight a line on a list then click on Display Synonyms. **Synonyms** are other ways of describing the same description. Not all terms have synonyms. Where there are synonyms, one of these will be the **preferred term**, which is asterisked * (see *Synonyms and preferred terms* (page 10)).

Read Formulary

A Read formulary is a sub-set of the full Read dictionary. Practices can define their own formulary of Read terms and use this shorter list from which to make Read dictionary selections. Additional keywords can also be added to Read terms.

Display from Formulary

If the option **Display from Formulary** is selected, only Read terms within the Formulary will be displayed. At any time while at the Read Dictionary screen, you may switch to selection from the full Read dictionary by de-selecting Display from Formulary.

When displaying the full Read dictionary, there is no way of telling which terms are within the Formulary.

Populate Read Formulary

Practices, (who previously used OXMIS codes) that have used the *Populate Read Formulary* (page 14) option, will have keywords created based on the alphabetical beginning of the old OXMIS term. See also *Read formulary* (page 19).

Add/Remove Read Terms and Keywords Individually to Formulary

The other way to create a Read formulary is to add Read terms individually. To do this within Consultation Manager:

First, from the Read Dictionary screen, find, display and highlight a Read term that is to be included in the Formulary.

- For example, to add myocardial infarction to the formulary, enter a keyword of MI and click on Find. Amongst the entries will be G30.. MI - Acute myocardial infarction.

At the displayed list of entries, click with the left mouse button on the required line to highlight it. Then click with the **right** mouse button to display an Add to Formulary screen.

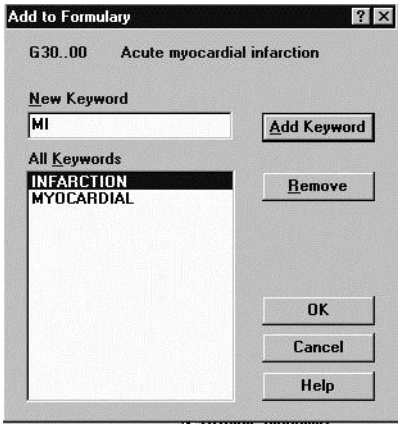


Figure 2: Add to Formulary

- If you click on OK, the term will be added to the formulary. However, before OK, make sure you have at least one keyword for your new formulary entry, otherwise it will be very difficult to find.
- Type in a new keyword by which you will be able to find your formulary entry, and click Add Keyword.
- If you have created additional keywords from the Populate Read Formulary option, you can highlight an existing keyword and click on Remove to delete that keyword. You are not, however, able to delete keywords that are integral to the Read dictionary.
- **Existing formulary entries** can be updated in the same way. Right click on an item which is in your formulary to display the Update Formulary screen. You will see an additional button of **Delete Entry**. This allows you to delete an entry from the formulary altogether.

Please note the difference between:

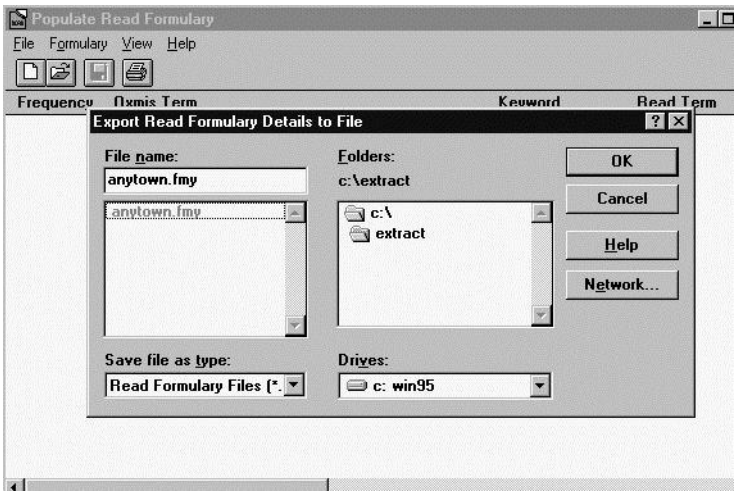
- **Delete Entry** - to take the Read entry out of the formulary altogether;
- **Remove** - to remove the highlighted keyword from the entry, but keep the entry in the formulary).

Read Formulary Export and Import

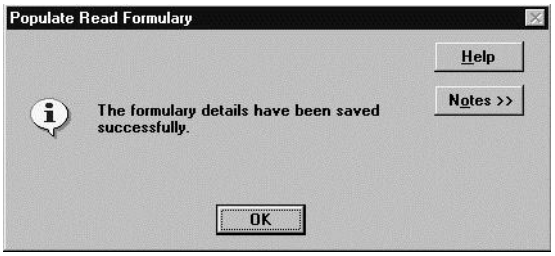
Read formularies can be shared between practices via an export / import process.

Formulary Export

1. From Vision start-up menu, **Modules – Populate Read Formulary**:
2. Select File, Formulary Export.



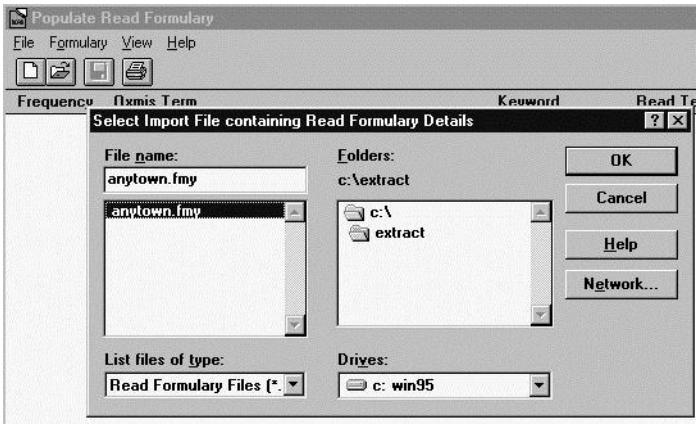
3. At the Export Read Formulary Details to File screen, give the formulary a filename before the extension of .fmy. It is saved by default to the c:\extract directory.
4. Click OK.
5. If successful, you should see a message: The formulary details have been saved successfully. Click **OK**.
6. You can then go to the \extract directory and copy the *.fmy file to disk.



Formulary Import

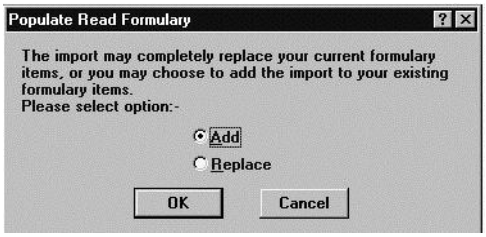
From Vision start-up menu, **Modules – Populate Read Formulary**:

1. Copy the exported Formulary file from disk to c:\extract.
2. Select File, Formulary Import.



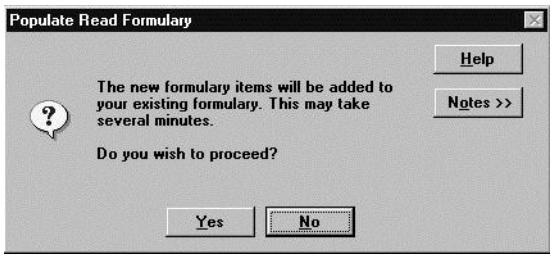
Formulary Import

3. Select the formulary file to be imported.
4. Click **OK**.

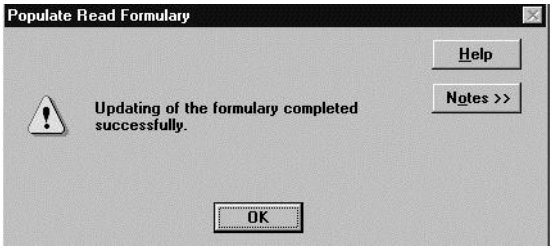


Populate Read Formulary

5. You are warned that the Formulary to be imported may entirely replace your current Formulary. You have a choice of Add or Replace: **Add will only add any items not already in your Formulary; while Replace replaces the entire Formulary**. Choose one of these and click **OK**.
6. Another message confirms what you have selected and warns this may take some time. Click **Yes** to confirm and proceed.



7. The message Updating of the formulary completed successfully should be shown. Click **OK**.



Note - the Formulary Import will not be allowed if the version of Read dictionary used when the imported formulary is created is later than the version of the dictionary currently being used.

Requesting New Read Codes

You may want to submit a request for a new Read code or term. You can do this from the INPS website *www.inps.co.uk* (*http://www.inps.co.uk/my-vision/user-guides-downloads/guidelines*)

The NHSIA has announced a service called myCodePlace to allow Read Codes to be maintained. myCodePlace allows you to submit your requests directly to the NHSIA Read Code requests database. Submission is via a web based form, thus removing delays inherent in manual input.

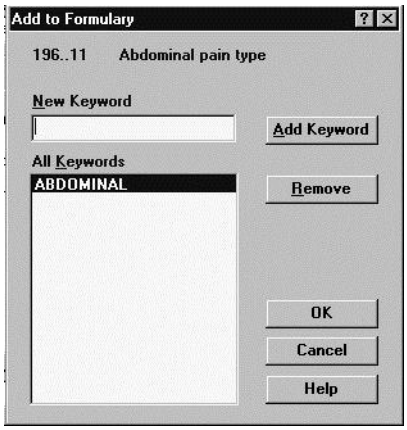
Automated email responses will enable users to follow the progress of their request from the assignment of Request ID to the issue of a Pre-release Provisional Response and a Final Response once the Read Release has been completed.

EXTRA Keywords for Read Dictionary

Add New Keywords to Read Terms

You can add your own keywords to Read terms.

To find out if a Read term has any existing keywords, either check the box **Display All Keywords** if you are in a Keyword list, or on the Hierarchy screen, right click on the line which also displays keywords on an **Add to Formulary** screen.



Add Keyword to Formulary

To add a new keyword:

1. Right click on the line to display the Add to Formulary screen.
2. In the New Keyword box, type the keyword you want to use, then click on **Add** Keyword.
3. Click on **OK**.

You will find that adding a keyword to a Read term automatically also places it in your practice's formulary.

The Keywords Already in Your Read Dictionary

Only about 150,000 Read terms in the full Read dictionary have a keyword.

A large number of extra Keywords have been introduced to help you to find the Read term that you want first time. This has been designed by one of our Vision users, Dr Tom Davies, who has done significant work in this area.

These keywords are listed in the Vision Training Guide, and you should find them as part of your Read formulary.

The traditional method of selection of Read still operates exactly as described in *Quick add of Read descriptions from front - Add screen* (page 4), so by typing a word or part of a word you are taken to a match in the Read dictionary. By this method you can however, sometimes find yourself in an inappropriate part of the dictionary.

These new keywords have been built around three premises:

- *Prefixes used for Read selection* (page 25). If you prefix your keyword will a short mnemonic and list from the first entry, then you will obtain a list of related codes, so NG will give you a list of the common malignancies encountered in General Practice. .
- *Medical Acronyms used for Read selection* (page 28), like CTS - Carpal Tunnel Syndrome, PMR - Polymyalgia Rheumatica, will now all work, as well as the ones that are already in Read like OC - Oral contraception, OD - Overdose of drug.
- *Medical Acronyms used for Read selection* (page 28). COPAIN takes you direct to "1D13. C/O: a pain", BACKNAD will take you "2H81. O/E - spine NAD". These frequently use the combination of a Prefix and then a location or symptom. Negative examination findings are all coded with a prefix of "0" (zero).

We believe that the inclusion of these extra Keywords will make the process of moving to Read easier, enabling users to type the way that they think and still find appropriate terms in the dictionary, without scrolling through long lists or browsing the hierarchy of Read.

Using this method of data entry in a Vision environment, Dr Davies adds 7 or more separate Read coded entries per consultation, and very quickly builds a useful clinical record that is fully coded.

To add new keywords to your formulary, see *Add new keywords to Read terms* (page 24).

Prefixes Used for Read Selection

If you prefix your Read keyword with a short mnemonic and list from the first entry, then you will obtain a list of related codes, so NG will give you a list of the common malignancies encountered in General Practice.

PREFIX for

ABDO Abdominal details

ADMIT Admit to hosp

ADV Advice

ANC Antenatal care

ASP Aspiration

ASSESS Assessment

AUDIO Audiometry

BEN Benefits

BRUISE Bruise

BY Referred **B**y

CABG Coronary artery bypass graft

CANC Cancellation

CATH Catheter

CAUT Cautery

CELL Cellulitis

CHEST Chest

COMP Complaint

CONTACT Infect disease contact

CONTR Contraception

COUNS Counselling

DEATH Death of person

DIED Death administration

DISCH Discharge details

EYE Eye problems

FAMILY Family details

FB Foreign body

FH Family history

FINGER Finger details

FRACT Fracture

FU Follow up

GANG Ganglion

INJ Injection

INJURY Injury

LAC Laceration

LET Letter

LOSS Loss

LN Lymph nodes

LUMP Complaining of a lump

MANIP Manipulation

MED Medication

MS Minor Surgery

NASAL Nasal symptoms

NEW New patient admin

NG Neoplasm

NOTIF Notification of Infect disease

OA Osteoarthritis

OK Reassure

OP Operation

PAIN c/o Pain

PH Past History

PHYS Physio details

PMH Past History

POISON Poisoning

RED Reduced

REF Referral details

REFUSE Refusal of procedure

REQ Request

RISK Occupational exposure

SB Seen by

SKIN Skin details

SMEAR Cervical cytology

SOB Shortness of breath

SORE Sore …

SPEECH Speech Therapy details

SPOUSE Spouse details

STOOL Stool

SWAB Swab

SWELLING Swelling

TEND Tenderness

TEST Result

TM Tympanic membrane

TOE Toe details

TRAVEL Travel

ULCER Ulcer

UNFIT Unfitness

URINE Urine

USS Ultrasound

VE Vaginal examination

VIS Visual details

WL Waiting list

WORK Work details

WOUND Wound details

WT Weight

XR Xray

Medical Acronyms Used for Read Selection

Medical Acronyms, such as CTS - Carpal Tunnel Syndrome, PMR - Polymyalgia Rheumatica, will now all work, as well as the ones that are alReady in Read like OC - Oral contraception, OD - Overdose of drug.

Where entries are marked in column 4 as No under In Read alReady, then you will need to add the new keyword to trigger this Read term.

In Vision, use the Read dictionary select screen, display the code, then point to this and click with the right mouse, type in the keyword and select Add Keyword, OK (see *Read formulary* (page 19)).

ACRONYM, Read CODE, Read TERM

AA 13O5.00 Attendance allowance

AAA G71 Aortic aneurysm

ABO 431 ABO blood grouping

ACL S54210 Partial tear knee anterior cruciate ligament

ADD E2E0.00 Child attention deficit disorder

AF G573.00 Atrial fibrillation and flutter

AJ 2A4..00 O/E - ankle reflex

AMP 7K24.12 Austin Moore hemiarthroplasty of hip joint not using cement

AOM F510.00 Acute non suppurative otitis media

APH L11..11 Antepartum haemorrhage*

ARM 7F10.00 Surgical induction of labour

AS N100.00 Ankylosing spondylitis

AS G120.00 Rheumatic aortic stenosis

BAWO 7414511 BAWO

BHC 19EA.00 Change in bowel habit

BKWB 8344F00 Below knee weight-bearing cast

BNO 19C..00 Constipation

BOR 19C1.00 Not constipated

BPS 662..12 Hypertension monitoring

BS 44U..11 Blood sugar result

BTS 7L14311 Blood transfusion

CABG 7920y00 Saphenous vein graft replacement of coronary artery OS

CC N30z811 Costochondritis NOS

COAD H3...11 Chronic obstructive airways disease*

CRF K05..00 Chronic renal failure

CSOM F511.00 Chronic otitis media with effusion serous

CTR 7056000 Carpal tunnel release

CTS F340.00 Carpal tunnel syndrome

CVA G66..11 CVA unspecified

D&C (NotD+C) 7E07200 Dilation of cervix uteri and curettage of uterus NEC

D&V (Not D+V) 19FZ.11 Diarrhoea & vomiting symptom

DCR 7221300 Dacryocystorhinostomy NEC

DNA 9N42.00 Did not attend - no reason**

DV 8HK..00 Domiciliary visit requested

DVT G801.11 Deep vein thrombosis

DXT 7M37100 Radiotherapy NEC

ECG 3212.00 Standard ECG

ELSCS 7F12111 Elective lower uterine segment caesarean section (LSCS)

ERPOC 7E08000 Dilation cervix & vacuum aspirat products conception uterus

ERPC 7E08000 Dilation cervix & vacuum aspirat products conception uterus

FJS N14y.11 Facet joint syndrome

FP 61...00 Contraception

FROM 2H41.00 O/E - joint movement NAD No

FROM 9R7..00 Loan of items from practice

FTT R034200 [D]Failure to thrive

FUA 8H8..00 Follow-up arranged

GCA 611..00 General contraceptive advice

GF A75..11 Glandular fever *

GOK R2yz.11 [D]God only knows

GU J11..00 Gastric ulcer - (GU) *

HC 649..00 Child head circ. centiles

HGV 6925.11 HGV - heavy goods vehicle exam

HH 13G6 Home help

HH J34..11 Hiatus hernia

HI S640111 Minor head injury

HII 8A31.00 Head injury - nursing supervis

HVS 4JK2.00 High vaginal swab taken

IBS J521.11 Irritable bowel syndrome *

ICA 13O7.00 Invalid care allowance

IDK N07..00 Internal derangement of knee

IGTN M230000 Ingrowing great toe nail

IHD G3...13 IHD - Ischaemic heart disease

IMBR K595.00 Intermenstrual bleeding regular

IMBI K596.00 Intermenstrual bleeding irregular

IMI 7L18 Intramuscular Injection

ISQ 2128.00 Patient's condition the same

IV 7L15.00 Other intravenous transfusion

JVP 2483.11 O/E - JVP raised

KJ 2A2..00 O/E - knee reflex

LBA 16C5.00 C/O - low back pain

LBP 16C5.00 C/O - low back pain

LFT 44D..11 Liver function tests

LIF 1978.00 Left iliac fossa pain

LOC 1B6Z.00 Consciousness disturbance NOS *

LPID N122.00 Lumbar disc displacement

LSCS 7F12.00 Elective caesarian delivery

M.I. G30..15 MI - acute myocardial infarction

MATB 954..00 Mat B1 - cert of expected conf

MED3 9D1..00 MED3 - doctor's statement

MED4 9DF..00 MED4 Doctors statement

MED5 9D2..00 MED5 - doctor's special stat.

MOW 13G7 Meals on wheels

MOW 8HH3.00 Arrange meals on wheels

MS F20..00 Multiple sclerosis

MW 8H74.00 Refer to mid-wife *

NBI 2HA1.00 O/E - no bone abnormal

NND Q4z..12 Neonatal death

NOF S30..00 Fracture of neck of femur

OC 614..11 Oral contraception

OD SL...15 Overdose of drug

OK 8C9..00 Reassurance given

OM F510.00 Acute non suppurative otitis media

OMP 9K00.00 GOS18 received from OMP

OPD 8HE1.00 Discharged from outpatients

OPV 658..00 Polio vaccination

PAS N211z11 Painful arc syndrome

PCB K597.00 Postcoital bleeding

PCC 61A..11 Morning-after pill

PCL S542200 Partial tear knee posterior cruciate ligament

PE G401.00 Pulmonary embolism

PFR 3395.12 PFR - peak flow rate

PID K409.00 Acute pelvic inflammatory disease

PID(L) N122.00 Lumbar disc displacement (L)

PMB K5A1.00 Postmenopausal bleeding

PMR N20..00 Polymyalgia rheumatica

PND 1C84.00 C/O - post nasal drip

PND 1736.00 Paroxysmal nocturnal dyspnoea

PNE 62S..11 Postnatal exam. - maternal

PNV 62R..00 Postnatal visits

PPH L36..00 Postpartum haemorrhage (PPH) *

PSA 43Z2.00 Prostate specific antigen

PTSD Eu43100 [X]Post - traumatic stress disorder

PUO R006.00 [D]Pyrexia of unknown origin

RA N040.00 Rheumatoid arthritis

RBS 44T1.00 Random blood sugar

RIH J303012 Right inguinal hernia

RM7 9D4..00 RM7 - refer patient to RMO

RR 235..12 O/E - respiratory rate

RVD 66P2.00 Follow-up risk drug assessment

SAB N211600 Subacromial bursitis

SAH G60..00 Subarachnoid haemorrhage

SEN 03FE.00 State enrolled nurse

SOA 183..00 Oedema

SOB 1739.00 Shortness of breath

SOBN 1731.00 No shortness of breath

SOS 8HA2.00 Return only if necessary

SSG 7G1G.13 Split skin graft

SSP 13O2.00 Statutory sick pay

SSS G57y300 Sick sinus syndrome

SST N211300 Supraspinatus tendinitis

TA G755100 Temporal arteritis

TAH 7E04300 Total abdominal hysterectomy NEC

TATT 1683.00 Tired all the time

TB A1...00 Tuberculosis

TCA 8H8..00 Follow-up arranged

THR 7K20.1G THR - Total prosthetic replacement of hip joint using cement

TIA G65..12 Transient ischaemic attack *

TLC 8BA2.00 Terminal care

TLC 8CC.00 Tender Loving Care

TMJ J046.00 Temporomandibular joint disorders*

TOP 7E08600 Termination of pregnancy NEC

TRAIN 8HA2.00 Return only if necessary

TS 4JF4.11 Throat swab

TSH 442..12 TSH level

TT 656..00 Tetanus vaccination

TUR 7B39000 Transurethral prostatectomy

TURP 7B39000 Transurethral prostatectomy

TVF 239..00 O/E - vocal fremitus

TWOC 66K9.00 Trial without catheter

URTI H05z.11 Upper respiratory tract infection NOS

US 62G..00 Antenatal ultrasound scan

UTA 9N47.00 Appt cancelled by patient

UTI K190.00 Urinary tract infection site not specified

UWG 8CD..00 Usual warning given

VMI 2126.00 Patient's condition improved

VSD P54..00 Ventricular septal defect

VV G83..00 Varicose veins of the legs

WL 9R5..00 Patient on waiting list

Abbreviations Used for Read Selection

An abbreviation such as COPAIN takes you direct to D13. C/O: a pain BACKNAD will take you "2H81. O/E - spine NAD". These frequently use the combination of a Prefix and then a location or symptom. Negative examination findings are all coded with a prefix of "0" (zero).

ABBREVIATN Read CODE 1 Administration

ABDONAD 2516.00 Abdomen examined - NAD

ABDOPAIN 1969.00 Abdominal pain

ACB N217300 Achilles bursitis

ACT N217400 Achilles tendinitis

ADMITENT 8H29.00 Admit ENT emergency

ADVCIGS 6791.00 Health ed. - smoking

ANGNA G33..00 Angina pectoris

APPETN 1611.00 Appetite normal

APPX J2...00 Appendicitis and other disorders of the appendix

ARC N211z11 Painful arc syndrome

ASMA H33..00 Asthma

ASPJT 7K6Z000 Aspiration of joint

AUDIONAD 3133.12 Audiogram normal

AXLN 2C35.00 O/E -axillary lymphadenopathy

BACKNAD 2H81.00 O/E - spine - NAD

BACKNIL 16C1.00 No backache

BF10D 6412.00 Breast fed at 10 days

BF6W 6422.00 Breast fed at 6 weeks

BRUISEFOOT SE42000 Contusion foot

BSNAD 25S1.00 O/E - bowel sounds normal

BSNIL 25S2.00 O/E - bowel sounds absent

CATRCT F46..00 Cataract

CHCK 6819.00 Screening - NAD

CHR 9346.00 Total notes on computer

CLNSC 771J.11 Diagnostic colonoscopy

CNJCT F4C0.00 Acute conjunctivitis

COLUMP R022200 [D]Lump localized and superficial

COMREC 9ND6.00 Communication from:

COPAIN 1D13.00 C/O: a pain

CORASH 1D14.00 C/O: a rash

CVSNAD 2415.00 CVS examined - NAD

CX 44P..00 Serum cholesterol

DEATHFATHE 13M7.00 Death of father

DIEDHOSP 8HG..00 Died in hospital

DIETDM 8CA4100 Pt advised re diabetic diet

DISCHDC 8HE3.00 Discharged from day-case care

DISLOCSH S41..00 Dislocation or subluxation of shoulder

DNBATHING 8C19.00 Nursing care - bathing patient

DNV 9NFA.00 District nurse visit

DYSNIL 1A51.00 No genitourinary pain

EAR1 1C32.00 Unilateral earache

EAR2 1C33.00 Bilateral earache

ECZM M111.00 Atopic dermatitis/eczema

EMUNEG 4652.00 Urine pregnancy test negative

EMUPOS 4654.00 Urine pregnancy test positive

ENTNAD 2D12.00 ENT examination - NAD

EPGS 1972.00 Epigastric pain

EXCNAIL 7G32400 Total excision of nail

EYENAD 22E1.00 O/E - eyes - NAD

FBEYE SG0..00 Foreign body on external eye

FHASTHMA 12D2.00 FH: Asthma

FLL TC...11 Fall - accidental

FNDI 3128.00 Fundoscopy

FOETNIL 2571.00 O/E - breath smell normal

FRACTANKL S342000 Closed fracture ankle lateral malleolus low

FRIT 1B1H.00 Frightened

GANGWRIST N224500 Ganglion of wrist

GLUC1 4664.00 Urine glucose test = +

HAEMREC 9ND1.00 Haematology result received

HB 423..11 Hb estimation

HISTNAD 4K13.00 Histology normal

HYF H170.11 Hay fever - pollens

IMINJ 7L18.00 Intramuscular injection

IMPR 2126.00 Patient's condition improved

IMPRV 2126.00 Patient's condition improved

INFEYE F4C0.00 Acute conjunctivitis

INJJT 7K6Z200 Injection of therapeutic substance into joint

INJURYELBO SD3y000 Superficial injury of elbow NOS

INJVV 7A68.00 Injection into varicose vein of leg

INSRECEIV 9EW..00 Insurance form received

IPREC 9ND8.00 I/patient disch summary rec'vd

IUCDFIT 6151.00 IUD fitted

JOINTNAD 2H21.00 O/E - no joint abnormality
KNEEABN 2H29.00 O/E - knee joint abnormal
KWIRE 7K1PD00 Removal of Kirschner wire internal bone fixator
LABABN 419..00 Lab. test result abnormal
LABAWAITED 417..00 Lab. test result not back yet
LABNAD 418..00 Lab. test result normal
LABPHONE 41C2.00 Test result to pat.by 'phone
LABREC 9ND3.00 Microbiology report received
LACKNEE SA10000 Open wound of knee
LEAVINGYGP 9221.00 Patient says leaving list
LEFT 13VA.00 Left handed
LETREC 9ND5.00 Consultant letter from:
LETTAWAIT 9NG..00 Letter/report awaited
LETTERPAT 9NC3.00 Letter sent to patient
LETTFROM 9N36.00 Letter from specialist
LETTOPAT 9NC3.00 Letter sent to patient
LETTREC 9N36.00 Letter from specialist
LIFECOMPL 9E51.00 Life ass.exam.completed
LIVERNIL 25G1.00 O/E - liver not palpable
LNCERV 2C32.00 O/E -cervical lymphadenopathy
LNNAD 2C31.00 O/E - no lymphadenopathy
LOOSEKNEE N073.00 Loose body in knee
LOSSSIGHT 1B75.00 Loss of vision
LUMPBREAST 1A8..00 Breast lump symptom
MANIPLUMB 7J48H00 Manipulation of lumbar spine
MEDRED 8B3A200 Medication decreased
MGRNE F26..00 Migraine
MICTOK 1A11.00 Micturition frequency normal
MRINAD 5692.00 Nuclear magn reson normal
MSINCIS 9879.00 Minor surgery done - incision
MSS R065A00 [D]Musculoskeletal chest pain
MSUREQ 4615.00 MSU sent to lab.
MULTSYMPT 16...13 Multiple symptoms
NASALSYMP 1C8..11 Nasal symptoms
NECKOK 16A1.00 No stiff neck
NEWDONE 68R2.00 New patient screen done
NEWLET1 9OW4.00 New patient screen 1st letter
NEX 211..00 Patient not examined
NGBREAST B34..00 Malignant neoplasm of female breast

NOTIFJAUND 65V3.00 Notification of inf. jaundice

OAHIP N053512 Hip osteoarthitis NOS

OEX F501.00 Infective otitis externa

OKPAT 8C90.00 Patient reassured

OPMESH 7H11111 Primary mesh repair of inguinal hernia

OTC 8CA3.00 Patient advised re OTC medicat

PAINANK N245.11 Ankle pain

PBPOS 43A2.00 Inf mononucleos test positive

PERLA 2BI1.00 O/E - pupil reactions normal

PHNIL 14Z1.00 No relevant past medical hist.

PHYSPELVIC 8E77.00 Pelvic floor exercises

PMHBELLS 1476.00 H/O: Bell's palsy

PNDNIL 1731.00 No breathlessness

POSTOP 89Z..00 Pre/post-operrative proced.NOS

PPL 24F..00 O/E - peripheral pulses L.leg

PPR 24E..00 O/E - peripheral pulses R.-leg

PRGNT 62...00 Patient pregnant

PRNAD 25Q1.00 O/E - rectal examination - NAD

RASHNIL 2F12.00 O/E - skin examined - NAD

REBOUNDNIL 25E1.00 O/E - no rebound tenderness

RECSSD 9NDA.00 Report received from social services

REDTM 2D95.00 O/E - tympanic membrane red

REFCPN 8H7B.00 Refer to community psych.nurse

REFUSEMEAL 8I52.00 Refuses meals on wheels

REMSUT 7G22.12 Removal of suture of skin

REQHEPA 65W4.00 Requires a hepatitis A vaccination

REQVASECT 8M00.00 Vasectomy requested

RIGHT 13V9.00 Right handed

RISKWEIL 65PC.11 Weil's disease risk exposure

ROMRED 2H43.00 O/E - reduced joint movement

RSNAD 2315.00 Resp. system examined - NAD

RTEYE 2B6..00 O/E - visual acuity R-eye

RV 6A...00 Patient reviewed

SBCHEST 9N1b.00 Seen in chest clinic

SC1 9DC..00 SC1 - self certificate admin.

SCREENNAD 6819.00 Screening - NAD

SELFRX 8B3B.00 Patient on self-medication

SKINNAD 2F12.00 O/E - skin examined - NAD

SLROK 2H91.00 O/E - SLR normal - left=right

SOANIL 1831.00 No oedema present
SOBLYING 1735.00 Breathless - lying flat
SOBMILD 1733.00 Breathless - mild exertion
SOBMOD 1732.00 Breathless - moderate exertion
SOBNAD 1731.00 No breathlessness
SORETONGUE 1929.00 Tongue symptoms
SPINEABN 2H84.00 O/E - lumbar spine abnormal
SPUTNIL 1712.00 Dry cough
SRT 1C9..00 Sore throat symptom
STEAM 8762.00 Inhalation therapy
STRESSHOME 13HT100 Stress at home
STRESSWORK 13JM.13 Stress at work
SWNIL 2H31.00 O/E - joint not swollen
SXR 524..00 Plain X-ray skull
TANDA 7530600 Tonsillectomy and adenoidectomy
TEMPNIL 2E31.00 O/E - temperature normal
TENDFRONT 2DA3.00 O/E - frontal sinus tenderness
TENS 8643.00 Transcutaneous nerve stimulatn
TESTNAD 418..00 Lab. test result normal
THRNAD 2D15.00 Throat examination - normal
TNT F583.00 Tinnitus
TRB N215700 Trochanteric bursitis
TYMPNAD 3139.00 Tympanogram normal
UGSNAD 1A51.00 No genitourinary pain
USSLIVER 585A.00 U-S liver scan
VAGD 1A7..00 Vaginal discharge symptom
VAL 2B7..00 O/E - visual acuity L-eye
VAR 2B6..00 O/E - visual acuity R-eye
VASECTPART 6124.00 Partner had vasectomy
VDNIL 1A71.00 Vaginal discharge absent
VENAD 2681.00 O/E - bi-manual VE - NAD
VIRILL A79z.00 Viral infection NOS
VISIONOK 668A.00 Normal vision
WLL 1Y...00 Patient feels well
WLOPD 9R52.00 Patient awaiting OPD appt.
WT 22A..00 O/E - weight
WTISQ 1621.00 Weight steady
WX F504.11 Wax in ear
XPL ZV65411 [V]Explanation of medication

XRREC 9ND4.00 X-ray report received

XSTHIRST 1644.00 Excessive thirst

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