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Hyperspace Playground Instructions

The exercises below will be completed in the Playground (PLY) training environment. To access PLY:

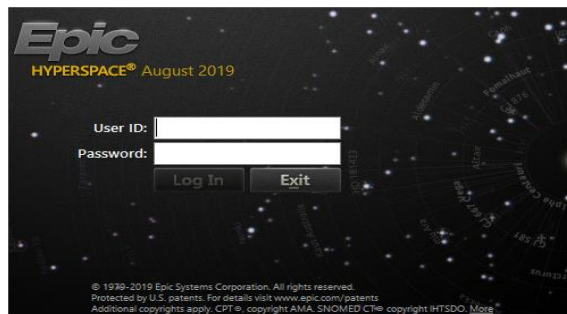
1. From the Citrix Receiver window, click to launch Hyperspace PLY.



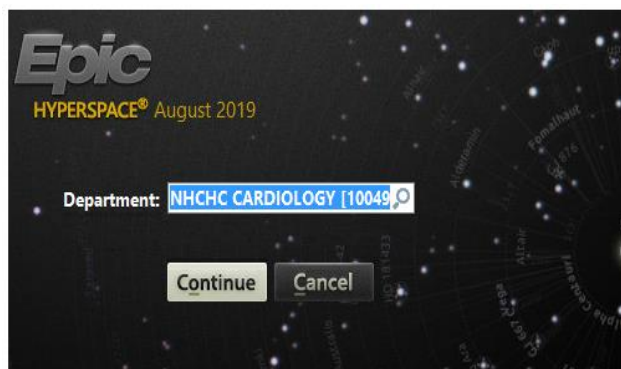
If Citrix Receiver is not visible on your device:

- Navigate to the toolbar located on the bottom of the screen OR use the search tool, bottom left, to search for Citrix Receiver.
- Click the 'show hidden icons' symbol, then click the Citrix Receiver icon .
- Click to open Hyperspace Playground.

2. Use the training Login ID in the User ID field and the password is 'train'. The training Login ID's are consecutive between TRN24730 – TRN24759. **Look for a TRN user that does not have Cupid documentation already completed on the patient(s). [Refreshed daily]**



3. The defaulting department is correct. Click Continue. You are now logged into PLY.



Cupid Expansion Invasive Procedure Documentation

Cupid Expansion is expanding the workflow and functionality of Cardiology users. The coronary toolset within this application will guide structured reporting and enable automated registry reporting.

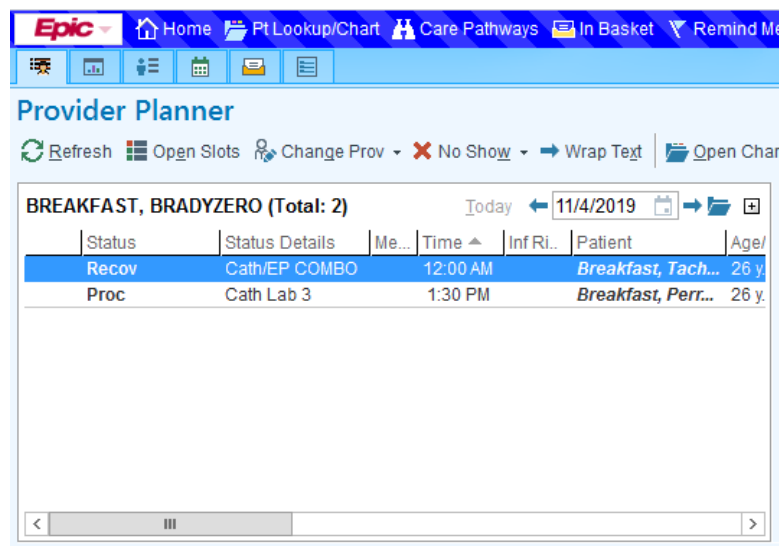
The exercises below introduce the appearance and basic functionality of Study Review documentation using Cupid Expansion. Workflow throughout Dimensions recommends working within the navigator; from top to bottom. This helps to ensure more accurate charting and deficiency reduction.

Because the focus of this exercise is Study Review documentation, we will begin with the Study Review section in the navigator. You will:

1. Become familiar with the appearance and functionality of the Drawing Tools
2. Practice post procedural documentation
3. Become familiar with Structured Reporting and Registry documentation

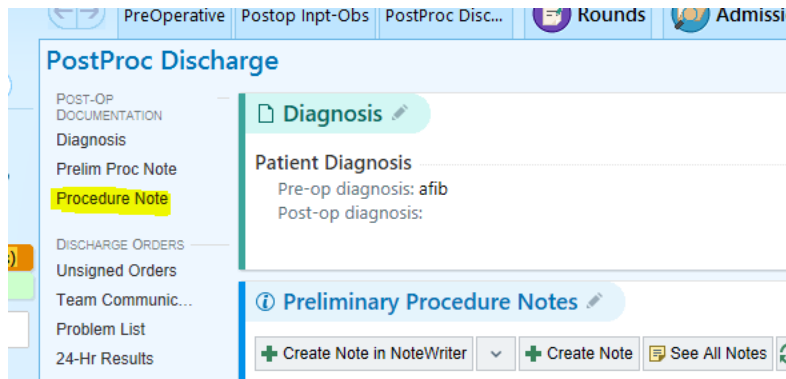
[Exercise 1: Documenting an EP Study](#)

Double click to open your Tach Breakfast patient's chart from the schedule located on the Provider Planner. **Note that the patient record for a procedure *must* be opened from the Provider Planner schedule for the PostProc navigators to display the Procedure Note link to Study Review.**

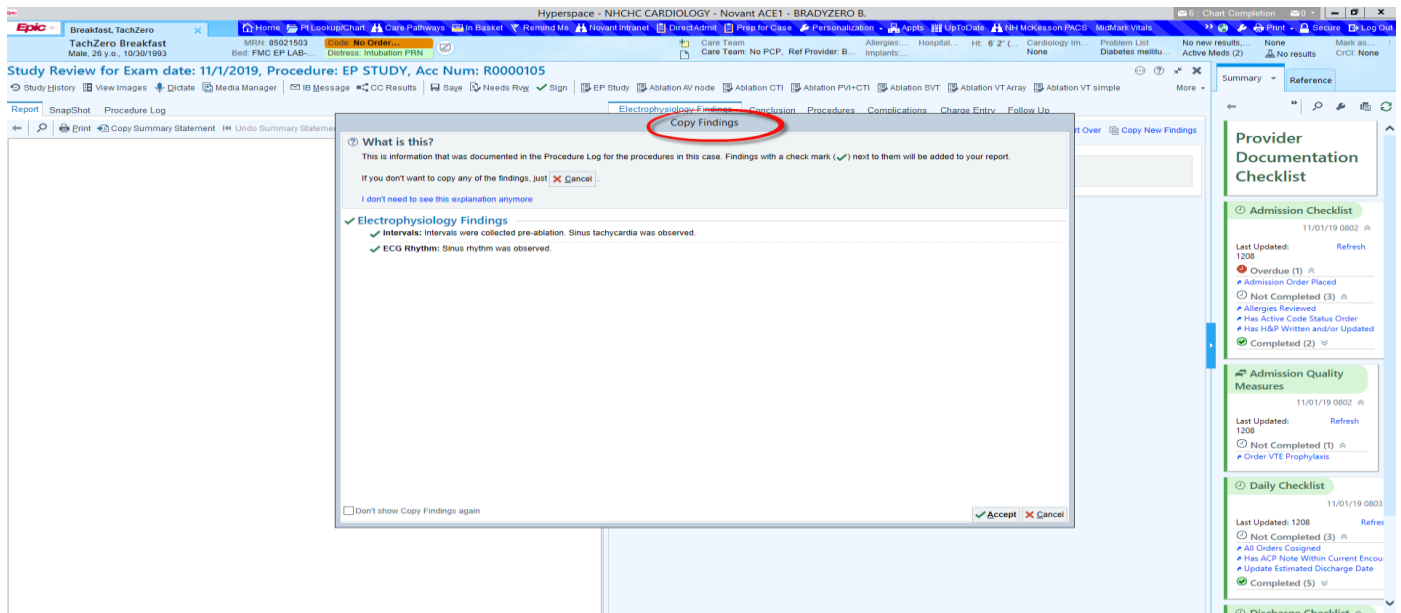


Begin this exercise by opening Study Review. To launch the Study Review workspace:

1. Left click on Procedure Note in the navigator OR click the '[click here to launch Study Review activity](#)' hyperlink.



2. The Study Review workspace opens defaulted to the Copy Findings window. The Copy Findings window contains information documented in the Procedure Log. Click Accept.
 - Clicking Accept will include items with a check mark in the finalized report.



Take a few moments to become familiar with the layout of the workspace. This will aid with efficiency and ease of use.

Viewing this workspace in sections, the left pane is comprised of the Report, SnapShot and Procedure Log tabs.

- **Report** (default) contains general procedural information that will be included in the finalized report. (Ex. Physicians, indications, Pre/Post diagnosis, procedure, conclusion, etc).
 - o Hyperlinks offer quick navigation
- **SnapShot** displays information included in the Summary activity
- **Procedure Log** encompasses all Perioperative tech and nurse documentation
- **Vessel Findings:** specific result documentation; Coronary dominance selection

The right pane includes macros and other documentation tabs. We will begin with the Conclusion tab.

- Note: Tabs are defaulted based on the procedure.

The screenshot shows the Epic EMR interface for a patient named Tachone Zzipoce. The left pane contains patient information, including name, MRN, and description. It also lists physicians, procedures (EP ABLATION), and indications (Tachycardia). The right pane displays the 'Electrophysiology Findings' section, which includes intervals and ECG rhythm observations. A red callout box highlights the 'Accept' button, stating: 'Clicking 'Accept' pulls the documented information from the Procedure Log. Once the study is signed this information will be included in the final report.'

3. Click the Conclusion tab to open the documentation window. Search for a Dimensions created note template using the Insert Smart Text field.

- To use your personalized Smart Phrase position the cursor in the note text window and enter the desired Smart Phrase (ex: .mycustomizedphrase).
- Macros are available for use in the toolbar. (See highlight above)
- If a Macro is selected, F2 through the note to complete documentation.

The note populates in the Conclusion section on the left and in the pane located in the body of your workspace.

- Note documentation completed in this space will also populate the Conclusion section in the left pane, meaning the Report is simultaneously updated.
- Documentation cannot be edited in the Report tab. Edits must be completed in the body of the workspace.

Study Review for Exam date: 10/22/2019, Procedure: EP STUDY, Acc Num: R0024341

Ally Training
Ordering physician: David J Bohle, MD Study date: 10/22/19

Patient Information
Name: Ally Training, MRN: 85013309, Description: 36 y.o. female

Physicians
Panel Physicians: David J Bohle, MD (Primary), Referring Physician: Case Authorizing Physician

Procedures
EP ABLATION: A TACH V-TACH

Conclusion
Insert SmartText

Ex. EP Study Macro selected. Position the cursor in the note and press F2 until all variables are complete.

Study Review for Exam date: 11/2/2019, Procedure: EP STUDY, Acc Num: R0000105

TachZero Breakfast
Male, 26 y.o., 10/31/1993
MRN: 85021482
Bed: FMC EP LAB-EP LAB
Code: No Order (no ACP docs)
Distress: Intubation PRN

Physicians
Panel Physicians: Brady Bundle, MD (Primary), Referring Physician: Case Authorizing Physician: Bradyzero Breakfast, MD (Primary)

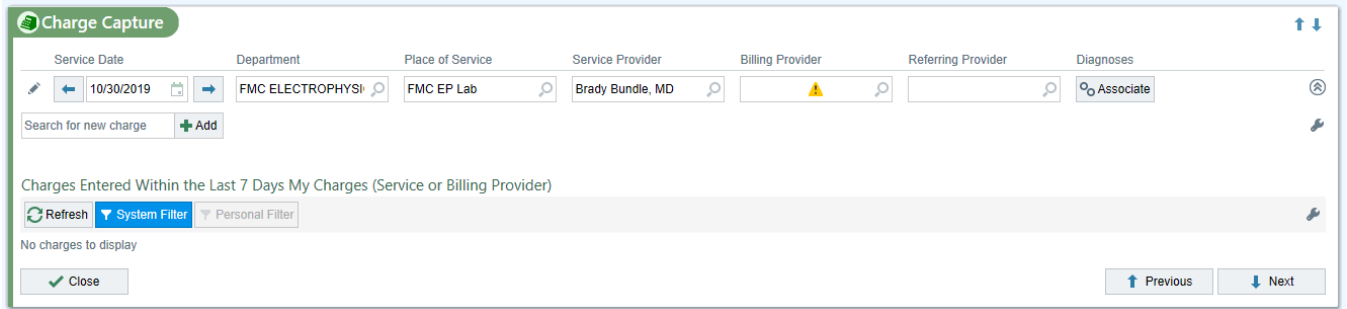
Procedures
EP ABLATION

Diagnosis
Pre Procedure: Tachycardia, Post Procedure: Total Contrast (Total Contrast Used: 0 mL(s))

Conclusion
Insert SmartText

Conclusion
Retrograde Refractory Periods
Baseline:
-> Retro AVERP: ***
On isuprel:
-> Retro AVERP: ***
Sinus node recovery time
Pacing was performed in the superior right atrium. Sinus node recovery times were obtained at multiple pacing cycle lengths ranging from *** to *** ms. The longest sinus node recovery time was *** ms. These values indicate *** sinus node function.

The next tab, charge entry is available to complete charge capture as needed.



6. Once all documentation is complete, Sign.

- To review the finalized documentation:

*Go to Chart Review and select the Cardiology tab.

*Double click to read the report.

- To Addend:

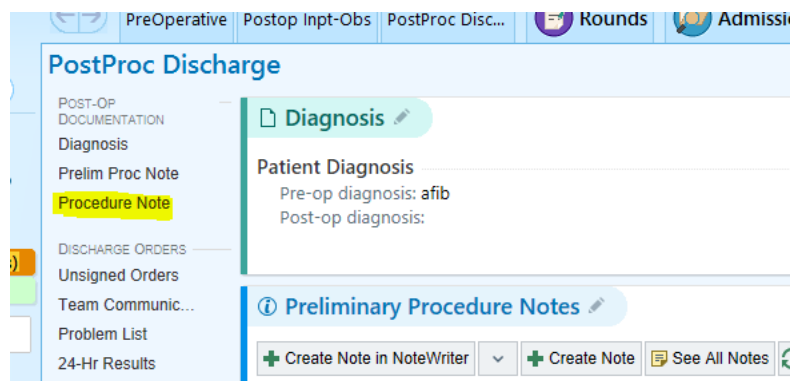
*Select the Study Review activity, then Addendum.

*Update the information and Sign.

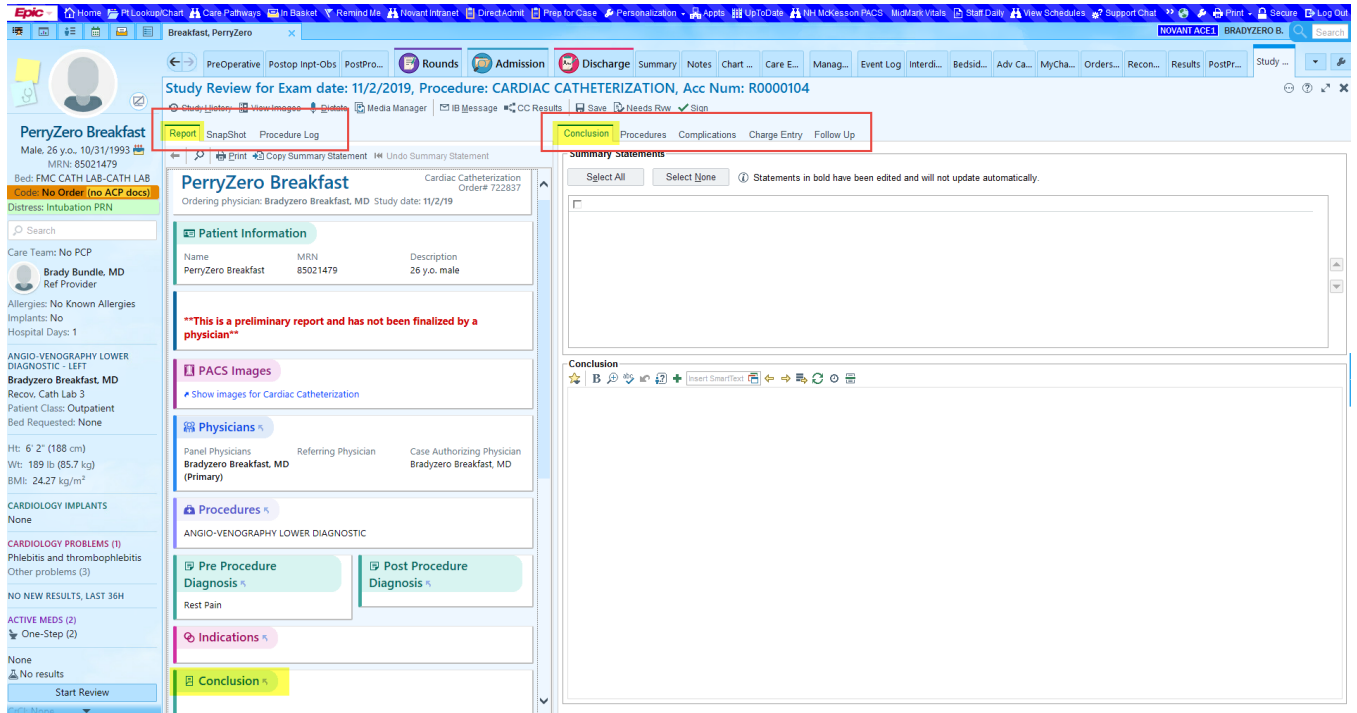
Exercise 2: Peripheral Study Result

Double click to open your Perry Breakfast patient's chart from the schedule located on the Provider Planner. We will begin by opening Study Review using the hyperlink.

1. Left click on Procedure Note in the navigator OR click the '[click here to launch Study Review activity](#)' hyperlink.



2. The Study Review workspace displays defaulted to the Report tab on the left and the Conclusion tab in the body of the workspace. The diagram below provides an overview of the workspace.



3. Search for a Dimensions created note template using the Insert Smart Text field.

- * To use your personalized Smart Phrase position the cursor in the note text window and enter the desired Smart Phrase (ex: .mycustomizedphrase).
- The note populates in the Conclusion section on the left and in the pane located in the body of your workspace.

4. F2 through the note to complete documentation. The report is simultaneously updated in the Conclusion section of the Report tab.

- Documentation cannot be edited in the Report tab. Edits must be completed in the body of the workspace.

5. Click the Procedures tab and update documentation as desired.

*A Post Procedure diagnosis must be entered in order to Sign the study. If the Post Procedure diagnosis is entered prior to opening the Study Review, (i.e. entered in the Post op Discharge navigator table of contents) the diagnosis will auto populate in the Study Review.

6. Click the Complications tabs and make selections.

* The Complications Smart Form must be completed in order to Sign the study. If there are no complications to document, select 'No immediate complications'.

7. Using the Charge Entry tab, file charges if needed.

7. Once all documentation is complete, Sign

- To review the finalized documentation:

*Go to Chart Review and select the Cardiology tab.

*Double click to read the report.

- To Addend:

*Open the Post op Discharge Navigator; Select Study Review, then Addendum.

*Update the information and Sign.

Exercise 3: Left Heart Catherization

This exercise introduces the drawing tool used to document the results of a left and right heart cath procedures. In this scenario a left heart cath was performed on your Lefty Breakfast patient. The procedure was well tolerated and you are ready to complete procedural documentation for the day.

We will use the Reading Work List to access the studies to be reviewed.

1. From the Epic toolbar, launch the Reading Worklist.

If not visible, click the chevrons (>>) to launch the Reading Worklist

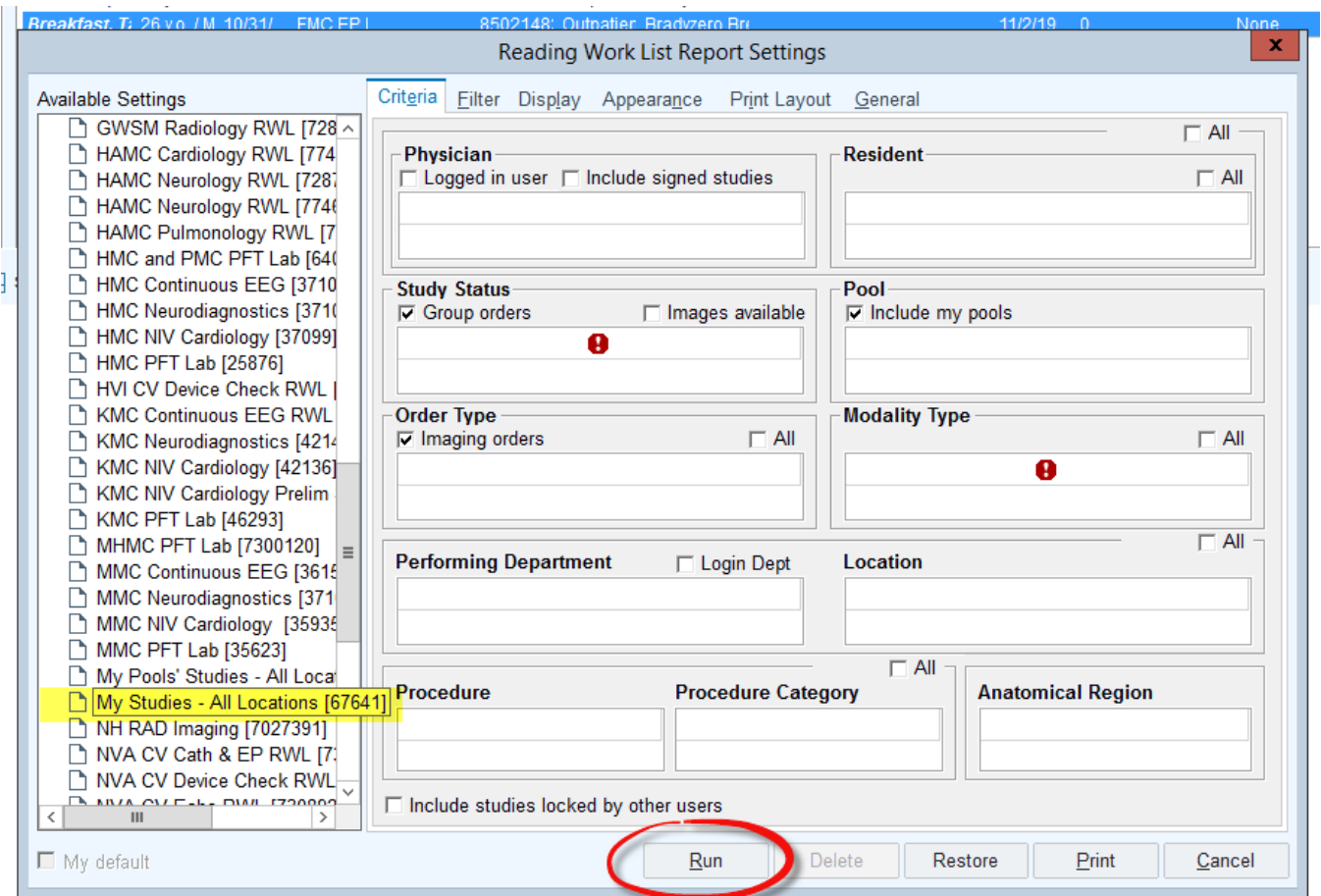
The screenshot shows the Epic Provider Planner interface. The top navigation bar includes 'Epic' logo, 'Home', 'PT Lookup/Chart', 'Care Pathways', 'In Basket', 'Remind Me', 'Novant Intranet', 'DirectAdmin', 'Help for Case', 'Personalization', 'Apps', 'UpToDate', 'NH McKesson PACS', 'MidMed Vitals', 'Start Daily', 'View Schedules', 'Support Chat', 'Log Out', 'Chart Completion', 'Secure', and 'My Dashboards'. The main content area is titled 'Provider Planner' and shows a table of patients for 'BREAKFAST, BRADYZERO (Total: 2)'. The table has columns for Status, Status Details, Me, Time, Infr, and Patient. The data rows are:

Status	Status Details	Me	Time	Infr	Patient
Recov	Cath/EP COMBO		12:00 AM		Breakfast, Tach...
Recov	Cath Lab 3		1:30 PM		Breakfast, Perr...

Below the table, there is a section for 'All My Patients (3 Patients) Last refreshed: 18:17'. This section contains a table with columns for Patient Name, Age, Sex, DOB, Hosp, Bed #, MRN, Patient C, Attending, C, Infection, Isolation, Admitted, Length of L, Problem, Exp Disc, MC, D, C, N, N, C, C, and Prof Charges. The data rows are:

Patient Name	Age	Sex	DOB	Hosp	Bed #	MRN	Patient C	Attending	C	Infection	Isolation	Admitted	Length of L	Problem	Exp Disc	MC	D	C	N	N	C	C	Prof Charges
Breakfast, L	34 y.o.	M	10/31/...	FMC CAT		8502143	Outpatient	Bradyzero Bn				11/2/11	0	None									!
Breakfast, P	26 y.o.	M	10/31/...	FMC CAT		8502147	Outpatient	Bradyzero Bn				11/2/19	0	None									!
Breakfast, T	28 y.o.	M	10/31/...	FMC EP		8502148	Outpatient	Bradyzero Bn				11/2/19	0	None									!

- The Reading Work List Report Settings window opens. Scroll and select 'My Studies –All Locations'.
 - To make 'My Studies – All Locations' your default report select 'My default' in the bottom left corner of the Reading Work List Report Settings window.
 - Click 'Run'.



3. Your Reading Work List studies will populate.

Pri	Media	S	Class	MRN	Patient	Procedure	End Exam	Expected Recipients	Assigned Phys	Dept
				85013318	Zzipoce, Tachone	EP STUDY	10/30/2019 8:17 AM			
				85021434	Breakfast, LeftyZero	CARDIAC CATHETERIZATION	11/02/2011 6:49 AM			

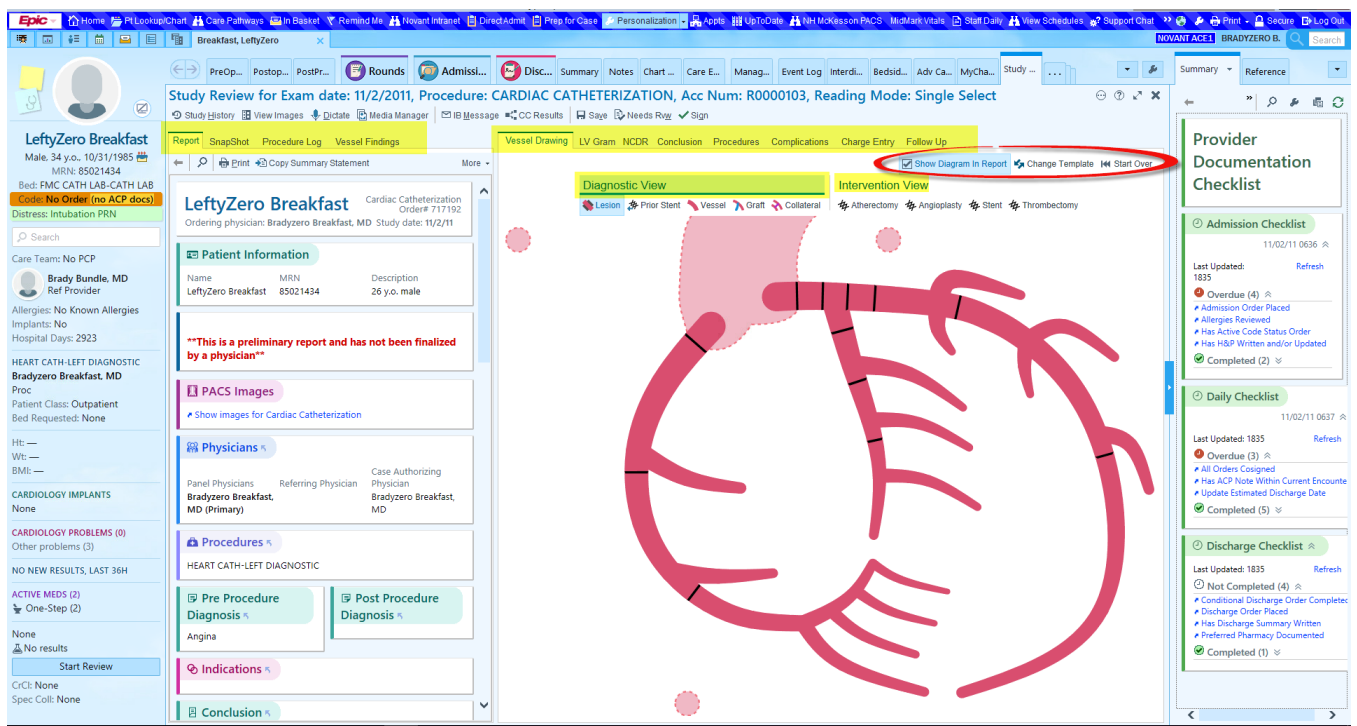
4. Double-click to open the chart of your Lefty Breakfast patient and review the workspace. The workspace is primarily divided into left and right panes.

The left pane consists of four tabs:

- **Report** (default) contains general procedural information that will be included in the finalized report. (Ex. Physicians, indications, Pre/Post diagnosis, procedure, conclusion, etc).
 - o Hyperlinks offer quick navigation
- **SnapShot** displays information included in the Summary activity
- **Procedure Log** encompasses all Perioperative tech and nurse documentation
- **Vessel Findings**: specific result documentation; Coronary dominance selection

The right pane:

- Drawing tool
 - o Diagnostic and Interventional View
 - The red circles within the image window represent arteries.
 - o The option to Change Template, Start Over and option to Show Diagram in Report
- Documentation/report tabs (ex. Vessel drawing, LV Gram, Conclusion, etc).



The next section will guide you through Smart Form completion and diagram annotation using the drawing tool. When using this tool remember the following:

- All documentation can be completed in the Vessel Findings tab.
- Smart Forms are located under the Vessel Findings tab and can be edited by clicking the hyperlink of the desired section/topic.
- Selecting Start Over clears all data and all documentation will need to be re-entered.
- The Vessel Drawing (right pane) displays both Diagnostic and Interventional views. Some Smart Form elements may appear as additional avatars on the drawing,
- In some instances, Comments may be added to the drawing.

- Change Template opens the Template Selector. Select your dominance preference and save as a favorite.
- Click & drag functionality can be used on the diagram for easy manipulation.

Smart Forms and the Drawing Tool

1. Select Vessel Findings from the left pane. Here you will document findings using the Smart Forms embedded within the hyperlinks.
 - Select any hyperlink and document findings. Multiple Smart Forms and options can be chosen.
 - Once the selections are made click Accept.

Left Circumflex Details

Normal Clear All

Visualization not visualized injected not injected non-selective

Size small moderate large

Vessel >= 2.0 mm

Vessel disease 0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90%
 95% 99% 100% minimal luminal irregularities

Morphology atretic calcified tortuous ectasia aneurysm pseudoaneurysm

Calcification mild moderate severe

Abnormal origin separate ostium aorta right coronary sinus left coronary sinus LAD Cx RCA

Myocardial bridging proximal mid distal

Other findings

Left Circumflex Details
 The vessel was visualized by angiography and is small. The vessel is moderately calcified.

Accept Cancel

Left pane appearance after Smart Form documentation.

To edit data, left click the hyperlink of the desired topic and update the Smart Form. Click Accept to save the changes.



Diagnostic

Coronary Dominance Left Right Co-dominant

Left Main
 The vessel was visualized by angiography and is moderate in size. The vessel originates from the left anterior descending artery. The vessel is moderately calcified. There is mid myocardial bridging present.

Left Anterior Descending
 The vessel was not visualized.

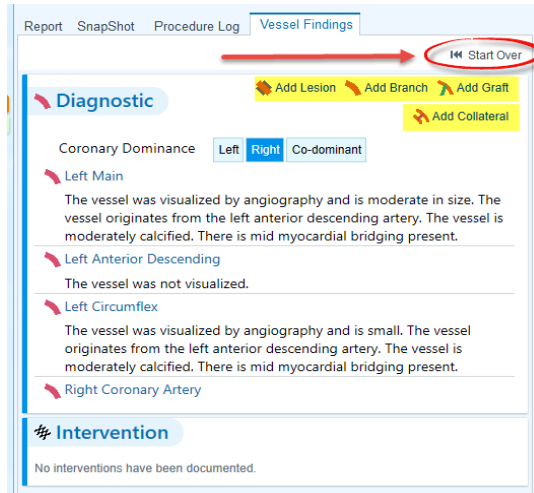
Left Circumflex
 The vessel was visualized by angiography and is small. The vessel originates from the left anterior descending artery. The vessel is moderately calcified. There is mid myocardial bridging present.

Right Coronary Artery

Intervention
 No interventions have been documented.

To edit, left click the hyperlink in the desired section or click Start Over.

- Selecting Start Over will remove information in all sections and the image.



Now that we are familiar with the basic functionality available in the Vessel Findings tab, we will expand to include documentation that is transposed onto the diagram for representation. The highlighted information above is used to facilitate that transposition.

In addition, documenting on the Vessel Drawing will update Vessel Findings.

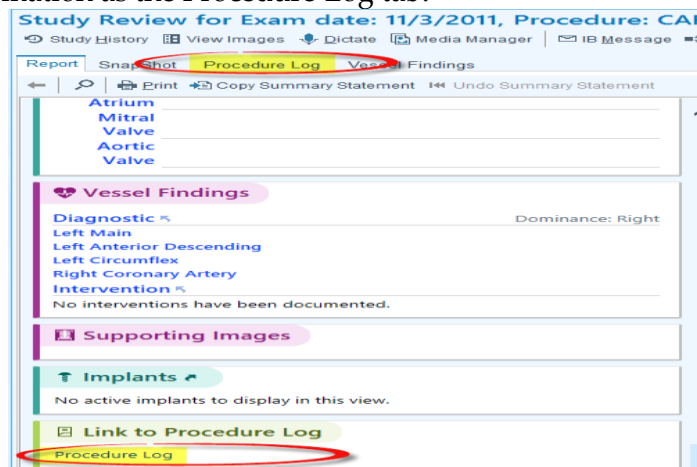
Diagram Annotation

Scenario: Lefty successfully underwent a left heart cath procedure and you are ready to complete your documentation.

1. Your workspace should be open displaying the Study Review palette. If so, start by reviewing the information contained in the Report tab.

- If your workspace is NOT displaying the Study Review palette, use steps 1 – 4 above to access the study through the Reading Work List (RWL) **OR** use the Post op Discharge Navigator to launch Study Review.

The hyperlinks embedded in the Report tab can be used to access data quickly. The Procedure Log hyperlink has the same information as the Procedure Log tab.

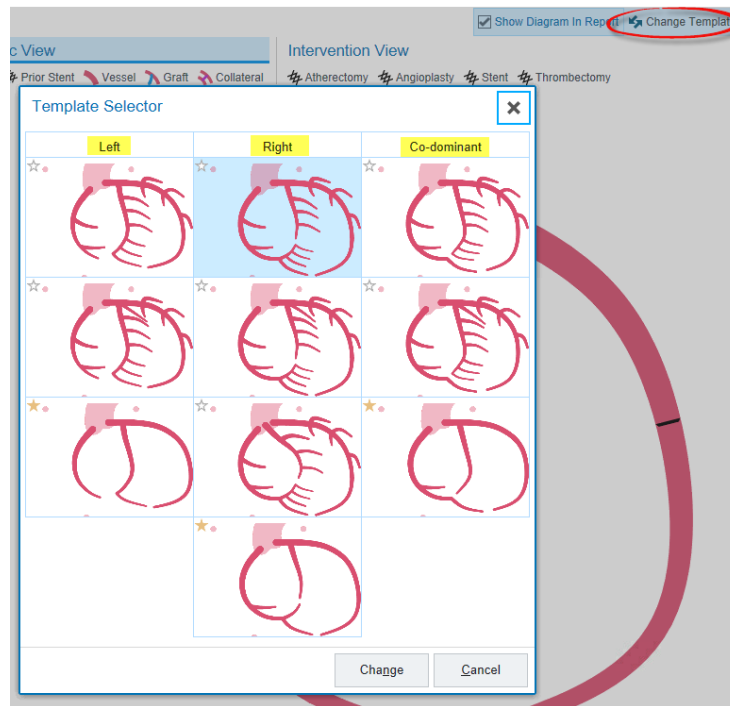


The Report tab is updated as information is documented. No edits can be made in the Report tab. Edits must be carried out within Smart Forms and the documentation window. The report is simultaneously updated as edits are made.

Review the Snapshot and Procedure Log tabs (if desired) then click the Vessel Findings tab.

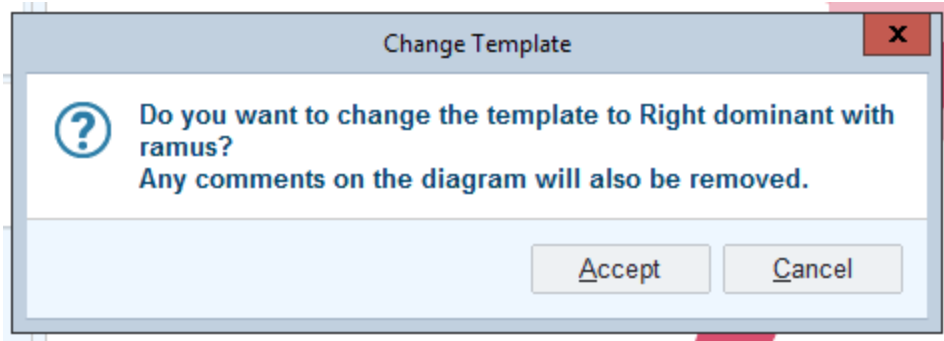
2. Look at the Coronary dominance selection. Change this by clicking another option if desired.

- The diagram will change based on selection.
- To change the diagram, click Change Template in the right pane and make your selection. Hover over each to view the diagram perspective.



Make a selection of your choice and click 'Change'.

- The Change Template pop-up window will present asking you to confirm this change.
- If the template referenced in this confirmation prompt is correct, click Accept. Otherwise, click 'Cancel' and repeat your action or keep the template that auto defaulted.
- Only one template can be used at a time.



Remember any changes will update both the image (Vessel Drawing) and Smart Forms (Vessel Findings). With the desired image in place you are ready to begin documentation.

This portion of the exercise will not be guided but will allow you the opportunity to make selections guided by true clinical relevance. While documenting be sure to include as many diagnostic and intervention selections as possible. Sample documentation is included below.

Things to Remember:

- An avatar (lesion, stent, graft, etc.) can be manipulated once on the diagram using click & drag functionality.
- Right click on the avatar to add comments or remove erroneous documentation.
- Updates in either Vessel Findings or Vessel Drawings are reciprocated and the Report is updated simultaneously as well.
- Edits cannot be made in the Report tab.
- The Drawing Tool does support 'layering'. (I can document a lesion and stent and the image will display both).

Suggestions:

- Document as close as possible to a 'real' case so that you might become familiar with the location of options, appearance and functionality.
- Identify workflow that fosters Ease of Use.
- Understand that this is a transition to Structured Reporting.

To replicate the findings in the image below:

Study Review for Exam date: 11/3/2011, Procedure: CARDIAC CATHETERIZATION, Acc Num: R0000103, Reading Mode: Single Select

Report Snapshot Procedure Log Vessel Findings

Diagnostic View

Coronary Dominance: **Right Co-dominant**

Left Main
Left Anterior Descending
Left Circumflex
Right Coronary Artery

Lesion: **Prox RCA lesion. Prox RCA lesion.** The lesion was previously treated using a stent of unknown type.

Intervention

Documentation using the drawing tool (right pane)


- *Select Lesion under Diagnostic View
- *Left click on the diagram in the area of anatomy of which you wish to document and drag to the point of termination
- *Now select "Prior Stent" under Diagnostic View and repeat the step above.

The Vessel Findings tab is updated with a verbal representation of the drawing.

There are missing variables. Right click on the icon or the image to complete required documentation.

1. From the right pane select Lesion under Diagnostic View.
2. Left click on the diagram in the area of anatomy of which you wish to document and drag to the point of termination.
3. Select Prior Stent and duplicate step 2.

The Vessel Findings tab is updated with the verbal representation of the drawing.

The hardstop  indicates missing variables required for documentation. Hover over the icon or avatar to reveal the deficiency. To resolve:

- Right click on either the hardstop icon OR the avatar on the image.
- Document the missing information and include comments if desired.

Vessel Drawing LV Gram NCDR Conclusion Procedures Complications Charge Entry Follow Up

Diagnostic View

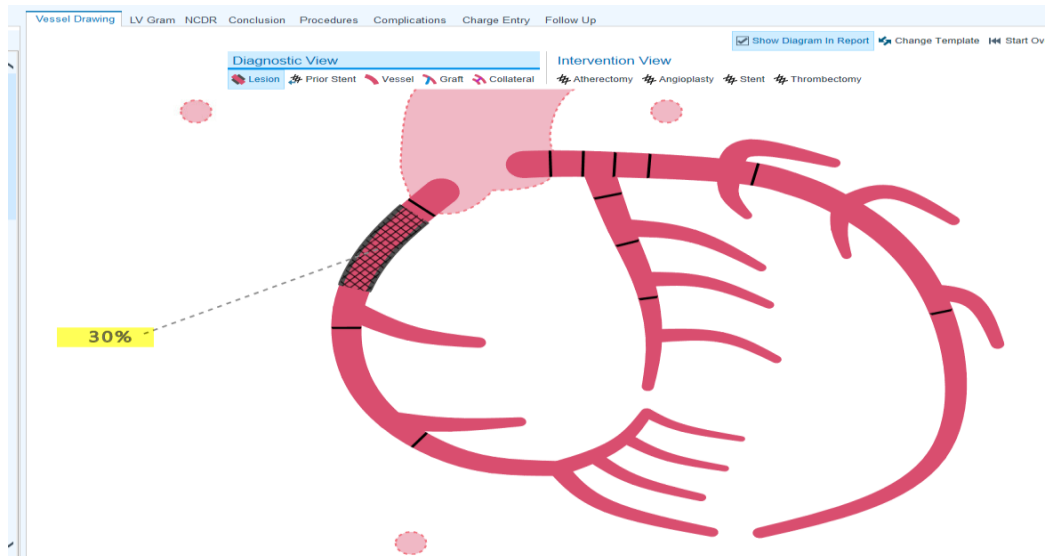
Lesion Prior Stent Vessel Graft Collateral

Intervention View

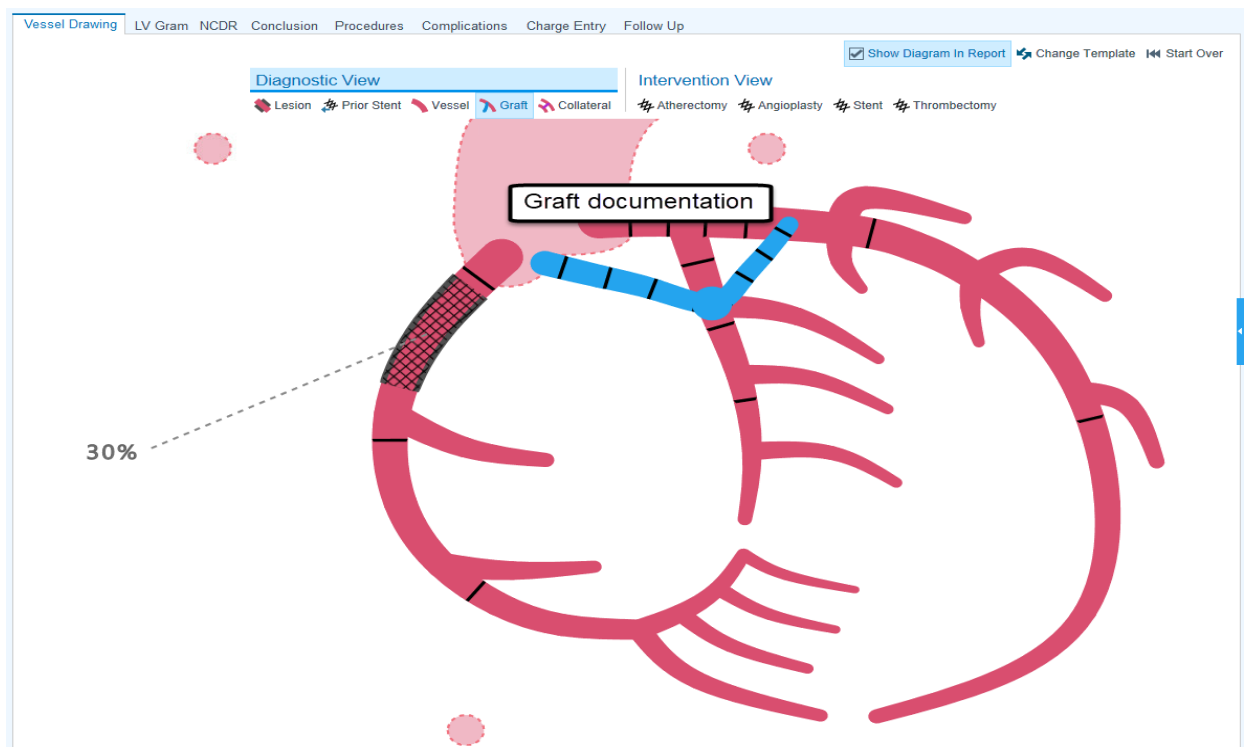
Atherectomy Angioplasty Stent Thrombectomy

Diagnostic Stenosis:
Diagram Comment
Remove Lesion

Make a selection. The diagram will update to reflect the selected information. (See below)

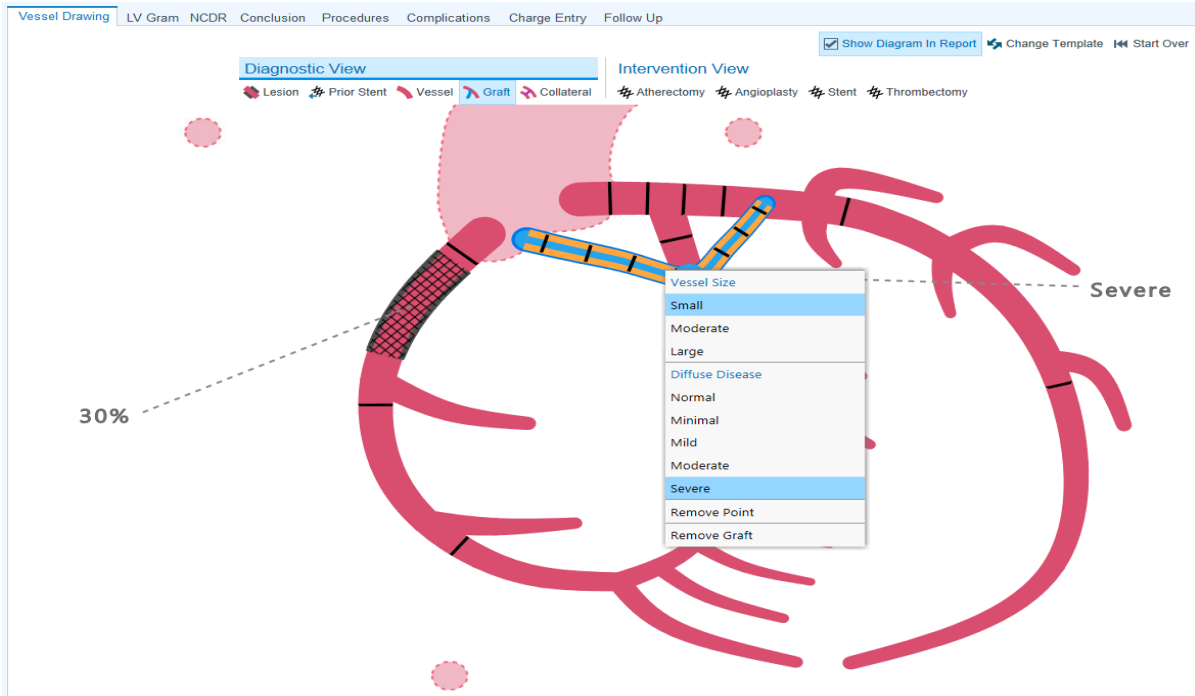


Use steps 1 – 2 above to document graft placement.



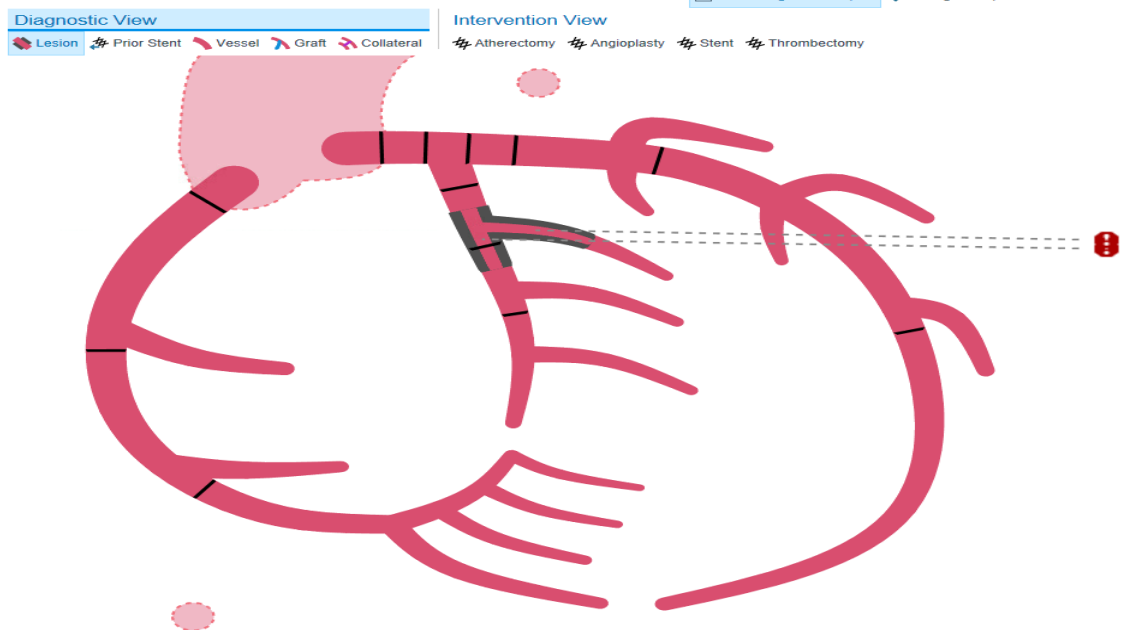
To edit:

1. Right click on the graft.
 2. Make selections from the pop-up window.
 - To delete select remove graft from the pop-up window.
- Review the Report tab to view real-time edits.



To document a bifurcation lesion:

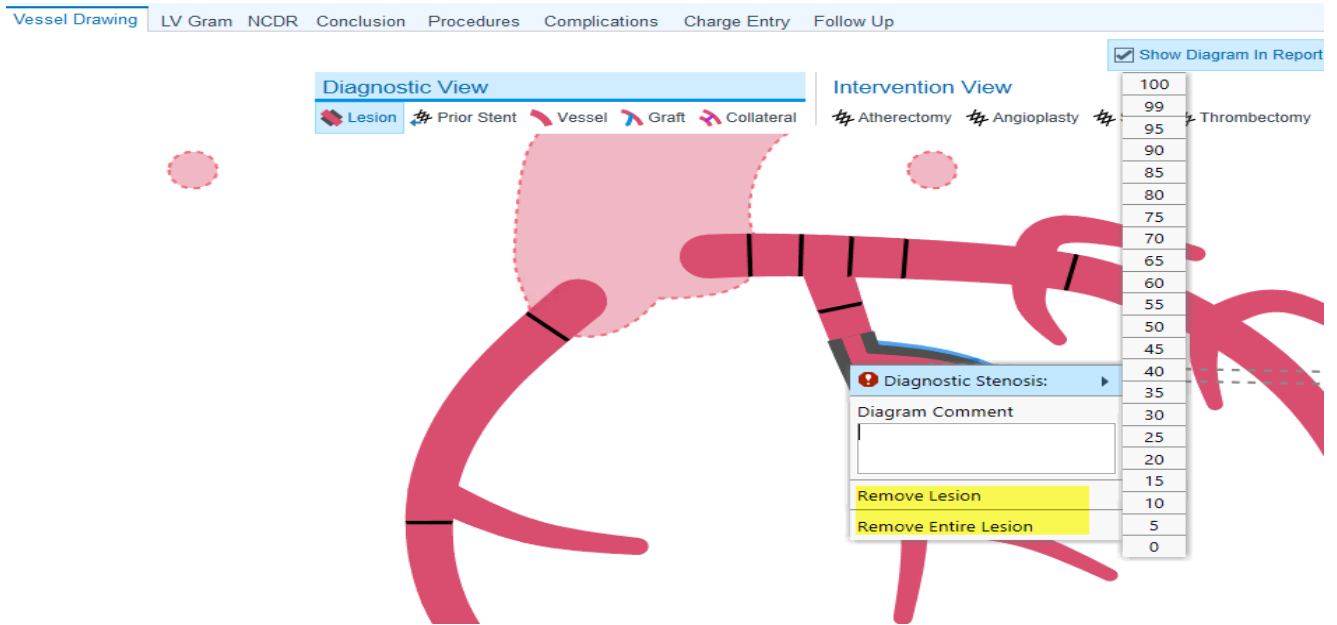
1. With Lesion selected, left click and drag the entire section without releasing until you've reached the point of termination.



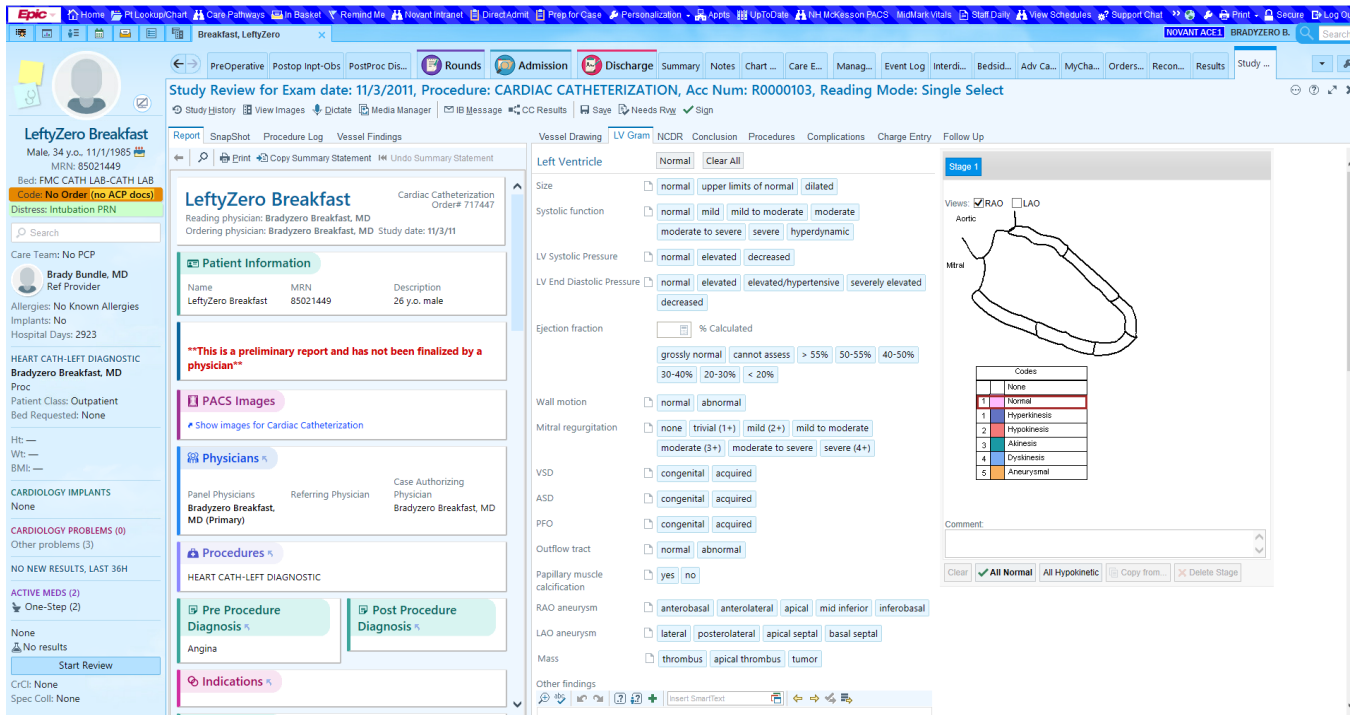
To edit a lesion drawn as a bifurcation:

1. Right click on the lesion or hardstop and complete documentation.

- Because this lesion was drawn using one continuous stroke, the editing options include 'Remove Lesion' and 'Remove Entire Lesion'.



Once you've completed all documentation on the Vessel Drawing tab, select the LV Gram tab. Take a moment to review this workspace.



To document findings use the Smart Form to make selections. To document on the diagram:

1. Left click the code you wish to select.
2. Navigate to the diagram and left click to insert the selection.

*Use quick buttons for documentation.

Stage 1

Views: RAO LAO

Aortic

Mitral

Codes	
	None
1	Normal
1	Hyperkinesis
2	Hypokinesis
3	Akinesis
4	Dyskinesis
5	Aneurysmal

Comment:

Clear All Hypokinetic

Vessel Drawing **LV Gram** NCDR Conclusion Procedures Complications Charge Entry Follow Up

Left Ventricle

Size normal upper limits of normal dilated

Systolic function normal mild mild to moderate moderate moderate to severe severe hyperdynamic

LV Systolic Pressure normal elevated decreased

LV End Diastolic Pressure normal elevated elevated/hypertensive severely elevated decreased

Ejection fraction % Calculated

grossly normal cannot assess > 55% 50-55% 40-50% 30-40% 20-30% < 20%

Cannot assess due to ectopy Other

underfilling

Wall motion normal abnormal

Mitral regurgitation none trivial (1+) mild (2+) mild to moderate moderate (3+) moderate to severe severe (4+)

VSD congenital acquired

ASD congenital acquired

PFO congenital acquired

Outflow tract normal abnormal

Papillary muscle calcification yes no

RAO aneurysm anterobasal anterolateral apical mid inferior inferobasal

Stage 1

Views: RAO LAO

Aortic

Mitral

Codes	
	None
1	Normal
1	Hyperkinesis
2	Hypokinesis
3	Akinesis
4	Dyskinesis
5	Aneurysmal

Comment:
Add comments

Clear All Hypokinetic

Navigate to the NCDR tab once the LV Gram documentation is complete.

As we continue to expand Structured Reporting, NCDR documentation will, in the future, become automated. This requires registry documentation to be completed by the Physician. Dictation using Dragon One Medical does not support automated registry transmission. Take a moment make selections on the registry form. See sample documentation below:

The screenshot shows the 'NCDR' tab in a software interface. The 'Clinical Data' section includes the following fields and options:

- CSHA Clinical Frailty:** Radio buttons for 1. Very Fit, 2. Well, 3. Managing Well, 4. Vulnerable, 5. Mildly Frail, 6. Moderately Frail, 7. Severely Frail, 8. Very Severely Frail, 9. Terminally Ill.
- Previous Cath:** Buttons for No, Unknown, Yes.
- STEMI, Reason for Delay:** Buttons for difficult access, difficulty crossing lesion, patient/family consent, cardiac arrest and/or intubation, LV assist device placement, other.
- Indication for Cath:** Buttons for Cardiomyopathy / CHF, No Symptoms, Non-STEMI, Pre-Op Eval for Cardiac Surgery, Stable Angina, STEMI, Unstable Angina.

Additional options cascade as selections are made. (See below)

This screenshot shows the 'NCDR' tab with several options selected, demonstrating cascading options:

- CSHA Clinical Frailty:** 3. Managing Well is selected.
- Previous Cath:** Unknown is selected.
- STEMI, Reason for Delay:** difficulty crossing lesion is selected.
- Indication for Cath:** Unstable Angina is selected.
- Anginal Classification w/in 2 weeks (CCS):** 0 is selected.
- Anti-Anginal Meds w/in 2 Weeks?:** Yes is selected.
- If Yes, Type:** Beta Blockers is selected.
- Stress Test:** Positive is selected.
- Stress Results:** Intermediate is selected.
- LV Systolic Dysfunction:** Yes is selected.
- Congestive Heart Failure w/in 2 Weeks:** No is selected.
- NYHA:** I is selected.
- Cardiogenic Shock:** Yes is selected.
- Cardiac Arrest:** Yes is selected.

Navigate to the Conclusion tab. Notice that documented assessment and intervention throughout the procedure is visible on the Report tab. Complete documentation in the remaining tabs and **Sign**.

Exercise 4: Right Heart Catheterization

Right Heart Cath procedure documentation is completed the same as detailed above. Take time to review the screenshots below.

RV Gram Smart Form Preview:

The screenshot displays a medical smart form interface for Right Heart Catheterization, organized into three main sections: Right Ventricle, Right Atrium, and Tricuspid Valve. Each section includes a title, a 'Normal' button, and a 'Clear All' button. The 'Right Ventricle' section features options for Size (normal, dilated), Function (normal, abnormal), Mass (present), and Tricuspid regurgitation (none, trivial (1+), mild (2+), moderate (3+), severe (4+)). Below these is an 'Other findings' text area with a rich text editor toolbar. The 'Right Atrium' section includes options for Size (normal, upper limits of normal, dilated) and Right atrial pressure (normal, decreased, elevated), with a text field containing 'elevated with large V wave and rapid Y descent'. It also has an 'Other findings' text area with a rich text editor toolbar. The 'Tricuspid Valve' section is partially visible at the bottom, showing a 'Normal' button and a 'Clear All' button.

Right Ventricle Normal Clear All

Size normal dilated

Function normal abnormal

Mass present

Tricuspid regurgitation none trivial (1+) mild (2+) moderate (3+) severe (4+)

Other findings

Insert SmartText

Right Atrium Normal Clear All

Size normal upper limits of normal dilated

Right atrial pressure normal decreased elevated

elevated with large V wave and rapid Y descent

Other findings

Insert SmartText

Tricuspid Valve Normal Clear All

Right Heart Smart Form Preview:

Right Heart

PA Catheter Inserted

Pulmonary Hypertension

Abnormalities

Shunt

RHC Summary	Baseline	NO	Exercise	Volume
PA (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PCWP (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RV (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RA (mmHg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LV (mmHg)	<input type="text"/>			
AO (mmHg)	<input type="text"/>			
TDCO / CI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fick CO / CI	<input type="text"/>			
PVR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SVC Hb02 (%) / THb (g/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PA Hb02 (%) / THb (g/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RV Hb02 (%) / THb (g/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RA Hb02 (%) / THb (g/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AO Hb02 (%) / THb (g/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The values documented in this report are verbal values obtained from the performing physician during the right heart catheterization.

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