

## Standard Speech Recognition Dictation vs. MediTalk Dictation

**is this what you want your reports to look like?**

- *Headings are not automatically capitalized, bolded or formatted in any particular fashion.*
- *All text is in one long paragraph and not arranged into any particular order.*
- *How will you save/store this medical record?*
- *Where does it go when you're finished? - Do you print it? Do you just say, "save the report" and the report is saved by the patient name?*
- *How do you now retrieve the report when you need it?*

Chief complaint: neck and shoulder pain. History of present illness: the patient is a five-year-old white male who was scared out of his bunk this morning at approximately 7:30 a.m.. People walked through his room and scared him. He fell off, landing flat on a floor on his back without loss of consciousness. No seizure activity or vomiting. The patient complains of pain along the posterior aspect of his back and neck. The mother states he is not quite as active as normal but he has no medical illnesses, no known drug allergies, no surgical history. Is not taking any medications at this time. His last meal was at breakfast this morning. Review of systems, no history of URI symptoms, cough, coryza, abdominal pain. Physical examination: Pulse 84, respiration's 14, temperature 98.8°, pulse ox 97% on room air. This is a well-developed, well-nourished white male, resting in bed, in no acute distress, lying quietly without movement. The head is atraumatic, normocephalic. Pupils are equal, round and reactive to light and accommodation. Extraocular motions are intact. The tympanic membranes are without retraction or blood. The pharynx is without exudate. The mucous membranes are moist. The neck is notable for lateral muscle tenderness along L2-3. No evidence of ecchymosis, erythema. The patient has a full range of motion. No spinal tenderness is noted. Cardiovascular regular rate and rhythm. Respiratory clear to auscultation bilaterally. The back shows no spinal or CVA tenderness. The abdomen is soft and nontender. The patient moves all fours without difficulty. Muscle strength is intact upper and lower extremities bilaterally. Sensation grossly intact and equal bilaterally to the upper and lower extremities. Hospital course: Because the patient was less active than normal with a history of fall, Radiology was consulted for head CT. The patient was placed in the observation unit while awaiting CT and for several hours afterwards. The patient was observed during this time. He gradually became more active, was awake and alert throughout his hospital stay in no distress. The patient had no observed loss of consciousness, seizure activity, or vomiting. Head CT was within normal limits. Discussion: This is a five-year-old male with a history of a fall from approximately six feet without loss of consciousness, complaining of pain. Examination was normal with the exception of mild decreased activity, less than would be expected in an active five-year-old boy. This gradually improved with observation. The patient had a normal head CT.

### MediTalk Dictation Sample

**Patient Name:** Jim Baldwin **Medications:** Acetaminophen

**DOB:** 05/07/86 **Last Visit:** 02/24/98

**SS:** 452-98-6587 **Referring Physician:** Simms, Patrick MD

**CHIEF COMPLAINT:** Neck and shoulder pain.

**HISTORY OF PRESENT ILLNESS:** The patient is a 13-year-old white male who was scared out of his bunk this morning at approximately 7:30 a.m. People walked through his room and scared him. He fell off, landing flat on a floor on his back without loss of consciousness. No seizure activity or vomiting. The patient complains

of pain along the posterior aspect of his back and neck. The mother states he is not quite as active as normal but he has no medical illnesses, no known drug allergies, no surgical history. Is not taking any medications at this time. His last meal was at breakfast this morning.

**REVIEW OF SYSTEMS:** No history of URI symptoms, cough, coryza, abdominal pain.

**PHYSICAL EXAMINATION:** Pulse 84, respiration's 14, temperature 98.8°, pulse ox 97% on room air. This is a well-developed, well-nourished white male, resting in bed, in no acute distress, lying quietly without movement. The head is atraumatic, normocephalic. Pupils are equal, round and reactive to light and accommodation. Extraocular motions are intact. The tympanic membranes are without retraction or blood. The pharynx is without exudate. The mucous membranes are moist. The neck is notable for lateral muscle tenderness along L2-3. No evidence of ecchymosis, erythema. The patient has a full range of motion. No spinal tenderness is noted. Cardiovascular regular rate and rhythm. Respiratory clear to auscultation bilaterally. The back shows no spinal or CVA tenderness. The abdomen is soft and nontender. The patient moves all fours without difficulty. Muscle strength is intact upper and lower extremities bilaterally. Sensation grossly intact and equal bilaterally to the upper and lower extremities.

**HOSPITAL COURSE:** Because the patient was less active than normal with a history of fall, Radiology was consulted for head CT.

The patient was placed in the observation unit while awaiting CT and for several hours afterwards. The patient was observed during this time. He gradually became more active, was awake and alert throughout his hospital stay in no distress. The patient had no observed loss of consciousness, seizure activity, or vomiting. Head CT was within normal limits.

**DISCUSSION:** This is a 13-year-old male with a history of a fall from approximately six feet without loss of consciousness, complaining of pain. Examination was normal with the exception of mild decreased activity, less than would be expected in an active five-year-old boy. This gradually improved with observation. The patient had a normal head CT. His cervical spine was nontender. Unlikely there is an acute traumatic injury ongoing.

**IMPRESSION:**

1. CEPHALGIA, STATUS POST FALL RESOLVED.

**DISPOSITION:** Home. Acetaminophen prescribed. The mother is given head injury instruction sheet. Instructed to return with any worsening symptoms. Otherwise follow up with her regular pediatrician.

Joseph Buckle MD