

July 2024

Design Blueprint for Better Healthcare

Users, Artifacts, Environments,
Relationships, Ecosystems



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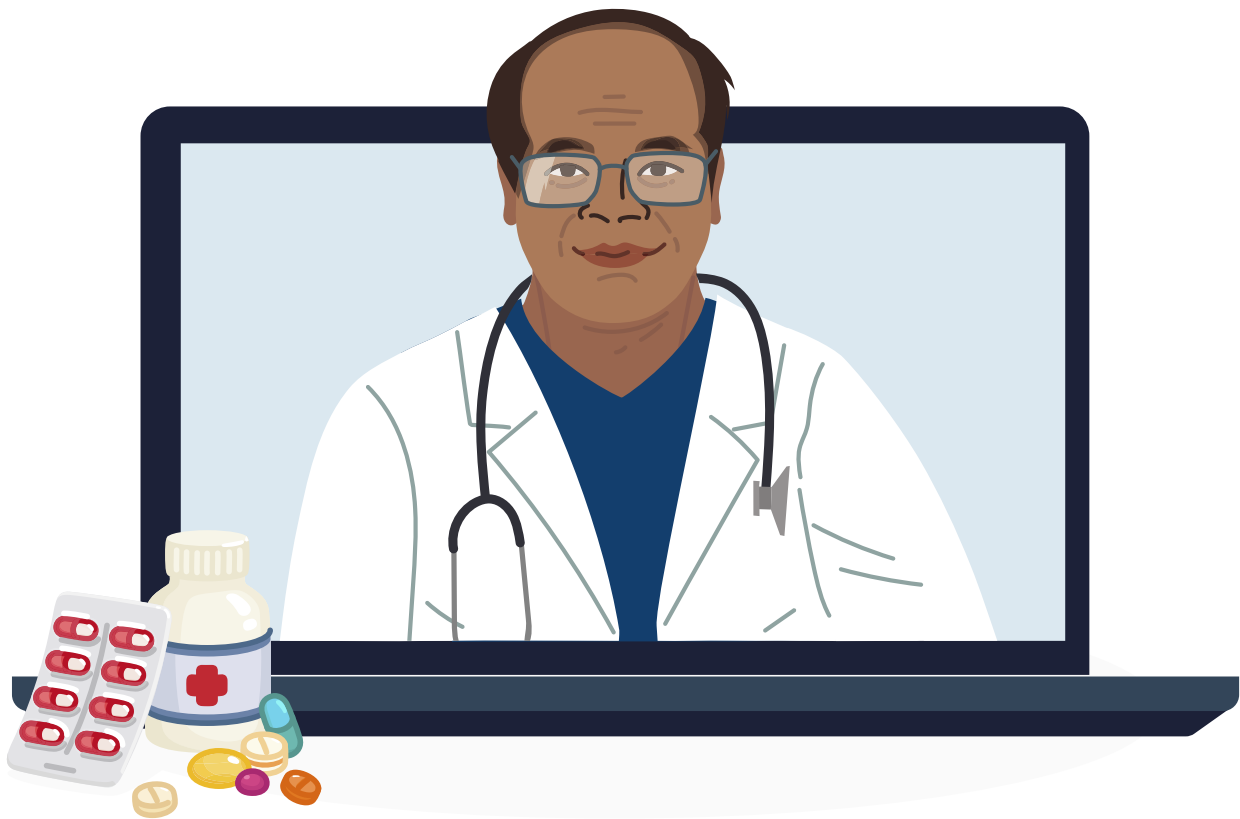
Opportunity to Improve Adoption of Digital Tools in Indian Healthcare

For a long time, India's medical infrastructure relied solely on paperwork and analogue records, highlighting the crucial need for digitization. Government initiatives aim to promote digitization, and private healthcare providers are investing in digital innovations. The emergence of healthcare IT companies in India provides a diverse array of hospital management solutions including Electronic Medical Records (EMR) and telemedicine.

Although the transition to digitizing the healthcare infrastructure in India is an ongoing effort, it also introduced new challenges, particularly regarding adoption of digital tools.

The World Health Organization reported in 2020 that the global average adoption rate of EMRs in hospitals is around 50%, but drops to 20% in low-income countries. The transition to EMRs, while beneficial, has resulted in longer times needed for updating records often due to usability issues. This reduces the time available for direct patient interactions, contradicting the intended purpose of digitization.

The project between the National Cancer Grid - Koita Centre for Digital Oncology (NCG-KCDO) and ZEUX Innovation focuses on improving the user experience of healthcare systems to help drive adoption. The project started with an audit of current systems, followed by the creation of detailed design guidelines to enhance overall usability.



The first step is to identify the User Experience (UX) challenges through a process known as a UX audit. The primary objective of this audit is to observe users, such as doctors, nurses and admin staff, in their working environments & their interaction with the digital tool in focus. Thus gaining insights into the nuanced challenges they face. To conduct this UX audit, we created a framework called SHIFT. The SHIFT framework can be applied to future audits, ensuring a standardized approach to identifying and addressing user challenges across various healthcare settings.

For developing new healthcare management systems, we adopt a user-centered approach and use our HEALING framework, ensuring the creation of intuitive and efficient solutions tailored for the healthcare ecosystem. This method fosters user adoption and satisfaction by prioritizing their needs and preferences. Combining these frameworks, we can streamline digital healthcare management, enhancing both existing and new systems to support better healthcare delivery and outcomes.

The SHIFT Framework

First part of this project involved conducting a UX audit of a Hospital Management Information System (HMIS) used by various government hospitals and small clinics in India. The first step involved field research and user interviews with doctors, nurses, and admin staff. Doctors face time constraints, system latency, device issues, confusing

A guide to assessing the UX of a Healthcare Management System

navigation, and non-matching forms. Nurses struggle with limited system access, glitches, dual desk responsibilities, redundant data entry, and lack of training. The Administrative staff encounter high workloads, slow systems, interdepartmental workflow issues, excessive manual data entry, and inadequate training.

This research lead to 11 key insights

1. The system is slow and unreliable, often timing out and requiring multiple logins throughout the day, sometimes even mid-task.
2. The system does not match the user's mental model; hence, doctors prefer using one text field for all relevant details.
3. The system requires manual input for data that should be auto-filled, like diagnoses, tests, and procedure details, impacting billing efficiency.
4. Tasks and data must be maintained offline, in registers as well as online, staff must input data in both formats.
5. It is hard to find information because staff use the father's name to cross-check patient information, which is hidden
6. Information is fragmented across different computers with no consolidated data view.
7. When a referred patient comes, the doctor cannot view previous details or scan and upload previous reports. For revisit patients, the previously prescribed medication list cannot be selected
8. Users create new records for existing patients when they lose their slip or lack a mobile number, leading to redundant information.
9. Optional fields are shown as mandatory, causing users to add placeholder text and skip mandatory fields to proceed.
10. Despite ward and bed vacancies, the system inaccurately shows no availability for a newly admitted patient.
11. Users find it difficult to type on tablets and prefer using their mobile devices instead.

As the next step, we leveraged this research to conduct a UX audit of their hospital management system. One of the key insights from audit was to leverage 'Object-Oriented UX'. A design methodology that models digital interfaces similar to what our brains do in the real world.

It focuses on aligning user journeys around real-world process flows & interactions, making the user experience more intuitive. By aligning interface elements with users' mental models, it simplifies navigation and tasks, enhancing usability and ensuring that systems are easier to learn and use effectively and ultimately boosting usability and adoption.

As the final step, the research and UX audit conducted so far, enabled us to evaluate and organize the findings within a structured framework called the 'SHIFT Framework'.

	Audit Framework	Audit Findings
S	Structural Blueprint	Incoherent structural blueprint
H	Harmony of Components	Lack of harmony in UI components
I	Interface Aesthetics & Interaction	Outdated interface aesthetics and confusing interaction
F	Form Design	Poor form design
T	Table Design	Table design violates best practice

The HEALING Framework

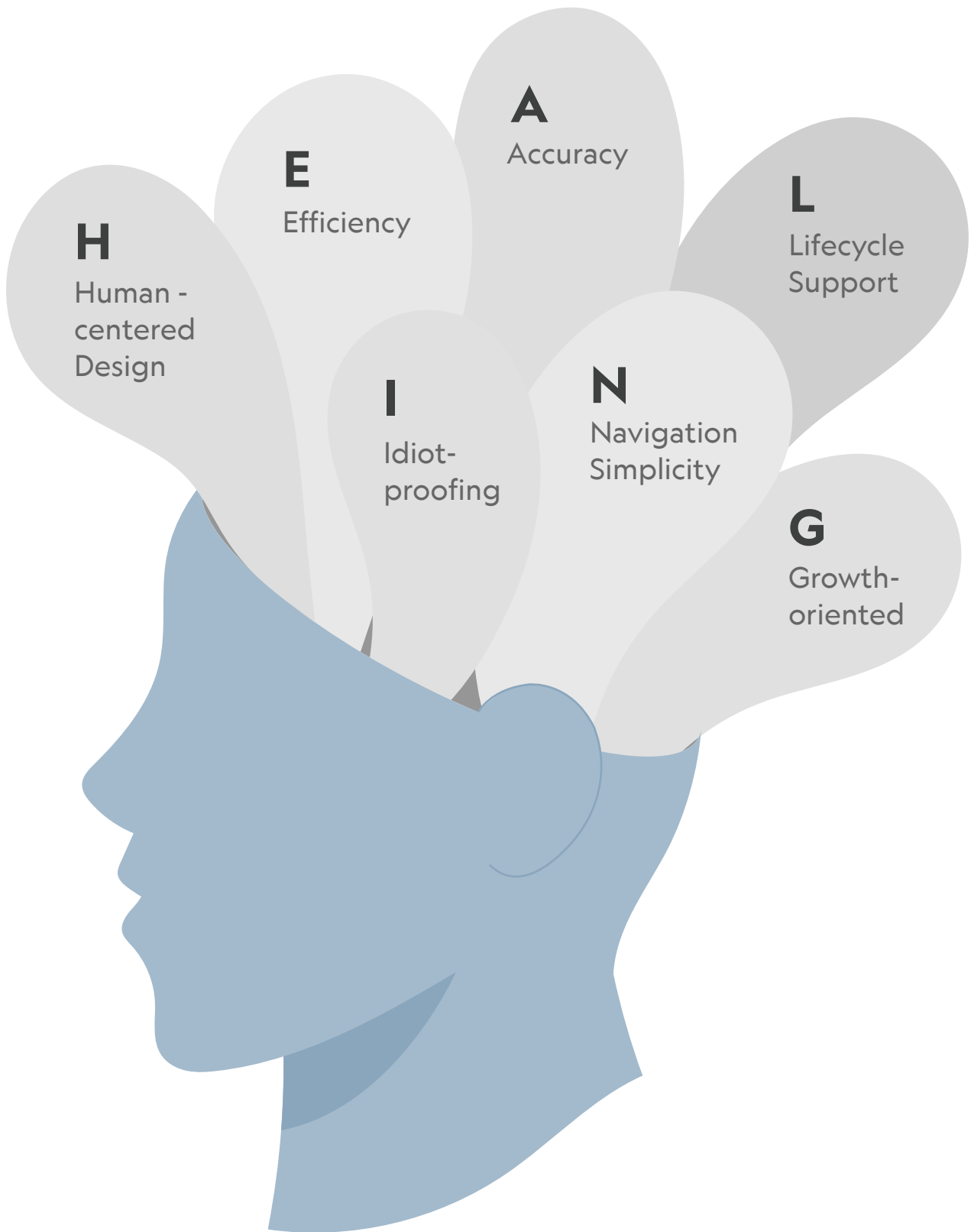
A guide to designing & developing new healthcare management systems

To design an effective electronic medical record (EMR) system, the requirements were thoroughly studied to understand the medical context. In order to analyse the UX landscape, we had multiple interactions with the users in their working environment to gain insights into their natural real-world workflow & to understand the areas of friction in the digital workflow.

Some of these findings were, doctors often lack a full picture of a patient's treatment plan and quick access to lab readings and historical data. They struggle with disorganized information and sometimes rely on WhatsApp for managing patient reports or prescribing drugs over the phone without proper records.

Nurses face challenges such as the absence of a portable system for bedside updates, managing multiple patients simultaneously, and the effort required for making handwritten notes.

*To view the detailed application of the design framework leveraging the HEALING framework, please refer to **the annexure***



7 Keys to Best-in-Class Treatment Mgmt. System

H

Human - centered Design

Prioritize the needs, preferences, and experiences of users, including healthcare professionals and patients, throughout the design process to create a system that is intuitive, empathetic, and supportive.

- Define your target audience
- Identify users' pain points
- Map the process & role players

E

Efficiency

Design workflows and interactions that optimize efficiency in chemotherapy management tasks, enabling users to accomplish their goals quickly and effectively.

- Land users in the right place
- Persistently display decision-aiding info
- Design for speed and ease of input

A

Accuracy

Ensure that the system provides accurate and reliable information, such as medication dosages, treatment schedules, and patient records to support safe and effective chemotherapy administration.

- Prioritize error prevention
- Visually represent key statuses
- Lock edits and discard outdated data



Lifecycle Support

Provide comprehensive support throughout the entire treatment lifecycle, from treatment planning and administration to monitoring, follow-up care and survivorship planning.

- Design end-to-end treatment management
- Seamlessly integrate with patient's EMR
- Make past data available



Idiot-proofing

Include features and fail-safes that simplify complex processes and ensure critical tasks are performed correctly. The goal is to ensure that systems are accessible and safe for users of all skill levels.

- Minimize the use of icons
- Provide reference information
- Include redundancies



Navigation Simplicity

Design intuitive navigation structures and user interfaces that simplify the user experience, making it easy for users to find information, complete tasks, and navigate the system effectively.

- Maintain flat menu structures
- Provide clear location cues
- Simplify switching patients & processes



Growth-oriented

Build the system with scalability and adaptability in mind, allowing it to grow and evolve alongside advancements in treatment, healthcare practices, and technological innovations.

- Reuse existing templates and components
- Design for scalable phases and processes
- Design for scalable actions

Paving the Way for Improved Digital Solutions

Cancer care is changing rapidly worldwide, and use of digital tools and technologies are playing a key role in driving this change – improving quality, access, and cost of care. Digital technologies are being used across the entire patient journey – screening, diagnostics, treatment, hospital care, home care and survivorship. It is imperative for India to have a strong focus on driving adoption of digital tools to improve cancer care.

The project between the National Cancer Grid - Koita Centre for Digital Oncology (NCG-KCDO) and ZEUX Innovation provides for an easy to use framework to improve design and adoption of digital tools in India's healthcare landscape.

The project underscores the importance of UX in digital healthcare systems to increase user satisfaction and enhance adoption . By prioritizing intuitive interfaces, healthcare systems become more user friendly and efficient, allowing medical professionals to focus on patient care while benefiting from the digital capture of critical medical information.



ZEUX Innovation

402, El Tara, Orchard Ave,
Hiranandani Gardens, Powai,
Mumbai, Maharashtra 400076

zeuxinnovation.com

ZEUX Innovation, based in Mumbai with over 8 years of experience, specializes in user centered design across sectors, including healthcare. Their expertise in crafting solutions tailored for India's unique challenges makes them a valuable partner.



The National Cancer Grid

Tata Memorial Hospital,
Dr. E Borges Road, Parel,
Mumbai 400 012. India.

ncgindia.org

The National Cancer Grid (NCG) is a large network of cancer centres, research organizations and charitable institutes with over 340 members providing treatment to around two-thirds of all cancer cases in India and created with the primary mandate of ensuring uniform standards of cancer care across the nation in addition to capacity building and collaborative clinical research.



Koita Centre for Digital Oncology

Tata Memorial Hospital,
Dr. E Borges Road, Parel,
Mumbai 400 012. India.

kcdo.in

The Koita Centre for Digital Oncology (KCDO) is India's first organisation dedicated to transforming cancer care in India using digital technology and a joint initiative of the National Cancer Grid (an initiative of the Government of India and the Tata Memorial Centre) and the Koita Foundation (leading non-profit organisation focused on digital health adoption).

Annexure

The HEALING Framework >

Design Framework

H

Human-centered Design

E

Efficiency

A

Accuracy

L

Lifecycle Support

I

Idiot-proofing

N

Navigation Simplicity

G

Growth Oriented

H Human-centered Design

Prioritize the needs, preferences, and experiences of users, including healthcare professionals and patients, throughout the design process to create a system that is intuitive, empathetic, and supportive.

- **Define your target audience**
- **Identify users' pain points**
- **Map the process & role players**

Define your target audience

Who are your users?



Sr. Doctors



Jr. Doctors



Nurses



Patients



Others

Define your target audience

Who are your users?



Sr. Doctors



Jr. Doctors



Nurses



Patients



Others

Understand user's objectives



Sr. Doctors

- Have an overview of patient & treatment plan
- Adjust drug dosages
- Recalibrate complete treatment plan
- Add/ view notes on the fly



Jr. Doctors

- Assess reports & scans before treatment begins
- Provide follow-up dates and advice
- Aid symptom management
- Add/ view notes on the fly



Nurses

- Check and update patient's vitals
- Administer drugs
- Record drug tolerance
- Add/ view notes on the fly



Sr. Doctors

- No view of overall treatment response
- No quick access to lab readings & historical data
- Disorganized and fragmented information



Jr. Doctors

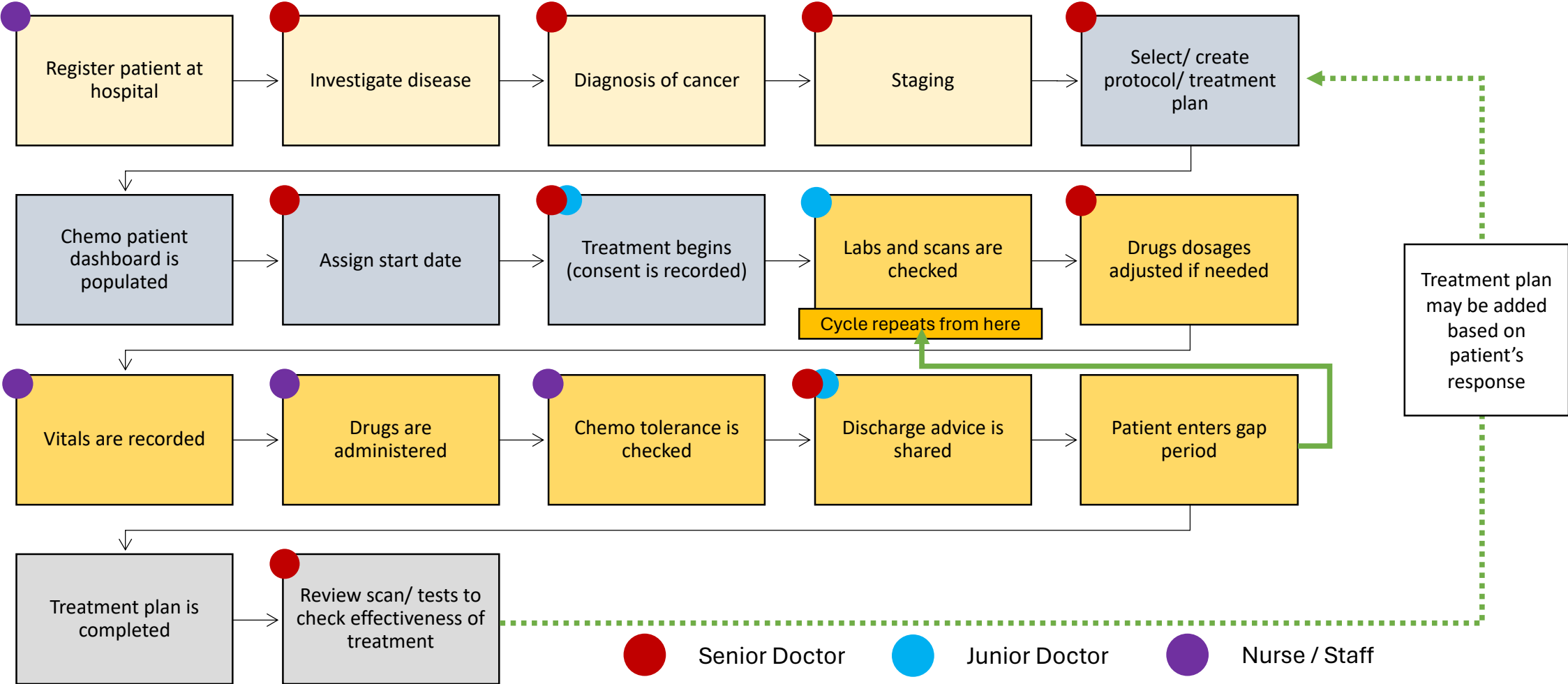
- Delay between authorization & administration of chemo
- Patient reports reside in their personal phone
- Drugs prescribed over the phone are not recorded



Nurses

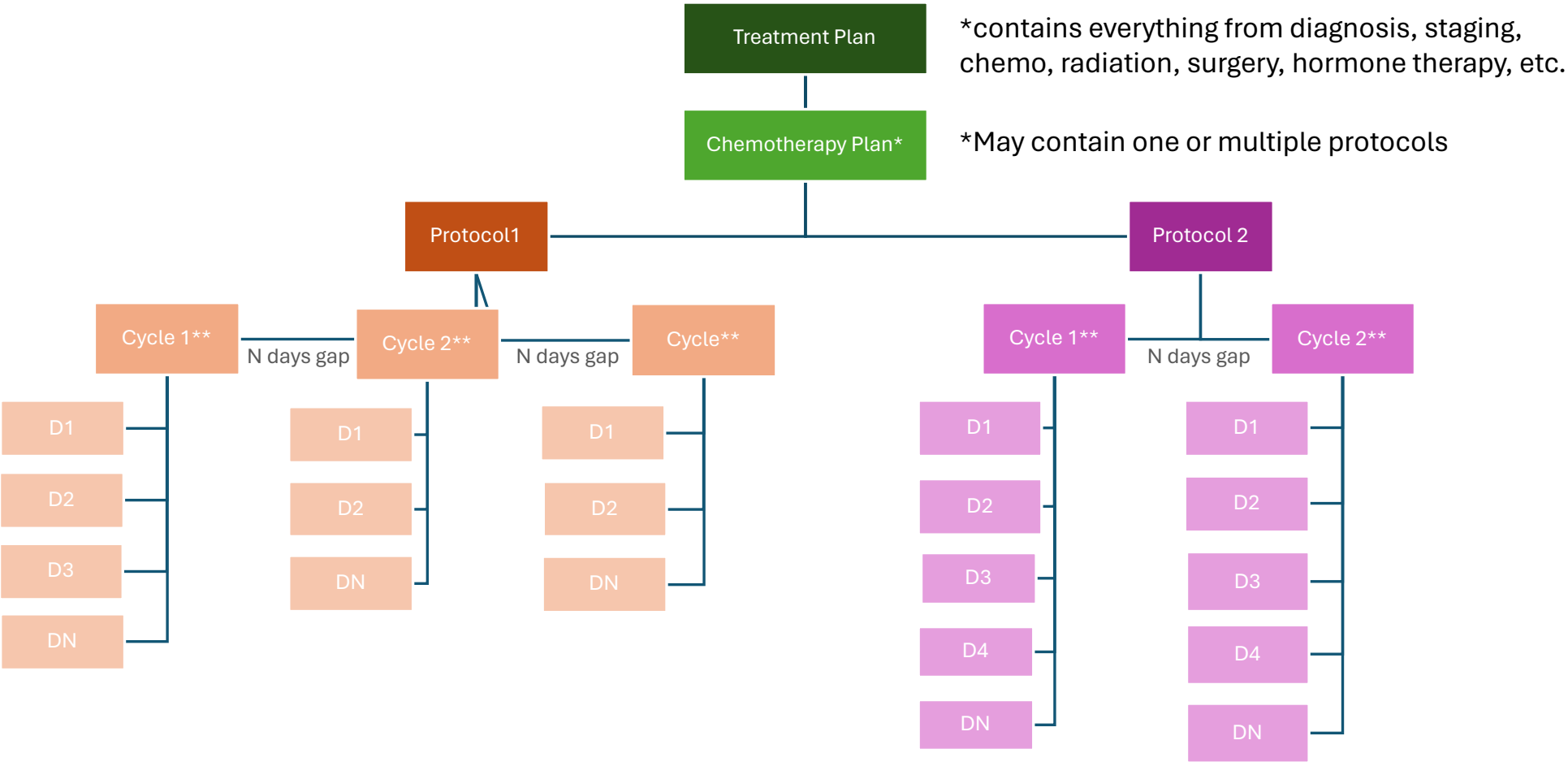
- No portable system to enable bed-side updates
- Handling multiple patients simultaneously
- Excessive handwritten note-taking

Map the process & role-players



Map the process & role-players

Clarify jargons and nuances



*contains everything from diagnosis, staging, chemo, radiation, surgery, hormone therapy, etc.

*May contain one or multiple protocols

**May span across one or more days, includes the ensuing gap period

E Efficiency

Design workflows and interactions that optimize efficiency in chemotherapy management tasks, enabling users to accomplish their goals quickly and effectively.

- **Land users in the right place**
- **Persistently display decision-aiding information**
- **Design for speed and ease of input**

Land users in the right place

Efficiency

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease | 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#) ▾

Treatment Plan ▾

Basis: Routine ⓘ

Cycle 1 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression ⓘ

Cycle 1 01.05.24
ACQ21
Planned

Cycle 2 16.05.24
ACQ21
Planned

Cycle 3 01.06.24

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing ▾
Body Metrics 165 cm | 56kg | 2.1 m² Patient Condition Asymptomatic ⓘ ▾

Labs HB 8.2 PLT 1,20,000 WBC 10,000 ANC 3000 | BR 1.2 ALB 2.8 SGOT 7.0 SGPT 5.0 | Cr 1.1 Vitals 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

Chemo Drugs Planned Chemo Administration Chemo Tolerance Discharge Advice Removed Drugs

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	✎ 🗑
D1	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
Day 2 17.04.24									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D2	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
D2	Post	Flouroracil ⓘ	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	✎ 🗑
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	✎ 🗑

[Generate Prescription](#) [Authorise Chemo Administration](#)

Bring users to the current cycle/ phase instead of making them find it.

Land users in the right place

Efficiency

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease | 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#) ⌵

Treatment Plan ⋮

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing ⌵ **Body Metrics** 165 cm | 56kg | 2.1 m² **Patient Condition** Asymptomatic ⓘ ⋮

Labs HB 8.2 | PLT 1,20,000 | WBC 10,000 | ANC 3000 | BR 1.2 | ALB 2.8 | SGOT 7.0 | SGPT 5.0 | Cr 1.1 **Vitals** 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

Chemo Drugs Planned Chemo Administration Chemo Tolerance Discharge Advice Removed Drugs

Day 1 | 16.04.24 TODAY + Add Drug

D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑️
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	✎ 🗑️
D1	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--	✎ 🗑️
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑️
D2	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--	✎ 🗑️
D2	Post	Flouroracil ⓘ	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	✎ 🗑️
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	✎ 🗑️

[Generate Prescription](#) [Authorise Chemo Administration](#)

Automatically scroll tables to the current day instead of making the user scroll to locate it.

Persistently display decision-aiding info

Efficiency

The screenshot displays a patient care interface for Ritakumari Balsekar, a 46-year-old female with Breast Cancer Stage IV. The interface is divided into several sections:

- Patient Information:** Name, MR No. 3790132, and a 'Switch Patient' link.
- Diagnosis:** Breast Cancer Stage IV, with a 'Progressive Disease' tag dated 23.02.24 and an 'Update/View History' link.
- Administration route:** PICC, with a 'Change' link.
- Allergies:** Sulphur, Penicillin, and a 'View all' link.
- Vitals:** 97°F, 102 bpm, 90/60 mmHg, 96%, 14 bpm.
- Chemo Drugs Planned:** A table with columns for Day, Type, Drug Name, Route/Instructions, Dosage, %, Total dose, Modified, and Reason. The table is organized by day (Day 1: 16.04.24, Day 2: 17.04.24).
- Left Sidebar:** Cycles 1, 2, and 3 with their respective dates and tolerance levels.
- Bottom:** 'Generate Prescription' and 'Authorise Chemo Administration' buttons.

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 + Add Drug								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24 + Add Drug								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Maintain key patient information that affects the treatment plan as the central object.

Persistently display decision-aiding info

Efficiency

Patient Information: Ritakumari Balsekar/ 46/ F, MR No. 3790132, Breast Cancer_Stage IV (Progressive Disease | 23.02.24), Administration route: PICC, Allergies: Sulphur, Penicillin.

Treatment Plan: Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing. Body Metrics: 165 cm | 56kg | 2.1 m². Patient Condition: Asymptomatic.

Labs: HB 8.2, PLT 1,20,000, WBC 10,000, ANC 3000, BR 1.2, ALB 2.8, SGOT 7.0, SGPT 5.0, Cr 1.1. **Vitals:** 97°F, 102 bpm, 90/60 mmHg, 96%, 14 bpm.

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Buttons: Generate Prescription, Authorise Chemo Administration

Always keep key information regarding the selected cycle visible regardless of the process.

Design for speed & ease of input

Efficiency

The screenshot displays a patient management interface for Ritakumari Balsekar (46/F, MR No. 3790132). The interface includes a patient profile, diagnosis (Breast Cancer_Stage IV), administration route (PICC), and allergies (Sulphur, Penicillin). The current treatment plan is Cycle 3 (16.04.24) for BR PACL1 + TRAS... (21 days), which is ongoing. The patient's body metrics (165 cm, 56 kg, 2.1 m²) and condition (Asymptomatic) are also shown. A table of 'Chemo Drugs Planned' is visible, with the following data:

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	75	75	--	Enter reason
D1	Chemo	Flouroracil	once as bolus	m2	100	m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Allow in-line edits for tables when it is critical to see all other info and no additional fields are required.

Design for speed & ease of input

Efficiency

The screenshot displays a patient's medical record for Ritakumari Balsekar, 46/F, with Breast Cancer Stage IV. The interface includes a search bar, patient details, and a treatment plan section. A modal titled "Edit Drug Dosage" is open, showing a table of drugs and a selection interface for applying changes to multiple cycles. The modal is highlighted with a yellow border.

Day	Type	Drug	Route	Dose	Frequency	Quantity	Unit	Modified	Reason
Day 1 16.04.24	D1	Pre							
Day 2 17.04.24	D2	Pre	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	--
	D2	Chemo	Intravenous central line	1000 mg/	100	1000 mg/	--	--	--

Allow user to apply changes to multiple cycles/ phases at one time thereby reducing repeated inputs.

Design for speed & ease of input

Efficiency

The screenshot displays a medical application interface for a patient named Ritakumari Balsekar/ 46/ F, diagnosed with Breast Cancer_Stage IV. The interface includes a 'Treatment Plan' section with three cycles (Cycle 1, Cycle 2, Cycle 3) and a 'Chemo Drugs Planned' table. A 'Vitals' modal window is open, showing fields for Respiratory Rate (76 bpm), SPO₂ (98 %), Blood Pressure (110/70 mmHg), Temperature (100.01 °f), and Pulse (80 bpm). The 'Start Date' field is pre-filled with '12 Mar 2024' and the 'Start Time' field is pre-filled with '10:25 AM'. The 'Start Date' and 'Start Time' fields are highlighted with a yellow border. The modal window also includes 'Update' and 'History' tabs, and 'Cancel' and 'Save' buttons at the bottom.

Auto-populate the current date and time and allow user to change this where retrospective data input is permitted.

Design for speed & ease of input

Efficiency

Laxmi Kumar / F / 66 [Switch Patient >](#)
MR46779879909 | Breast Cancer_Stage III

Sulphur dioxide Peanuts [Update Allergies >](#)

< Cycle 2 | ACq_21 **Ongoing** >

Vitals
Last updated on 12 Mar 24 | 3:00 AM

Chemo Administration
Last updated on 12 Mar 24 | 5:00 AM

Chemo Tolerance
Last updated on 12 Mar 24 | 5:30 AM

Notes 3 new

Laxmi Kumar / F / 66 [Switch Patient >](#)
MR46779879909 | Breast Cancer_Stage III

Sulphur dioxide Peanuts [Update Allergies >](#)

< Cycle 2 | ACq_21 **Ongoing** >

< Chemo administration [History](#)

D1 12 Mar 2024 ^

Atropin Sulphate
0.25 mg
Intravenous central line once as bolus

Given Not Given

Flourouracil
1100 mg
Intravenous central line in 1000ml, once of normal saline, over 24 hrs as infusion.

Given Not Given

Dexamethosone
4 mg
Per oral before food

Given Not Given Explained

Laxmi Kumar / F / 66 [Switch Patient >](#)
MR46779879909 | Breast Cancer_Stage III

Sulphur dioxide Peanuts [Update Allergies >](#)

< Cycle 2 | ACq_21 **Ongoing** >

< Vitals [History](#)

Pre-chemo **During chemo** Post-chemo

Temperature 100.01 °f Blood Pressure 110 70 mmHg

Respiratory Rate 76 bpm Pulse 80 bpm

SPO₂ 98 %

Date 12 Mar 2024 Time 10:25 AM PM

Save

Enable on-the-go usage by designing responsive screens for mobile



Accuracy

Ensure that the system provides accurate and reliable information, such as medication dosages, treatment schedules, and patient records to support safe and effective chemotherapy administration.

- **Prioritize error prevention**
- **Visually represent key statuses**
- **Lock edits and discard outdated data**

Prioritize error prevention

Accuracy

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease | 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#) ⌵

Treatment Plan

Basis: Routine ⓘ

Cycle 1 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression ⓘ

Cycle 1 01.05.24
ACQ21
Planned

Cycle 2 16.05.24
ACQ21
Planned

Cycle 3 01.06.24

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing Body Metrics 165 cm | 56kg | 2.1 m² Patient Condition Asymptomatic ⓘ

Labs HB 8.2 | PLT 1,20,000 | WBC 10,000 | ANC 3000 | BR 1.2 | ALB 2.8 | SGOT 7.0 | SGPT 5.0 | Cr 1.1 **Vitals** 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

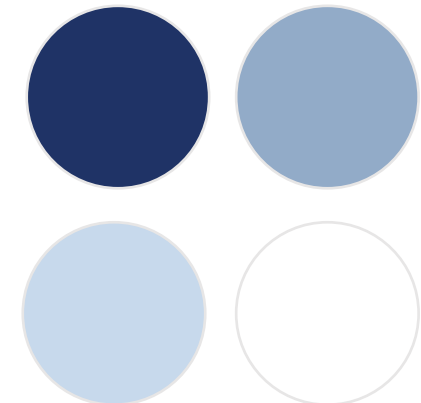
Chemo Drugs Planned Chemo Administration Chemo Tolerance Discharge Advice Removed Drugs

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY + Add Drug									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	✎ 🗑
D1	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D2	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
D2	Post	Flouroracil ⓘ	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	✎ 🗑
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	✎ 🗑

[Generate Prescription](#) [Authorise Chemo Administration](#)

Use a single-color palette with variations in shade.

Avoid using green, amber, and red as primary or secondary colors to prevent users from associating them with preconceived meanings (e.g., red for danger or stop).



Prioritize error prevention

Accuracy

The screenshot displays a patient's medical record in a web application. The patient is Ritakumari Balsekar, 46 years old, with Breast Cancer Stage IV. The interface shows various tabs like 'Treatment Plan', 'Chemo Drugs', and 'Vitals'. A modal dialog titled 'Update Cycle Status' is open, containing a warning message: 'Mark the status of this cycle. This CANNOT be changed later.' The message is highlighted with a yellow box. Below the message is a text input field with the placeholder 'Enter' and two buttons: 'Cancel' and 'Submit'.

Alert the users about destructive actions.

Prioritize error prevention

Accuracy

The screenshot displays a patient's medical record in a clinical software interface. The patient is Ritakumari Balsekar, 46 years old, with MR No. 3790132. The diagnosis is Breast Cancer Stage IV. The interface shows treatment cycles and a 'Chemo Drugs Plan' table. A modal dialog box titled 'Authorise for Chemo Administration' is overlaid on the screen, asking for confirmation to proceed with the administration of chemo drugs for Cycle 3 on 16.04.24. The dialog includes a 'Cancel' button and a 'Yes, Proceed' button. The background interface shows various patient details, including allergies (Sulphur, Penicillin), vitals (97°F, 102 bpm, 90/60 mmHg, 96% SpO2, 14 bpm), and a table of planned and ongoing treatments.

Day	Type	Drug	Route	Dose	Frequency	Quantity	Strength	Modified	Reason
Day 1 16.04.24	Pre								
D1	Pre								
D1	Chemo								
Day 2 17.04.24	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D2	Chemo	Flouroracil	Intravenous central line	1000 mg/	100	1000 mg/	--	--	

Ask confirmation questions for critical action such as drug administration, editing dosages etc.

Prioritize error prevention

Accuracy

Header: NATIONAL CANCER GRID. Search by Patient Name/ MR No.

Patient Info: Ritakumari Balsekar/ 46/ F, MR No. 3790132. **Diagnosis:** Breast Cancer Stage IV (Progressive Disease | 23.02.24). **Administration route:** PICC. **Allergies:** Sulphur, Penicillin.

Treatment Plan: Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing. **Body Metrics:** 165 cm | 56kg | 2.1 m². **Patient Condition:** Asymptomatic.

Labs: HB 8.2, PLT 1,20,000, WBC 10,000, ANC 3000, BR 1.2, ALB 2.8, SGOT 7.0, SGPT 5.0, Cr 1.1. **Vitals:** 97°F, 102 bpm, 90/60 mmHg, 96%, 14 bpm.

Chemo Drugs Planned:

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Buttons: Generate Prescription, Authorise Chemo Administration.

Visually represent key statuses to alert the users at a glance.

Prioritize error prevention

Accuracy

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
[Update/ View History](#)

Administration route
[Change](#)

Allergies
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#)

Treatment Plan

Basis: Routine

Cycle 1 | 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
[Complete](#) Tolerance: 2

Cycle 2 | 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
[Complete](#) **Tolerance: 3**

Cycle 3 | 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
[Ongoing](#) Tolerance: 2

Basis: Progression

Cycle 1 | 01.05.24
ACQ21
[Planned](#)

Cycle 2 | 16.05.24
ACQ21

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) [Ongoing](#)

Body Metrics 165 cm | 56kg | 2.1 m² **Patient Condition** Asymptomatic

Labs HB 8.2 PLT 1,20,000 WBC 10,000 ANC 3000 BR 1.2 ALB 2.8 SGOT 7.0 SGPT 5.0 Cr 1.1 **Vitals** 97°F 102 bpm 90/60 mmHg 96% 14 bpm

Chemo Drugs Planned **Chemo Administration** Chemo Tolerance Discharge Advice Removed Drugs

Day	Type	Drug Name	Route/ Instructions	Total dose	Status	Start Time - End Time	Site of Administration	Remarks
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	Given	10:45 AM - 11:16 AM	Left Upper Limb	--
D1	Pre	Aprepitant	Per oral once	100 mg	Not Given	N/A	N/A	Severe allergic reaction observed.
D1	Chemo	Fluorouracil	Intravenous central line once as bolus	1000 mg/m ²	Explained	N/A	N/A	Spoken with mother
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	--	--	--	--
D2	Chemo	Fluorouracil	Intravenous central line once as bolus	1000 mg/m ²	--	--	--	--
			Subcutaneous once as					

Visually represent key statuses to alert the users at a glance.

Lock edits & discard outdated data

Accuracy

The screenshot displays a medical application interface for a patient named Ritakumari Balsekar, 46/F, with MR No. 3790132. The patient is diagnosed with Breast Cancer Stage IV. The interface shows a treatment plan with three cycles. A modal dialog titled "Data is locked for editing" is overlaid on the screen, indicating that changes are only allowed within a 24-hour window. The dialog includes a message: "Changes are only allowed within a 24-hour window. Please add a note to indicate any updates if needed." Below this, there is a form for recording a missed dose. The form shows the date as 12 Mar 2024 and the time as 10:25 AM. The reason for the missed dose is "Patient Unwell". The form also includes radio buttons for "Given", "Not Given", and "Explained", with "Not Given" selected.

Data is locked for editing

Changes are only allowed within a 24-hour window. Please add a note to indicate any updates if needed.

D1 - 16.04.24 Chemo | Flouracil | 1000 mg/ m2

Given Not Given Explained

Reason

Patient Unwell

Date: 12 Mar 2024 Time: 10:25 AM

Disable editing of data after a stipulated period to account for human error but disallow data tampering later.

Lock edits & discard outdated data

Accuracy

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

Add/ View All Notes (3)
More Actions ▾

Treatment Plan

Basis: Routine ⓘ

Cycle 1 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression ⓘ

Cycle 1 01.05.24
ACQ21
Planned

Cycle 2 16.05.24
ACQ21
Planned

Cycle 3 01.06.24

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing Body Metrics 165 cm | 56kg | 2.1 m² Patient Condition Asymptomatic ⓘ

Labs Pending **Vitals** Pending

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY + Add Drug								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--
Day 2 17.04.24 + Add Drug								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--
D2	Post	Flouroracil ⓘ	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

[Generate Prescription](#) [Authorise Chemo Administration](#)

Discard data which is time sensitive and alert the user that it is pending for updation.

Lifecycle Support

Provide comprehensive support throughout the entire treatment lifecycle, from treatment planning and administration to monitoring, follow-up care and survivorship planning.

- **Design end-to-end treatment management**
- **Seamlessly integrate with patient's EMR**
- **Make past data available**

Design end-to-end treatment management

Accuracy

The screenshot shows a patient management interface for Ritakumari Balsekar, 46/F, with MR No. 3790132. The patient has Breast Cancer Stage IV (Progressive Disease as of 23.02.24) and is currently on Cycle 3 (16.04.24) of BR PACL1 + TRAS... (21 days) treatment, which is ongoing. The interface includes a navigation bar, patient profile, treatment plan overview, and a detailed chemo drug administration table.

Chemo Drugs Planned Table:

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Cover all the stages of treatment including pre, during and after care.

Seamlessly integrate with patient's EMR

Accuracy

The screenshot displays a patient's medical record interface. At the top, there is a search bar and navigation icons. The patient's name is Ritakumari Balsekar/ 46/ F, with MR No. 3790132. The diagnosis is Breast Cancer_Stage IV, noted as a Progressive Disease as of 23.02.24. The administration route is PICC. Allergies listed are Sulphur and Penicillin. A 'More Actions' dropdown menu is highlighted, showing 'View Patient Profile'. The 'Treatment Plan' section on the left lists several cycles of BR PACL1 + TRAS... WEEKLY(21d) with various statuses like 'Complete', 'Tolerance: 2', 'Ongoing', and 'Planned'. The 'Chemo Drugs Planned' section features a table with columns for Day, Type, Drug Name, Route/Instructions, Dosage, %, Total dose, Modified, and Reason. The table is organized by Day 1 (16.04.24) and Day 2 (17.04.24). At the bottom, there are buttons for 'Generate Prescription' and 'Authorise Chemo Administration'.

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Allow user to easily go back and forth to the patient's larger electronic medical record.

Make past data available

Accuracy

Vitals

Update **History**

All time Last 1 month Last 3 months Last 6 months

Vitals	02 Feb 2024 2:20 PM	01 Feb 2024 2:00 PM	17 Jan 2024 3:00 PM	16 Jan 2024 3:00 PM	01 Jan 2024 3:00 PM
Respiratory Rate	14 bpm	14 bpm	14 bpm	14 bpm	14 bpm
SPO ₂	96 %	96 %	96 %	96 %	96 %
Blood Pressure	90/60 mmHg	90/60 mmHg	90/60 mmHg	90/60 mmHg	90/60 mmHg
Temperature	97°F	97°F	97°F	97°F	97°F
Pulse	102 bpm	102 bpm	102 bpm	102 bpm	102 bpm

Allow user to access all historical data related to the patient.

Make past data available

Accuracy

The screenshot displays a patient care interface for Ritakumari Balsekar (MR No. 3790132) with Breast Cancer Stage IV. The interface includes a search bar, patient details, and a 'Treatment Plan' sidebar. The main area shows 'Chemo Drugs Planned' for Cycle 3 (16.04.24), including Atropin Sulphate, Aprepitant, and Flouroracil. A 'View Edit Log' option is highlighted in yellow in the sidebar and also in a dropdown menu for the 'View Edit Log' button in the table.

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	View Edit Log
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	

Provide access to edit logs which will contain date, time, author of key changes made.

Make past data available

Accuracy

The screenshot shows a patient's medical record for Ritakumari Balsekar, 46/F, with Breast Cancer Stage IV. The interface includes a 'Treatment Plan' section with details for Cycle 3 (16.04.24) and a 'Chemo Drugs Planned' table. A 'Notes' modal is open, displaying a list of notes:

- General Note** (Today at 3:15 PM, Dr. Nitin Shah): Refer to doctor's prescription for cycle 3 medication. Do not mix medication for pre, during & post cycle.
- Cycle 2 BR PACL1 + TRAS 3 WEEKLY** (1 day ago, Dr. Nitin Shah): Remove Dexa from plan.
- Cycle 2 BR PACL1 + TRAS 3 WEEKLY** (2 days ago, Dr. Shivam Singh): Check vitals periodically every 2 hours.
- Cycle 3 ACQ21**

The modal also includes an 'Add a note' input field and 'Cancel' and 'Save' buttons.

Allow user to access all past notes related to the patient.



Idiot-proofing

Include features and fail-safes that simplify complex processes and ensure critical tasks are performed correctly. The goal is to ensure that systems are accessible and safe for users of all skill levels.

- **Minimize the use of icons**
- **Provide reference information**
- **Include redundancies**

Minimum use of icons

Idiot-proofing

Minimum use of icons

The screenshot displays a medical software interface for a patient named Ritakumari Balsekar. The interface is designed to be user-friendly, with a focus on text-based actions. Several key elements are highlighted with yellow boxes to illustrate the use of text buttons over icons:

- Top Right:** A button labeled "Add/View All Notes" is highlighted, demonstrating a text-based action.
- Patient Summary:** A row of buttons below the patient's name includes "Switch Patient", "Update/View History", "Change", and "Update", all using text labels.
- Chemo Drugs Planned Table:** A table lists planned chemotherapy drugs. A "+ Add Drug" button is highlighted in the top right corner of the table, showing a text-based action for adding new entries.

The interface also includes a search bar at the top, a navigation menu on the left, and a table of planned chemotherapy drugs with columns for Day, Type, Drug Name, Route/Instructions, Dosage, %, Total dose, Modified, and Reason. The table shows drugs like Atropin Sulphate, Aprepitant, and Flouoracil.

Use text buttons instead of icons to ensure that there is no ambiguity in what the action means.

Use icons only for universally recognizable actions such as edit, delete, search, etc.

Provide reference information

Idiot-proofing

The screenshot shows a medical software interface for a patient named Ritakumari Balsekar. The interface includes a patient profile, diagnosis (Breast Cancer_Stage IV), and a treatment plan. A popup titled "Authorise for Chemo Administration" is displayed, containing the following text:

Ritakumar Balasekar | Cycle 3 - 16.04.24 | BR PACL1 + TR...(21 days)

Once authorised, all the planned chemo drugs will be shown under the chemo administration tab.

Are you sure you want to proceed?

Buttons: Cancel, Yes, Proceed

Provide reference information on popups to give the user context.

Provide reference information

Idiot-proofing

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

Search by Patient Name/ MR No.

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_ Stage IV
Progressive Disease | 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#) ▾

Treatment Plan

Basis: Routine ⓘ

Cycle 1 | 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 | 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 | 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression ⓘ

Cycle 1 | 01.05.24
ACQ21
Planned

Cycle 2 | 16.05.24
ACQ21

Cycle 3 | 16.04.24 | BR PACL1 + TRAS... (21 days) | Ongoing ▾

Body Metrics 165 cm | 56kg | 2.1 m² | **Patient Condition** Asymptomatic ⓘ

Labs HB 8.2 | PLT 1,20,000 | WBC 10,000 | ANC 3000 | BR 1.2 | ALB 2.8 | SGOT 7.0 | SGPT 5.0 | Cr 1.1 | **Vitals** 97°F | 102 bpm | 90/60 mmHg | 96 % | 14 bpm

Chemo Drugs Planned | Chemo Administration | **Chemo Tolerance** | Discharge Advice | Removed Drugs

Day	Toxicity observed ▾	Adverse Events ▾	Grade ▾	Remarks
Day 1 16.04.24 TODAY				
D1	Pending	--	--	--
Day 2 17.04.24				
D2	Pending	--	--	--
Day 3 18.04.24				
D3	Pending	--	--	--

Grades

- 1 Expected reaction
- 2 Expected reaction
- 3 Symptomatic bronchospasm with or without urticaria, parenteral intervention indicated, hypertension, edema/ angioedema
- 4 Life threatening consequence, urgent intervention indicated
- 5 Death

Provide guidelines for information that is critical.

Include redundancies

Idiot-proofing

The screenshot displays a patient care interface for Ritakumari Balsekar, 46/F, with MR No. 3790132. The patient has Breast Cancer Stage IV (Progressive Disease) and is on Cycle 3 (16.04.24) of BR PACL1 + TRAS... (21 days), which is currently Ongoing. The interface shows a list of Chemo Drugs Planned, including Atropin Sulphate, Aprepitant, and Flouoracil, with their respective routes, dosages, and percentages. The 'Ongoing' status of Cycle 3 is highlighted with a yellow box. The interface also includes sections for Treatment Plan, Basis (Routine and Progression), and various action buttons like 'Generate Prescription' and 'Authorise Chemo Administration'.

Search by Patient Name/ MR No.

Search

Navigation: Home, Settings, Profile

Patient Information: Ritakumari Balsekar/ 46/ F, MR No. 3790132, [Switch Patient](#)

Diagnosis: Breast Cancer_Stage IV (Progressive Disease | 23.02.24), [Update/ View History](#)

Administration route: PICC, [Change](#)

Allergies: Sulphur, Penicillin, [View all](#), [Update](#)

Notes: [Add/ View All Notes](#) (3), [More Actions](#)

Treatment Plan: Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) | **Ongoing** | [Body Metrics](#) 165 cm | 56kg | 2.1 m² | [Patient Condition](#) Asymptomatic

Labs: HB 8.2 | PLT 1,20,000 | WBC 10,000 | ANC 3000 | BR 1.2 | ALB 2.8 | SGOT 7.0 | SGPT 5.0 | Cr 1.1 | **Vitals:** 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

Chemo Drugs Planned: Chemo Administration | Chemo Tolerance | Discharge Advice | Removed Drugs

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 + Add Drug									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	Edit Delete
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	Edit Delete
D1	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--	Edit Delete
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	Edit Delete
D2	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m ²	100	1000 mg/m ²	--	--	Edit Delete
D2	Post	Flouoracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	Edit Delete
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	Edit Delete

[Generate Prescription](#) [Authorise Chemo Administration](#)

Show status information when it is likely that one instance might disappear from the user's view due to scrolling.

Include redundancies

Idiot-proofing

The screenshot shows a patient management interface for Ritakumari Balsekar, 46/F, with Breast Cancer Stage IV. The interface includes a search bar, patient profile, treatment plan, and a chemo drugs table. The search bar is highlighted in yellow, and the 'Switch Patient' button is also highlighted in yellow. The chemo drugs table lists planned treatments for Cycle 3, including Atropin Sulphate, Aprepitant, and Flouoracil.

Search Bar: Search by Patient Name/ MR No.

Patient Profile: Ritakumari Balsekar/ 46/ F, MR No. 2700122, Breast Cancer_Stage IV, Administration route: PICC, Allergies: Sulphur, Penicillin, View all.

Treatment Plan: Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing. Basis: Routine. Cycle 1 16.03.24 (Complete, Tolerance: 2), Cycle 2 01.04.24 (Complete, Tolerance: 3), Cycle 3 16.04.24 (Ongoing, Tolerance: 2).

Chemo Drugs Planned:

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouoracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Buttons: Generate Prescription, Authorise Chemo Administration.

Allow multiple paths for users to complete actions to include users of all skill levels.

Include redundancies

Idiot-proofing

The screenshot displays a patient's medical record for Ritakumari Balsekar, 46/F, with Breast Cancer Stage IV. The interface includes a search bar, patient profile, and various clinical data points. A dropdown menu is open over the lab results, showing options like 'Order Tests for Next Cycle', 'View Scans & Test reports', 'Postpone cycle', 'Cancel cycle', 'View/ Record patient consent', and 'View Edit Log'. The 'Discharge Advice' section contains a table of symptoms and medications. A 'Tests Recommended' section is highlighted with a yellow box, showing options for CBC, LFT, RFT, and Immunophenotyping. A 'Generate Discharge Summary' button is located at the bottom right.

Search by Patient Name/ MR No.

Search

Ritakumari Balsekar/ 46/ F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease | 23.02.24
[Update/ View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin [View all](#)
[Update](#)

[Add/ View All Notes](#) ³
[More Actions](#) ⌵

Treatment Plan ⌵

Basis: Routine ⓘ

Cycle 1 | 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
[Complete](#) Tolerance: 2

Cycle 2 | 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
[Complete](#) Tolerance: 3

Cycle 3 | 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
[Ongoing](#) Tolerance: 2

Basis: Progression ⓘ

Cycle 1 | 01.05.24
ACQ21
[Planned](#)

Cycle 2 | 16.05.24
ACQ21
[Planned](#)

Cycle 3 | 01.06.24
ACQ21

Cycle 3 | 16.04.24 | BR PACL1 + TRAS... (21 days) | Ongoing ⌵ **Body Metrics** 165 cm | 56kg | 2.1 m² **Patient Condition** Asymptomatic ⓘ ⌵

Labs HB 8.2 PLT 1,20,000 WBC 10,000 ANC 3000 | BR 1.2 ALB 2.8 SGOT 7.0 SGPT 5.0 | Cr 1.1 **Vitals** 97°F 102 bpr

[Order Tests for Next Cycle](#)
[View Scans & Test reports](#)
[Postpone cycle](#)
[Cancel cycle](#)
[View/ Record patient consent](#)
[View Edit Log](#)

Discharge Advice

Chemo Drugs Planned Chemo Administration Chemo Tolerance **Discharge Advice** Removed Dr

Post Chemo Drugs

Symptom Management Drugs

Symptom	Drug Name	Total Dose	No. of Days	Remarks	
Pain	Ibuprofen	300 mg	1	SOS for pain	✎ 🗑
Nausea	Pantagra	40 mg	2	--	✎ 🗑
Fever	Naproxen	250 mg	1	Take for 2 days in case of onset of fever	✎ 🗑

[+ Add drug](#)

Follow-Up Details

OPD Date	Chemo Date	Emergency Contact No.	Tests Recommended	✎
1st Apr 2024	2nd Apr 2024	9834567890	CBC LFT RFT Immunophenotyping	

[Generate Discharge Summary](#)

Allow multiple paths for users to complete actions to include users of all skill levels.



Navigation Simplicity

Design intuitive navigation structures and user interfaces that simplify the user experience, making it easy for users to find information, complete tasks, and navigate the system effectively.

- **Maintain flat menu structures**
- **Provide clear location cues**
- **Simplify switching patients, phases and processes.**

Maintain flat menu structures

Navigation Simplicity

The screenshot displays a patient care interface for Ritakumari Balsekar/ 46/ F, diagnosed with Breast Cancer_Stage IV. The interface includes a search bar, patient profile, and various clinical data points. A yellow box highlights the 'Treatment Plan' sidebar, which lists three cycles of treatment. The 'Chemo Drugs Planned' section is also highlighted, showing a table of drugs and their administration details.

Treatment Plan

- Basis: Routine
- Cycle 1 16.03.24**
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance:
- Cycle 2 01.04.24**
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3
- Cycle 3 16.04.24**
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression

- Cycle 1 01.05.24**
ACQ21
Planned
- Cycle 2 16.05.24**
ACQ21
Planned
- Cycle 3 01.06.24**

Chemo Drugs Planned

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Reduce complexity by avoiding deep multi-level nested menus, and limiting menu levels to 2-3 max.

Provide clear location cues

The screenshot displays a patient care interface for Ritakumari Balsekar/ 46/ F. The interface includes a header with a search bar and navigation icons. Below the header, patient information is shown, including MR No. 3790132 and a 'Switch Patient' link. The main content area is divided into sections for 'Treatment Plan' and 'Chemo Drugs Planned'. The 'Treatment Plan' section shows three cycles: Cycle 1 (16.03.24, Complete), Cycle 2 (01.04.24, Complete), and Cycle 3 (16.04.24, Ongoing). The 'Chemo Drugs Planned' section is a table with columns for Day, Type, Drug Name, Route/Instructions, Dosage, %, Total dose, Modified, and Reason. The table is organized by day (Day 1: 16.04.24, Day 2: 17.04.24) and lists drugs such as Atropin Sulphate, Aprepitant, and Flouoracil. A yellow box highlights the 'Chemo Drugs Planned' section header and the Cycle 3 treatment plan entry. At the bottom, there are buttons for 'Generate Prescription' and 'Authorise Chemo Administration'.

Treatment Plan

Basis: Routine

Cycle 1 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression

Cycle 1 01.05.24
ACQ21
Planned

Cycle 2 16.05.24
ACQ21
Planned

Cycle 3 01.06.24

Chemo Drugs Planned

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouoracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouoracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Generate Prescription Authorise Chemo Administration

Always indicate where the user is by providing clear location cues.

Simplify switching patients, phases & processes

Navigation Simplicity

The screenshot shows a patient management interface for Ritakumari Balsekar/ 46/ F. The search bar at the top is highlighted in yellow. The patient's name and a 'Switch Patient' button are also highlighted. The 'Chemo Drugs Planned' table is highlighted, showing drug administration details for Cycle 3. The 'Treatment Plan' sidebar on the left is also highlighted, showing details for Cycle 1, 2, and 3.

Search Bar: Search by Patient Name/ MR No.

Patient Information: Ritakumari Balsekar/ 46/ F, Breast Cancer_Stage IV, Administration route: PICC, Allergies: Sulphur, Penicillin.

Chemo Drugs Planned Table:

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Make it easy for the user to toggle between patients, phases and processes while remaining on the same page.



Growth-oriented

Build the system with scalability and adaptability in mind, allowing it to grow and evolve alongside advancements in treatment, healthcare practices, and technological innovations.

- **Reuse existing templates and components**
- **Design for scalable phases and processes**
- **Design for scalable actions**

Reuse existing templates & components

Growth-oriented

Ritakumari Balsekar / 46 / F
MR No. 3790132
[Switch Patient](#)

Breast Cancer_Stage IV
Progressive Disease | 23.02.24
[Update / View History](#)

Administration route
PICC
[Change](#)

Allergies
Sulphur Penicillin View all
[Update](#)

[Add / View All Notes](#) 3
[More Actions](#) ⌵

Treatment Plan ⋮

Basis: Routine ⓘ

Cycle 1 16.03.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 2

Cycle 2 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete Tolerance: 3

Cycle 3 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Basis: Progression ⓘ

Cycle 1 01.05.24
ACQ21
Planned

Cycle 2 16.05.24
ACQ21
Planned

Cycle 3 01.06.24

Cycle 3 16.04.24 | BR PACL1 + TRAS... (21 days) Ongoing ⌵ **Body Metrics** 165 cm | 56kg | 2.1 m² **Patient Condition** Asymptomatic ⓘ ⋮

Labs HB 8.2 | PLT 1,20,000 | WBC 10,000 | ANC 3000 | BR 1.2 | ALB 2.8 | SGOT 7.0 | SGPT 5.0 | Cr 1.1 **Vitals** 97°F | 102 bpm | 90/60 mmHg | 96% | 14 bpm

Chemo Drugs Planned Chemo Administration Chemo Tolerance Discharge Advice Removed Drugs

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY + Add Drug									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	✎ 🗑
D1	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	✎ 🗑
D2	Chemo	Flouroracil ⓘ	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--	✎ 🗑
D2	Post	Flouroracil ⓘ	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	✎ 🗑
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	✎ 🗑

[Generate Prescription](#) [Authorise Chemo Administration](#)

Laxmi Kumar / F / 66 [Switch Patient](#) >
MR46779879909 | Breast Cancer_Stage III

Sulphur dioxide Peanuts [Update Allergies](#) >

Cycle 2 | ACq_21 Ongoing ⌵

Vitals
Last updated on 12 Mar 24 | 3:00 AM

Chemo Administration
Last updated on 12 Mar 24 | 5:00 AM

Chemo Tolerance
Last updated on 12 Mar 24 | 5:30 AM

Notes 3 new

Reuse existing templates & components

Growth-oriented

Patient Central Object

Cycles/ Phases

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/	100	1000 mg/	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/ m2	100	1000 mg/ m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Patient Task Panel

Generate Prescription | Authorise Chemo Administration

Patient Central Object

Cycles/ Phases

Patient Task Panel

Vitals
Last updated on 12 Mar 24 | 3:00 AM

Chemo Administration
Last updated on 12 Mar 24 | 5:00 AM

Chemo Tolerance
Last updated on 12 Mar 24 | 5:30 AM

Notes 3 new

Cards

Cycle 2 | 01.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Complete **Tolerance: 3**

Cycle 3 | 16.04.24
BR PACL1 + TRAS... WEEKLY(21d)
Ongoing Tolerance: 2

Buttons

More Actions Cancel Save
Submit

Checkboxes and Radio Buttons

Text fields

Remarks

Drug name

Drug name

Date

Time

Design for scalable phases & processes

Growth-oriented

The screenshot displays a patient management interface for Ritakumari Balsekar (46/F, MR No. 3790132). The patient has Breast Cancer Stage IV (Progressive Disease as of 23.02.24) and is currently on Cycle 3 (16.04.24) of BR PACL1 + TRAS... (21 days), which is ongoing. The interface shows various patient details, including administration route (PICC), allergies (Sulphur, Penicillin), and vital signs (97°F, 102 bpm, 90/60 mmHg, 96% SpO2, 14 bpm). A sidebar on the left lists treatment cycles, with Cycle 3 (16.04.24) highlighted in yellow. The main area shows a table of planned chemo drugs for Day 1 (16.04.24) and Day 2 (17.04.24). At the bottom, there are buttons for 'Generate Prescription' and 'Authorise Chemo Administration'.

Day	Type	Drug Name	Route/Instructions	Dosage	%	Total dose	Modified	Reason
Day 1 16.04.24								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Vertically stack cycles/ phases to ensure that the design can accommodate n number of them.

Design for scalable phases & processes

Growth-oriented

The screenshot shows a patient management interface for Ritakumari Balsekar, 46/F, with MR No. 3790132. The patient is diagnosed with Breast Cancer_Stage IV (Progressive Disease) and is currently on Cycle 3 (16.04.24) of BR PACL1 + TRAS... (21 days). The interface displays various patient details, including administration route (PICC), allergies (Sulphur, Penicillin), and vital signs (97°F, 102 bpm, 90/60 mmHg, 96%, 14 bpm). A 'More' menu is highlighted in yellow, indicating the design's flexibility to accommodate multiple processes.

Chemo Drugs Planned

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY + Add Drug									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	
D1	Chemo	Fluorouracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D2	Chemo	Fluorouracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
D2	Post	Fluorouracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	

Horizontally arrange processes with a 'More' tab in the end to ensure that the design can accommodate n number of processes within the treatment.

Design for scalable actions

Growth-oriented

More Actions dropdown menu:

- View Patient Profile
- View Protocol Chart
- View Edit Log

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reason	
Day 1 16.04.24 TODAY + Add Drug									
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--	
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
Day 2 17.04.24 + Add Drug									
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--	
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--	
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--	
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--	

Use multi-action buttons to allow for several actions from one place.

Design for scalable processes

Growth-oriented

The screenshot displays a patient management interface for Ritakumari Balsekar (MR No. 3790132) with Breast Cancer Stage IV. The interface includes a patient profile, treatment plan, and a detailed table of chemo drugs planned for administration. Two kebab menus are highlighted with yellow boxes, showing options for adding, postponing, or canceling cycles, and viewing patient consent.

Patient Profile: Ritakumari Balsekar/ 46/ F, MR No. 3790132, Breast Cancer_Stage IV, Administration route: PICC, Allergies: Sulphur, Penicillin.

Treatment Plan: Cycle 3 (16.04.24) - BR PACL1 + TRAS... (21 days) - Ongoing.

Chemo Drugs Planned:

Day	Type	Drug Name	Route/ Instructions	Dosage	%	Total dose	Modified	Reactions
Day 1 16.04.24 TODAY								
D1	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D1	Pre	Aprepitant	Per oral once	100 mg	100	100 mg	--	--
D1	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
Day 2 17.04.24								
D2	Pre	Atropin Sulphate	Intravenous central line once as bolus	0.25 mg	100	0.25 mg	--	--
D2	Chemo	Flouroracil	Intravenous central line once as bolus	1000 mg/m2	100	1000 mg/m2	--	--
D2	Post	Flouroracil	Subcutaneous once as bolus 24 Hrs after completion o...more	0.3 mg	100	0.3 mg	--	--
D2	Post	Dexamethosone	Per oral after food	10 mg	100	10 mg	--	--

Use kebab menus to accommodate secondary actions.

Design Framework

H

Human-centered Design

E

Efficiency

A

Accuracy

L

Lifecycle Support

I

Idiot-proofing

N

Navigation Simplicity

G

Growth Oriented

Thank You