# NCG-KCDO EMR Requirement (NER)- Pain Management Module

## (Version 2.0)

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# FOREWORD

The National Cancer Grid (NCG) Electronic Medical Records (EMR) initiative has been well received by the NCG Hospitals and our community of healthcare professionals and stakeholders. The enthusiasm and support we have garnered for this initiative reflect a shared commitment to advancing cancer care through technology and collaboration.

As part of our ongoing efforts to enhance the EMR initiative, the pain management module has been developed. Thismodule aims to streamline the process, providing clinicians with the tools they need to deliver optimal care to patients with cancer.

This collaborative effort has been informed by thorough industry research, ensuring that the NCG helps EMR vendors build solutions aligned with best practices and meet the diverse needs of our stakeholders.

We are immensely grateful for the feedback, suggestions, and guidance provided by the healthcare professionals involved in treating cancer patients, as well as the healthcare technology companies and providers. We are pleased to share the final version of the Pain Management Module. Thank you for your continued support and collaboration.

**Dr C.S. Pramesh**
Convener, National Cancer Grid
October 2024

NATIONAL CANCER GRID
COLLABORATION FOR CANCER CARE

Koita Centre for Digital Oncology

# Contents

# 1. NCG EMR INITIATIVE OVERVIEW

The National Cancer Grid Koita Centre for Digital Oncology (NCG KCDO) launched an initiative to empanel Electronic Medical Records (EMR) vendors and help develop high quality EMR solutions that are appropriate for use in hospitals providing cancer care. This marks a significant milestone in the ongoing efforts to promote digital health and enhance cancer care across the country. Launched with the aim of standardizing and improving clinical practices in oncology, it is a collaborative approach involving leading healthcare institutions, clinicians, and technology partners.

In March 2023, NCG KCDO released the NCG EMR Requirements (NER) – a comprehensive set of EMR requirements needed for effective management of patients with cancer. The NER is a blueprint for the development and implementation of robust EMR systems which will serve general hospitals well, but are also tailored specifically for oncology practices. The NER document is a result of intense deliberations over several months between healthcare professionals involved in cancer care and technology experts, and is available as a digital public good at NCG-KCDO EMR Initiative.

To further support the development of the empanelled EMR systems, the NCG has developed detailed requirements and features in specific areas of oncology including radiotherapy, chemotherapy and surgical oncology. This document details the pain management requirements based on best practices developed at several leading NCG centres.

# 2. EMR FEATURE BUILDING

## A. Pain ManagementModule Overview

Building on the features outlined in the NER (NCG EMR Requirement),the Pain Management Module is designed to streamline and optimize the treatment process for patients with cancer. The module is designed to enhance the quality, safety, and efficiency of the treatment within the NCG network, ultimately improving outcomes for cancer patients and advancing the field of oncology care.

Key features of the Pain Managementmodule include:

**2.1 Pain Characteristics:** Documents the site, type, intensity, and duration of pain.

**2.2 Quality of Life:** Assesses the impact of pain on sleep, mood, and daily activities.

**2.3 Current Medication and Treatment Plan:** Lists medications being taken and plans for ongoing pain management.

**2.4 Procedure Details:** Documents the type of nerve block, drugs used, and imaging guidance.

**2.5 Pre- and Post-Procedure Assessment:** Includes vital signs and pain scores before and after the procedure.

## B. Methodology

The methodology used to build the pain management module within the NER (NCG EMR Requirements) document encompasses a systematic and collaborative approach, involving key stakeholders and leveraging best practices across NCG hospitals.

The pain management formis characterized into 3 parts:

**Part A:Pain Management Form-New**- This sectioncollects essential patient data including general details, diagnosis, pain score, treatment history, and consent.

**Part B: Pain Management Form-Follow Up**- The section records previous assessment details and current treatment, including the type and location of pain, pain score, and any aggravating factors. Automatically populate fields from previous assessments to ensure continuity of care and facilitate accurate tracking of patient progress over time.

**Part C:Pain Management Form-Nerve Block**- The section documents procedure details such as the type of nerve block performed, drugs used, and imaging guidance. Pre- and post-procedure assessments include vital signs and pain scores to monitor patient response and immediate complications.

# 3. Part A:Pain Management Form- New

| New Pain Management Form | | | |
|---|---|---|---|
| | | | |
| **Sno** | **Data elements** | **Clinician's Response** | **Remarks for Vendors** |
| | | | |
| **1** | **General Details** | | |
| | | | |
| A | Case Number | | |
| B | Name | | Auto populate as per case no |
| C | Age | | Auto populate as per case no |
| D | Sex | | Auto populate as per case no |
| E | Diagnosis | | Auto populate as per case no |

| | | | |
|---|---|---|---|
| F | Phone Number | | Auto populate as per case no |
| G | Any Allergies | ☐Yes, Please specify_____<br>☐No | |
| H | Service | ☐OPD<br>☐Ward | |
| I | Name of the Pain/Palliative Physician | | Add the doctors as per the facility |
| J | Disease Status | ☐Curative<br>☐Palliative<br>☐Disease Free Interval, Specify no of years_____ | |
| K | Surgery | | Autopopulate from EMR |
| L | Chemotherapy | | Autopopulate from EMR |
| M | Radiotherapy | | Autopopulate from EMR |
| N | Pre- Existing Chronic disease | ☐ COPD<br>☐Epilepsy<br>☐ Asthma<br>☐HT<br>☐DM<br>☐IHD<br>☐ Others, Please Specify___<br>☐None | Multiple Choice Possible |
| O | Current medications | | |
| | | | |
| **2** | **Investigations** | | |
| | | | |
| A | CBC | | Link to EMR |
| B | RFT | | Link to EMR |
| C | LFT | | Link to EMR |
| D | Serology | | Link to EMR |
| E | Any other, Specify___ | | Link to EMR |
| | | | |
| **3** | **Pain Characteristics** | | |
| | | | |
| A | Site | | Open text box |
| B | Radiates to | | Open text box |
| C | Referredto | | Open text box |
| D | Type of Pain | | Choose from the table below |
| | | | |

| Multiple choice possible | Single choice possible | Single choice possible | Multiple choice possible |
|---|---|---|---|
| ☐ Burning<br>☐Stabbing<br>☐ Dull Aching<br>☐Numbness<br>☐ Pricking<br>☐Shooting<br>☐Spasmodic<br>☐Tingling<br>☐Throbbing Pain | ☐ Localised<br>☐Generalised | ☐ Continuous<br>☐Intermittent | ☐ Breakthrough<br>☐Incidental |

| | | | |
|---|---|---|---|
| E | Pain score | ☐Numeric Rating Scale<br>• Provide a scale of 0-10 digits to select from<br>☐Wong Baker Faces Pain Rating Scale<br>• Map the pain scale | |
| F | Duration and onset of pain | ☐ _____ Days<br>☐ _____Weeks<br>☐ _____ Months | Days/Weeks/Months |
| G | No of episodes of BTP | | Please provide options from 0-9 |
| H | Aggravating Factors | ☐After meals<br>☐On movement<br>☐Not related<br>☐On Swallowing<br>☐Coughing<br>☐Others,_____ | Multiple choice Possible |
| I | Relieving Factors | | Free text box |
| J | Pain Pathophysiology | ☐Somatic<br>☐Visceral<br>☐Neuropathic<br>☐Psychogenic | Multiple choice Possible |
| K | Pain Syndrome | ☐Head and Neck Cancer Pain Syndrome<br>☐ Post Mastectomy Pain<br>☐Visceral Pain Syndrome<br>☐Pelvic Pain Syndrome<br>☐Skeletal Metastasis<br>☐STS Pain Syndrome<br>☐Bracheal Plexopathy<br>☐Lumbosacral Plexopathy | Multiple choice Possible |

| | | | |
|---|---|---|---|
| | | ☐Post Thoracotomy Pain<br>☐Post RT Pain<br>☐Post CT Pain<br>☐Phantom Limb Pain<br>☐CRPS<br>☐Others, _____ | |
| L | Pain diagnosis | ☐ Due to cancer<br>☐Cancer Therapy<br>☐ Unrelated | Multiple choices possible |
| M | Diagnosis Made By | ☐ Clinical<br>☐ X-Ray<br>☐CT<br>☐ Bone Scan<br>☐ USG<br>☐ MRI<br>☐ PET | Auto Populate the reports as per the option selected. Multiple Choice Possible |
| N | Click to add/View Pain Image | | |
| | | | |
| **4** | **Quality of Life** | | |
| | | | |
| A | Affect | ☐ Sleep<br>☐Mood<br>☐ Bladder<br>☐ Bowel<br>☐Appetite<br>☐ Others<br>☐ None | Multiple choice Possible |
| B | Performance Status | ☐Karnofsky Performance Scale<br>• >80% Normal activity with no special care<br>• 50-70% Unable to work but able to live at home<br>• <50% Needs Hospital Care<br>☐ ECOG<br>• 0<br>• 1<br>• 2<br>• 3 | Choose one type of scale and map the subsequent grades |

| | | | |
|---|---|---|---|
| | | • 4<br>☐ Others, _____ | |
| | | | |
| 5 | **Current Medication** | ☐Morphine<br>☐Tapentadol<br>☐ Paracetamol<br>☐TransdermalFentanyl<br>☐Codeine<br>☐Transdermal Buprenorphine<br>☐Tramadol<br>☐Diclofenac<br>☐Ibuprufen<br>☐COX-2 Inhibitors<br>☐Methadone<br>☐Others<br>☐None | Multiple choice Possible |
| | | | |
| 6 | **Treatment Plan** | | |
| | | | |
| A | **Opioid** | | **Multiple Choice possible** |

| Drug Name | Dosage | Unit | Route of Administration | Frequency |
|---|---|---|---|---|
| ☐Buprenorphine Transdermal Patch | | mcg | ☐Oral<br>☐Transdermal<br>☐Sub Lingual<br>☐Nasal Spray<br>☐ Intravenous | ☐ 4 Hourly<br>☐ 6 Hourly<br>☐ 8 Hourly<br>☐ 12 Hourly<br>☐ OD<br>☐ 3 days<br>☐ 7 days<br>☐ SOS<br>☐ HS |
| ☐Codeine | | mg | | |
| ☐Buprenorphine SL | | mcg | | |
| ☐Morphine | | mg | | |
| ☐Fentanyl Transdermal Patch | | mcg | | |
| ☐Tapentadol | | mg | | |
| ☐Methadone | | mg | | |
| ☐Tramadol | | mg | | |
| ☐BTP dose of Morphine | | mg | | |

| | | | |
|---|---|---|---|
| | | | |
| B | **NSAIDS** | | **Multiple Choice possible** |
| | | | |

| Drug Name | Dosage | Unit | Route of Administration | Frequency |
|---|---|---|---|---|
| ☐Diclofenac | | mg | ☐Oral<br>☐Transdermal<br>☐Sub Lingual<br>☐Nasal Spray<br>☐ Intravenous | ☐ 6 Hourly<br>☐ 8 Hourly<br>☐ 12 Hourly<br>☐ OD<br>☐ SOS |
| ☐Etoricoxib | | mg | | |
| ☐Ibuprofen | | mg | | |
| ☐Aceclofenac | | mg | | |
| ☐Others | | | | |

| C | Paracetamol |
|---|---|

| Drug Name | Dosage | Unit | Route of Administration | Frequency |
|---|---|---|---|---|
| ☐Paracetamol<br>☐Others | | mg | ☐Oral<br>☐Transdermal<br>☐Sub Lingual<br>☐Nasal Spray<br>☐ Intravenous | ☐ 6 Hourly<br>☐ 8 Hourly<br>☐ 12 Hourly<br>☐ SOS |

| D | Adjuvants |
|---|---|

| Drug Name | Dosage | Unit | Route of Administration | Frequency |
|---|---|---|---|---|
| ☐Gabapentin | | mg | ☐Oral<br>☐Transdermal<br>☐Sub Lingual<br>☐Nasal Spray<br>☐ Intravenous | ☐ 8 Hourly<br>☐ 12 Hourly<br>☐ HS |
| ☐Pregabalin | | mg | | |
| ☐Amitryptiline | | mg | | |
| ☐Nortryptiline | | mg | | |
| ☐Others | | | | |

| E | Muscle Relaxants |
|---|---|

| Drug Name | Dosage | Unit | Route of Administration | Frequency |
|---|---|---|---|---|
| ☐Baclofen | | mg | ☐Oral<br>☐Transdermal<br>☐Sub Lingual<br>☐Nasal Spray<br>☐ Intravenous | ☐ 8 Hourly<br>☐ 12 Hourly<br>☐ HS |
| ☐Flupiritine | | mg | | |
| ☐Chloroxazone | | mg | | |
| ☐Tizanidine | | mg | | |
| ☐Others | | | | |

| F | Laxatives | ☐ Yes,_____<br>☐ No | Provide Open text box to enter details, if the answer is yes |
|---|---|---|---|

| | | | |
|---|---|---|---|
| G | Hyoscine | ☐ Yes,_____<br>☐ No | |
| H | Steroids | ☐ Yes,_____<br>☐ No | |
| I | Cyclopam (Dicyclomine) | ☐ Yes,_____<br>☐ No | Provide Open text box to enter details, if the answer is yes |
| J | Bisphosphonates | ☐ Yes,_____<br>☐ No | |
| K | Antiemetic | ☐ Yes,_____<br>☐ No | |
| L | Antacid | ☐ Yes,_____<br>☐ No | |
| M | Advice | | Open text Box |
| N | Next Follow up Date | | |

# 4. Part B:Pain Management Form- Follow Up

| Pain Management Form- Follow up | | | |
|---|---|---|---|
| | | | |
| **Sno** | **Data elements** | **Clinician's Response** | **Remarks for Vendors** |
| | | | |
| **1** | **General Details** | | |
| | | | |
| A | Case Number | | |
| B | Name | | Auto populate as per case no |
| C | Age | | Auto populate as per case no |
| D | Sex | | Auto populate as per case no |
| E | Diagnosis | | Auto populate as per case no |
| F | Phone Number | | Auto populate as per case no |
| G | Any Allergies | ☐Yes, Please specify_____<br>☐No | |
| H | Service | ☐OPD | |

| | | | |
|---|---|---|---|
| | | ☐Ward | |
| I | Name of the Pain/Palliative Physician | | Add the doctors as per the facility |
| J | Disease Status | ☐Curative<br>☐Palliative<br>☐Disease Free Interval, Specify no of years_____ | |
| K | Surgery | | Autopopulate from EMR |
| L | Chemotherapy | | Autopopulate from EMR |
| M | Radiotherapy | | Autopopulate from EMR |
| N | Pre- Existing Chronic disease | ☐ COPD<br>☐Epilepsy<br>☐ Asthma<br>☐HT<br>☐DM<br>☐IHD<br>☐ Others, Please Specify___<br>☐None | Multiple Choice Possible |
| O | Current medications | | |
| | | | |
| **2** | **Previous assessment details** | | |
| | | | |
| A | Site | | Autopopulate from new form |
| B | Radiates to | | Auto populate from new form |
| C | Referred to | | Auto populate from new form |
| D | Type of Pain | | Auto populate from new form |
| E | Pain score | | Auto populate from new form |
| F | Duration and onset of pain | | Auto populate from new form |
| G | No of episodes of BTP | | Auto populate from new form |
| H | Aggravating Factors | | Auto populate from new form |
| I | Relieving Factors | | Auto populate from new form |
| J | Pain Pathophysiology | | Auto populate from new form |
| K | Pain Syndrome | | Auto populate from new form |
| L | Name of Nerve Block | | Auto populate from new form |
| M | Date of Procedure | | Auto populate from new form |
| N | Present Treatment | | Auto populate from new form |
| O | Laxatives | | Auto populate from new form |
| P | Hyoscine | | Auto populate from new form |
| Q | Steroids | | Auto populate from new form |
| R | Cyclopam (Dicyclomine) | | Auto populate from new form |
| S | Bisphosphonates | | Auto populate from new form |

| | | | |
|---|---|---|---|
| T | Antiemetic | | Auto populate from new form |
| U | Antacid | | Auto populate from new form |
| | | | |
| **3** | **Change treatment** | | |
| | | | |
| A | Do you want to change treatment? | ☐Yes<br>☐No | |
| B | Pain Score | ☐Numeric Rating Scale<br>• Provide a scale of 0-10 digits to select from<br><br>☐Wong Baker Faces Pain Rating Scale<br>Map the pain scale | |
| C | Overall Pain Relief | ☐<30%<br>☐ 40%<br>☐ 50%<br>☐ 60%<br>☐ 70%<br>☐>80% | |
| D | Drug Adherance | ☐ Good<br>☐ Fair<br>☐ Poor | |
| E | Performance Status | ☐Karnofsky Performance Scale<br>• >80% Normal activity with no special care<br>• 50-70% Unable to work but able to live at home<br>• <50% Needs Hospital Care<br>☐ ECOG<br>• 0<br>• 1<br>• 2<br>• 3<br>• 4<br>☐ Others, _____ | |
| F | No of episodes of BTP | | Please provide options from 0-9 |
| G | Rescue Doses | | |
| | | | |

| | | | |
|---|---|---|---|
| **4** | **Investigations** | | |
| | | | |
| A | CBC | | Link to EMR |
| B | RFT | | Link to EMR |
| C | LFT | | Link to EMR |
| D | Serology | | Link to EMR |
| E | Any other, Specify___ | | Link to EMR |
| | | | |
| **5** | **New Pain** | | |
| | | | |
| A | New Pain | ☐Yes<br>☐No | If yes, Enable Rows from 5B till 5O |
| B | Site | | Open text box |
| C | Radiates to | | Open text box |
| D | Referred to | | Open text box |
| E | Type of Pain | | **Choose from the table below** |

| **Multiple choice possible** | **Single choice possible** | **Single choice possible** | **Single choice possible** |
|---|---|---|---|
| ☐ Burning<br>☐Stabbing<br>☐ Dull Aching<br>☐Numbness<br>☐ Pricking<br>☐Shooting<br>☐Spasmodic<br>☐Tingling<br>☐Throbbing Pain | ☐ Localised<br>☐Generalised | ☐ Continuous<br>☐Intermittent | ☐ Breakthrough<br>☐Incidental |

| | | | |
|---|---|---|---|
| F | Pain score | ☐Numeric Rating Scale<br>• Provide a scale of 0-10 digits to select from<br>☐Wong Baker Faces Pain Rating Scale<br>• Map the pain scale | |
| G | Duration and onset of pain | | Days/Weeks/Months |
| H | No of episodes of BTP | | Please provide options from 0-9 |
| I | Aggravating Factors | ☐After meals<br>☐On movement<br>☐Not related<br>☐On Swallowing | Multiple choice Possible |

| | | | |
|---|---|---|---|
| | | ☐Coughing<br>☐Others,_____ | |
| J | Relieving Factors | | Free text box |
| K | Pain Pathophysiology | ☐Somatic<br>☐Visceral<br>☐Neuropathic<br>☐Psychogenic | Multiple choice Possible |
| L | Pain Syndrome | ☐Head and Neck Cancer Pain Syndrome<br>☐ Post Mastectomy Pain<br>☐Visceral Pain Syndrome<br>☐Pelvic Pain Syndrome<br>☐Skeletal Metastasis<br>☐STS Pain Syndrome<br>☐Bracheal Plexopathy<br>☐Lumbosacral Plexopathy<br>☐Post Thoracotomy Pain<br>☐Post RT Pain<br>☐Post CT Pain<br>☐Phantom Limb Pain<br>☐CRPS<br>☐Others, _____ | Multiple choice Possible |
| M | Pain diagnosis | ☐ Due to cancer<br>☐Cancer Therapy<br>☐ Unrelated | Multiple choices possible |
| N | Diagnosis Made By | ☐ X-Ray<br>☐CT<br>☐ Bone Scan<br>☐ Clinical<br>☐ USG<br>☐ MRI<br>☐ PET | Auto Populate the reports as per the option selected. Multiple Choice Possible |
| O | Click to add/View Pain Image | | |
| | | | |
| **6** | **Side Effects and Follow up** | | |
| | | | |
| A | Side Effects | ☐ None<br>☐Vomiting<br>☐ Sedation/Drowsiness<br>☐ Constipation<br>☐Hallucinations | |

| | | | |
|---|---|---|---|
| | | ☐ Pruritus<br>☐ Urinary Retention<br>☐Others | |
| B | Please mention the advice | | Open text box |
| C | Interim cancer treatment | | Open text box |
| D | Follow up after | ☐ 1 day<br>☐2 days<br>☐ 1 week<br>☐ 10 days<br>☐20 days<br>☐ 1 month<br>☐ 3 months<br>☐Others,_____ | |
| E | Follow up date | | Date to auto populate as per the option chosen |
| | | | |
| **End** | | | |

# 5.Part C:Pain Management Form- Nerve Block

| Pain Management Form- Nerve Block | | | |
|---|---|---|---|
| | | | |
| **Sno** | **Data elements** | **Clinician's Response** | **Remarks for Vendors** |
| | | | |
| **1** | **General Details** | | |
| | | | |
| A | Case Number | | |
| B | Name | | Auto populate as per case no |
| C | Age | | Auto populate as per case no |
| D | Sex | | Auto populate as per case no |
| E | Diagnosis | | Auto populate as per case no |
| F | Phone Number | | |
| G | Any Allergies | ☐Yes, Please | |

| | | | |
|---|---|---|---|
| | | specify_____<br>☐No | |
| H | Service | ☐OPD<br>☐Ward | Auto populate as per case no |
| I | Name of the Pain/Palliative Physician | | |
| J | Consent Taken | ☐Yes<br>☐No | |
| K | Disease Status | ☐Curative<br>☐Palliative<br>☐Disease Free Interval, Specify no of years_____ | |
| L | Surgery | | Autopopulate from EMR |
| M | Chemotherapy | | Auto populate from EMR |
| N | Radiotherapy | | Autopopulate from EMR |
| O | Pre- Existing Chronic disease | ☐ COPD<br>☐Epilepsy<br>☐ Asthma<br>☐HT<br>☐DM<br>☐IHD<br>☐ Others, Please Specify___<br>☐None | Multiple Choice Possible |
| | | | |
| **2** | **Procedure Details** | | |
| | | | |
| A | Name of the Block | ☐ Diagnostic Celiac plexus block<br>☐ Neurolytic Celiac Plexus block<br>☐Glassopharyngeal Nerve block<br>☐ Mandibular Nerve Block<br>☐ Maxillary nerve block<br>☐ Stellate Ganglion block<br>☐Sphenopalatine ganglion block<br>☐ Intercostal nerve blocks<br>☐ Superior hypogastric plexus block<br>☐ Ganglion impar block<br>☐ Neurolytic epidural | |

| | | | |
|---|---|---|---|
| | | block<br>☐ Subarachnoid Neurolytic Block<br>☐ Intrathecal morphine pump<br>☐ Epidural morphine<br>☐ Epidural steroids<br>☐Lumbarsympathetic block<br>☐ Peripheral nerve blocks (Specify name of the nerve)<br>☐ Trigger Joint Injections<br>☐ Joint Injections<br>☐ Fascial plane blocks<br>☐ Other blocks (pls specify) | |
| B | Approach/Procedure | | |
| C | Date of Procedure | | |
| D | Performed By | | |
| E | Assisted By | | |
| F | Drug Used | | |
| G | Concentration | | |
| H | Volume (ml) | | |
| I | Image Guidance | ☐USG<br>☐Fluroscopy<br>☐CT scan<br>☐Landmark | |
| J | Contrast Used | | |
| K | Volume (ml) | | |
| | | | |
| **3** | **Pre-Procedure** | | |
| | | | |
| A | Pulse/min | | |
| B | BP mm/Hg | | |
| C | Pain Score | ☐Numeric Rating Scale<br>• Provide a scale of 0-10 digits to select from<br>☐Wong Baker Faces Pain Rating Scale<br>• Map the pain scale | |
| D | Procedure Description | | Open text box |
| | | | |

| | | | |
|---|---|---|---|
| **4** | **Post Procedure** | | |
| | | | |
| A | Pulse/min | | |
| B | BP mm/Hg | | |
| C | Pain Score | ☐Numeric Rating Scale<br>• Provide a scale of 0-10 digits to select from<br>☐Wong Baker Faces Pain Rating Scale<br>• Map the pain scale | |
| | | | |
| **5** | **Immediate Complications** | | |
| | | | |
| A | Immediate Complications | | Open text box |
| | | | |
| **6** | **Status Change** | | |
| | | | |
| A | Pre-Procedure Activity | | |
| B | Performance Status | ☐Karnofsky Performance Scale<br>• >80% Normal activity with no special care<br>• 50-70% Unable to work but able to live at home<br>• <50% Needs Hospital Care<br>☐ ECOG<br>• 0<br>• 1<br>• 2<br>• 3<br>• 4<br>☐ Others, _____ | |
| C | Post Procedure activity | ☐Worsened<br>☐No change<br>☐Improved | |
| | | | |
| **End** | | | |

# 6. Appendices

## Appendix 1- Glossary of terms

| Abbreviations | |
|---|---|
| NCG | National Cancer Grid |
| EMR | Electronic Medical Record |
| NER | NCG EMR Requirements |
| LEAP | Leading EMR Adoption Program |
| COPD | Chronic Obstructive Pulmonary Disease |
| HT | Hypertension |
| DM | Diabetes Mellitus |
| IHD | Ischemic Heart Disease |
| CAD | Coronary Artery Disease |
| CVA | Cerebrovascular Accident |
| TB | Tuberculosis |
| RFT | Renal Function Test |
| LFT | Liver Function Test |
| BTP | Breakthrough Pain |
| HS | At Bedtime |
| OD | Once Daily |
| CRPS | Complex Regional Pain Syndrome |
| ECOG | Eastern Cooperative Oncology Group |
| SL | Sub Lingual |
| COX-2 Inhibitors | Cyclooxygenase-2 (COX-2) inhibitors |

## Appendix 2- NER Document

**1.** ncg-emr-requirements-ner.pdf (kcdo.in)