SELF-GUIDED PRACTICE WORKBOOK [N49] CST Transformational Learning

WORKBOOK TITLE: Provider: Emergency



Last update: February 12, 2018 (v2)



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UNDERSTANDING YOUR WORKBOOK

This is a self-paced classroom; your workbook is designed to introduce you to different steps in the system. Your learning is organized into **Activities** and **Key Learning Points** that are based on **Patient Scenarios**.

You will receive scenarios for two patients in this workbook. Each scenario is intended to mimic various activities you perform in the Emergency Department. Some activities might be organized differently than your typical practice, however this is to build the skills needed to move to more complex activities.

Each activity contains a brief introduction and a series of numbered steps. Screenshots of the system will be included. Match the numbered steps with the numbers shown in the screenshot:

1 Check in is required at the start of shift.

After logging-in, you may receive an automatic prompt to Check In or you will need to do so manually.

1. To manually Check In, select the menu [■] icon in the upper right hand corner of the ED

- 2. In the Provider Check In window, the Provider and Provider Role fields are automatically populated and should be reviewed. You are able to input a *Display Name* that can be seen by all users on ED LaugchPoint **B D LaugchPoint** to easily identify which patients you are assigned to. Only the first three characters will be displayed.
- 3. You can colour customize the Display Name.
- 4. More fields are available to add further relevant details.

Be mindful of the mandatory fields highlighted in yellow and marked with an asterisk*.

Once all relevant fields are completed, select OK.

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Icons are shown within the text to indicate what to look for in the system (such as the Check-In icon).

Bolded text indicates that you need to click on something or pay attention to a feature in the system.

If you have any questions, do not hesitate to talk to your Instructor. Remember, your classroom learning is only *one* portion of the different activities you will engage in to learn the system.



\$ SELF-GUIDED PRACTICE WORKBOOK

Duration	4 hours
Before getting started	Sign the attendance roster (this will ensure you get paid to attend the session) Put your cell phones on silent mode
Session Expectations	This is a self-paced learning session
	A 15 min break time will be provided. You can take this break at any time during the session
	The workbook provides a compilation of different scenarios that are applicable to your work setting
	Work through different learning activities at your own pace
Key Learning Review	At the end of the session, you will be required to complete a Key Learning Review
	This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.



USING TRAIN DOMAIN

You will be using the train domain to complete activities in this workbook. It has been designed to match the actual Clinical Information System (CIS) as closely as possible.

Please note:

- Scenarios and their activities demonstrate the CIS functionality not the actual workflow
- An attempt has been made to ensure scenarios are as clinically accurate as possible
- Some clinical scenario details have been simplified for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- Follow all steps to be able to complete activities
- If you have trouble following the steps, immediately raise your hand for assistance to use classroom time efficiently
 - Ask for assistance whenever needed



PATIENT SCENARIO 1

Learning Objectives

This scenario will take you through the workflow for a single simulated patient from arrival to discharge. At the end of this Scenario, you will be able to:

- Navigate ED LaunchPoint Multi-Patient List
- Access a patient's chart and review patient care information
- Document your history and physical exam, impression, diagnoses, and care plan
- Enter orders
- Document patient care
- Discharge patient

SCENARIO

Patient Monty Pylon is a 41-year-old male who fell 15 feet onto a concrete floor.

He suffered a blunt force injury to the chest. The patient just arrived at the Emergency Department with a BCAS ambulance crew who were dispatched immediately after the incident.

His wife denied any LOC. The paramedics say the patient only complains of 7/10 chest pain that is sharp and stabbing in nature. The chest pain worsens on inspiration, but was able to ambulate in to the ambulance.



Activity 1.1 – ED LaunchPoint Multi-Patient List Overview

Emergency Providers and Clinicians use a Cerner application called FirstNet. Within FirstNet, the ED LaunchPoint Multi-Patient List displays all of the patients on the unit and helps you easily access your patient's chart.

If you need a refresher on this concept, you can review the e-Learning module called "Introduction to the Clinical Information System" on the CCRS-Learning Hub Website.



When you first login to the FirstNet system, the ED LaunchPoint Multi-Patient List

ED LaunchPoint will be your landing page. We will refer to this as ED LaunchPoint. **ED** LaunchPoint refreshes automatically every 60 seconds offering important, up-to-date information at a glance, which allows you to see an overview of the status of all of your patients while also providing quick access to more specific patient information.



🕴 Part A – Toolbars

At the top of your screen are Toolbars. They give you options for the FirstNet software and can also navigate you outside of FirstNet.

- 1. Options Toolbar
- 2. Navigation Toolbar
- 3. Action Area Toolbar

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🎬 ED LaunchPoint Tracking Shell 🖃 Message Centre 🎬 MyExperience 🎬 Results Callback Worklist 🚆 LearningLIVE 😓 🗄 🔃 Patient Health Education Materials 🔃 Policies and Guidelines 🕄 UpToDate 😓	
🗐 Exit 🎍 PM Conversation + 🚯 Depart 🔄 Communicate + 📾 Discern Reporting Portal 📮 👘 🕄 CareConnect 🛱 PHSA PACS 🛱 VCH and PHC PACS 🛱 MUSE 🛱 FormFast WFI 🖕	

- 4. Recent Patients Drop Down Menu
- 5. Full Screen (minimizes Toolbars)
- 6. Refresh Icon
- 7. View Navigation

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- 8. Add Patient Icon (Prearrival and ED Quick Reg)
- 9. Provider Statistics
- 10. Department Statistics
- 11. ED LaunchPoint Search Bar
- 12. Menu Icon (Change Location and Check In)

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You can rearrange your Toolbars to fit your preferences by clicking and holding the **vertical row** of dots beside each Toolbar. Drag the section to where you like. Ideally, you will maximize your viewing area, so the toolbars take up two rows (rather than three).



To get to know the different high-level areas within your **ED LaunchPoint Multi-Patient List**, let's walk through the following activities.

LearningLIVE

In future, you will be able to access **Quick Reference Guides** and short tutorial videos based on common workflows through **eCoach**. This section of the system is currently being developed, so there may not be anything to view in current state.

To navigate from the **ED LaunchPoint** toolbar, click the **Learning Live Example 1** icon. Here you can access **eCoach**

Results Callback Worklist

The **Results Callback Worklist** is a tool used to follow up on positive culture results on patients who have been discharged from the ED. Your Department will decide who follows up on these results.

- 1. Click the **Results Callback Worklist** Results Callback Worklist icon. The Results Callback Worklist worklist screen displays results on patients who have been discharged.
- 2. Set the Criteria Lists, Facilities, and Locations filters to accurately reflect the kinds of results you would like displayed, such as desired results to view, facility and department.
- 3. Click the **arrow** icon to the right of your patient's name to view the patient's contact information and to document your callback. The **Banner Bar** is displayed within the **Single Patient View** window to ensure you are documenting on the right patient, for the right encounter.

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My Experience

If you work as an Emergency Physician but also as a Trauma Team Lead, you can select the **My Experience** tool to change your role in the system. This function impacts your ordering ability and departmental statistics, so it is important you use it when applicable.

- 1. Click on the **My Experience** icon.
- 2. In My Available Positions select appropriate position.

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Message Centre

As an ED Provider, you will use your **ED LaunchPoint** screen for the majority of your communication, however you will occasionally need to access **Message Centre** to:

- Co-Sign Orders
- Finish incomplete documentation
- Accept or refuse proposed orders from residents, medical students, or NPs when you cannot review in person
- Review documents cc'd to you by another Provider

Message Centre features are more commonly used in Inpatient and Ambulatory settings, however you will still need to access your Message Centre on a regular basis.



Clicking the Message Centre

icon will bring you to the system's "inbox."

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Click the **ED LaunchPoint ED LaunchPoint** icon at any time to return to LaunchPoint.

Knowledge Check:

- Describe how to rearrange your Toolbars. •
- Identify the purpose of the Results Callback Worklist.
- When might you need to use the My Experience function?



🕴 Part B – Patient List

From the **ED LaunchPoint Multi-Patient List** there are different ways to view patient information. From left to right, you will notice a number of different column headers that organize patient information. You can always hover over these visual indicators to learn more.

1. Throughput Status Column

The narrow colour bars indicate the patient's throughput status.

Awaiting Triage	Prearrival Note	Unassigned (No Provider)	Evaluation in Progress
Orders Complete	Inpatient Bed Requested	Ready for Discharge	

2. Room Column

Displays the patient location and important alerts.

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3. LOS Column (Length of Stay)

Identifies how long a patient has been in the unit.

4. Acuity Level Column The patient's CTAS Score.

5. Patient Information Column

Displays basic patient demographics and visual alert icons. Hover over icons for icon definition. Here are some examples:



Right-clicking in the Patient Information Column displays a list of actions and areas of the chart you can launch. This list acts as a shortcut, navigating you directly to where you need to go.

Organize your patients alphabetically by clicking the Sort Column icon in the column header.

A screenshot of ED LaunchPoint highlighting the above columns is on the following page.



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ED Alerts Overview

We are able to notify and display care plans for patients who typically have management issues and are frequent patients in the ED, have a history of reacting violently to care, or whose care might require additional considerations.

The following alerts will be displayed on your ED LaunchPoint Screen. Alerts are at-a-glance alerts that are hierarchically organized in the following order (meaning you will see a Violence Alert before you would see a WSBC Alert):

- Violence,
- Section 28,
- Mental Health Act Certified,
- Medically Cleared,
- Domestic Concerns,
- No Visitors,
- Familiar Faces Care Plan (FFSCP) Exists,
- Hospital High Utilizer,
- Patients with a WorkSafe BC (WSBC) claim

Hovering over the room will bring up a list of alerts:



Because there are a number different considerations that may flag additional alerts, Process Alerts are also used to give you a visual cue.

Process Alerts will also appear on the Banner Bar:

Violence Risk

- Difficult Intubation/Airway
- Fall Risk
- Seizure Precautions
- Gender Sensitivity
- Communication Barrier
- Special Care Plan
- No Ceiling Lift
- Visitor Restrictions
- Cytotoxic
- Palliative Flag
- On research study



6. Assignment Column

Displays initials of the Provider, Mid-Level Provider (Nurse Practitioner, Resident, and Medical Student), and Nurse assigned to the patient.

Click in a patient's Assignment column to Assign/Unassign yourself to a patient or to view additional details about who is currently Assigned

7. Patient Details Column

Shows the Coded Chief Complaint documented during Triage until the attending Provider documents a Diagnosis. The Provider's Diagnosis will be displayed in capital letters preceded by "Dx": **Dx: CELLULITIS FOREARM**

The Comment button allows users to display a comment to other Providers or to all staff.

8. Vital Signs Column

Clicking the arrow *beside the Vital Signs Column header allows you to expand and collapse the display showing patients' most recent vital signs.*

9. Physician Notification Column

Outstanding activities that require attention.

ED LaunchPo	dint -											D Norm	livien.	20 minutes
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AC,213	722:47	*Pharm-Emerg, Rosalie 47y F	Myocardial inf	arction				v	10		1	8	Unassigned		
AC,214	722:47	*Pharm-Emerg, Alison 47y F	Myocardial inf	arction				w	10		1		Unassigned		
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When Providers input orders that are applicable to one of the above categories a status bar will display to show the order's progress.

- An unfilled status bar outlined in red indicates the order was recently entered but has not yet been attended to.
- Partially filled status bars indicate the order's progress.



Full green status bars indicate a completed or resulted order.



Orders with critical results will be highlighted in red.

An Imaging icon layered with a document indicates the Radiologist's report is complete.



You can hover over these icons to see the basic details on what was ordered.

ime Ordered By Status
18 Plisvcw, Tyler, Completed
/18 Plisvcw, Tyler, Completed
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(18 Plisvcw, Tyler, Completed

11. Status Column

Like the Throughput Column (1), the Status Column identifies the patient's stage of care in the unit. A key icon — indicates the patient requires registration by a clerk.

Triage 647:59 ••••	Awaiting Triage	Unassigned	No ED Provider Assigned	Eval in Progress 00:00 ***	Provider Assigned, Orders Pending
✓ 504:24 ⊶©	Orders Completed	+] 00:000	Discharge Ordered	00:00	Admitted to Hospital

12. Document Column

Displays the status of your workflow. A blank icon shows no documentation has occurred. A chart icon indicates work has started and some documentation has taken place. A checked icon shows work is complete and your ED Note is signed. Clicking an icon in this column will bring you to the Documentation section of your patient's chart.

You will learn more about workflow and creating notes as the scenario progresses.

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AC,214	722:47	*Pharm-Emerg, Alison 47y F	Myocardi	al infarction		٧	10		1		0	Unassigned		
AC,214	298:49	*Pharm-Emerg, Erica 47y F	Chest pai	1.		٧	10		i			Unassigned		
AC,215	298:49	*Pharm-Emerg, Allie 47y F	Chest pai	1		٧	10		Ĩ			Unassigned	-0	
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Activity 1.2 – Check-In and Patient Handover

You need to Check-In as an available Provider before you can access patient charts.

- 1. From the **ED LaunchPoint** screen, click the **menu** icon in the upper right corner.
- 2. Select Check In.

FirstNet Organizer for Trair	n, Emergency-Physician1, MD						
ask Edit View Patien	t Chart Links Notifications Navigatio	n Help					
ED LaunchPoint Trackin	ng Shell 🖃 Message Centre 👫 MyExperience	👫 Results Callback Worklist 👫 LearningLIVE 🝦 🗄 🔇	Realth Education Materials	Relicies and Guidelin	es 🔇 UpToDate 🝦 👯	CareConnect 🔍 PH	SA PACS 🍟 🗄 🖣
🖟 Exit 🆀 PM Conversation	n 👻 👫 Depart 🕞 Communicate 👻 🗃 Discer	n Reporting Portal 🝦					
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View: All						Change Location	
Show: Critical Labs/	VS WR Hide Empty Beds	My Patients Current: 0 Last Hour: 0 Today: 0	WR: 180 Prearrivals:	0 Current: 107 Last H	our: 0 Today: 0	Check In	
	V3WKHide Enipty beds	Median Door to Doctor:	Median Door to Doctor	:	our. o roday. o median	-200.	D.
Room I+ LOS	Patient Information	ILP RN Patient Details	♥, ☑ 6		• • <i>J</i>	Status	Doc
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AC,201 671:35	3 *Pharm-Emerg, Audrey	Myocardial infarction	¥ [10			Unassigned	0
AC,202 671:35	*Pharm-Emerg, Faith 47y F	Myocardial infarction	¥ 10		a	Unassigned	0
AC,203 671:35	*Pharm-Emerg, Rose 47y F 🍳	Myocardial infarction	¥ 10		a	Unassigned	
AC,204 671:35	*Pharm-Emerg, Charl 47y F 🔅	Myocardial infarction	¥ 10			Unassigned	0
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AC,209 671:35	*Pharm-Emerg, Bessie	Myocardial infarction	• 10			Unassigned	



 The Provider Check In window appears. Confirm that your name and role are correct. Enter your initials or other identifier in the Display Name field. The system will only display 3 characters, which can be viewed by the whole department.

Note: The fields marked with an **asterisk*** and/or yellow highlighted fields are considered <u>mandatory</u> fields.

Although not a mandatory field, setting a Default Relation will automatically set the type of Relationship you establish with new patients. You can also set your default location if you work at multiple sites.

4. Click OK.

*Provider:		Disnlav Name:	*Provider Bole	e.
Train, Emergency-Physician1, MD	9	ET	ED Provider	•
Default Location:		Default Relation:		
	3	(none)		•
Provider Comment:				
	-	Associated Provid	er Color	
Available Teams:		Assigned Teams:		
	Assign->			
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Assigned Team Locations:				
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Assigned Team Locations:	Assign All->> Assign-> <-Remove <-Remove Prov	Reassign to Provider:	All provide	ers

You have now Checked In as an available Provider and can receive Handoff from the outgoing Provider. You need to filter your **ED LaunchPoint Multi-Patient List** before you can get started.



You can filter your view of ED LaunchPoint multiple ways:

• The **Tabs** across the top of the screen filter by assignment or location.

My Patients All Beds Resus/DTU Acute/INTK Acute INTK FA

- The **View** option is a drop-down list with further view options.
- The **Show** checkboxes **I** offer additional options to modify the Patient List view.

FirstNet Organizer for Train, E	Emergency-Physician1, MD									
Task Edit View Patient	Chart Links Notifications I	Navigation Help								
ED LaunchPoint Tracking	Shell 🖃 Message Centre 🎬 MyÐ	xperience 📲 Results Callback Worklist 🎬 LearningLIVE 🝦 🤅 🌘	👌 Patient Health Edu	cation Material	🕄 🕄 Policies and Gu	idelines 🕅 l	JpToDate 🝦 🗄 🕄	CareConnect 🜊 PHSA	PACS	📮 i 🍫
📲 Exit ଌ PM Conversation 👻	🗸 🖟 Depart 🔄 Communicate 👻 (🗃 Discern Reporting Portal 🝦								
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ED LaunchPoint								🗇 Full screen 🛛 🛱 Pri	nt 🛛 🎝 0	minutes ag
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Shc 3 Critical Labs/VS	WR 🗹 Hide Empty Beds	Current: 0 Last Hour: 0 Today: 0	WF	R: 179 Prearriv	als: 1 Current: 197	Last Hour:	0 Today: 0 M	edian LOS:		
		Median Door to Doctor:	Me	dian Door to Do	ctor:					۲
Room :- LOS	Patient Information : -	EDMD MLP RN Patient Details		•••		مام	9 III	J Status		Doc
RESUS,103 Isolation 671:42	*ED-UC-B, Sonia 85y F 🛛 🔂 🖸	Respiratory distress (2), moderate	RC111	V 9			-	2 3 604:01	0	
AC,201 672:04 3	*Pharm-Emerg, Audrey 47y F	Myocardial infarction		¥ 10				Unassigne 672:04	d ~~©	
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						T	RAIN1 TRAIN.MI	DEMER1 Monday, 2018-Ja	nuary-22	14:52 PST

Using these features, filter your Multi-Patient List as follows:

- 1. From the Tabs available, select All Beds.
- 2. Use the View drop-down list to select All.
- 3. Ensure both **WR WR** (Waiting Room patients) and **Hide Empty Beds** Hide Empty Beds are checked.

Note: If you cannot find a patient on your **ED LaunchPoint Multi-Patient List**, ensure all filter settings are set to **All Patients** and make sure the **WR** box is checked.

If you still cannot find your patient, use the ED Launch Point Multi-Patient Search bar.

+1	My Patients All Beds Resus/DTU	Acute/INTK Acute INTK FA	R Train, Emergency-Physician1, MD	≣•
View:	All	My Patients	Department	
Show:	Critical Labs/VS VR VR Hide Empty Beds	Current: 0 Last Hour: 0 Today: 0 Median Door to Doctor:	WR: 179 Prearrivals: 1 Current: 197 Last Hour: 0 Today: 0 Median LOS: Median Door to Doctor:	۲



Next, you will need to receive Handover from the outgoing Provider. After you receive a summary of the patient's care, you need to **Assign** yourself to the patient.

1. Navigate to the **Assignment Column** and click in the **column**.

FirstNet Organizer for Train	n, Emergency-Physician1, MD												•
Task Edit View Patien	nt Chart Links Notifications Navigat	ion Help											
👫 ED LaunchPoint Trackin	ng Shell 🖃 Message Centre 👫 MyExperiend	e 🌃 Results Callback Worklist 🎬 LearningLIVE 🍦 🤅 🖏	Patient Health Education M	aterials	🛱 Polici	es and Gui	delines 🖿	UpToDate	: - i 😋	CareConr	nect 🔃 PHSA PAG	s	- 12 i 4
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View: All Show: Critical Labs/	VS WR V Hide Empty Beds	My Patients Current: 0 Last Hour: 0 Today: 0 Median Door to Doctor:	Departm WR: 179 F	ent rearrival	s: 1 Cu	rrent: 197	Last Hou	ır: 0 Toda	iy: 0 Mi	adian LOS:			6
Room in 105	Patient Information	MI P RN Patient Details	Picular Doc	⊡ ⊠	0	1	ah	æ	0	2	Status		Doc
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ACWR 672:12	BD-UrbanIPhy-Mor 39y M	Emergency	v	/ 10		1	Jr.				Eval in Progress 00:05	0	
ACWR 672:12	ED-RuralPhy-MontyA, 39y M	Emergency	¥	/ 10		Î	Jr.				Triage 672:12	0	
ACWR 672:12	ED-RuralPhy-MontyB, 39y M	Emergency	¥	1 0		1	sh.				Triage 672:12	0	
ACWR 672:12	ED-RuralPhy-MontyC, 39y M	Emergency	¥	1 0		1					Triage 672:12	0	
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ACWR 623:40	*Validate, IP-PHY-One 75y F 🚳 🚰 🔅										Triage 623:40	0	
	*Currany Cohadulina	Emergency									Triana		

2. The Provider Assignments window appears.

Click the **Assign** button. You are now assigned as Mr. Pylon's Provider. The initials you entered during Check-In will appear in the Assignment column.

3. Click the **Close** button.

Provider	Assignments	×
ED-Urba 39y M	anlPhy-MontyH, Monty DOB: 29/01/78	ACWR MRN: 760000522
EDMD:	ET Train, Emergency-Physician3, MD	2 Assign
MLP:	No assignments have been made	
RN:	No assignments have been made	
💉 Assig	n/Unassign Others	3 Close



You will notice that your initials are layered with the outgoing provider. This acts as a visual cue to others that handover is occurring on this patient.

Note: The first Provider assigned to a patient will always be noted as the first Provider and cannot be "bumped" from that assignment. The only way to remove their name is if they Unassign themselves.

For example, Dr. Smith is the first Provider assigned to a patient but did not Unassign herself. Her colleague, Dr. Chan comes on shift and assigns himself to the same patient; his initials will be layered over Dr. Smith's in the **Assignment** column. Now Dr. Ahmed, the third Provider, comes on shift and assigns herself to the patient. Dr. Chan will be unassigned from the patient, while Dr. Smith will remain assigned since they were the first Provider assigned. The primary Provider will remain constant and any Providers assigned afterward will be dynamic.

After assigning yourself to your patients, change the View in the dropdown menu to **My Patients** and **Unassigned**.

This view organizes your Assigned patients to the top of the screen while still allowing you to visualize the rest of the department.

ED LaunchPoint							3) Full screen	ninutes ago
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View: My Patients a	nd Unassigned 🗸	My Dationte	Department						
Show: Critical Lab	s/VS 🕑 WR 🕑 Hide Empty Beds	Current: 1 Last Hour: 0 Today: 0 Median Door to Doctor:	WR: 182 Prear	rivals: 0	Current: 199 Last	Hour: 0 Tod	ay: 0 Median LOS	: Median Door to Do	ctor:
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My Patients									
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Unassigned									
AC,201 691:	7 3 *Pharm-Emerg, Audrey	Myocardial infarction	v	10	1		0	Unassigned	
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AC,202 691:	7 *Pharm-Emerg, Faith 47y F 0	Myocardial infarction	v	10	1			Unassigned	
AC,203 691:	*Pharm-Emerg, Rose	Myocardial infarction	v	10	8			Unassigned	
AC,204 691:	Pharm-Emerg, Charl 47y F	Myocardial infarction	٧	10			0	Unassigned	
AC,205 691:	7 *Pharm-Emerg, Jo 47y F	Myocardial infarction	v	10	Ĩ		0	Unassigned	
AC,206 691:	7 *Pharm-Emerg, Leslie	Myocardial infarction	V	10	Ĩ		0	Unassigned	
AC,207 691:	Pharm-Emerg, Tasha 47y F	Myocardial infarction	٧	10	8			Unassigned	



The outgoing Provider tells you there should be results for Mr. Pylon coming in soon, so you decide to enter a **Comment** as a prompt for yourself.

1. From your **ED LaunchPoint** screen, click the **Comments** icon in your patient's row.

ED LaunchPoint										[0] Full s	creen 🗇 Print	i .∂*01	minutes ago
🗚 🗎 🖷 🖿 🔍 🔍 10	0% 🗸 🕘 🜑 🗳												
+1 My Patients	All Beds Resus/DTU Acute/INTK	Acute INTK FA			Į.	Q				Train, Em	ergency-Physicia	in1, MD	≣.
View: All Show: Critical Labs/VS	WR V Hide Empty Beds	My Patients Current: 1 Last Hour: 0 Today: 0 Median Door to Doctor:	Department WR: 182 Prear	ivals: 0	Current: 19	19 Last I	lour: 0	Today: 0	Median LC	DS: M	edian Door to Do	octor:	۲
Room :- LOS	Patient Information = EDMD MLP	RN Patient Details		• 🗹	ø	Ĩ		© •	۵	Ì	Status		Doc
	39у М 🍅		*	10		Ξ	-				690:11	0	
ACWR 690:11	ED-UrbanlPhy-Monty 39y M Ø	Emergency	۷	/ 10			ф. —				Triage 690:11	0	
ACWR 690:09	ED-UrbanlPhy-Monty 39y M 🔅	Emergency	۷	✓ 10		Î	љ.				Eval in Progre 00:03	ess D	
ACWR 690:11	ED-RuralPhy-MontyA, 39y M	Emergency	۷	1 0		Î	љ.				Triage 690:11	0	
ACWR 690:11	ED-RuralPhy-MontyB, 39y M	Emergency	۷	10		1	<u></u>				Triage 690:11	0	
ACWR 690:11	ED-RuralPhy-MontyC, 39y M	Emergency	٧	1 0		1	ф. 				Triage 690:11	0	
ACWR 690:11	ED-RuralPhy-MontyD, 39y M	Emergency	۷	10		Î	<u></u>				Triage 690:11	0	
ACWR 690:11	ED-RuralPhy-MontyE, 39y M	Emergency	۷	✓ 10		1	<i>ф</i>				Triage 690:11	0	
ACWR 690:11	ED-RuralPhy-MontyF, 39y M	Emergency	¥	/ 10		1	<u></u>				Triage 690:11	0	

2. The **Comments** box appears. In the **Provider Comment** section, enter the following text: **Awaiting critical Lab results**.

Provider Comments can only be seen by Providers while Staff Comments can be seen by everyone in the department.

3. Click Save.

	Comments	×
	ED-UrbaniPhy-MontyH, Monty 39y M DOB: 29/01/78	ACWR MRN: 760000522
2	Provider Comment Awaiting troponin results	
	Staff Comment	3 Save Cancel

Your comment now appears in the patient row. You can click the same button to access the Comment window at any point.



Single Patient View

- 1. Clicking the white area around your patient's name will open Single Patient View.
- 2. A Banner Bar spans across the top of the window. Confirm you have the right patient and the right encounter.
- 3. The Patient Summary Tab includes information on past visits, Triage Information, Home Medications, and other information.

Explore the different tabs to view different information about the patient.

FirstNet Organizer for Trai	in, Emergency-Physician1, MD				
sk Edit View Patier	nt Chert Links Notifications Nevigation	Help		an March Onder and States Other Day	Action Dimension Discussion and
ED LaunchPoint Tracks	ing shell Amessage Centre Mybiperience	Results Caliback Work	sist 🐘 LearningLive 🛫 : 📿 Patient Health Educa	tion Materials Q Policies and Guidelines Q Op I oblate (2) : C	Coreconnect QUHSA PACS QUCH and PHC PACS
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View: My Patients an Show: Critical Labo	nd Unassigned 💓 NVS 🗐 WR 🔛 Hide Empty Bots	3	· · · ·	<u>+</u> <u>€</u> α ノ	
nam (+ 101	Paravet Techemotics (+ 1000 HLP	Pa	atient Summary	Primary Physic	ian: Train, GeneralMedicine-Physician7 Orders 🔐 Refres
ACWR 740:38	1 b CrbantPhy Monty	Line .		Triage Information 19/01/18 05:00	Medical History
AC,216 Ruicide Princ	sy F 😸 O	Res	Demerol HCI;	No Reason for Visit specified Presenting Complaint: Emergency	Last Reviewed
DTU,01 740:30	0 2 ^{#ED-UC-R, SONIA} RSV ¹	Rest	Past 5 ED visit(s) within the last year. There is no information to display.	110/75 1115 37.0	Active (0) There is no information to display.
NC,201 741:00	3 *Pharm-Emerg, Audrey	Myo	Past 5 visit(s) within the last year. There is no information to display.	Tote 5002 Weight Dowing † 24 94 90	 Historical (0)
AC, 219 741:22	2 *Validate, Pharm-Eme 47y F	Che	Critical Notes (0)	• Home Medications (0)	Family History (1)
AC,202 741:00	*Pharm-Emorg, Faith 47y F	Myo	There is no information to display.	Medication history has not yet been documented.	Diabetes: Father
AC,203 741:00	*Pharm-Emerg. Rose 47y F	Myo			Procedure History (2)
AC,204 741:00	Pharm-Emerg, Charl	Myo			Drainage of abscess; submaxillary or sublingual, intraoral
AC,205 741:00	Phaem-Emerg, Jo	Myo			05/01/92 Tonsiliectomy and adenoidectomy; age 12 or
AC,206 741:00	19harm-Emerg, Leslie	Myo			aver
AC.207 741:00	*Pharm Emerg, Tasha	Myo			Close

4. Some tabs have a Favorites List of common orders. You can enter orders from the **Single Patient View**. Orders you have selected will be added to your Inbox and will display outstanding Orders for Signature for to this patient. You can therefore select multiple orders and sign off the group, rather than one-by-one. Do not order anything for now.

Re-order	Order	Date/Time	Ordered By	Sbibus	Favorites
Schedul PRN (2)	led (0)				sodium chloride 0.9% (NS) bolus 1.000 mL, TV, once, drug form: bag, first dose: NOW
	dimenhyORINATE 25 mg, IV, q4h, PRN: nausea or vomiting	28/12/17 13:32:00	TestED, Emergency- Physician1, MD	Ordered	acetaminophen 975 mg, PO, once, drug form: tab, first dose: NOW The basesfee 600 mg, PO, once, drug form: tab, first dose: NOW
	morphine (morphine PRN range dose) 5 mg, TV, g10min, PRN: pain	28/12/17 13:32:00	TestED, Emergency- Physician1, MD	Ordered	Buprofen 800 mg, PO, once, drug form: tab, first dose: NOW dimenhyDRINATE
Continu	ious Infusions (0)				50 mg, TV, once, drug form: inj, first dose: NOW
					The second secon
					ketorolac 15 mg, IV, once, drug form: inj, first dose: NOW ordansetron 4 mg, IV, once, drug form: inj, first dose: NOW
					 ketorolac 15 mg, IV, once, drug form: inj, first dose: NOW ondansetron 4 mg, IV, once, drug form: inj, first dose: NOW



You are ready to review your patient's chart. To access Mr. Pylon's chart, click on Monty's name from in **ED LaunchPoint**.

FirstNet Organ	nizer for Train, E	mergency-Physician1, MD												-0-	
ask Edit Vi	iew Patient	Chart Links Notifications	Navigation Help												
ED LaunchPr	oint Tracking 5	hell 🔝 Message Centre 🌇 My	Experience S Results	Callback Worklist 👫 LearningLIVE 🛓 🕄 📿 Patient Health Education 1	Aaterials		12 1 %	CareCo	nnect Q	PHSA PA	cs Q vc	H and PHO	PACS Q MUSE	Qfor	mFast WF
📲 Esit. 🍰 PM /	Conversation +	R. Depart Communicate ·	Discern Reporting	Portal											
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My Patients															
ACWR	692:51	ED-UrbaniPhy-Monty		Emergency (E) Awaiting troponin results		٣	10	Ĩ	4				Eval in Progres	s 0	D
Unassigned															
AC,201	693:13 <mark>3</mark>	*Pharm-Emerg, Audrey 47y F O		Myocardial infarction		٧	10	Ĩ					Unassigned	-0	
AC,219	693:36	*Validate, Pharm-Eme 47y F		Chest pain		٣	10	ĩ					Unassigned	-0	
AC,202	693:13	*Pharm-Emerg, Faith 47y F		Myocardial infarction		٣	10				0		Unassigned		
AC,203	693:13	*Pharm-Emerg, Rose 47y F		Myocardial infarction		٧	10	Ĩ					Unassigned	-	
AC,204	693:13	*Pharm-Emerg, Charl 47y F 0		Myocardial infarction		٧	10	¥			0		Unassigned		
AC,205	693:13	*Pharm-Emerg, Jo 47y F		Myocardial infarction		۷	10	ĩ			0		Unassigned		
AC,206	693:13	*Pharm-Emerg, Leslie 47y F		Myocardial infarction		۷	10	¥					Unassigned		
AC,207	693:13	*Pharm-Emerg, Tasha 47y F		Myocardial infarction		Ψ	10	1			0		Unassigned	-0	

Knowledge Check

- Name the three primary ways to filter your ED LaunchPoint Multi-Patient List.
- What should you do if you cannot find your patient on your ED LaunchPoint Multi-Patient List?
- How do you assign yourself to a patient?



Activity 1.3 – Patient Chart Overview

Once you open the patient's chart there a several sections to review:

- 1. The **Banner Bar** at the top of the screen shows patient demographic information and alerts. Use the banner to ensure you are viewing the correct patient and encounter. Many Providers find it helpful to choose three patient demographics to check for each time, such as name, encounter number, and encounter type.
- 2. The **Menu** allows you to navigate to different parts of the patient chart. However, it is recommended to unpin the Menu to minimize this section as the majority of your work will be done in the ED Workflow page.
- 3. The **Emergency Workflow** screen is the default landing page when initially opening a patient chart. The Emergency Workflow screen and tabs were designed to support the majority of your work. Relevant clinical information gets pulled from other areas in the chart for review onto the workflow page. This page allows you to document patient care in real time, such as Physical Examinations, Diagnoses, and Impression and Plan.

ED-Urba	anlPhy-Mo	ontyH, Mo	nty 💌		_				— Lid	- Recent + Harris - Q
ED-Urba	anlPhy-M	ontyH, Mo	Ape:39 years	MRN:760000522 Enc:760000000522		Code Statut:	Process		Enc Type:Em	ergency
1 Allergies:	Demerol H	a	Gender:Male	PHN:10760000522		Dosing Wt:90 kg	Isolation		Attending:Tr	ain, Emergency-Physician1, MD
2 Menu			🔨 🔹 者 Emergency Wo	rkflow						Full screen 👘 👘 🤣 🕯 minutes age
3 Emergene	cy Workflow		A B A B 4 1005							
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			Release Note)	 Displaying period 	t into the a	5 rol most of information for	the last 12 meeths		100	



4. The **Toolbar** offers navigation tools and different options to change your view.

番	Find
🔍 🔍 100%	Zoom In/Out and Magnification Percentage
	Home

5. The Emergency Workflow screen is made up of a number of **Tabs** that contains information pertinent to the activity described in the tab title.

Clicking the Add icon + allows you to modify or add additional tabs.

- 6. The **Refresh** icon indicates the chart to display the latest information. If you have entered any information that does not display, click the refresh button. Be sure to utilize this icon frequently as chart pages do not automatically refresh.
- 7. The ED Workflow **Table of Contents** allows you to navigate directly to the sections of the workflow page. As you scroll through the chart the section you are on will highlight.

ED-UrbanIPhy-Montyl	H, Monty 📱	1						List	Recent - Name - Q
ED-UrbaniPhy-Monty	H, Monty	DOB:1978-Jan-29	MRN:760000522			Process:		Location:LG	I ED
Allergies: Demerol HCI		Gender:Male	PHN:10760000522		Josing Wt90 kg	Isolation:		Attending:Tra	ngency in Emergency-Physician1, MO
Menu	9 5 3	• 🔒 Emergency Work	flow					(C)	ull screen 👘 🔓 🛛 36 minutes ago
Emergency Workflow	4 40 1	D D B S & 100%							
Results Review	5 10 1	wellow 57	ID Workflow Smoke	27	Emergency Orders	12 DEDS Emanance Ordana	27 Trauma Ordera	12 4	
Orders 🕂 4	Ade		Contraction and pro-		, and an approximation of	. 14 There solve group a control	AN I CONTRACTOR	TT T	
Documentation 🕂 4	Add Tried	e Documentation	Triage Documenta	tion					2 = ·
Allergies 🛉 A	Add Histo	ry of Present Ilness**	Emergency						
Diagnoses and Problems	Physi	ical Exam**	Linergency						1
Histories	Histo	ries							
MAR Summary	Aller	pies (1)	Temperature		Heart Rate	-	Respiratory Rate	O2 Saturation	
Medication List 🛛 💠 /	Add Hom	e Medications	37 DegC		115 bpm	Blood Pressure	1 24 br/min	94 %	Pain
MAR	Curre	ent Medications	22/01/18 06:45		22/01/18 06:45		22/01/18 06-45	22/01/18 06:45	
Form Browser	Orde	r Profile	Height		Weight.	- 10-1 (1000) - 1000	Visual Acuities	saturnarus anno	
Patient Information	Docu	ments	186 cm		90 kg	Body Mass Index	L R	Glasgow Coma Scale	
Growth Chart	Visits	Lui I	22/01/18 06:00		22/01/18 06:00				
Immunizations	Proce	edures** E							
Interactive View and 18:0	Links								
Lines/Tubes/Drains Summary	Lab P	Results							
Clinical Research	Imag	ing	Vital Signs & Meas	sureme	ents 🚽		Late	Last 12 months Last 24 hou	rs More * 📰 🖩 2 -
CareConnect	Disch	harge Diagnosis			JAN 22, 2018 07:92	06:45		06:00	
	Datia	et Tosto stiens	BP	mmHg.	98 / 54	110 / 75			
	Nour	Onder Entry	HR	bpm	69	¥ 115			
	new	Older bildy	Temp	DegC	4 36.2	37		-	
	Creat	te Note	Sp02	%	-	94			
	ED N	lote	Kespiratory Rate	br/min	1.51	7.24			
	ED N	lote - WorksafeBC	Weight Losing	NG IN	90	-		90	
		nce Note (School/Work	Height/Length Measured	C78	186			186	
	7	ise Note) _	* Derdwinn rocant rock	s on this	6 columns of information for				-



Review the prepopulated content in the **ED Workflow** sections, as you would prior to assessing a patient. In the next activity you will document your assessment findings.

- Triage Documentation Vital Signs displayed here are from Triage and are not the most recent
- Vital Signs & Measurements Most recent Vital Signs are displayed from left to right

Triage Document	ation					∂ =-
Emergency						
Temperatur 37 DegC 22/01/18 06:	e 45	Heart Rate Heart Rate 115 bpm 22/01/18 06:45	Blood Pressure	Respiratory Rate 24 br/min 22/01/18 06:45	O2 Saturation 94 % 22/01/18 06:45	Pain
Height 186 cm 22/01/18 06:	00	Weight 90 kg 22/01/18 06:00	Body Mass Index	Visual Acuities L: R:	Glasgow Coma Scale 	
Vital Signs & Mea	sureme	nts 🚽			Latest* Last 12 months Last	: 24 hours More 💌 📰 🔟 🎗 =-
		JAN 22, 2018 07:52	06:45		06:00	
BP	mmHg	98 / 54	110 / 75			
HR	bpm	69	1 115			
Temp	DegC	↓ 36.2	37			
SpO2	%		94			
Respiratory Rate	br/min	† 24	† 24			
Weight Dosing	kg				90	
Weight Measured	kg	90				
Height/Length Measured	cm	186			186	
* Displaying recent resu	lts up to 11	columns of information for the last 12 mont	hs			

• Histories

Click the tabs in this section to review the patient's Medical, Surgical, Family, and Social History.

Histories								All Visits 🏽 🎜 🚍 -
Medical History (0) Surgical History	(2)	Family History	(1)	Social History	(2)			CPT4 Q Add procedure
Procedure		Surgeon				Implant	Date	
△ Surgical Records (0)								
No results found								
⊿ Procedures (2)								
Drainage of abscess; submaxillary or sublingual, intraora							2010	
Tonsillectomy and adenoidectomy; age 12 or over							1992	

- Allergies
- Home Medications

Allergies (1)	+						All Visits $ artheta \equiv$ -
Substance	Reactions	Category	Status	Severity	Reaction Type	Source	Comments
Demerol HCl	-	Drug	Active	Severe	Allergy		
Home Medic	cations (0)				St	atus: 🔒 Meds	All Visits ₴ =-
No results four	nd					Document Histo	ory: Incomplete Complete History



- Visits
- Links: PharmaNet and CareConnect
- Lab Results
- Order Profile

Each section of the **ED Workflow** has a heading. Some headings are links that can bring you directly to that part of the patient's chart. Hover your cursor over a heading, if the hand $\stackrel{\text{th}}{\hookrightarrow}$ icon appears that heading is a link.

Lab Results					Selected visit: Latest*	Selected visit Last 24 ho	ours More 🔻 🧮 📗] ∂ ≡-
		JAN 24, 2018 09:00	08:45	07:45	07:30	07:15	07:00	
△ Laboratory								-
WBC Count				-			† 10.3	
RBC Count							♣ 4.12	
Hemoglobin	g/L			-			♣ 120	
Hematocrit							♣ 0.36	
MCV	fL			-			88	
MCH	pg						29	=
RDW-CV	%			-			13.3	
Platelet Count							216	
MPV	fL						11.8	

Each section contains options to change your view. For example, the Vital Signs section has a Flowsheet 🗐 or Ambulatory 🔟 view. Use the view that suits you best.

Vital Signs & Mea	sureme	nts 🗸		Latest* Last 12 months Last 24 hours More 🔻	⊡ ∂ ≡-
		JAN 24, 2018 07:52	06:45	06:00	
BP	mmHg	98 / 54	110 / 75		
HR	bpm	69	† 115		
Temp	DegC	↓ 36.2	37		
SpO2	%		94		
Respiratory Rate	br/min	1 24	† 24		
Weight Dosing	kg			90	
Weight Measured	kg	90			
Height/Length Measured	cm	186		186	
* Displaying recent resul	ts up to 16	columns of information for the last 12 months			

All sections have a Refresh \mathfrak{P} icon. You can refresh a particular section if you would like to ensure you are viewing the most current information without losing you place. Clicking the Main Refresh \mathfrak{P} icon will reload the whole page and will bring you to the beginning of the ED Workflow page.



Activity 1.4 – Documenting History of Present Illness

After assessing Monty Pylon, you wish to document your findings.

- 1. In the **ED Workflow Tab** of your patient's chart, scroll to the **History of Present Illness**** section or click on the title in the Table of Contents.
- 2. Enter the following information in the text box: *Patient fell 15 feet off a ladder onto a concrete floor, landing on the right side of his body.*

If you have **Front End Speech Recognition** (FESR) microphone, you may use it to enter the text, per any FESR learning you received. Any section title followed with two asterisks** indicates a free text field where you can use FESR.

3. Click **Save** see. Sections like this will auto-save periodically to ensure work is not lost if you step away from your workstation, however it is recommended you save as soon as you finish a section.



If you attempt to navigate away from this screen without saving, an error message will appear asking if you wish to cancel anything entered or return to the ED Workflow page to save your work.





Activity 1.5 – Documenting Physical Exam Using Autotext

- 1. Scroll to the Physical Exam** section of your ED Workflow screen.
- Document Monty's exam in the text box of the **Physical Exam**** section. Although you can use FESR in this section, this activity is intended to show Auto-text functionality, so do not use FESR. Type ,,ed_pe in the text box and a drop-down menu will appear.
- 3. Choose "ed_pe_adult_quick*.

	< > 🔹 👫 Emergency	Wor	cflow				🗇 Full screen 🛛 📄 Print 🛛 🗞 31 minutes ago
	🏔 🗋 📥 🗎 🔍 🔍 1009	%	- • • 🗳				
	ED Workflow	X	ED Workflow Simple	Emergency Orders	PEDS Emergency Orders	Trauma Orders 🕅	+ 🕞 – 🗞 🗐 –
	Triage Documentation Vital Signs & Measurements		Physical Exam**				Selected visit $\left \mathcal{X}^{\prime}\right \equiv$
1	Physical Exam**		Tahoma 🔹 9 🔹	Ra 👔 B I U A,• 🔳 Ξ	≝ ■ ® [
	Histories Allergies (1) Home Medications (0) Current Medications Order Profile Documents Visits Procedures**	ш	2 red_pe Last 3 ed_pe_adult_com ec_pe_peotancc_ ed_pe_trauma_m ed_pe_trauma_m ed_pe_trauma_m (Medical History (0)	srebascius * omprenensive uick * jor_blank * jor_oror * Surgical History (2)	Family History (1)	Social History (2)	Save All Visits Q Add problem
	Links		No Chansie ambleme doeur	rested Descured No Chargis Decklasse			

4. A pre-populated assessment containing normal findings will appear. The terminology in the global auto-text entries was developed by multiple provider groups to provide consistent charting among individuals.

Change the following fields:

- CONSTITUTIONAL: appears in mild respiratory distress
- PULMONARY: decreased breath sounds to right lungs, pain to right side on inspiration
- MUSCULOSKELETAL: pain and ecchymosis to right leg above knee, pain to right elbow
- 5. Click Save Save.

< 🔿 👻 者 Emergency Wo	kflow	🗇 Full screen 📄 Print 🍣 31 minutes ago
👫 🐚 📥 🖿 🔍 🔍 100%	- I • • · ·	
ED Workflow	ED Workflow Simple 🔯 Emergency Orders 🔯 PEDS Emergency Orders 🔯 Trauma Orders 🕸 🕂	🕞 — 🖻 🥵 🔳
Triage Documentation Vital Signs & Measurements History of Present Illness**	Physical Exam**	Selected visit ≳r ≡ -
1 Physical Exam**	Tahoma → 9 → 🕢 🖄 🛍 B J U A _t - 📄 🛎 🗐 🗐 (0)	
Histories Allergies (1) Home Medications (0) Current Medications Order Profile	2 <u></u> Last 3 <u>led_pp_adult_quick *</u> 	E
Documents Visits	Historiesed_pe_trauma_major_norm *	All Visits 🤁 = -
Procedures**	Medical History (0) Surgical History (2) Family History (1) Social History (2)	Q Add problem
Links		

It is possible to create your own auto-text messages, but that is beyond the scope of this education session.



Activity 1.6 – Documenting Past Medical History

Monty relayed his past history during your exam. His surgical, family, and social history were documented, but his appendicitis (resolved with antibiotics) in 2004 was not. You need to update this in your workflow.

- 1. Scroll to the Histories section of your ED Workflow screen.
- 2. Review the tabs in this section: **Medical History**, **Surgical History**, **Family History**, and **Social History**.

UrbaniPhy-MontyH, Monty gies: Demerol HCl	V DOB:1978-Jan Age:40 years Gender:Male	1-29 MRN Enc7 PHN	1760000522 160000000522 10760000522	Code Status: Dosing Wt90 k	9	Proces Disease Isolatio	s t: m:		Location:LGH ED Enc Type:Emergency Attending:Train, Emerg	gency-Physicia	an1, MD
< > • 🛉 Emergency Wo	rkflow								D' Full screen	1000 Q 1	minute
🐴 🗎 🖣 🏬 🔍 🔍 100%	- I 🗿 🖓										
ED Workflow 22 ED	Workflow Simple	12 Emergency	Orders \$2	PEDS Emergenc	y Or 💱 Trau	na Orders	ED Prescriptions	22 +		0 R	1
Trans Decementation											
Vital Sinne & Massuramente										Save	
Visit anglis & Heasart Tinaco**											
Phosical Exam**										12	1-
Histories	Histories									All Visits 4	-
AURONA (1)	2 Medical History	(0)	Surgical History	(2)	Family History	(1) 5	iocial History	(2)	Q Add problem		
Home Medications (B)			4			-					
Current Medications	O No Chronic p	roblems docume	inted, Document N	o Chronic Problem	s or add a problem						
Order Profile (15)						62/12/20					
Documents (0)	Name	mm (0)				Classification					
Visits	No results found	and (o)									
Procedures**	Resolved Problem	lems (0)									
Links											201
Lab Results							KR	onciriation status:	Incomplete Complet	le Reconcilia	not
Imaging											
Discharge Diagnosis	Allenstee									10	1
Impression and Plan**	Allergies (1)	•								All Visits 40	1
Patient Instructions											
New Order Entry	Substance	Reactions		Category	Status	Severity *	Reaction Type	Source	Comments		
	fentanyi	÷.		Drug	Active		Allergy	-			
Créate Note							Roc	onciliation Status:	Incomplete Complete	e Reconciliat	ion
ED Note											
ED Note - WorksafeBC	Home Medica	tions (0)								Al Vists 2	=-

- 3. Return to the **Medical History** tab.
- 4. Search and select *Appendicitis* in the **Add Problem** search bar.

< > • 👘 Emergency Wo	orkflow								O Full scre	m Cilling	21 minutes ag	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
ED Workflow 🕮 ED	Worldlow Simple	81 Emergenc	y Orders 23	PEDS Emergenc	y Or 💱 Trau	ma Orders	ED Prescriptions	8 +		9 - 9	R. =-	
Triage Documentation	Histories							_		All Visit	e =-	
History of Present Illness** Physical Exam**	3 Medical History	r (0)	Surgical History	(2)	Family History	(1) S	icial History	(2)	4 Appendicit	itis) s (541, K37)	8	
Histories	No Chroni	c problems docum	ented. Document No	Chronic Problem	s or add a problem				Other apper Pelvic apper	dicitis (542, K3 dicitis (541, K3	16) 17)	
Allergies (1)	Name		÷			Classification			Chronic app Unspecified	andicitis (542,)	(36)	
Current Medications	A Chronic Pro	blems (0)							Atypical app	endicitis (542, 1	K36)	
Order Profile (15)	+ Resolved Pr	oblems (0)							Subacute ap	Subacute appendicitis (542, K36)		
Documents (0)							Rec	onciliation Status:	Inct Other acute	appendicitis (S	40.9)	
Procedures**									Recurrent ap	pendicitis (542	(, KJb)	
Links	Allergies (1)	+								All Vist	• ə =-	
Lab Results												
Discharge Diagnosis	Substance	Reactions		Category	Status	Severity *	Reaction Type	Source	Comments			
Impression and Plan**	fentanyi	-		Drug	Active		Allergy		-			
Patient Instructions							Rec	onciliation Status:	Incomplete C	omplete Recor	nciliation	
New Order Entry Create Note	Home Medi	cations (0)								All Visit	s ∂ ≡•	
ED Note								Change O Mad		dmission 0	Discharge	
ED Note - WorksafeBC Absence Note (School/Work	No results fou	nd						Duriusi U Miju	o mouny U A		- Discharge	



- 5. Appendicitis will populate under **Chronic Problems**. Select **Appendicitis** to open the **Problem Details** window.
- 6. Click Modify.



7. The Modify Problem window appears.

Click Date in blue font.

8. Choose Year from the dropdown options.

llergies: fentanyl	Gender:Male PH	HN:10760 Dosing Wt:90	kg Isola	ation:	Attending:Train, E	imerg
Problem		Resp	onsible Provider	(Comments	
Appendicitis		🐴 🗌 Free Text 🛛 Train	, Emergency-Physicia	an1, N 🔍		
isplay As		At:Age	7 Inset: Date.			
Appendicitis			-	Date		
Confirmation	*Classification	*Status	Cancel Beaso	Week of		
Confirmed	Medical - POA	 Active 	-	Month		
lanking	Developed Ab Ac		8	Year	N	
	meeowed or o de	Headwedt Links				
 Hide Additional Detai 	resolved At: Age	Hesolved: Date	A V			
 Hide Additional Detail Status Details Car 	egiver Relationships Se	econdary Description Rela	ted Problems			
 Hide Additional Detai Status Details Car Qualifier 	egiver Relationships Severity Cl	econdary Description Rela	ted Problems	Co	urse	
 Hide Additional Detai Status Details Car Qualifier 	egiver Relationships St	econdary Description Rela	ted Problems	Co	urse	•
Hide Additional Detail Status Details Car Qualifier Status date:	resolved At.Age resolv	econdary Description Rela	ted Problems verity	Co	use	•
Hide Additional Detai Ide Additional Detai Details Car Qualifier Status date:	resolved AL Age resolv	econdary Description Rela kess Se	ted Problems	Co	urse	•
Hide Additional Detai Tetails Car Qualifier Status date:	resolved AL Age resolv	econdary Description Rela Relations Se	ted Problems	Co	urse	•
Hide Additional Detai Status Details Car Qualifier Status date:	resorved AL Age resorv	Hesotved: Usle (m. searcher and the sea	ted Problems	Co	urse	•



- 9. Enter 2004 in the Onset Year field.
- 10. Change the status from **Active** to **Resolved**.
- 11. Click **OK**.

D-UrbanlPhv-I	VIo DOB:1978-JMR Age:40 years Enc	N:76000Code S :760000	Status: F	Process: Disease:	Location:LGH E Enc Type:Emerg	D Jency
llergies: fentanyl	Gender:Male PHI	N:10760 Dosing	Wt:90 kg I	solation:	Attending:Train,	Emerge
Problem			Responsible Provider		Comments	
Appendicitis	6	Free Text	Train, Emergency-Phy	vsician1, N 🔍		
)isplay As		AtAge	Onset Y	ear		
Appendicitis		26 Ye	ars 9 2004	-		
Confirmation	*Classification	*Statue	Cancel Rea	ason		
Confirmed	 Medical - POA 	- Resolved	-	-		
lanking	Resolved At:Age	Active				
		Lanceled Inactive	-			
 Hide Additional Deta 		10 Resolved				
Status Details Car	egiver Relationships Sec	condary Description	n Related Problems			
Qualifier	Severity Cla	\$\$	Severity	С	ourse	
	-		-			-
	Day					
Status date:						
Status date:	▼ 31-Jan-2018	T				
Status date:	▼ 31-Jan-2018	× •				
Status date:	▼ 31-Jan-2018					
Status date:	▼ 31 Jan-2018					

12. Appendicitis will now appear in **Resolved Problems**.

Currently, the **Reconciliation Status** will display as Incomplete. Click **Complete Reconciliation** to finalize your documentation.

The Reconciliation Status will now display as Completed followed by your name and date.

	ED Wondow Simple	SS Emergen	cy Orders 🛛 😒	PEDS Emergence	γ Dr 🛛 🕸	Trauma Orders	ED Prescription	•			► R.	
ge Documentation	Histories										All Visits 2	
Signs & Measurements	En	(1)	-		1		1. Marcalan		Q			
ry of Present Illness**	Medical History	(1)	Surgical History	(2)	Family Hist	ary (1)	Social History	(2)	<u></u>			
nes	O No Chronic	c problems docur	mented, Document No	Chronic Problem	s or add a probl	em						
ies (1)			*			Charden						
Medications (0)	d Chronic Prob	loms (0)				Castinese	on					
ent Medications	- chronic r ros	inclina (v)										_
r Profile (15)	4 Resolved Pro	oblems (1)										
monte (0)	Appendicitis					Medical	POA					
contraction (co)												
t m							12 8	econciliation Status	Incomplete	Complete	e Reconciliati	ion
enerse (o) E	E.						12 8	econciliation Status	: Incomplete	Complete	e Reconciliat	ion
edures**	=						12 R	econciliation Status	: Incomplete	Complete	e Reconciliati	noi
edures** edures** En: Results	E Allergies (m						12 R	econciliation Status	: Incomplete	Complete	e Reconciliati	noi
F F F F Results ping	E Allergies (1)	+					12 R	econciliation Status	: Incomplete	Complete	e Reconciliati All Visits Ə	ion
s sdures ^{ee} i Results jing targe Diagnosis	E Allergies (1)	÷					12 ^R	econciliation Status	: Incomplete	Complete	e Reconciliati All Visits Ə	noi
stores** stores** resoults ing arge Diagnosis ession and Pian**	E Allergies (1)	+ Reactions		Category	Status	Sevenby	Reaction Type	econciliation Status Source	: Incomplete	Complete	e Reconciliati All Visits Ə	ion =
e edures#** redures#** tesults ing arge Diagnosis st Instructions tt Instructions	E Allergies (1) Substance fentanyl	+ Reactions		Category Drug	Status Activo	Severity	Reaction Type Allergy	Source	Commer	Complete	e Reconciliati All Visits 🎗	ion =
dures ^{the}	E Allergies (1) Substance fentanyl	Reactions 		Category Drug	Status Activi	Sevenby 	* Reaction Type Allergy R	econcilation Status	Commer	Complete	e Reconciliati Al Visits 3	ion =
i	E Allergies (1)	Reactions		Category Drug	Status Activo	Severity	* Reaction Type Allergy Ru	sconciliation Status	Commercial	Complete nts Complete	e Reconciliati	ion = 0n



b Activity 1.7 – Entering Orders and Documenting Patient Care

Part A – Individual Orders

You have documented a physical exam and now know enough about the patient's condition to plan immediate care. There is a concern of a possible pneumothorax and broken ribs. You would like to order some diagnostic tests.

First, we'll learn about Individual Orders.

1. In the ED Workflow screen of the patient's chart, click the Emergency Orders tab.

If you are located at a rural site the tab will read **ED Rural Orders**.

ED-UrbanIPhy-MontyH, Monty D08/1978-Jan-13 MRN/760000522 Code Status: Process: Location:LGH ED	24
Algevo years citr./100000000022 Dosing Wt50 kg Elsolation: Attending/rain, Eri Allergies: fentanyl Gender:Male PHN:10760000522 Dosing Wt50 kg Elsolation: Attending/rain, Eri	-y nergency-Physician1, MD
Menu 🕴 🔪 - 👘 Emergency Workflow 🗇 🖓	Print 🛛 🔊 0 minutes ago
Emergency Workflow	
Results Review DD Waddaw DD DD Waddaw Grade 1 Dataset Orders DD DDD Generation 0. DD Toppenson	
Orders + Add ED WORKING SINGLE ED WORKING SINGLE Energency Orders & PEDS Energency Orders & Hadina orders & +	
Documentation + Add Venue: Inpatient *	
Allergies + Add Frequent E+ O Medications E+ O Labs / ECG O Imaging = O New Order	Entry 🔍 🔿 🗖
Diagnoses and Problems Plans Allergic Reaction ECG 12 Lead Urgent CT Head / Neck Transfert	
Histories I Cardiac / Chest Pain I Analgesia - Parenteral I Chemistry CT Extremity	
MAR Summary	our Order
Matical Search Add Search CT Angiography Search CT Angiography Search CT Angiography	ew Order
Kalandi Los Add	Public Shared
MAR Hip Pain and MSK Antiemetics Favorites	
Form Browser Mental Health/Toxicology Antimicrobial - IV/ IM Micro / Cultures US	Favorites E
Patient Information Metabolic Antimicrobial - PO Point of Care XR Axial/ Head	
Growth Chart > Neurology > Blood Products / Transfusion > Stat Tests > XR Torso/ Spine Outpatient	Orders 🔤 🔿
Inconstructions Respiratory Cardiovascular Toxicology XR Upper Extremity Right	
Sepsis / Fever Corticosteroids Vrine / GYN XR Upper Extremity Left Cardiac	
Interactive view and ISO	
Lines/Tubes/Drains Summary	
Clinical Research Vaginal Bleed/Pelvic Pain Mental Health NPO T.N	
CareConnect Metabolic Orthostatic Vital Signs T;N Disposition Orders Referrals	≣∙⊚
Critical Care = - > Pespiratory Patient is Medically Cleared Tr.N Admit to Inpatient Tr.N. Admit to Earniv	Hospital
► TO-GO MEDS - Abx Walking Test T/N Practice Control of the Contr	rals
Co McDS - Analgesics Difficult Airway/Intubation Please Admit to Inpatient Trik, Admit to Sonamich	Seneral Hosnital
(validated) TO-GO MEDS - Other Complete process alert Hospitalist Medicine Without File Complete process ale	alth Centre
Continuence in the control of t	dian contro
(Validated) ED Procedural Sedation	
(Module) (Validated) V citygi cari Denkari Aurriti Co Unipadenti. 1%, Admit Co General Similari Intrinsio	
LD Vasopressors / Inorropes	*



Each component has a different heading based on order categories and can be further divided by sub-components.

Clicking the **black arrow** next to each heading allows you to expand and collapse subcomponents.

Look through the components and add the following orders to your **Orders for Signature Inbox** by clicking:

2. Medications

3. Labs/ECG

- IV Fluids
 - Sodium chloride 0.9% (NS) bolus
- Stat Tests
 - Basic Metabolic Panel STAT
 - CBC and Differential, STAT
 - ECG 12 Lead STAT
 - Troponin I Cardiac
 - XR Chest, STAT, Transport: Portable
- 4. Vrine/GYN
 - POC Urinalysis Dipstick
 - Urine Culture



5. When done selecting **Orders** click the green **Orders for Signature** inbox **C** icon.


The Orders for Signature Summary window will open.

Clicking the **Modify** button will take you to order details for review.

While it is possible to directly Sign orders from this window, it is considered best practice to always Modify orders to ensure the order details are correct.

Orders for Signature (8)	×
Patient Care	·
POC Urinalysis Dipstick (T;N)	
Continuous Infusions	
sodium chloride 0.9% (NS) bolus (1,000 mL, IV, once, drug form: bag, first dose: NOW)	E
Laboratory	
CBC and Differential (Blood, STAT, Collection: T;N)	
Basic Metabolic Panel (Lytes, Urea, Creat, Gluc) (Blood, STAT, Collection: T;N)	
Troponin I Cardiac (Blood, STAT, Collection: T;N)	Ŧ
Sign Save Modify	Cancel

The Order Details window will open.

Orders with a missing mandatory field will be marked with a blue S icon and will be identified in the Missing Required Details button in the lower left portion of the window.

Urders for Signature				
0 (?) => P	Order Name	Status	Start	Details
⊿ LGH ED Enc:7600	0000000522 Admit: 201	8-Jan-18 11	:26 PST	
⊿ Patient Care				
📃 🛑	POC Urinalysis Dipstick	Order	2018-Jan-25 15:44	2018-Jan-25 15:44 PST
⊿ Medications				
🗌 🗆 🤁	sodium chloride 0.9%	Order	2018-Jan-25 15:44	1,000 mL, IV, once, drug form: bag, first dose: NOW, start: 2018-Jan-25 15:44 PST, stop: 2018-Jan-25 15:44 PST
⊿ Laboratory				
🗌 🔁 🛛	Basic Metabolic Panel	. Order	2018-Jan-25 15:44	Blood, STAT, Collection: 2018-Jan-25 15:44 PST, once
📃 🔲 👘	Differential (CBC and	Order	2018-Jan-25 15:44	Blood, STAT, Collection: 2018-Jan-25 15:44 PST, once
	Troponin I Cardiac	Order	2018-Jan-25 15:44	Blood, STAT, Collection: 2018-Jan-25 15:44 PST, once
	Urine Culture	Order	2018-Jan-25 15:44	Urgent, Unit Collect, Collection: 2018-Jan-25 15:44 PST, once SECIAL COLLECTION REQUIREMENTS: Discovered to exercise site Laboratory Text Manual
4 Disquestic Test			FSI	SPECIAL COLLECTION REQUIREMENTS. Please feld to specific site caboratory rest manual.
	Electrocardiogram 12	Order	2019 Jan 25 15:44	2019 Jap 25 15 44 DCT CTAT
	YR Chert	Order	2018-Jan-25 15:44	2019-Jun-251544 F31, 31AT
	An criest	order	2010-3811-23 13.44	2010-361-25 15.44 F31, 31A1, Transport Foldable
▲ Details				
3 Missing Required Det	ails Orders For Cosignat	ure		Sign Cancel



- 1. Click the **3 Missing Required Details** button.
- 2. Complete the required Mandatory Fields for the Urine Culture order.
- Use these icons to navigate to the next Mandatory field that needs to be completed:
 The Yellow Arrow I icon will navigate to the Next Missing Required Detail, while the
 Double Chevron icon will bring you to the Next Order.

You can use the **Orders for Signature** window to modify other orders without Mandatory Fields or other fields to suit the patient's needs. Do so by selecting the order you wish to modify from the list.

Keep in mind: you can adjust the window panes if you find the window is not displaying enough information. You will know if the screen is adjustable when you see the cursor icon change

Orders for Signature					
D 🖓 🖓 🖻	Order Name	Status	Start	Details	
△ LGH ED Enc:7600	000000522 Admit: 201	8-Jan-18 11	:26 PST		
⊿ Patient Care					
L 🗇	POC Urinalysis Dipstick	Order	2018-Jan-25 15:44	. 2018-Jan-25 15:44 PST	
⊿ Medications					
	sodium chloride 0.9%	Order	2018-Jan-25 15:44	 1,000 mL, IV, once, drug form: bag, first dose: NOW, star 	rt: 2018-Jan-25 15:44 PST, stop: 2018-Jan-25 15:44 PST
		0.1	2010 1 25 15 44		
	Basic Metabolic Panel	Order	2018-Jan-25 15:44	Blood, STAT, Collection: 2018-Jan-25 15:44 PST, once	
	Tropopin I Cardiac	Order	2010-Jan-25 15:44 2018-Jan-25 15:44	Plood STAT, Collection: 2018-Jan-25 15:44 PST, once	
	Urine Culture	Order	2018-Jan-25 15:44	Urgent Unit Collect Collection: 2018-Jan-25 15:44 PST	once
			PST	SPECIAL COLLECTION REQUIREMENTS: Please refer to	specific site Laboratory Test Manual.
⊿ Diagnostic Tests					
🔲 🕀 😣	Electrocardiogram 12	. Order	2018-Jan-25 15:44	2018-Jan-25 15:44 PST, STAT	
🔲 🕀 😣	XR Chest	Order	2018-Jan-25 15:44	2018-Jan-25 15:44 PST, STAT, Transport: Portable	
Details for Urin	e Culture				
🕵 Details 🗊 Ord	er Comments				
+ 🖬 III. 🖳	ا ≷				
2 *Spec	imen Type:		~	Specimen Description:	
Spec	al Requests:			*Collection Priority:	Urgent 🗸
	Unit Collect: 💽 Yes	⊖ No		Collected:	C Yes 💿 No
3 Missing Required Deta	ls Orders For Cosignati	ure			4 Sign Car

Once all the Mandatory Fields are complete for all orders, click the Sign button.
 You will return to the Emergency Orders screen.



Part B – PowerPlans

PowerPlans organize sets of orders that are often used together. They are similar to Pre-Printed Order Sets (PPOs). The PowerPlan icon **a** acts as a visual cue.

The x-ray ordered by the outgoing Provider shows a large right pneumothorax. You decide to insert a chest tube under Procedural Sedation.

- 1. From the Emergency Orders tab, expand the **Sedation-Procedural** subcomponent under the **Critical Care** section.
- 2. Select the ED Procedural Sedation (Module).
- 3. Click the green Orders for Signature inbox [21] icon

D Workflow 🔅 ED We	orkflow Simple 88 Emergency Orders	PEDS Emergency Orders	28 Trauma Orders 28	+ 3 💽 🗣 🖪
Venue: Inpatient *				
Frequent =• 2 Conditions/PowerPlans	Medications =• 🔊	Labs / ECG 🔤 😁 😣	Imaging 🗧 😞	New Order Entry 👙
Conduct / Chief Date	Allergic Reaction	ECG 12 Lead Urgent	CT Head / Neck	Inpatient •
Carolac / Chest Pain	Analgesia - Parenteral	Chemistry	 CT Extremity 	
DTO Orders	Analgesia - PO/ IN	• CSF	► CT Torso/ Spine	Q. Search New Order
General Orders	Anticoagulation	▶ ECG	 CT Angiography 	Mine Public Shared
ation and their	Anticoagulation Reversal	Heme / Coag	MRI	Exercites
nip Pain and Plan	Antiemetics	► Joint	► Trauma	- and the
Mental Mealthy Loxicology	Antimicrobial - IV/ IM	Micro / Culturis	▶ US	My Plan Favorites
Metabolic	Antimicrobial - PO	Point of Care	XR Axial/ Head	
Neurology	Blood Products / Transfusion	 Stat. Tests 	XR Torso/ Spine	Outpatient Orders
Respiratory	► Cardiovascular	Toxicology	XR Upper Extremity Right	• Cardiar
Sepsis / Fever	Corticosteroids	Urine / GYN	XR Upper Extremity Left	 Call Lines. Textualized
Skin / Soft Tissue	▶ GI		XR Lower Extremity Right	 traiging take
Trauma	IV Fluids	Patient Care 🔤 🔹 🐼	XR Lower Exremity Left	· caus
Vaginal Bleed/Pelvic Pain	Mental Health	N00		Bolografe
	Metabolic	Orthography Vital Slope T-W	Disposition Orders =• 🔿	Reterrats
ritical Care =• ?	Respiratory	Patient is Medically Cleaned Tray		Lions Gate Hospital
ED Intubation (Module) (Validated) ED	TO-GO MEDS - Abx	Walking Test T-N	Admit to Inpatient T ₁ N, Admit to Family Practice	Paper Referrals
Intubation (Module) (Validated)	► TO-GO MEDS - Analgesics	Difficult Airway/Intubation Please complete process	Admit to Impatient 1.1%, where to reoptaint medicine	Squamish General Hospital
ED Procedural Sedation (Module)	TO-GO MEDS - Other	alert	Medicine	Whistler Health Centre.
(Validated) ED Procedural Sedation		PO Challenge Tan	Admit to Inpatient TaN. Admit to General Surgery	
Indule) (Validated)		 Equipment/Supply 	Admit to Inpatient 1:10. Admit to Orthopedic Surgery	
(Validated) (D Vascenessors / Instruces		Eye/Ear/Dental	Admit to Inpatient TaN	
lodule) (Validated)		 Injuries 	Discharge Patient TiN, Discharged Home without	
Arrhythmia		Lines/Tubes/Procedures	Support Services	
Cardiac Arrest		Mental Health	Discharge to external Site 1/4	
		Respiratory		

4. In the **Orders for Signature** pop-up window, select **Modify** as modifying a PowerPlan is mandatory.

Orders for Signature (1)	X
PowerPlans	
🔀 ED Procedural Sedation (Module) (Validated) (ED Procedural Sedation (Module) (Validated))	
	Sign 4 Modify Cancel



- 5. Choose the appropriate drugs by checking the boxes. For example, Propofol and Ketamine.
- 6. Click Orders for Signature.

<	😪 🛇 🕂 Add to Phase 🗸 🛄 Comments 🛛 Start: 🔍 📖	Duration: None	
5	Component	Status Dose	Details
Ð	ocedural Sedation (Module) (Validated) (Initiated Pending)		
⊿	atient Care		
	Nitrous Oxide Gas Administration		PRN, for sedation
⊿	edications		
	🔁 ketamine		200 mg, IV, as directed, drug form: inj Have ketamine 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dose until directed
	🖄 proPOFoI		200 mg, IV, as directed, drug form: inj Have proPOFol 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dose until directed
	🖄 fentanyl		100 mcg, IV, as directed, drug form: inj Have fentanyl 100 mcg IV drawn up for ED procedural sedation at bedside. Hold first dose until directed
	To order ketofol, select both ketamine and proPOFol		
	🏟 Ӣ ketamine		100 mg, IV, as directed, drug form: inj Have ketamine vial(s) ready at beside to be mixed with proPOFol. Hold first dose until directed
	🤹 🕅 proPOFol		100 mg, IV, as directed, drug form: inj Have proPOFol vial(s) ready at beside to be mixed with ketamine. Hold first dose until directed
	tetails		
00	lers For Cosignature Save as My Favorite		6 Orders For Signature Cancel

7. A screen to review your selected orders will appear. Click Sign when done.

D 🖓 🖓 🖻	Order Name	Status	Start	Details
	ED Procedural Sedation (Module) (V	Initiated Pending		placing 2 order(s)
△ LGH ED Enc:7	600000000522 Admit: 2	2018-Jan-18	11:26 PST	
⊿ Medications				
e 🔁 🖻	ketamine	Order	2018-Jan-26 11:00 PST	200 mg, IV, as directed, drug form: inj, start: 2018-Jan-26 11:00 PST Have ketamine 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dose until directed
()	proPOFol	Order	2018-Jan-26 11:00 PST	200 mg, IV, as directed, drug form: inj, start: 2018-Jan-26 11:00 PST, stop: 2018-Feb-02 10:59 PST Have proPOFol 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dose until directed
🛣 Details				
0 Missing Required I	Details Orders For Cosig	nature		7 Sign Cancel



8. The window will populate with a complete list of patient orders and their status. Click **Done** to close this window and return to the Emergency Workflow page.

ED-UrbanlPhy-MontyH, Monty	DOB:1978-Jan-29 Age:39 years	MRN:760000522 Enc:76000000005	Code Status	s: Process: Disease:	Location:LGH ED Enc Type:Emergency
Allergies: Demerol HCI	Gender:Male	PHN:1076000052	2 Dosing Wt:	90 kg Isolation:	Attending:Train, Emergency-Physician1, MD
🕂 Add 🎝 Document Medication by Hx Reco	onciliation 🕶 🛛 🕭 Check :	Interactions			Reconciliation Status Meds History Admission Discharge
Orders Medication List Document In Plan					
View	Displayed: All Active Ord	ders All Inactive Orders A	All Active Orders		Show More Orders
Plans	8 7 On	der Name S	itatus Dose	Details	
-Document in Plan	⊿ Patient Care				
ED Procedural Sedation (Medule) (Vali	🗹 😚 🛛 PO	C Urinalysis Dipstick C	Ordered	2018-Jan-26 09:39 PST	
ED Procedular Sedation (Module) (Vali	⊿ Medications				
-Suggested Plans (0)	🗹 ốố ket	tamine C	Ordered	200 mg, IV, as directed, drug form: inj, start: 2018-Jan-26 11:00 PST Have ketamine 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dos	e until directed
Orders Admit/Transfer/Discharge	🗹 66° pro	oPOFol C	Ordered	200 mg, IV, as directed, drug form: inj, start: 2018-Jan-26 11:00 PST Have proPOFol 200 mg IV drawn up for ED procedural sedation at bedside. Hold first dos	e until directed
- Status	🗹 66° soo	dium chloride 0.9% C	Ordered	1,000 mL, IV, once, drug form: bag, first dose: NOW, start: 2018-Jan-26 09:39 PST, stop: 2	018-Jan-26 09:39 PST
Patient Care	🗹 🗈 dir	menhyDRINATE C	Ordered	25 mg, IV, q4h, PRN nausea or vomiting, drug form: inj, start: 2017-Dec-28 13:32 PST GRAVOL EQUIV	
Diet/Nutrition	🗹 🍗 🔁 ma	orphine (morphine C	Ordered	dose range: 1 to 5 mg, IV, q10min, PRN pain, drug form: inj, start: 2017-Dec-28 13:32 PST	
- Continuous Infusions	⊿ Laboratory				
Medications	🗹 66° 🖬 Bas	sic Metabolic Panel C	Ordered	Blood, STAT, Collection: 2018-Jan-26 09:39 PST, once	
Blood Products	🗹 66° CB	IC C	Ordered	Blood, STAT, Collection: 2018-Jan-26 09:39 PST, once	
- Laboratory	1 66° Dif	fferential (CBC and C	Ordered	Blood, STAT, Collection: 2018-Jan-26 09:39 PST, once	
Diagnostic Tests	610° Tro	oponin I Cardiac C	Ordered	Blood, STAT, Collection: 2018-Jan-26 09:39 PST, once	
Procedures	💌 010' 🛃 Un	ine Culture C	Pending	Urine, Midstream, Urgent, Unit Collect, Collection: 2018-Jan-26 09:39 PS1, once SPECIAL COLLECTION REQUIREMENTS: Please refer to specific site Laboratory Test Mar	ual.
	⊿ Diagnostic Tests				
Consults/Referrals	🗹 😚 🛛 Ele	ectrocardiogram 12 C	Ordered	2018-Jan-26 09:39 PST, STAT, Reason: Chest Pain	
Communication Orders	≤ 66° XR	Chest C	Ordered (2018-Jan-26 09:39 PST, STAT, Reason: Chest Trauma, Transport: Portable	
Supplier	XR	Chest C	Ordered (2017-Dec-28 14:20 PST, STAT, Reason: 15 ft fall	
Non Categorized	M Ele	ectrocardiogram 12 C	Ordered	2017-Dec-28 13:33 PS1, Urgent	
Medication History					
Medication History Spanshot					
Reconciliation History					
*					
Diagnoses & Problems	▲ Dataile				
Related Results	- Dottino				
Variance Viewer	Orders For Cosignature				Orders For Sig 8 Done

You perform the chest tube insertion with assistance from the nurse with no complications.

The nurse documents the sedation doses. If you wish to view the medication documentation it is visible in the **MAR** from the **Menu**.

You will now document the Procedural Sedation in the ED Workflow tab.



Part C – Documenting a Procedure

For the purpose of this activity you will document the chest tube insertion in the Procedures^{**} section of the **ED Workflow** Tab. If you would not normally use this section, you are free to document this elsewhere, such as the Impression and Plan^{**} section.

- 1. Click the ED Workflow Tab.
- 2. Scroll to or click on Procedures**.
- 3. In the **Procedures**** text box type, *Chest tube inserted under procedural sedation.* You may use FESR if able.
- 4. Click Save. Note: the auto-save function may render this button inactive.

ED-UrbaniPhy-MontyH, Monty							🔶 List 🔿 🕅 籠 Recent	t - Name - Q
ED-UrbanlPhy-MontyH, Monty	DOB:1978-Jan-29	MRN:760000522	Code Status:		Process:		Location:LGH ED	
Allergies: Demerol HCI	Age:39 years Gender:Male	PHN:10760000522	Dosing Wt:90 kg		Disease: Isolation:		Attending:Train, Eme	rgency-Physician1, MD
🗧 < 🔺 👖 Emergency Workt	low						(D) Full screen	1 hours 36 minutes ago
2 A 1 0 € 100%								
1 ED Workflow	ED Workflow Simple	🔀 Emergency Ord	ers 🛛	PEDS Emergency Orders	🔀 🛛 Trauma Orden	- X	F 🖓 -	- R . =-
	Previous (1) - Last 5 Vi	sits						*
Vital Signs & Massuraments								
History of Present Illease**	-							
Dhysical Exam**	Procedures**							Selected visit R ^a
Histories	Tahoma • 9 •		II A 🖻 🚍	= = 64				
Allergies (1)								
Home Medications	3 Chest tube inserted und	er procedural sedation. No	complications.					
Current Medications								
Order Profile								4 Save
Documents (0)								
Visits (1)	Linke							∂ =- ≣
2 Procedures**	LITIKS							~ -
Links	⊿ PharmaNet (1)							
Lab Results 📍	PharmaNet							
Imaging (1)	CareConnect							
Discharge Diagnosis	Caroconnocc							
Impression and Plan**								
Patient Instructions	Lab Results				Selected visit:	Latest* Selected visit	Last 24 hours More 👻	■ □ ∂ =-
New Order Entry		Today 09:00	08:45	08:30 08:15	08:00 07:	45 07:30	07:15	07:00
Create Note	⊿Laboratory							<u>^</u>

Return to **ED LaunchPoint** by utilizing the ^{ED LaunchPoint} icon in the **Toolbar**.



Activity 1.8 – Accessing Patient Results

On ED LaunchPoint you notice Monty Pylon has critical lab values indicated by the Critical Lab

icon. You can access a quick view of your patient's results using the **Single Patient View**.

- 1. Click the Critical Lab 🚺 icon on ED LaunchPoint.
- 2. Review each tab to familiarize yourself with the display.

Flowsheet with display results by timeQuick View will show the most recent results grouped by type.Order Status shows the progress of an order, such as Ordered, Pending, and Complete.

ED LaunchPoint				(0) Full screen 👘 👘 🐟 0 minutes ago
AS 10 1 10 1 10 1 100% - 1 10 10 4				
(42.) My Patients All Block Resus/DTU Acute/DNTK Acute DNTK FA	ACWR ED-Urbanil	Phy-MontyH, Monty O8: 29/01/78		ACWR × MRN: 760000522 FIN: 760000000522
Wewer My Patients and Unisagoed V My Patients				
Show: Contract Labovs @WR @Hide Empty Bede Current: 1 Last Hour			0	
Name 1- 125 Ramet Melantation 1- 2542 HUP. St. Famet Details	3 2 =		-	1
My Palients	Labs Howsheet Qui	k View Order Status (5 pending)	1	Prior Encounters 🚺 Hide Ravorites Orders 🔊 Refresh
ACM/D 200311 ED-UrbaniPhy-Monty Emergency			4	
30/M 0 MM	Most Recent O Results to	Review		Favorites
Unissigned	Current Encounter: JAN 19, 2018 09 JAN 10, 2018 09-00 JAN 10, 2018 0	00 34N 19, 2018 08:45 34N 19, 201	8 08:30 JAN 19, 2018 08:15	CBC and Differential
AC;216 76542 2 FED-UC-II, Kelli Respiratory distress (2	JAN 19, 2018 07:00	27/10 JPM 12, 2010 07/30 JPM 12, 20	10 07.13	Blood, Urgent, Collection: T,N, once
				Blood, Urgent, Collection: T:N, ance
DTU,01 2765:42 2 PED-UC-R. SONIA Respiratory distress (2	CBC and Peripheral Smear	Blood Gases		Troponin I Cardiac Blood, Urgent, Collectory ToN, once
	WBC Count 110.3	pH Arterial	17.33	Basic Metabolic Panel (Lytes, Urea, Creat, Gluc) Blood, Ureant, Collection: T-W. once
AC,201 766:03 3 Pharm-Emerg, Audrey Phyloardia Interction	ABC COURT 1 4.12	pCO2 Antenar	90	Ethanol Level Bood, Urgent, Collection: T/N, once
and an	Hetratocrit 10.36	HC03 Artivial	22	D-Dimer Quantitative
AC, 219 266:26 47/ F	MCV 88	Base Excess Arterial	2 -	BOOG, orgent, collector, 1,9, once
*Ohum-Eman Exith Proceedial infanction	МСН 29	Ventilation Arterial	Room air	
AC,202 //6:03 47/ F	RDW-CV 13.3	Oxygen Administered Arterial	UNKNOWN	
*Wharm-Emmon Roce Proceedial Infarction	Platelet Count 216			
AC,203 766:03 47y F	107 1118			
AC,204 76603 *Pharm-Emerg, Charl. Myncardial infarction	General Chemistry			
The second	Sodium	7 150 136 135		
AC,205 766:03 47y F	Potassium	17.5 16.2 4.2		
*Ithree Leave Lotte	Chloride Cathon Disside Total	95 101 104		
AC.206 766:03 -07 F	Anion Gap	1 25.5 15.2 10.2		
*Pharm Finera Linka	1	Frank Loss Loss		
AC, 207 700:01 479 F. 0	Roview All (58) Review All	(58) and Close		Sign Sign & Close Close

 Clicking Labs will navigate you directly to Results Review in the patient's chart. In this section, there are a number of different options to organize how you check patient results.



Various results can be seen in the Results Review section of the patient's chart. You have the option to review results in graph form.

- 4. Select the labs you wish to view.
- 5. Click the Graph ⁴/₄ icon.

Jrhban Phy-Montv/H, Montv D081378-Jan.29 Age: 29 yes: Bencerol HCl MRN/70000022 Gender/Male Code Status: Process: Bencerol HCl Docess: Desces: Bencerol HCl Location: LGH ED Disease: Bencerol HCl	-UrbanlPhy-MontyH, Mon	ty 🗵					- Li	st 🔿 🛛 🎬 Recent 👻 🛛 🕅	lame
Age:39 years Enc/50000000522 Binlight 20 bring Wick0 kg Disease: Bollation: Enc.ThypeEnregency Alternation Lengranger/Mytician Image: Demond HCI Grind Print Control Print Control Print Control Print Image: Demond HCI Market Status Review Control Print Control Print Control Print Image: Demond HCI Distase: Biolation: Distase: Biolation: Distase: Biolation: Enc.ThypeEnregency Biolation: Distase: Biolation: Enc.ThypeEnregency Biolation: Distase: Biolation: Enc.ThypeEnregency Biolation: Distase: Control Print	UrbanlPhy-MontyH, Moi	nty DOB:1978-Jan-29 MRN:760	000522 Code Statu				Loc	ation:LGH ED	
jeiz: Denerol HCl Gender:Male PHN10760000522 Dosing Wts0k kg Loalator: Attending:Train, Energency-Physician C) Full screen Counting Lab - Recent Lab - Extended Pathology Micro Cultures Transfusion Diagnostics Vitals - Recent Vitals - Extended Flowcheet: Lab View		Age:39 years Enc:7600	000000522		Disease			Type:Emergency	
Recent Results Review Recent Results	rgies: Demerol HCl	Gender:Male PHN:1076	50000522 Dosing Wt:	90 kg	Isolation		Atte	nding:Train, Emergen	y-Physician1, N
Bit Advance Care Planning Lab - Extended Pathology Micro Cultures Transfusion Diagnostics Vitals - Extended Foursheet: Lab View 	< 🔹 🔹 👘 Results Revie	w						[I] Full screen	🛱 Print 🛛 🤣
Recerch Results Advance Care Planning Lab - Extended Pathology Micro Cultures Transfusion Diagnostics Vitals - Recent Vitals - Extended Flowsheet: Lab View Image: Comparison of the comparison o	ik 2								
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Utine Analysis PC/2 Arterial Image: Constraint of the state of th	General Chemistry	pH Arterial					7.33 (L)		
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4 12 mol/L 22 mmol/L 22 mmol/L 22 mmol/L 22 mmol/L 22 mmol/L 12 mmol/L 14 mmol/L 12 mmol/L 14 mmol		hloride				95 mmol/L		101 mmol/L	104 mmol/L
Image: Constraint of a product of	Λ	arbon Dioxide Total				22 mmol/L		25 mmol/L	22 mmol/L (L)
Calcium 2.16 mmol/L 3.6 mmol/L 3.6 mmol/L 5.2 mmol/L Urea 2.0 mmol/L 2.0 mmol/L 5.2 mmol/L 5.7 mmol/L Creatinine 60 mmol/L 10.0 mmol/L 6.0 mmol/L 6.0 mmol/L Giomerular Filtration Rate Estimated 50 mmol/L 60 mmol/L 14.5 mmol/L 4.8 mmol/L Billrubin Total 26 umol/L (P) 114 mL/min 48 mL/min/L 4 umol/L Billrubin Total 10 umol/L (P) 118 U/L 118 U/L 118 U/L	4	M Inion Gap				25.5 mmol/L (H)		15.2 mmol/L	10.2 mmol/L
Głucze Random 3.6 mmo/L 3.5 mmo/L 5.2 mmo/L Urea 2.0 mmo/L 2.0 mmo/L 6.7 mmo/L Creatinine 60 umo/L 145 umo/L 6.7 mmo/L Gionerular Filtration Rate Estimated 114 mL/min 48 mL/min Bilrubin Total 26 umo/L (H) 4 umo/L Bilrubin Total 10 umo/L (H) 4 umo/L Annine Anninetannistranjeraje 18 U/L 18 U/L		Calcium							2.16 mmol/L (L
Urea 20 mmol/L 6.7 mmol/L Creatinine 60 mmol/L 145 mmol/L Giomerular Fitration Rate Estimated 114 mL/min 48 mL/min * Billinubin Direct 10 umol/L (M) 44 mL/min * Billinubin Direct 10 umol/L (M) 18 U/L		Glucose Random		3.6 mmol/L		3.6 mmol/L			5.2 mmol/L
Creatinne 60 umol/L 145 umol/L Gionerular Filtration Rate Estimated 114 mL/min 48 mL/min Bilirupin Total 26 umol/L (H) 4 umol/L Bilirupin Total 10 umol/L (H) 4 umol/L Bilirupin Total 10 umol/L (H) 114 uL/min		Urea				2.0 mmol/L			6.7 mmol/L
Glomerular Fittration Rate Estimated 114 mL/min 48 mL/min ⁺ Billirubin Total 26 umol/L (H) 44 mL/min Billirubin Direct 10 umol/L (H) 41 umol/L (H) Annine Aminetaniferase 18 U/L		Creatinine				60 umol/L			145 umol/L (H)
Bilirobin Total 26 umol/L (H) 4 umol/L Bilirobin Direct 10 umol/L (H) 10 umol/L (H) Annine Aminictansferase 18 U/L		Glomerular Filtration Rate Estimated				114 mL/min			48 mL/min * (L)
Bilirubio Direct 10 umo//L (H) Alanine Aminotansferage 18 U/L		Bilirubin Total	26 umol/L (H)						4 umol/L
Alanine Aminotransferase 18 U/L		Bilirubin Direct	10 umol/L (H)						
		Alanine Aminotransferase							18 U/L

6. Individual graphs showing the selected labs will appear. Click the **Combine** button to generate a graph that displays all results together.





7. Close the window when done.

🗧 Flowsheet Graph - ED-UrbaniPhy-MontyH, Monty - 760000522
Sodium, Potassium, Chloride, Carbon Dioxide Total, & Anion Gap
**
0
\$
26-Jan-2018 7:12 PGT 7:24 PGT 7:00 PGT 7:48 PGT 8:00 PGT 7:48 PGT 8:00 PGT 7:49 PGT 7:49 PGT 7:49 PGT
Olodum Protessium Chicrole Ocarion Discole Total Overon Gap
Split Co 7 Close

When you have finished reviewing the patient's lab results return to **ED LaunchPoint** by utilizing the **Set LaunchPoint** button in the **Toolbar**.

After reviewing Monty Pylon's lab results and returning to **ED LaunchPoint**; you notice the **Radiology** icon with a layered document **Solution**.

- 1. Continuing from the **Single Patient View**; click the **Radiology** icon.
- Click on the completed XR Chest indicated by blue text.
 Take care to avoid selecting the checkbox as this will reorder the test.

ED LaunchPoint								,D, Full screen	O minutes a
A	s 100% - 😋 🎟 🖽								
41 Ny Pati	ercs All Bods Resus/DTU Acute/IN	ITK Acute INTK F	ACV	VR ED-Urt	aniPhy-MontyH, Monty				ACWR ×
Verw: My Patients	and Unassigned 🔽	My Patients		зуу р				MRN: 760000522 FIN: 760000	0000572
Show: Critical L	da/V5 🖾 WR 🖾 Hide Empty Beda	Current: 1 Last He		· · ·	ຊ 🛄 👌 1		2		
	Factory Information (+ 10990 - 19								
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ACWR 766	39/ M 0	Count Bourt	Receive	Code:	Posts/Time-	Contract Bar	(hida)	Favorites	
Unassigned			E	XR Chest	26/01/18 09:39:55	Train, Emergency-	Exam	EIVD Chart Linnet	
AC,216 Sucide Prec. 766	344 2 [*] ED-UC-R, Kelli SS/F ⊕ ○	Respiratory distress	2			Physician1, MD Train,	Ordered	CT Head w/o Contrast Urgent	
DTU,01	*ED-UC-R, SONIA	Respiratory distress	2	XR Chest	05/01/18 13:17:00	GeneralMedicine- Physician7, MD	Completed	CT Abdomen Pelvis w/o Contrast Urgent	
Isolation				XR Chest	28/12/17 14:20:12	TestED, Emergency-	Exam	US Abdomen Urgent	
AC,201 767	3 Ann Emerg, Audrey	Pryocarolal Infarctio				Physician1, MD	area a		
AC.219 767	20 *Validate, Pharm Eme	Chest pain							
		Muneradial infraction							
AC,202 767	-06 47y F O								
AC,203 767	:06 *Pharm-Emerg, Rose 47y 1 0	Myocardial infarctio							
AC,204 767	206 *Pharm-Emerg, Charl	Hyocardial infarctio							
	*Pharm-Fauera. In	Myocardial infarctio							
AC,205 767	47y F 🔅								
AC,206 767	106 *Pharm-Emerg. Leslie	Myocardial infarctio							
AC,207 767	106 *Pharm-Emerg, Tasha 47y F 0	Myocardial infarctio						Sign & Close	Close



The Final Report from the Radiologist will appear. Close the window when finished.

To perform a Wet Read on the XR Chest, you can click the *icon* on the Radiology report. You can also navigate to PACS at any time by clicking the **PHSA PACS** *icon* from the **Toolbar**.

Currently, the Training Domain does not support PACS but will be available for Go-Live.

📕 Document Viewer - ED-UrbaniPhy-MontyH, Monty - 760000522	×
⋬⋓⋿⋰⋎⋎⋳⋧⋇∊∊⋇∣⋐⋌⋌⋵∊∊⋳⋳∊⋳⋴⋴	
* Final Report *	
Reason For Exam Chest XR - Pneumothora	
Report EXAM TYPE: XR Chest	Е
HISTORY: chest pain	
COMPARISON: No comparisons available.	
FINDINGS: Small pleural effusion at the left base. There are multiple patchy areas of consolidation, widely scattered around the lungs bilaterally. This is mostly represents a multifocal pneumonia.	
There is vascular congestion with increased interstitial markings, indicating mild cardiogenic edema.	
IMPRESSION: No anatomical abnomalities.	
Signature Line ***** Final *****	
Dictated DT/TM: 06-JAN-2018 06:00	-

Radiology reports can also be accessed through **Results Review** like lab test by clicking the **Radiology** heading in Single Patient View.

Exit Single Patient View



Activity 1.9 – Documenting Patient Diagnosis

It is time to document a diagnosis From **ED LaunchPoint** click the patient's name to enter the chart.

1. Navigate to the **Discharge Diagnosis** section on the ED Workflow tab.

Important: Do not use the Search Bar in this section as the diagnoses therein are not coded correctly and will disrupt department statistics. For now, coded diagnoses appear in all-capital letters, while non-coded do not. This is currently being configured and will be resolved.

If a patient has past encounters in the system, a Show Previous Visits option will be displayed. To view a summary of past visits click the checkbox.

2. Click the section header (Discharge Diagnosis).

D-UrbaniPhy-MontyH, Monty	0						- List - Recent	 Marna
D-UrbanlPhv-MontvH, Montv llergies: Demerol HCl	DOB:1978-Jan-29 Age:39 years Gender:Male	MRN:760000522 Enc:7600000000522 PHN:10760000522	Code Status: Dosing Wt90 kg		Process: Disease: Isolation:		Location:LGH ED Enc Type:Emergency Attending:Train, Emer	rgency-Physician1, M
 • 🔒 Emergency World	kflow						D Fullscreen	🔁 🕈 🕈 🖓 minute
A 🗎 🗟 🆿 🔍 🔍 100%								
ED Workflow 32	ED Workflow Simple	23 Emergency Ord	ara	PEDS Emergency Orders	32 Trauma Orders	21 +	(÷) -	
Triage Documentation 2	Discharge Diagnosis]				Classification: Media	al and Patient Stated 🔹	Al Visits 🏹 = -
History of Present Jiness**	No Chronic problems do	cumented. Document No	Chronic Problems or a	add a problem				
Physical Exam ^{ex} Histories				Ad	d new as: This Visit + 🕅	Problem name		
Allergies	Rame				Classification	Actions	_	
Home Medications	Historical						Sho	w Previous Visits
Current Medications	Impression and Plan	**					5	
Documents	Inpression and Flan			2				
Visits	Font • Size •	-/ 🐚 🚯 B /	¥ 4 ≝ ≝ ∄					
Procedures**								
Links								
Lab Results								
Imacino (1)								Sane
Impression and Plan	Patient Instructions							2=-
New Order Entry	Patient Instructions	(Male)						
Create Note	ED Patient Instructions							

3. The system will open the chart to the Diagnosis and Problems section.

Click the Add 🖶 icon to add a new diagnosis.

ED-UrbaniPhy-MontyH, Monty					- List - Recent - Narrys - Q
ED-UrbanlPhy-MontyH, Monty	DOB:1978-Jan-29 Age:39 years	MRN:760000522 Enc:760000000522	Code Status:	Process: Disease:	Location:LGH ED Enc Type:Emergency
Allergies: Demerol HCI	Gender:Male	PHN:10760000522	Dosing Wt90 kg	Isolation:	Attending:Train, Emergency-Physician1, MD
🗧 < 🔹 🕈 Diagnoses and Pr	oblems				(C) Full screen 🛛 👘 🔥 6 minutes ago
Mark all as Reviewed					
Diagnosis (Problem) being Addressed this 1	fisit				
3 🕈 Add 🗹 Modily ≒ Cor	vert Display: Al				
Circal Dx Date	3	Dx Type	Code	Vocabulary	
Problems					
🕈 Add 🗹 Modily 🖘 Cor	wert 🐻 No Cheor	ic Problems Display:	a	• []	
			1.01		
Name of Problem +	Onset Date	Classification	Qualifier	Condition Name	



4. Search Pneumothorax.

< > - ₼	Diagn	oses and Problem	15							🗇 Full screen 👘 Print 🍣	8 minutes ago
Diagnosis (Proble	m) being A	Addressed this Visit									^
Clinical Dx		Date		Dx Typ	e	Code		Vocabulary			
(
*Diagnosis					Responsi	ale Provider	Comments				
pneumothroax			#	Free Text	Train, En	ergency-Physician1, N	2				~
Display As				*Clinical Service	•	*Date	_				E
				Non-Specified	•	26-Jan-2018	•				
*Type		*Confirmation		*Classification		Ranking					
Discharge	-	Confirmed	•	Medical	•		-				-
Show Additional	l Details										
										OK OK & Add New Add Problem & Diagnosis	Cancel
			I	1	D.:						
мор штн	iome 🤉	Favorites *	Fold	ers Previo	ous Diagn	osis Folder: Folders					
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		Control Diagnosis (Problem) being A Control Dx Contro	Confirmation Disprosis Disprosis Disprosis Disprovid Display As Type Discharge Up Additional Details Show Additional Details Display As Show Additional Details Display As Show Additional Details Display As Dis				Diagnosis Problem Diagnosis Provider Diagnosis Date Display.As Free Text Clinical Service "Date Display.As "Clinical Service" "Confirmed MontSpecified 26.Jan-2018 Type Confirmed Medical Show Additional Details "Show Additional Details "Previous Diagnosis Dig DOT Home Favorites "Defolders" Previous Diagnosis	Diagnosis (Problem) being Addressed this Visit Clinical Dx Date Diagnosis Date Diagnosis Date Diagnosis Date Diagnosis Date Diagnosis Date Display As Confirmation *Clinical Service *Date Display As *Confirmation *Clinical Service *Date *Type *Confirmation *Clinical Service *Date * Show Additional Details * * Show Additional Details * * Up * Home * Favorites * * ED COT * *	Diagnosis Problem) being Addressed this Visk Diagnosis Date Diagnosis Date Diagnosis Date Diagnosis Previous Diagnosis Previous Diagnosis Previous Diagnosis Previous Diagnosis Previous Diagnosis Previous Diagnosis Comments Display As "Clinical Service" * "Upe * Confirmation VCassification Rarking Discharge Confirmed Vp Home * Favorites * Folders * Previous Diagnosis Folders * Previous Diagnosis	Diagnosis (Problem) being Addressed this Visk Cinical Dx Date Diagnosis Date Display As Confirmation Vinical Service *Date Display As Confirmation * Confirmed Ze Jan 2018 * Show Additional Detais Medical Previous Diagnosis Folders Previous Diagnosis Folders	Contraction Contracti

5. The **Diagnosis Search** window will appear. Select **Pneumothorax** from the search list (notice Pneumothorax is capitalized).

Ī	Diagnosis Search			×
	*Search: pneumothorax	Contains	Within:	Terminology 👻
	Search by Name		Search by Co	de
	Terminology: CEDDX	Terminology A	xis: <all terr<="" th=""><th>ninology ax 🛄 📖</th></all>	ninology ax 🛄 📖
	Siew Synonym 👔 Concept Family	📲 Multi Axial	Cross Map	ping
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5	PNEUMOTHORAX	J93.9	CEDDX	
	SPONTANEOUS PNEUMOTHORAX	J93.9	CEDDX	
	TRADMATIC PREDMOTHORAX	333.3	CEDDA	
	Add to Favorites		0	Cancel



BONUS

If you find there are diagnoses that you use consistently and do not want to search every time, you can add these diagnoses to a favorite's folder for easy access.

A. In the **Diagnosis Search** window, click **Add to Favorites**.

Search: pr	eumothorax	Contains	 Within: 	Terminology
	Search by Name		Search by Co	ode
Ferminology:	CEDDX .	Terminology A	xis: <all terr<="" th=""><th>minology ax</th></all>	minology ax
📲 View Syno	nym 🙀 Concept Family	Multi Axial	Cross Map	ping
Tem 🔺		Code	Terminology	Terminology Ax
PNEUMO	THORAX	J93.9	CEDDX	
SPONTA	NEOUS PNEUMOTHORAX	J93.9	CEDDX	

B. The Folder Maintenance Screen window will appear.

Click Create Folder.

C. In the text box that appears, name your folder and press the Enter key.

	Folder Maintenance To create a new folder, To delete a folder, sele Remove. To rename a and click Rename. To i folder, select the item a Folder.	click Create Folder. t an item and giet folder, select th nove an item to nd click Move	Folder Type: Diagnosis Favorites LDiagnoses	1	
В	Create Folder	Rename			
	Move to Folder	Remove	Sort Favorites Alphabetically	OK C	Close



- D. Highlight the newly created folder. This is a one-time step unless you are creating multiple Favorite Folders.
- E. Click OK.

Folder Maintenance		×
To create a new folder, click. Create Folder. To delete a folder, select an item and click Remove. To remane a folder, select the and click. Rename. To move an item to folder, select the item and click. Move to Folder. Create Folder Move to Folder Remove	Folder Type: Diagnosis	a
		Llose

F. Your new folder will appear at the bottom of the screen. Clicking your folder will bring up any diagnoses you saved.

	Inicial for Inter On Type Inicial and	Oncol IN Date Date Date Vecebulary PHEUMOTHORAX 26-Jan-2018 Discharge J93.9 CEDOX Jagnosis Responsible Provider Conmerfs KEUMOTHORAX Free Test as. Emegrero/Physicall. MD pipity At Vinical Service 'Date ypity 'Confirmation 'Oast Oile ypity Confirmation 'Classification Refrag Show Additional Details OK Add Phoblem & Diagnosis Concel All pip	hagnosis (Problem) being Addressed this Visit						
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			Up <u>Home</u> <u>Favorites</u> ·	Folders 💣 Previous Diag	nosis Folder Favorites				



6. Click **OK**.

Diagnosi	is Search			
Search:	pneumothorax	Contains	 Within 	: Terminology
	Search by Name		Search by (Code
erminolo	gy: CEDDX .	Terminology	Axis: <a>All te	rminology ax
View S	ynonym 🍋 Concept Family	🎽 Multi Axial	Cross Ma	pping
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PNEL	IMOTHORAX	J93.9	CEDDX	
SPON	ITANEOUS PNEUMOTHORAX	J93.9	CEDDX	
TRAU	IMATIC PNEUMOTHORAX	J93.9	CEDDX	
TRAL	IMATIC PNEUMOTHORAX	J93.9	CEDDX	

Pneumothorax will now appear on the Diagnosis List.



Activity 1.10 – Documenting Your Impression and Plan

Continuing from the ED Workflow page you need to document your Impression and Plan.

- 1. From the ED Workflow Tab's Table of Contents, click Impression and Plan**.
- 2. You will notice 2 separate text boxes. The first box is related to your recently determined diagnosis. Document the following:

Patient lung expanded fully post chest tube insertion. Patient comfortable. Can be d/c'd home with analgesia and Trauma Clinic follow up. Return to ED if SOB, lightheadedness, syncope, or increased pain.

- 3. The second free text box is used to summarize the patient's overall care in the event of multiple diagnoses.
- 4. Click Save when done.

cheating another, worky			Constant Statistics			
UrbaniPhy-MontyH, Monty	Age:39 years	Enc/7600000522		Process Disease		Enc Type Emergency
gies: Demorol HCl	GenderMale	PHN-10760000522	Dosing Wt90 kg	Isolation		Attending Train, Emergeocy-Physician1, MD
Emergency Work	kflow		10 C C C C C C C C C C C C C C C C C C C			C full screen 💦 🥹 7 mi
A B B A B 4 4 100%						
ED Workflow	22 ED Workflow Simple	SS Emergency Orders	22 PEDS Energency Orders	SS Trauma Orders	22 +	
Triage Documentation Vital Signs & Measurements	Impression and Plan**					Selected with 🛛 🤤
History of Present Stress** Physical Exam**	[Tahona •] 9 •] [4 % (3)	8 / ¥ Ar 🖹 = = = 0	e) (
Histories	PNELMOTHOFAX					
Allergies (1)	2 Patient's lung expanded fully post che	st tube insertion. Patient comfortable. Able	to d/g home with analgesia and Trauma Cini	: follow up. Return to ED if SOB, lightheaded,	syncopal or increased pain to site.	-
Home Medications (0)	2					
Current Medications	3					
Dider Profile (15)						4 Save
Visits (1)						
Procedures**						1.5
Unks	Patient Instructions					9
Lab Results 1	 Patient Instructions (Male) 					
Imaging (1)	ED Patient Instructions					
Contrapa Dagando						
Ingresson and Party						
New Order Entry						Sign Cantel
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ED Note	New Order Extend					2
ED Note - WorksafeBC	New order entry 🕈					(C)
Absence Note (School/Work Rele	Inpatient -					
ane Note)	Mox	Public Shared	Q Takatin New Order			

To demonstrate an additional function, click the **grey arrow** to the far right of the section header.

The **Impression and Plan** section will pop-out for ease of scrolling between sections to allow the review of relevant patient information while documenting.

Knowledge Check

- What button separates the Impression and Plan section to allow scrolling up and down your ED Workflow screen?
- Why do some section titles in the ED Workflow screen have two asterisks** beside them?



Activity 1.11 – Completing an ED Note

The ED Note compiles all the documentation you entered in the ED Workflow page, as well as diagnostic results and information entered by other health professionals.

In this activity you can use CIS to easily complete Fatimah's WSBC documentation using Dynamic Documentation. Dynamic Documentation templates standardize documentation practices and limit possible errors.

1. Click ED Note in the ED Workflow Table of Contents.

ED-UrbanlPhy-Monty	H, Monty	×						🔶 List 🔿 🛛 🍘 Recer	it 👻 Name	- Q
ED-UrbanlPhy-Monty	H, Monty	DOB:1978-Jan-29 Age:39 years	MRN:760000522 Enc:760000000522	Code Status:		Process: Disease:		Location:LGH ED Enc Type:Emergenc	y Dhuri	ind MD
Allergies: Demeror HCI		Gendersmale	PHIN:10760000522	Dosing Witeo kg		Isolation:		Attenuing: Train, Em	ergency-Physic	
The second secon	rgency work	now						ری, Full screen	iBhrinir 🦿	oo minutes ago
	100%	- 🔇 🖲 🟠								
ED Workflow	23	ED Workflow Simple	Emergency Orde	rs 🕅	PEDS Emergency Orders	🔀 Trauma Orders	23	+	🗐 🚿 🔋	. =-
	*	Code Status: process: LocationLGH ED Energency Orders 2: Dosing VtSO kg Dodation: Arteddag Train, Energency Physician1, MD O Full screet Physician1, MD O Ful								
Triage Documentation		No results found								
Vital Signs & Measurem	ents	⊿Bone Density (0)								
History of Present Illnes	S**	No results found								
Physical Exam**		⊿Mammography (0)								-
Histories										
Allergies (1)										
Home Medications (0)		Discharge Diagnosis					Classification: M	edical and Patient Stated		9 ≡-
Current Medications		Alla Charala anabiana da a	marked Descent No.	hande Dacklasse as a	ldblass					
Order Profile (15)		No Chronic problems doc	umented. Document No C	nronic Problems or ac	id a problem					
Documents (0)					Add	new as: This Visit 👻 🤍 P	roblem name			
Visits (1)	-									
Procedures**		PNEUMOTHORAX				Medical	Actions This Visit	Chronic		
Links							THIS FISIC	chionic		
Lab Results 📍										
Imaging (1)		Impression and Plan*	*						Selected visit	@ =-
Discharge Diagnosis										
Impression and Plan**		Tahoma • 9 •	🖌 🖻 🛍 B I 🖳	An- 🔳 🗄 🗐	■ •					
Patient Instructions		PNEUMOTHORAX								
New Order Entry		Detiont's lung summeded	fully most short to be ince	stion Dationt confect	able. Able to d/s beens with se	alassia and Trauma Clinic falls	nu un Baburn te FD i	COD lighthanded surgers	al as increased	E
		pain to site.	runy post criest tube inse	ruon. Pauent comorta	able. Able to d/ <u>c</u> nome with an	algesia anu Trauma Cimic Tolic	w up. Return to ED I	I SOB, lightneaded, syncop	a or increased	_
1 Create Note										
ED Note										
ED Note - WorksafeBC										
	. •									v



2. The **ED Note** will populate with information entered in the chart. You may add additional information, if necessary.

Review the information in the ED Note carefully. Once you sign the document, it cannot be altered.

An Addenda can be added if changes to the patient condition or care occur.

3. Click Sign/Submit to sign your note.

ED-UrbanlPhy-MontyH, Monty 🛛 🛛				$\leftarrow List \Rightarrow \boxed{\texttt{@ Recent }} \boxed{Name} \neq Q$
ED-UrbanlPhy-MontyH, Monty DOB:1978-	Jan-29 MRN:760000522	Code Status:	Process:	Location:LGH ED
Age:39 yea Allergies: Demerol HCI Gender:Ma	rs Enc:/600000000522 le PHN:10760000522	Dosina Wt:90 ka	Disease: Isolation:	Enc Type:Emergency Attending:Train. Emergency-Physician1. MD
E < - A Documentation				🗇 Full screen 👘 Print 🜏 0 minutes ago
ED Note X List				4 Þ
Tahoma 🔹 11 🔹 🛃 🛍	≪ ≫∣B Z U === A ₁₁ -			
Basic Information Chief Complaint ED Assigned Provider/Time			Pro N E	blem List/Past Medical History A chronic problems (storical No historical problems)
Train, Emergency-Physician3, MD / 01/2 History of Present Illness Patient fell 15 feet off a ladder on to a co	5/2018 11:22 ncrete floor. Landed on right	side of body. Decreased	air entry to left side.	cocdure/Surgical History inage of abscess; submaxillary or sublingual, intraoral 10), Tonsillectomy and adenoidectomy; age 12 or over 92).
Physical Exam Vitals & Measurements T: 36.2 °C (Oral) HR: 69 (Peripheral) HT: 186 cm WT: 90 kg (Measured) CONSTITUTIONAL: appears in mild respir SKIN: [Warm, dry, and intact without rasl EYES: [extraocular movements are gross) HENT: [Normocephalic, atraumatic, moist NECK: [no obvious swelling, normal range PULMONARY: decreased breath sounds to CARDIOVASCULAR: [regular rate, distal e GASTROINTESTINAL: [nondistended, non GENITOURINARY: [deferred] NEUROLOGIC: [normal speech, moves all MUSCULOSKELETAL: pain and ecchymosis PSYCHIATRIC: [normal mood and affect]	RR: 24 BP: 98/54 SpO2: atory distress] y intact, clear conjunctiva] mucus membranes] of motion] right lungs, pain to right sic stremities are warm and wel -tender] extremities] s to right leg above knee, pa	94% de on i <u>nspriation</u> Il perfused] in to right elbow	Me I A <u>II</u> Der <u>Soc</u> A	dications npatient dimenhyDRINATE, 25 mg, 0.5 mL, IV, q4h, PRN ketamine, 200 mg, 20 mL, IV, as directed morphine PRN range dose, 5 mg, 0.5 mL, IV, q10min, PRN proPOFol, 200 mg, 20 mL, IV, as directed sodium chloride 0.9% (NS) bolus, 1000 mL, IV, once <u>forme</u> No active home medications ergies merol HCl cial History Month March March March March March March Beer, 1-2 times per week <u>Secrise</u> March March March March March March March March March March March March March March March March March March March
Note Details: ED Note Provider, Train, Emergency-Phys	ician1, MD, 2018-Jan-26 15:52 PST,	, ED Note		3 Sign/Submit Save Save & Close Cancel



Note: If you are called away before you can finish your note, clicking **Save** keeps a copy as "in progress", still viewable but not finalized. ED Providers requested this feature so important clinical information is accessible to other clinical staff, even if a Provider cannot complete their documentation.

You can open an "in progress" document at any time, but be aware opening a note "in progress" will lock out all other users. If you wish to view such a note, a single click or hovering over a Document title in the Document section of the ED Workflow screen opens a preview pane that does not lock the note.

Keep in mind, if you are viewing a colleague's note outside of the preview mode, you lock them out of their note and prevent them from completing their documentation.

< 🔹 🔹 者 Emergency Work	flow		🗇 Full screen 🛛 👘 Print 🛛 🍣 12 minutes ago
👫 📄 📥 📄 🔍 🔍 100%	- © • 🖆		
ED Workflow	ED Workflow Simple 🛛 Emergency Orders	PEDS Emergency Orders XX Trauma Orders	X + 💽 - 🗞 🕵 🗐
Triage Documentation	Documents (1) 🕂		Last 50 Notes All Visits Last 24 hours More V 20 =
Vital Signs & Measurements		My note	s only 🔲 Group by encounter 🛛 Display: Provider Documentation 💌
History of Present Illness**	Time of Service Subject		Onen Degement Drint
Physical Exam**	02/02/18 10:16 ED Note		Open Document Print
Histories		ED Note	ED Note Provider (Auth (Verified))
Allergies (1)	Displaying up to the last 50 recent notes for all visits	Train, Ethergency-Physiciani, MD	Last Opdated: 02/02/18 10:16
Home Medications (0)			
Current Medications	Visits (1)	Basic Information	Problem List/Past Medical History No chronic problems
Documents (1)	Date Type Location	ED Assigned Provider/Time	Historical problems
Visits (1)	Previous (1) - Last 5 Visits	TestUser, Emergency-Physician, MD / 01/30/2018	Procedure/Surgical History
Procedures**		12:01	Drainage of abscess; submaxillary or sublingual,
Links			intraoral (2010), Tonsillectomy and adenoidectomy; age 12 or over (1992).
Labs 📍	Procedures**	Patient fell 15 feet off a ladder on to a concrete	Medications -
Transfusion History	Font - Size - & 🖹 🏠 B I U A	floor. Landed on right side of body. Decreased air	Inpatient dimension/DDINATE 25 mg 0.5 ml IV g4b
Diagnostics (1)		Physical Exam	PRN
Discharge Diagnosis		Vitals & Measurements	HYDROmorphone take home med, 1 mg, 1
Impression and Plan ^{***}		T: 36.2 °C (Oral) HR: 69 (Peripheral) RR: 24	ketamine, 200 mg, 20 mL, IV, as directed
New Order Entry		BP: 98/54 SpO2: 94% HT: 186 cm WT: 90 kg (Measured)	morphine PRN range dose, 5 mg, 0.5 mL, IV, a10min_PRN
New Order Endy		CONSTITUTIONAL: appears in mild respiratory	proPOFol, 200 mg, 20 mL, IV, as directed
Create Note	Links	distress SKIN: [warm, drv, no jaundice, hives or petechiae]	sodium chloride 0.9% (NS) bolus, 1000 mL, IV, once
ED Note	4 CareConnect (1)	EYES: [pupils are equally round, extraocular	Home
ED Note - WorksafeBC	CareConnect	movements intact without nystacmus clear	No active nome medications
Absence Note (School/Work			*



4. The **Sign/Submit Note** window will open, allowing you to forward the note to any provider on CIS. They will be able to read your note in their **Message Center**.

The **Relationships** tab displays any Provider that came in contact with the patient this visit, as well as any lifetime Providers they have (such as GP, OBGYN or oncologist).

The **Provider Name** Search Bar allows you to search out a specific provider to whom you may wish to forward the note. The searchable list will contain anyone listed in the College of Physicians of BC.

		INOLE I	ype List Filter:					
D Note Provider		✓ Position	n	\checkmark				
uthor:		Title:			*Date:			
ain, Emergency-Phy	sician1, MD	ED No	te		2018-Jan-31	1256	PST	
Favorites Rece	ent Relationships	rovider Name						
Default N	ame		Default Name	Comm	ient		Sign	Review/C
 This Visit 								
🚖 🖌 💆	D -UNKNOWN, PERSONNEL							
÷ • 1	estED, Emergency-Physician							
🔶 🗸 Ti	ain, GeneralMedicine-Physical							
■ Lifetime								
😭 🖌 Ti Pi	ain, GeneralMedicine-Physi imary Care Physician, Order							

Click Sign when you are ready.

The ED Note is now available in the patient's chart under **Documents**. Single-click the note to open the preview pane.



Activity 1.12 – Patient Discharge with Meds to Go

Monty Pylon has been stabilized and is now unlikely to require admission. You would like to order a consult to the Trauma Clinic and issue Meds to Go, and then send him home.

- 1. In the patient's chart navigate to the **Emergency Orders** Tab from the **Emergency Workflow** page.
- Under the Medications component, expand TO-GO MEDs Analgesics by clicking the black arrow icon.
- 3. Select **HYDROmorphone take home med** 1 mg, PO, once, administer over: 4 dose/times, drug form: tab.





4. Search and select for the order *Referral to Trauma* in the **New Order Entry** component search bar.

Note the difference between Referral versus Consult. Referrals are for outpatient followup while Consults are for inpatient services.

- 5. From the Disposition Orders component, select Discharge Patient.
- 6. Click the green Orders for Signature Inbox icon.

< 🔹 🔹 者 Emergency Workflow				🗇 Full screen 🛛 👘 Print 🛛 🎝 6 minutes ago
A 100% · •	4			
ED Workflow 🔀 ED Workf	flow Simple 🔀 Emergency Orders	PEDS Emergency Orders	🔀 Trauma Orders 🔀	+ 6 2
Venue: Inpatient 👻				
Frequent =	Medications =		Imaging	
Conditions/PowerPlans			inaging – U	
Condina / Chart Daia	 Allergic Reaction 	ECG 12 Lead Urgent	CT Head / Neck	Inpatient 🗸
Cardiac / Chest Pain	Analgesia - Parenteral	Chemistry	CT Extremity	
DIU Orders	Analgesia - PO/ IN	► CSF	CT Torso/ Spine	Q referral to traum
General Orders	Anticoagulation	▶ ECG	► CT Angiography 4	Referral to Trauma
► GI/GU	Anticoagulation Reversal	Heme / Coag	▶ MRI	
Hip Pain and MSK	 Antiemetics 	▶ Joint	▶ Trauma	Favorites
Mental Health/Toxicology	Antimicrobial - IV/ IM	Micro / Cultures	▶ US	💋 My Plan Favorites
Metabolic	Antimicrobial - PO	Point of Care	XR Axial/ Head	E
Neurology	Blood Products / Transfusion	▶ Stat Tests	► XR Torso/ Spine	Outpatient Orders 🔤 - 🔊
Respiratory	Cardiovascular	Toxicology	XR Upper Extremity Right	
Sepsis / Fever	Continostoroids	Urine / GYN	XR Upper Extremity Left	▶ Cardiac
Skin / Soft Tissue	GI		YPLower Extremity Pight	► Imaging
▶ Trauma	NV Fluide	Patient Care	XR Lower Extremity Right XR Lower Extremity Left	► Labs
Vaginal Bleed/Pelvic Pain	Mantal Haalth		A Lower Extentity Left	
	Mental Health	NPO T;N		Referrals =• 📀
Critical Care =• 🔿	Metabolic	Orthostatic Vital Signs T;N	Disposition Orders =• 🔊	
	Respiratory	Patient is Medically Cleared TIN	Admit to Inpatient T:N. Admit to Family Practice	Lions Gate Hospital
ED Intubation (Module) (Validated) ED	TO-GO MEDS - Abx	Walking Test T;N	Admit to Inpatient T:N, Admit to Hospitalist	Paper Referrals
Intubation (Module) (Validated)	▲ TO-GO MEDS - Analgesics	Difficult Airway/Intubation Please complete	Medicine	 Squamish General Hospital
ED Procedural Sedation (Module)	acetaminophen take home med 325 mg, PO,	process alert	Admit to Inpatient T;N, Admit to General Internal	 Whistler Health Centre
(Validated) ED Procedural Sedation (Module)	once, administer over: 6 doses/times, drug form: misc	PO Challenge T;N	Medicine	
(Validated)	acetaminophen take nome med 650 mg, PO,	Equipment/Supply	Admit to Inpatient T;N, Admit to General Surgery	
(Validated) ED Vacanterers (Instrumes	once, administer over: 6 doses/times, drug form: tab	Eye/Ear/Dental	Admit to Inpatient T;N, Admit to Orthopedic	
(Module) (Validated)	NO sees administra sure 4 dass (kimes daw	Injuries	Surgery	
Arrhythmia	form: tab	Lines/Tubes/Procedures	Admit to Inpatient T:N	
Cardiac Arrest	HYDROmorphone take home med 2 mg, PO,	Mental Health 5	Discharge Patient T;N, Discharged Home	
- Callander artest	once, administer over: 4 doses/times, drug form: tab	Respiratory	without Support Services	
			II Discharde to External Site T:N	

7. The Orders for Signature Summary window will appear.

Click **Modify**.

Orders for Signature (3)	×
Admit/Transfer/Discharge	
Discharge Patient (T;N, Discharged Home without Support Services)	
Medications	
HYDROmorphone take home med (1 mg, PO, once, administer over: 4 doses/times, drug form: tab)	
Consults/Referrals	
Referral to Trauma	
	Sign 5 7 Modify Cancel

The Orders for Signature window will open.



BONUS

In the previous bonus activity, you learned about **Favorites Folders** for diagnoses. If there is an order you need to enter often, consider saving it as a favorite.

Add **Referral to Trauma** as one of your favorite orders.

- A. Continuing from the **Orders for Signature** window, right click on the **Referral to Trauma** order.
- B. Select Add to Favorites from the drop-down list that appears.

ED-UrbaniPhy-MontyH. Monty	DO8:1978-Jan-29	MRN:760000522	Code Status:	Process: Disease:	Location:LGH ED
Allergies: Demerol HCI	Gender:Male	PHIN:10760000522	Dosing W1.90 kg	Isolation:	Attending Train, Emergency Physician1, MD
Add Tocument Medication by Ha Reco	nciliation • 🚴 Check I	Interactions			Reconciliation Status Meds History Admission Oischa
Orders Medication List Document In Plan					
н	Orders for Signature				
View	20 9 P 0 4	Irder Nome Status	Start	Details	
Orders for Signature	⊿ LGHED Enc:7600	000000522 Admit: 2018-Ju	n-18 11:26 PST		
🔆 Plans	A Admit/Transfer/C	Discharge			
-Document In Plan	🗌 💮 D	lischarge Patient Order	2018-Jan-29 09:47	2018-Jan-29 09:47 PST, Discharged Home without Sup	port Services
Medical	4 Medications				
ED Procedural Sedation (Module) (Valida	L CO H	frDROmorphone Order	2018-Jan-29 10:00	I mg, PO, once, administer over: 4 doses/times, drug f	orm: tab, start: 2018-Jan-29 10:00 PST, stop: 2018-Jan-29 10:00 PST
ED Pain / Nausea / Vomiting (Module) (V		HTUKUmorphone ta	Pat	Take Home Mea, dan Pkra. Dispense 4 doses.	
Suggested Plans (0)		efectal to Trauma Order	2018-Jan-29 09:47		
Criters			Partone		
Thates			numore.		
Rations Care			Ordening Physi	cian	
Plactivity			Add/Modify Co	smpliance	
Diet/Nutrition					
Continuous Infusions			Reference Infor	mation	
Medications			Add To Except	ar	
Blood Products				New York Street St Street Street Stre	
T Laboratory			V Disable Order I	nformation Hypenink	
Z Diagnostic Tests					
Procedures					
Respiratory					
2 Allied Health					
Consults/Referrals					
Communication Orders					
Supplies					
Non Categorized					
Medication History	T Details for Refe	erral to Trauma			
Medication History Snapshot					
Reconciliation History	Details In Ore	der Comments			
	-				
	+ 2 h. 4				
	March Res Bring		Dufus	at To Davida	5 and 100
	Scheduling Priori	ult. I	* Keler		
	"Reason For Refer	rat	Note	s to Scheduling:	
e	2011/12/2017 19:00	263		222002220022	
Diagnoses & Problems	12				
Related Results	The second se	A CONTRACTOR OF A SUBJECT OF A			

C. The Add Favorite window will appear. Click OK.

P Add Fav	rorite	- • •
	PowerChart will add the currently selected orders to your Fa	vorites.
Name:	Referral to Trauma	
Create in:	Favorites	New Folder
	Сок	Cancel



BONUS

D. Your favorite orders can be accessed from the **New Order Entry** component in the **Emergency Orders** Tab. You will also get the opportunity to build your Favorites Folders during the Favorites Fair.

D Workflow 🛛 ED Workfl	ow Simple 🕅 Emergency Orders	22 PEDS Emergency Orders	🕅 Trauma Orders 🕅	+ 💽 – 🖻 🥵
requent	Medications =• (2)	Labs / ECG =		New Order Entry
onditions/PowerPlans				
Cardina / Chart Dain	 Allergic Reaction 	ECG 12 Lead Urgent	CT Head / Neck	Inpatient 🗸
ardiac / Chest Pain	Analgesia - Parenteral	Chemistry	 CT Extremity 	
010 Orders	Analgesia - PO/ IN	► CSF	CT Torso/ Spine	Q Search New Order
seneral Orders	 Anticoagulation 	► ECG	 CT Angiography 	Mine Public Shared
51/GU	 Anticoagulation Reversal 	Heme / Coag	▶ MRI	Fine Public Shared
Ip Pain and MSK	 Antiemetics 	▶ Joint	▶ Trauma	Favorites
fental Health/Toxicology	Antimicrobial - IV/ IM	Micro / Cultures	▶ US	My Plan Favorites
Aetabolic	Antimicrobial - PO	Point of Care	XR Axial/ Head	Referral to Trauma
leurology	Blood Products / Transfusion	 Stat Tests 	XR Torso/ Spine	Future Order
espiratory	► Cardiovascular	Toxicology	XR Upper Extremity Right	
iepsis / Fever	► Corticosteroids	Urine / GYN	XR Upper Extremity Left	Outpatient Orders = -
Skin / Soft Tissue	►GI	·	XR Lower Extremity Right	
Trauma	▶ IV Fluids	Patient Care 🔤 🛛 🕤	XR Lower Exremity Left	▶ Cardiac
/aginal Bleed/Pelvic Pain	Mental Health		· · · · ·	Imaging
	▶ Metabolic	NPO T;N	Disposition Orders =• 🔿	▶ Labs
itical Care 📃 = 🔹 🔿	Respiratory	Orthostatic Vital Signs T;N		
ED Intribution (Modulo) (Validated) rp	TO-GO MEDS - Abx	Walking Test Tak	Admit to Inpatient T;N, Admit to Family Practice	Referrals ≡• (
Intubation (Module) (Validated)	TO-GO MEDS - Analogsics	Difficult Ainway/Intubation Please complete	Admit to Inpatient T;N, Admit to Hospitalist	Lions Gate Hospital
ED Procedural Sedation (Module)	TO-GO MEDS - Athlagestes	process alert	Medicine	Dapar Pafarrals
(Validated) ED Procedural Sedation (Module)	FIG-GO MEDS - Other	PO Challenge TIN	Admit to Inpatient T;N, Admit to General Internal	Paper Referrals
lidated)		▶ Equipment/Supply	Admit to Innatient T-N. Admit to General Surgery	Minister Legith Contro
ED Vasopressors / Inotropes (Module)		Eye/Ear/Dental	Admit to Inpatient T ₁ N, Admit to Orthopedic	• Whister Health Centre
(Validated) ED Vasopressors / Inotropes		Injuries	Surgery	
odule) (Validated)		Lines/Tubes/Procedures	Admit to Inpatient T/N	
Arriyullila Caadiaa Aasaab		Mental Health	Discharge Patient T;N, Discharged Home without	
Carulac Arrest		Respiratory	Support Services	
Valdated) Chaldated) ED Vasopressors / Inotropes (Validated) ED Vasopressors / Inotropes Modula) (Validated) Arrhythmia - Cardiac Arrest		 Equipment/Supply Eye/Ear/Dental Injuries Lines/Tubes/Procedures Mental Health Respiratory 	Admit to Inpatient T.N. Admit to General Surgery Admit to Inpatient T.N. Admit to Orthopedic Surgery Admit to Inpatient T.N Discharge Patient T.N. Discharged Home without Support Services	▶ Whistler He



- 8. From the Orders for Signature window, click the Missing Required Details button.
- 9. The **Details for Referral to Trauma** section will populate. Adjust the window pane if the window size is preventing you from seeing all of the order fields.

Complete the order fields as follows:

*Scheduling Priority: As per notes.

Notes to Scheduling: Within 24 hours of discharge.

Location: LGH Trauma

Reason for Referral: Pneumothorax

- 10. Click the **Double Chevron** icon to ensure there are no further missing details.
- 11. When you are satisfied with all orders and details click Sign.

ED-UrbanlPhy-MontyH, Monty	DOB:1978-Jan-29	MRN:760000522	Code Status:	Process:	Location:LGH ED
	Age:39 years	Enc:760000000522		Disease:	Enc Type:Emergency
Allergies: Demerol HCI	Gender:Male	PHN:10760000522	Dosing Wt:90 kg	Isolation:	Attending:Train, Emergency-Physician1, MD
+ Add Tocument Medication by Hx Reco	nciliation + 🚴 Chec	k Interactions			Reconciliation Status Meds History Admission Discharge
Orders Medication List Document In Plan					
	0.1				
N	Urders for Signature	0.1.11	a	P - 1	
Orders for Signature	00 (Y) = 7	Order Name Status	Start	Details	
Dane	△ LGH ED Enc:/6	00000000522 Admit: 2018-Ja	in-18 11:26 PST		
Document In Plan		Discharge Order	2018 Jan 20.00-47	2018 Jan 20 00:47 DCT. Discharged Hamp without Support	4 Sentine
Medical	4 Medications	Discharge Patient Order	2010-341-29 09:47	2018-Jan-29 09:47 PS1, Discharged Home without Suppor	t belvices
ED Procedural Sedation (Module) (Valida		HVDROmorphone Order	2018-Jan-29 10:00	1 mg PO once administer over 4 doses/times drug for	m: tab_start: 2018_lan_29 10:00 PST_ston: 2018_lan_29 10:00 PST
ED Pain / Nausea / Vomiting (Module) (V		(HYDROmorphone ta	PST	Take Home Med, g4h PRN. Dispense 4 doses.	11 (10), Start 2010 San 25 10:00 F 51, Stop: 2010 San 25 10:00 F 51
Suggested Plans (0)	⊿ Consults/Refer	rals			
Orders		Referral to Trauma Order	2018-Jan-29 09:47	As per notes, LGH Trauma, Within 24 hours of discharge,	Future Order, 2018-Jan-29
Admit/Transfer/Discharge					
Status					
Patient Care					
Activity					
Diet/Nutrition					
Continuous Infusions					
Medications					
Blood Products					
- Laboratory					
Diagnostic Tests					
Procedures					
Respiratory					
Allied Health					
Consults/Referrals					
Communication Orders					
- Supplies					
Non Categorized					
Medication History	Totals for Be	ferral to Trauma			
-Medication History Snapshot		ionalio nadilia			
Reconciliation History	📸 Details 📺 (Order Comments			
	+ 🖬 🗽 10				
	Marked Mark D. 1			ad Ta Davidaa	Manufact I CI I Tauran
	Scheduling Pri	onty: As per notes	 Keren 		
	*Reason For Ref	erral: Pneumothorax	Note	to Scheduling: Within 24 hours of discharge	E
< (2				
Diagnoses & Problems					τ.
Related Results					
Variance Viewer 8	1 Missing Required D	etails Orders For Cosignature	J		11 Sign Cancel



Monty Pylon has a recorded allergy to Fentanyl.

An alert will appear stating this. You inquire about his reaction to Hydromorphone, and Monty reports he has had Hydromorphone in the past with no adverse reaction.

12. In the Override Reason column, click the black downward arrow 👗 to open a dropdown menu of available options.

Select Previously received this drug family.

13. Select **Continue** when done.

• Decision	Support: ED-UrbanIPhy-MontyH, Monty - 760000522			
The new or	ler has created the following alerts:			
HYDROn	norphone (HYDROmorphone take home me	d) 🖬		
× Allerg	y [1]			
Severity	Substance	Reaction Type	-	Override Reason
۲	Demerol HCI			Previously received this drug famil 🕶
				Provider/Clinician aware and mon +
				Prescriber Clinical Judgment
			1	2 Administration altered to minimiz
				reon-immunologic reaction or tox
			(
Size Colu	umns to Window		Apply to all interactions	Override Reason:
			Apply only to required interactions	-
			ED-UrbaniPhy-MontyH, Monty - 76000 1	Continue Remove New Order
				[continue] [Remove ivew crue

Monty Pylon is now ready to be discharged with Meds to Go and follow-up care at the Trauma Clinic.



There are a number of ways to access discharged patients' information. Incomplete documentation and Orders for Cosignature will go to your Message Centre Inbox. If you need to access Monty's chart after he has left the department, you can also use the **Tracking Shell** button on your Toolbar. The screen looks similar to ED Launchpoint, and the Chart components can be brought up by right-clicking the patient's name.

Lin O Dat Committee	Daniel IC.		- Of Discon Presiding Redail									
con a Print Conversation •	Received	enemditicat	e • 📻 pacen reporting Fordal						ED-U	baniPhy-MontyH Monty	· · · Recent - Nam	
acking Shell											0 Full screen @Print	🗢 0 minut
LGH Look Up	ilable Staff ED I	EM Look I	Jp ED PEM Available Staff ED SGH Look Up ED	SGH Available Staff	Look Up ED WHC Avai	able Staff						
Atient: ED-UrbaniPhy-Monty	H WR: 179	Total: 203	Avg LOS: 299:07 Filter: <none></none>	2								
1 @ A D #												
Denat Dt/Tm	Disposition	Alerts	CT Name All Reason	for Visit 108 Disc	nsit FOMD MLP RN	Activities	Events	l ab	Rad	ECG 000	Comment	BA
ovpart cortai	with production.	1.04114	ED-UrbaniPhy MontyF M40 va O	160.00	van same mar not		+ c3A	7	2/1		. wyoninene.	wes.
			ED-UrbanIPhy-MontyF, M40 ve Q	350:00			+ -3*	3	2/1			
			ED-UrbaniPhy-MontyG, N40 ye O	360 00 🚖			+ c3A	3	2/1			
1			ED-UrbaniPhy-MontyH, M40 ve O	And the second se	A STATE OF A	· JL ···	+ «3*	14/9	3/1			
			BD-RuralPhy-FatimahA, F25 ye O 1:lc	Patient Summary	Emergency Workflo	N	3* O* +	2				
			BED-RURALPHY-FATIMAI-25 ye O 1:1c	Open Chart +	Results Review		b* +	2	1/0			
			BD-RuralPhy-FatimahC, F25 ye O 1:lc	Request Event	Orders		3* •*	2	1/0			
			8 ED-RuralPhy-FatimahD, F25 ye O 1:lc	Start Event +	Documentation		3* 0*	2	1/0			
			8 ED-RuralPhy-FatimahE, F25 ye O 1:lc	Complete Event			3* O* +	2				
			8 ED-RuralPhy-FatimahF, F25 ye O 1:lc	Set Events	Allergies		3* 0*	2				
			8 ED-RuralPhy-FatimahG, 125 ye O 1:lc	sections	Diagnoses and Prob	lems	3* 0*	2				
			8 ED-RuralPhy-FatimahH, F25 ye O 1.lc	Patient Summary Report	Histories		3* 0*	2				
		<i>a</i> .	ED-RurallPhy-KimA, Kim 84 ye O 1:Resp	iratory distress (160:00 👕	MAR Summary		Pr Or +	2	3			
			ED-RurallPhy-KimB, Kim 84 ye O 1:Resp	iratory distress (360:00 😭	Medication List		3ª O* +	2	2			
			1 ED-RurallPhy-KimC, Kim 84 ye O 1:Resp	iratory distress (960:00 😭	MAR			2	2			
			ED-RurallPhy-KimD, Kim 84 ye O 1.Resp	iratory distress (360.00 👔	Entre Present et		P. O. +	2	2			
		G .	ED-RurallPhy-KimE, Kim 84 ye O 1:Resp	iratory distress (160:00 😭	Permierowser			2	2			_
			ED-RurallPhy-KimF, Kim 84 ye O 1.Resp	iratory distress (960:00 👕	Patient Information			2	2			
			ED-RurallPhy-KimG, Kim 84 ye O 1:Resp	iratory distress (160:00 😭	Growth Chart		COT.	2	2			_
		44	ED-RurallPhy-KimPl, Kim 84 ye O T.Resp	iratory distress (960.00 T	Immunizations		TOTT	~	2			
		_	ED-RuralPhy-MontyA, Mc40 ye	950:00 👕	Interactive View and	10		3	2/1			
			ED-Rural-hy-MontyB, Mc40 ye	\$60:00 *	Lines/Tubes/Drains	Summary		-	211			
			ED-HuralPhy-MontyC, McAU ye	160:00	Clinical Research			2	2/1			
			ED-Rurali-hy-MontyO, Mc 40 ye	160:00 👕	CareConnect			2	2/1			
			ED-RuraiPhy-MontyE, Mc40 ye	360:00 2			1	2	2/1			
			ED-RuralPhy-MontyF, MoAU ya	960.00 🖀			I	1	2/1			



Activity 1.13 – Patient List Report

If needed, the system is able to print a report of the patients seen by a Provider in a given time period. Fee-for-Service Providers may find this function especially useful. This can also help at the end-of-shift to ensure you have no outstanding patients.

Return to **ED LaunchPoint** by clicking the **ED LaunchPoint** icon in the **Toolbar**.

1. Click Department.

📕 FirstNet Organizer for Train, Emergency-Physician1, MD						
Task Edit View Patient Chart Links Notifications Navig	ation Help					
👫 ED LaunchPoint 🛛 Tracking Shell 🖃 Message Centre 👫 MyExperie	ence 🎬 Results Callback Worklist 🎬 LearningLIVE 🖕 🗄 💐 Patient H	ealth Education Materia	s 🔞 Policies and Guidelines	s 🕄 UpToDate 🝦 🤅 🕄 Carel	Connect 馢 PHSA PACS	
🗄 📲 Exit 🔮 PM Conversation 👻 🖳 Depart 🕍 Communicate 👻 🧰 Di	scern Reporting Portal 🝦					
			ED-Url	banlPhy-MontyH, Monty 👻	Recent - Name	- Q
ED LaunchPoint				(D) F	ull screen 👘 Print ಿ 0 i	minutes ago
👫 🗎 📥 🔍 🔍 100% 🛛 🗸 📩						
My Patients All Beds Resus/DTU Ac	ute/INTK Acute INTK FA		Q	Train,	Emergency-Physician1, MD	≣•
View: My Patients and Unassigned 🗸	My Datients	Department				
Show: Critical Labs/VS VR VR Hide Empty Beds	Current: 1 Last Hour: 0 Today: 0	With 179 Fream	als: 2 Current: 198 Last H	Hour: 0 Today: 0 Median I	LOS:	
· · · · · · · · · · · · · · · · · · ·	Median Door to Doctor:	Median Door to D	octor:			۲
Room I LOS Patient Information I CEDME	D MLP RN Patient Details	•• •		· · · · ·	Status	Doc
ACWR 835:00 ED-OrbaniPhy-Monty 39y M (0)	(The second seco	V 10	/ 🖆 💾 🚢		→. 00:00 	E-a
Unassigned						
AC,216 Suicide Prec. 835:01 2 *ED-UC-B, Kelli 85y F & O	Respiratory distress (2), moderate RC111	¥ 11		<u> </u>	*] 767:29 ~~ 0	
DTU,01 Isolation 2 *ED-UC-B, SONIA 85y F & C K	Respiratory distress (2), moderate RC111	¥ 11		<u> </u>	*] 767:19•0	
AC,201 835:22 3 *Pharm-Emerg, Audrey	Myocardial infarction	• 10			Unassigned 835:22	
AC,219 835:45 *VALIDATE, PHARM-E	Chest pain	V 10	Î		Unassigned 835:45	
AC,202 835:22 *Pharm-Emerg, Faith 47y F	Myocardial infarction	V 10		a	Unassigned 835:22	
AC,203 835:22 *Pharm-Emerg, Rose 47y F	Myocardial infarction	v 10	1	<u>0</u>	Unassigned 835:22 ·····	
AC,204 835:22 *Pharm-Emerg, Charl	Myocardial infarction	V 10			Unassigned 835:22	
AC,205 835:22 *Pharm-Emerg, Jo 47y F ()	Myocardial infarction	V 10	1	a	Unassigned 835:22©	
AC.206 835:22 *Pharm-Emerg, Leslie	Myocardial infarction	• Z	1		Unassigned	
Toolbar Options				TRAIN1 TRAIN.MDEMER	1 Monday, 2018-January-29 1	10:10 PST

- 2. The Launch Report window will open. Select Emergency as the Report Type.
- 3. Select **Patient for Care Provider** for the desired report.
- 4. Click OK.

	🛛 Launch Report 📃 🗖 💌
2	Emergency
2	Toporo.
ാ	Patient for Care Provider
	4 OK Cancel



The Patient for Care Provider window will open.

5. When entering a ***Start Date**, the time should accurately reflect the start of your shift or what you want the report to reflect.

For the purpose of this activity, set the *Start Date to 2017-Dec-01.

The ***End Date** will default to the current date and time but should reflect the end of your shift or what you want the report to reflect.

- 6. From the *Location View dropdown list, select ED Lions Gate All Beds.
- 7. From the *FirstNet Provider dropdown list, find and select your name.
- 8. If you typically work in this location, you can select **Save as my defaults**.
- 9. Click Run Report

Patient for Care Provide	er 🗆 🖸 🔀
Tracking Group:	문화을 많았네 (*) 속속 (*) 수 수 (*) 문 표
ED Lions Gate Tracking G	roup
*Report Name	ED Patient For Care Provider
*Start Date	27-DEC-2017 🖨 🖃 10:17 🚔
*End Date 5	29Jan-2018 🚔 👻 10:17 🚔
Sort Order (Optional)	· · · · · · · · · · · · · · · · · · ·
*Location View 6	ED Lions Gate All Beds
Nurse Unit (Optional)	
*FirstNet Provider 7	Train, Emergency-Physician1, MD 🔹
	8 Save as my defaults



The **Report Window** will open titled with the type of report you have requested. You can **Print** or **Save** your report.

Patient for Care Pro	ovider	\$\$ \$\ \$\ \					
For: ED Lions (Location: ED L	Gate Tracking Group ions Gate All Beds	Provider: Th	ED Patient rain, Emergency-Physician <u>Summary</u>	t For Care Provider 1, MD		Printe Printed By	ed At: 29/01/18 10:2: y: Train, Emergency Physician1, MI Total Patient: = 5
atient Name OS(cheekin) D-URBANLPHY-KI IM	MRN Age/Sex FIN Birth Date MD,760000510 85 Y/Female	Checkin Date Checkout Date 25:01/18 10:47	Arrival Mode Acuity	Reason For Visit Minor head injury (4)'no loss	ED Physician Secondary Physician Train, Emergency-Physician1, M	Admit Physician Primary Nurse	Disposition Diagnosis
5:38	76000001009510/02/32	31/12/00 00:00	3 - Urgent				
					1	\$	

You can open multiple reports at once by using the Split Window icons \square to divide your screen and run a new report.

Knowledge Check

 What do you have to click on the ED LaunchPoint screen to open the Launch Report window?



SCENARIO 1 Key Learning Points

Activity 1.1 ED LaunchPoint Multi-Patient List Overview

PART A

- The ED LaunchPoint Multi-Patient List functions as a tracker for all patients in the ED
- Much of the information you need about patients is available from ED LaunchPoint
- Filter using Zone Tabs, the View menu or Show checkboxes
- You can access Message Center, Results Callback and LearningLive from the upper toolbars
- Use Message Centre to Co-Sign Orders, finish documentation, and refuse proposed orders
- Follow up on patients with positive culture results using Results Callback Worklist
- Use the My Experience function to switch between multiple roles
- Click and hold the vertical row of dots beside each section of icons to rearrange the Toolbar

PART B

- Each column in ED LaunchPoint contains important information
- Alerts are found in the Room column (colours and text) and patient information column (as icons)
- ED LaunchPoint shows associated providers and clinicians, as well as orders' status at-aglance
- Patient disposition and documentation status are also easily viewed

Activity 1.2 Check-In and Patient Handover

- Check-in at the start of shift is mandatory
- The Check-in screen allows you to set your screen presence (initials), role and location
- Providers must assign themselves to patients before charting on them
- The first Provider assigned will always remain assigned, and will layer if a second provider assigns themselves to a patient
- Click the white space around a patient's name to open Single Patient View
- Single Patient View offers quick access to patient information and common orders











PATIENT SCENARIO 2

Learning Objectives

At the end of this Scenario, you will be able to:

- Use the order management system to initiate a PowerPlan
- Access patient results
- Update a patient diagnosis
- Add an addendum to an existing ED Note
- Initiate and modify a PowerPlan
- Discharge a patient with Meds to Go

SCENARIO

Fatimah Abassi is a 25 year old female who works as a waitress.

Fatimah came to the Emergency Department a few days after cutting the top of her right foot at work. She states she accidentally dropped a water glass on the top of her foot, which broke causing the cut. The area around the wound has become red, hot to the touch, with purulent drainage. She attended a walk-in clinic after sustaining the injury, was advised there were no fractures and was prescribed Tylenol #3. She describes an onset of severe pain when walking this morning.

Her only medical history is mild asthma, which she regulates with a prescribed inhaler.



Activity 2.1 – Cosign Verbal Orders Entered

While you were occupied with another patient, the nurse took verbal orders for some tests for Fatimah.

Before interacting with Fatimah's information, make sure you Assign yourself.

Viewing **ED LaunchPoint** you notice a **pencil** icon with a number attached in the **Physician Notifications Column**. This indicates you have outstanding orders to **Cosign**.

- 1. Click on the **pencil** icon.
- 2. The **Physician Notifications** window appears. Click **Review** in blue text to see the orders that require a cosignature.

ED LaunchPoi	int					
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 The Actions Requiring Cosignature window will appear. Review and select orders that require Cosignatures. When done, click Cosign.

D-Ru Ilergi	iralPhy-Fatii	mahB, FatiD Aj	OB:1993-Jan-25 ge:25 years ender:Female	MRN:760000524 Enc:76000000005. PHN:1076000052/	Code Status: L Dosing Wt [.] 78 kg	Process: Disease: Isolation:	Location:LGH ED Enc Type:Emergency Attending:Train Emergency-Ph	hysicia
icigit	Action	Action Date/Ti	Entered By	Order	Details	Boldton.	Ordering	a Phys
der Ad	tions Pending Co	osignature						5
	Order	2018-Jan-14 04:01:10 PST	TestUser, MedicalStudent	XR Chest	2017-Dec-27 06:00 PST, Urgent, Reason:	ordered by medical student	TestCST, Emergen	, ncy-Pł
<u>.</u>	Order	2018-Jan-06 05:13:37 PST	SYSTEM, SYSTEM Cerner	Urinalysis Macroscopic (dip	Urine, Routine, Collected, Collection: 2011	8-Jan-06 09:30 PST, once	Train, GeneralN	Medici
	Order	2018-Jan-06 05:13:35 PST	SYSTEM, SYSTEM Cerner	Bilirubin Total and Direct (Bilirubin	Blood, Routine, Collected, Collection: 201	8-Jan-06 09:15 PST, once	Train, GeneralN	Medici
<u>7</u>	Order	2018-Jan-06 05:13:33 PST	SYSTEM, SYSTEM Cerner	Glucose Random	Blood, Routine, Collected, Collection: 201	8-Jan-06 09:00 PST, once	Train, GeneralN	Medic
	Order	2018-Jan-06 05:13:31 PST	SYSTEM, SYSTEM Cerner	Hemoglobin A1C	Blood, Routine, Collected, Collection: 201	8-Jan-06 08:45 PST, once	Train, GeneralN	Media
7	Order	2018-Jan-06 05:13:28 PST	SYSTEM, SYSTEM Cerner	Basic Metabolic Panel (Lytes, Ure	Blood, Routine, Collected, Collection: 201	8-Jan-06 08:30 PST, once	Train, General№	Media
2	Modify	2018-Jan-06 05:13:27 PST	SYSTEM, SYSTEM Cerner	Arterial Blood Gas (Arterial Blood G	Whole Blood, Routine, Collected, Collection	on: 2018-Jan-06 08:15 PST, once	Train, General№	Media
	Order	2018-Jan-06 05:13:26 PST	SYSTEM, SYSTEM Cerner	Arterial Blood Gas (Arterial Blood G	Whole Blood, Routine, Collected, Collection	on: 2018-Jan-06 08:15 PST, once	Train, GeneralN	Media
<u>.</u>	Order	2018-Jan-06 05:13:24 PST	SYSTEM, SYSTEM Cerner	Electrolytes Panel (Na, K, Cl, CO2,	Blood, Routine, Collected, Collection: 201	8-Jan-06 08:00 PST, once	Train, General№	Media
	Order	2018-Jan-06 05:13:21 PST	SYSTEM, SYSTEM Cerner	Comprehensive Metabolic Panel	Blood, Routine, Collected, Collection: 201	8-Jan-06 07:45 PST, once	Train, GeneralN	Media
7	Order	2018-Jan-06 05:13:19 PST	SYSTEM, SYSTEM Cerner	CBC (Complete Blood Count)	Blood, Routine, Collected, Collection: 201	8-Jan-06 07:30 PST, once	Train, Generall	Media
1	Order	2017-Dec-27 14:11:07 PST	TestED, Nurse-Emergen	Discharge Patient	2017-Dec-27 14:10 PST		TestCST, Emergen	, ncy-P

When finished with Physician Notifications, click **Close**.

You should be returned to **ED LaunchPoint**.


Activity 2.2 – Update a Patient Diagnosis

After updating your ED Note to reflect the latest findings, you now need to update Fatimah's diagnosis. You notice you accidentally inputted **Cellulitis Forearm** instead of **Cellulitis Foot or Ankle**. This needs to be corrected.

Removing or changing a diagnosis is difficult; therefore it is best to enter diagnoses at the end of a patient visit. If you must change a diagnosis because of new information or editing purposes, here are the following steps:

- 1. Select Discharge Diagnosis from the ED Workflow Table of Contents.
- 2. Click the **Discharge Diagnosis** header.

luralPhy-FatimahB, Fatimah Jies: No Known Allergies	DOB:1993-Jun-25 Age:25 years Gender:Female	MRN:760000524 Enc:760000000524 PHN:10760000524	Code Status: Dosing Wt:78 kg	s: Process: Disease: -78 kg Isolation:			Location:LGH ED Enc Type:Emergency Attending:Train, Emergency-Physician			sician1, MI
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Vital Signs & Measurements	No results found									
History of Present Illness**	⊿ Bone Density (0)									
Physical Exam**	No results found									6
Histories	A Mammography (0)									
Allergies (0)										17
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3. Click the Add 🖶 icon.

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4. In the yellow mandatory field search for *cellulitis foot* in the Diagnosis search bar.

iagnosis (Problem) beir	g Addressed this Visit							
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Iocal swelling (4)	redness, 27-Dec-201	7 Re	ason For Vis	it		709SK082	COT	
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- 5. Select the most appropriate **Diagnosis** from the Diagnosis Search list (Remember, coded Diagnoses are capitalized). For this instance, it would be **Cellulitis Foot and Ankle**.
- 6. Click **OK**.

	within.	Terminolog	
Search by Code			
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7. The Diagnosis Search window will close.

Click **OK** a second time to finalize the updated Diagnoses List.

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- Diagnosis (Problem) being A	ddressed this Visit				
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 local swelling (4)/rec 	Iness, 27-Dec-2017	Reason For Visit	709SK082	COT	
CELLULITIS FOREARI	VI 31-Jan-2018	Discharge	L03.10	CEDDX	
Diagnosis		Responsible Provi	der Comments		
CELLULITIS FOOT OR ANKL	.E 🏘	Free Text ain, Emergency-P	wsician1, MD		
Display As		*Clinical Service *Date			
CELLULITIS FOOT OR ANKL	E	Non-Specified 🚽 31-Jan	2018 🌲 💌		
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ED COT					



Now you must discontinue the incorrect Diagnosis.

- 8. Right click on the **Diagnosis** you wish to remove. For this activity, right click **Cellulitis Forearm**.
- 9. Select Remove Diagnosis.

🕻 🔿 👻 者 🛛 Diagnoses and	d Problems					[0] Full screen	Print	👌 17 minutes a
Mark all as Reviewed Diagnosis (Problem) being Addressed I	this Visit							
💠 Add 🗹 Modify ≒	Convert Display: All		-					
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Name of Problem A	Properties	Jassification Medical	Qualifier	Condition Name Chest pain on breath	ning			

The removed diagnosis will now display with a strikethrough.

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	🔋 📴 Chest pain on breathi	ing 15-Aug-2017	Medical		Chest pain on breathing	

Return to the **ED Workflow** page.



• Name an alternate way to navigate to the Documentation section.



Activity 2.3 – Add Addenda to existing ED Note

You previously completed and signed an **ED Note** for Fatimah, but now you need to revise it due to the prior incorrect diagnosis. Update the patient's **ED Note** using an **Addendum**.

- 1. Return to the **ED Workflow** page.
- 2. Navigate to **Documents** in the **ED Workflow** page.
- 3. Click on the **Documents** header.

ED-RuralPhy-FatimahB, Fatima	h 🗵				+	List 🔿 👫 Recent 👻 Name	- C
ED-RuralPhy-FatimahB, Fatima	ah DOB:1993-Jan-25 Age:25 years Gender:Female	MRN:760000524 Cod Enc:760000000524 PHN:10760000524 Dos	e Status: ing Wt:78 kg	Process: Disease: Isolation:	L E	ocation:LGH ED inc Type:Emergency Mending:Train_Emergency-Physicia	an1. MD
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		2017 Doc 27 14:00 DET		· · · ·	Corpor	- 44+	=•
Triage Documentation	A Diagnostic Tests (1)	2017-Dec-27 14:00 PS1			Cerner		
Vital Signs & Measurements		XR Chest 2017-Dec-27.06	:00 PST, Urgent, Reason:	27/12/17 06:00 Ordered	14/01/18 04:01 TestC5	T. Emergency-	
History of Present Illness**		ordered by medical studen		(Exam	Physici	an1 MM, MD	
Physical Exam**				Ordered)			
Histories							
Allergies (0)	Documents (1)				Last 50 Notes A	Visits Last 24 hours More V	=-
Home Medications (0)							-
Current Medications				My notes	s only Group by encounte	er Display: Provider Documentatio	on 🔻
Order Profile (3)	Time of Service S	ubject	Note Type	Author	Last Updated	Last Updated By	
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Visits (1)	* Displaying up to the last	50 recent notes for all visits					
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Discharge Diagnosis							
Impression and Plan**	Date Type	Location		Reason for Visit			
Lab Results 📍	Previous (1) - Last 5 V	15115					
Patient Instructions							
New Order Entry	Procedures**					Selected visit	=-
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ED Note	Font • Size •	😽 🖻 🛍 B I U 🛛	\ ≣ ≡ ≡ •{				
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4. You will be brought to the **Documentation** section of your patient's chart.

Double click the **ED Note** you want to add an **Addendum** to. A single click will allow you to view the existing document in Preview mode.

ED-RuralPhy-FatimahB, Fatimah 🛛 🗵					🔶 List	🔿 📲 Recent 👻 🖪	lame 🗸 🔍
ED-RuralPhy-FatimahB, Fatimah Allergies: No Known Allergies	DOB:1993-Jan-25 Age:25 years Gender:Female	MRN:760000524 Enc:760000000524 PHN:10760000524	Code Status: Dosing Wt:78 kg	Process: Disease: Isolation:	Loca t Enc T Atten	tion:LGH ED ype:Emergency ding:Train, Emergen	cy-Physician1, MD
🕈 < 👻 🕇 Documentation						🗆 Full screen 🛛 👼 Pr	int 🛛 🎅 7 minutes ago
Add Y Sign & Forward Modif	y b \$ • D	In Error Preview	Author Contributor	4		會 Previous Note	4 D
4 2018-Jan-29 14:18:00 P ED Note	ED Note Provider	LGH Lions Gate	Train, Emergency-Phy	Tina Tina	al Report *		
2018 - Jun 28 140000 Pm (29 Fringe - Aduk 2018 - Jan 28 03:55:00 P ED Screening - Adu	ED Triege Adolt T	- Text LGH Lions Gate	TestED, Nurse-Emerg	Basic Information Chief Complaint Redness and swelling x 3 days after cutting foot ED Assigned Provider/Time Time Seen: Train, Emergency-Physician1, MD / 01/29/2018 14:03	Problem List/Past Chest pain on brea <u>Historical</u> No historical pro Medications Inpatient No active inpatie <u>Home</u> No active home	Medical History thing blems ent medications medications	н
				History of Present Illness Patient cut foot 3 days ago after glass broke at work. Now red, swollen and limited weight bearing. Physical Exam Vitals & Measurements T: 36.8 °C (Ora) HR: 98 (Peripheral) RR: 20 BP: 115/76 SpO2: 100% HT: 168 cm Well-looking with redness around foot wound radiating to ankle. Tender and hot on papation. Purulent drainage present. Afebrile, no other signs/symptoms present. Impression/Plan	Allergies No Known Allergies ED Lab Results Hematology Hematocrit: 0.36 Low Hemoglobin: 120 g/L Low MCH: 29 pg MCV: 88 fL	Chemistry vAlanine Aminotransferase 18 U/L Albumin Level: 29 g/L Low Alkaline Phosphatase: 90 U/L Anion Gap: 25.5	Urine Analysis Bilirubin :Urine Test Strip: Negative. 'Clarity Urine: Clear Color Urine: Yellow Glucose
K Previous Next >>			•	CELETICITIS FOOT OF ANKEE		mmol/I High	Ilrine Lest
<< rievious (viex())							

5. Click **Modify** at the top of the page, then Click the free text area below ***Insert Addendum Here** and type the following:

Correction: Diagnosis is CELLULITIS FOOT OR ANKLE.

6. Click **Sign** when done.

✓ > ✓ ♠ Documentation	(🗅) Full screen 👘 Print 🛛 📚 3 minutes ago
+ Add 🔟 🔲 🔀	
List ED Note X	4 b
Tahoma * 11 * 😽 🖏 🎕 🏟 k 🦽 B I U 🔤 🗛 🗮 🗮 🕬	
	Routine Urine: 1.022 Urea: 2 mmol/L Ventilation Arterial: Room air
	Imaging Results No qualifying data available.
	XR Chest - Ordered 2017-Dec-27 06:00 PST, Urgent, Reason: ordered by medical student
	E
5 Correction: Diagnosis is CELLULITIS FOOT OR ANKLE.	I
Note Details: ED Note Provider, Train, Emergency-Physician1, MD, 2018-Jan-31 13:46 PST, Auth (Verified), ED Note	6 Sign Save & Close Cancel



The final **ED Note** will indicate in **red** text that an Addendum is included.

7. Use the Navigation Toolbar to return to the ED Workflow page.





Activity 2.4 – Writing a Prescription

Fatimah is ready to be discharged. She needs a prescription for oral antibiotics.

 If the Prescription Tab is not already displayed on your Emergency Workflow screen, click the grey Add icon to the right of the Emergency Workflow tabs.

-RURALPHY-FATIMAHD, F/	ATIMAH 🔳				- List - Manne Recent - Manne	
-RURALPHY-FATIMAHD, Fation of the second sec	ATIMAH DOB:1993 Jan-25 MRN:760000526 Age:25 years Enc:7600000000526 Gender:7emale PHN:10760000526	Code Status: Process: Disease: Dosing WL78 kg Isolation:			Location:LGH ED Enc Type:Emergency Attending:Train, Emergency-Physician1, MI	D
K 🕴 🔸 👘 Emergency We	orkflow				[0] Full screen 👘 👘 🤌 52 min	utes
🐴 🗎 🗄 🗈 🔍 🔨 100%	- 10 8 4					
ED Workflow	12 ED Workflow Simple 12 Er	nergency Orders 21	Trauma Orders	1 +		=
Triage Documentation Vital Signs & Measurements	The State of the S	-27 06:00 PST, Urgent, Reason: ordered	27/12/17 06:00 Ordered (Exam Ordered)	14/01/18 04:01	TestCST, Emergency- Physician1 MM, MD	
History of Present Illness** Physical Exam** Historiae	Documents (1) +			Last 50	Notes All Visits Last 24 hours More 💌 🥺	13
Allergies (0)			🖾 My n	otes only 🔲 Group b	v encounter Display: Provider Documentation +	
Home Medications	Time of Service Subject	Note Type	Author	Last Updated	Last Updated By	
Current Medications	31/01/18 13:46 ED Note	ED Note Provider	Train, Emergency-Physician1, MD	31/01/18 13:46	Train, Emergency-Physician1, MD	
Order Profile (3)	* Displaying up to the last S0 recent notes for all visits					
Documents (1)						
Visits (1) Procedures**	Visits (1)				All Visits 2	
Links	TWOM TOWN					2
Lab Results 📍	Data Type Location Provinces (1) - Last 5 Misits		Reason for Visit			61
Imaging (0)	Frichous (1) Last 5 Faile					۰.
Discharge Diagnosis						
Impression and Plan**	Procedures**				Selected visit 2	En .
Patient Instructions						
New Order Entry	Font • Size •	A				
Create Note						
ED Note						
PD Males Mindensfertige					Quan	1.1

2. Select the ED Prescriptions View.

K 🤉 🔹 👬 Emerge	ency Workflow				ja	Full screen 🛛 👘 🕹 55 minutes a	igo
	100% • 3 🕲 🖄						
ED Workflow	83 ED Workflow Simple	8 Emergency Orders	23 Trauma Orders	33 New View	22 +		
		Select a View					
		ED Equipment/Supplies					
		ED PEDS Prescriptions					
		2 ED Prescriptions					
		ED Rural Orders					1
		ED Workflow					
		ED Workflow Simple					
		Emergency Orders					
		PEDS Emergency Orders					
		PEDS Trauma Orders					-
							-



The ED Prescription tab looks and functions similar to the Emergency Orders tab.
 Under the Infectious Disease component, expand Cellulitis/Abscess by clicking the black arrow icon.

Select Cephalexin 500mg oral tablet 1 tab, PO, QID

4. Click the green **Orders for Signature** Inbox **[21]** icon.

A B B S S 100%	a			
ED Workflow 33 ED Work	flow Simple 28 Emerger	icy Orders 🔅 Trauma Orders	22 ED Prescriptions	z + 4 21 k
Cardiac 🔷 📀	Gastrointestinal	Infectious Disease	Ophthalmological	🔹 💿 New Order Entry 🕂 💿 💿
DV/T/Pulmonary Embolism Hypotransion Coronary Altroy Obesee Coronary Altroy Obesee Coronary Altroy Obesee Coronary Altroy Obesee Dystrychmia Dobetes Insulin Dependent Obebese Insulin Dependent Throid Disease ENI Obbits Media Obbits Datamal Pariyngita(Pertonaliar Abacess Smata) Detail	Constpation Constpati	Precumonia Put/Crystbis Put/Crystbis Put/Crystbis Put/Crystbis Put/Crystbis Put/Crystbis Put/Crystbis Confinitive/Attornality Abound Confinitive/Attornality Abound Confinitive/Attornality Confinitintive/Attornathter Confinitintive/Attornality Confinitin	Conjunctivitis Conjunctivitie Conjunct	Decharge Control of the start of t

5. The Orders for Signature Summary window will appear.

Click Modify.

- 6. To change any prescription details, select the order and enter changes in the detail fields.
- 7. Click Sign.

ED-RURALPHY-FATIMAHD, FATI	DO8:1993-Jan-25	MRN:760000526	Code Status:		Proces	1	Loca	tion:LGH ED
Allergies: No Known Allergies	Gender/Female	PHN:10760000526	Dosing Wt-78 kg		Isolatio	с п:	Alter	types.mergency tding:Train_Emergency-Physician1_MD
+ Add d Document Medication by Hs Re	conciliation + 🚴 Che	ck Interactions					2	conciliation Status Meds History 🜒 Admission 🌒 Dischar
Orders Medication List Document In Plan								
н	Orders for Signature							
View	A @ B V 0	Irder Name St	atus Start	Details				
Orders for Signature	# LGHED Enc:760	0000000526 Admit: 201	8-Jan-18 11:26 PST					
Plans	A RECOCACIONS							
Document in Plan		ephal EXin (cephalek): Pr	rescribe 2018-ten-3	115:38 - 1 tab. P	0. QID, order duratio	n: 7 day, drug formi tab.	dispense aty: 28 tab, in	68(c): 0. start: 2018-Jan-31 15:38 PST, step-
Suggested Plans (0)								
= Orders								
Admit/Transfer/Discharge								
T Chatter								
Patient Care								
a denic care								
- Activity								
Diet/Nutrition								
Continuous Infusions								
Medications								
Blood Products								
Laboratory								
C Diagnostic Tests								
Procedures								
Respiratory	T Details for CO	nhal EXin (cen	halevin 500	ma oral ta	hlet) T	Send	To: 590-133D1 on spp	rt008 (from LD024815) in session 24 💌 🛄
Allied Health		priacezani (cop	male All SOU	ing orar ta	bioty		Automatical and and and a state of the	and a second and a second s
Consults/Referals	Details III Orde	Comments						
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Supplies	Dose	*Route of Administ	Frequency	Duration	*Dispense	0 90 Refill		
Non Categorized	i tab	oq 📀	ao 🖬	🔷 7 day	28 tab	• 0	+ S h.	8 (2)
Medication History Snanshot		PRN-			Securial In	startione		
Paragolisting History				1.7.3	speciality	an we owned		1
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	*Star	Date/Time: 31-Jan-2018	i 🔹 🔹 1538	PST	Type (If Therapy: (Acute		
			1001			C Mainte		
Diagnoter & Problems	"Stop	Date/Time: 07-Feb-2018	B 🖓 👘			A Mainte	mance	-
Related Results (2)	10 A							
Variance Viewer	Missing Required Del	als Orders For Cosignate						7 Sim Carel
Farmers & French	Comment of the other							out out of



After signing, the prescription will automatically be printed from the printer that is connected to the device you are using.

The system will return you to the ED Prescriptions tab.

When printing a prescription that includes a controlled substance, you may need to print a duplicate copy. Automatic duplicate printing is currently being configured.

- 8. Navigate to the **Orders** page using the **Table of Contents**.
- 9. Right click the prescription that requires printing.

10. Selct Print Rx.

The duplicate copy will now print.

ED-RU	RALPHY-FA	TIMAHD,	FATIMAH					List 📲 Recent + Harrier - Q
ED-RU	RALPHY-FA s: No Known A	TIMAHD, I	FATIMAH DO8:1993-Jam25 Age:25 years Gender:Female	MRN:760000526 Code Sta Enc:760000000526 PHN:10760000526 Dosing V	tus: Vt:78 kg	Process: Disease: Isolation:		Location:LGH ED Enc Type:Emergency Attending:Train, Emergency-Physician1, MD
Menu		9	K 🤇 - 👘 Orders					(D) Full screen 🛛 🔂 Print 📀 O minutes ag
Emergen Results R	icy Workflow Ieview		Add a Document Medication by Orders Medication List Document I	Hx Reconciliation • 🍌 Check Interactio	ans			Reconciliation Status Meds History 🜒 Admission 🌒 Discharge
O Unders		- A00						
Documer	ntebon	T Add	View	Displayed All Active Diden I All Inacti	ve Orders (All Active Or	des		Show More Dides
Allergies Diagnose Histories MAR Sun MAR Form Beo	es and Problems nimary on List voiser	+ Add + Add	- Order, for Signature - Plans - Plans - Soggested Flans (8) - Order - States - States - States - States - Activity - Diet/Nutrition - Continuous Infusions	Admit/Transfer/Discharge Admit/Transfer/Discharge Admit/Transfer/Discharge Monte Discharge Patient J Patient Care Discharge Patient Discharge Patie	Status D Ordered Jult Ordered aloc., Prescribed Ordered (ore Details 2017-Dec-27 1560 PST 2017-Dec-27 1560 PST Order placed due to patient anival to t Renew Modify without Resenting Cone	c-77 15:02 PST the Emergency Department table Stockee Control by medical student	128, eff8(v) 8, dart 2018-126-13 13-18 (95), dbg 2018-146-
Growth C Immunia Interactiv Lines/Tul Clinical R CareCom	reormation Chart attions ve View and IB:O bes/Drains Sume tesearch nect		Medications Blood Products Laborstory Diagnostic Tests Procedures Respiratory Allied Health Communication Orders			Concel and Reorder Surgend Activate Complete Cancel/Discontinue Void Convert to Inpatient Order		
			Supplies Non Categorized Medication History Medication History Related Results (2) Formulary Details Variance Viewer	The Details		10 Print Rx Add/Moddy Compliance Order Information Commenta Reference Information Print		Ciden For Syndow

See next page for prescription sample.



		PRES	CRIPTION			
			Lions	: Gate Hospital		
			2311	E. 15th Street		
			Norti	Vancouver, BC V7L 2L7		
Patient Name: ED-R	URALPHY	-FATIMAHD,	FATIMAH			
***************************************			<u> </u>	ar		
DOB: 1993-JAN-25 Age	25 years	Weight: 78kg ()	Sex: Female	PHN:	10760000520
Allergies: No Known All	ergies					
All	ergy list may	be incomplete.	Please review v	with patient or caregive	er.	
[] Blister Packaging	week cards; dis	spensecards a	t a time; Repeat			
[] Non-Safety vials [] Other	r					
Faxed to Community Pharmac	су:	<u> </u>	Fax:			
Faxed to Family Physician:	lf you r	eceived this fax in e	rax:	ct the prescriber		
Patient Address: 527 West B	iroadway.		Home Phone:	(604) 123-0527		
Vancouver,	British Columb	ia	Work Phone:			
V6R2L3						
Canada						
Any nar	cotic medic	ations need a du	plicate prescr	iption form to be cor	npleted	
Over the Details	ne counter m	edications can be	filled on Pharr	naNet at patient's disc	scied: 20	18-JAN-31
cephalexin 500 mg oral ta	blet					
•	1 tab PC	QID for 7 day				
SIG:	28 tab					
SIG: Dispense/Supply:	20 100					
SIG: Dispense/Supply:						
SIG: Dispense/Supply:		****				
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SIG: Dispense/Supply: Prescriber's Signature Train, Emergency-Physic Prescriber's College Numb	ian1, MD er: T0001					



Activity 2.5 – Completing an ED WorkSafe BC Note

1. In the ED Workflow tab, click on ED Note - WorkSafeBC.

ED-RuralPhy-FatimahB, Fatimah						🔶 Lis	:	me • Q
ED-RuralPhy-FatimahB, Fatimah Allergies: No Known Allergies	DOB:1993-Jan-25 Age:25 years Gender:Female	MRN:760000524 Enc:7600000000524 PHN:10760000524	Code Status: Dosing Wt:78 kg		Process: Disease: Isolation:	Loca Enc 1 Atter	tion:LGH ED ype:Emergency ding:Train, Emergency-	Physician1, MD
👳 < 🔸 🔹 者 Emergency Workf	low					1	🗅 🛱 Full screen 🛛 🖨 Print	ninutes ago 🌮
🗧 👫 🐚 🖣 🐚 🔍 🔍 100%	- 😋 🛑 🟠							
ED Workflow	ED Workflow Simple	Emergency Orde	ers 🛛	PEDS Emergency Orders	🛛 Trauma Orders	× +		₽. =•
A	⊿Interventional (0)							
Triage Documentation	No results found							
Vital Signs & Measurements	⊿EMG/EEG - Electrophysio	(0)						
Physical Exam**	No results found							
Histories	⊿Bone Density (0)							
Allergies (0)	No results found							
Home Medications (0)	⊿ Mammography (0)							
Current Medications	No results found							-
Order Profile (3)								
Documents (1)	Discharge Diagnosi	s				Classification: Medical and	Patient Stated 👻 🛛 All V	isits Ə =-
Visits (1)								
Procedures**				1	Add new as: This Visit 👻 🍳	Problem name		
Links	Name				Classification	Actions		
Imaging (0)	· FOREIGN BODY FO	ют			Medical	This Visit Chronic]	
Discharge Diagnosis	Chest pain on breat	thing			Medical	This Visit Chronic	Resolve	
Impression and Plan**							-	E
Lab Results 📍								
Patient Instructions	Impression and Pla	n**					Selected	visit R = -
New Order Entry	Card Dire							
Create Note	Font		<u>0</u> //!!* = =					
ED Note	FOREIGN BODY FOOT							
1 ED Note - WorksafeBC								
Absence Note (School/Work								



2. The ED WSBC note will populate with Fatimah's details, much like the note you created earlier. Scroll down to *Physician's Report*. You can fill in the answers as appropriate for this case using **X**.



- 3. Continue scrolling and fill out Return-to-work Planning as above.
- 4. The *Injury Codes and Descriptions* are special codes relating to Body Part/Anatomical Position (CSA BP/AP) and Nature of Injury (CSA NOI).





- 5. Double click on <u>,,ed_csa</u>. Select ed_csa_bp from the menu and double click that option. A small icon -* will appear where ,,ed once was. Click the icon.
- 6. Select code 43000-FOOT (EXCEPT TOES).

< 🔹 🔺 Documentation	🗇 Full screen 🛛 👘 Print 🛛 🍞 10 minutes ago
+ Add []]	
ED Note - WorksafeBC X List	4 b
Tahoma • 11 • ● ● ● ■ ▲ ● ● ■ ● <	
Chest pain on breathing <u>Historical</u> No historical problems Clinical Information Chief Complaint Redness and swelling x 3 days after cutting foot <u>Physical Exam</u> <u>Vitals & Measurements</u> T: 36.8 °C (Oral) HR: 98 (Peripheral) RR: 20 BP: 115/76 Sp02: 100% HT: 168 cm <u>Juscharge Diagnosition: THUM8</u> 4000 - LEGS Discharge Diagnosition: Wetter House FOREIGN BODY FO(41200 - Ketter House Injury Codes and Lacon - Monte BODY PARTS, UNSPEC	If NO, what are the current physical and/or psychological restrictions? Estimated time before the worker will be able to return to the workplace in any capacity Currently at work: _ 1-6 days: _ 7-13 days: _ 14-20 days: _ > 20 days: _ If appropriate, is the worker now ready for rehabilitation program? YES: _ NO: _ Do you wish to consult with a WorkSafeBC physician or nurse advisor? YES: _ NO: _ If possible, please estimate date of maximal medical recovery (full recovery or best possible recovery) (dd-mm-yyyy) -
Note Details: ED Note WorksafeBC, Train, Emergency-Physician1, MD, 2018-Jan-29 15:59 PST, ED Note – WorksafeBC	Sign/Submit Save Save & Close Cancel

- 7. Repeat the process for CSA NOI: Double click *,,ed_csa_noi*. Again, the writing will change to an icon -* .
- 8. Select code 04400-FOREIGN BODY.

If you are accustomed to completing the ICD-9 coding section, please do so. This section is currently being reviewed by WorkSafe BC to determine if Provider coding is required.

9. When finished, click Sign/Submit.





10. The **Sign/Submit Note** window appears. If you wish to forward your note to another Provider, you can search their name in the search bar. The note will automatically forward to WorkSafe BC when you click **Sign**.

E Sign/Submit Note					- • •
*Type: ED Note WorksafeBC *Author: Train, Emergency-Physician1, MD	Note Type List Filter: Position Title: ED Note – WorksafeBC	* Date: 2018-Jan-30	0925	PST	
Forward Options Favorites Recent Relationships Q Provid	er Name				
Contacts Image: Second contacts Default Name	Accipients Co	mment		Sign	Review/CC
					¢
			10	Sign	Cancel

You will return to the ED Workflow screen.



Activity 2.6 – End of Shift Patient Handoff

At the end of the shift you are preparing to give handoff to the incoming ED Provider.

Make sure there are no unsigned orders, complete ED notes on all your patients, and sign off on any "in progress" documentation.

As the incoming Provider comes on shift and checks-in, you are ready to give handoff:

🕴 Part A

Return to **ED LaunchPoint** by clicking the ^{ED LaunchPoint} icon in the **Toolbar**.

At the **ED LaunchPoint Multi-Patient List**, change the filter settings to make sure you are viewing all your patients. Set to the following before you begin handoff:

- 1. Select All Beds.
- 2. Click the View dropdown list and select My Patients.
- 3. Select both WR and Hide Empty Beds from the Show checkboxes.

FirstNet Organizer for Train, Emergency-Physician1, MD		1 2
Task Edit View Patient Chart Links Notifications Navigation Help		
🗄 🎬 ED LaunchPoint 🛛 Tracking Shell 🖃 Message Centre 🎬 MyExperience 🎬 Results Callback Worklist 🎬 LearningLIVE 🖕 🗄 🕄 P	Patient Health Education Materials 🔃 Policies and Guidelines 🔃 UpToDate 🍦 🗄 🔃 CareConnect 🔃 PHSA PACS 👘 🍟	÷ 🍫
🏙 Exit 🔒 PM Conversation 👻 🌇 Depart 🔤 Communicate 👻 📾 Discern Reporting Portal 🖕		
	Pharm-Emerg, Audrey 👻 Recent 👻 Name	- 0
ED LaunchPoint	🗇 Full screen 👘 Print 🏕 0 minu	ites ag
👫 🗋 📥 🔍 100% 🔹 I 🔿 🚭 🟠		
1 My Patients All Beds Resus/DTU Acute/INTK Acute INTK FA	R Train, Emergency-Physician1, MD =-	
Vie 2 All V Average Av	Department WR: 179 Prearrivals: 1 Current: 197 Last Hour: 0 Today: 0 Median LOS: Median Door to Doctor:	6
Room : LOS Patient Information : EDMD MLP RN Patient Details	🖤 , 🗹 🖗 🕴 🥠 😨 🕼 🌶 Status Doc	
RESUS,100 671:42 2 *ED-UC-B, Sonia Respiratory distress (2), moderate RC Isolation By F Image: Comparison of Comparison o] (
AC ₇ 201 672:01 3 * <i>Pharm-Emerg, Audrey</i> Myocardial infarction	VINASSigned	
AC,202 672:04 *Pharm-Emerg, Faith 47y F 0 Myocardial infarction	V 10 Dussigned	ו
AC,203 672:04 *Pharm-Emerg, Rose	V 10 0 07201 mo	
AC,204 672:04 *Pharm-Emerg, Charl 47y F • •	V 10 C Unassigned	
AC, 205 672:04 *Pharm-Emerg. Jo 47y F 0 Myocardial infarction	V 10 C Unassigned	
AC,206 672:04 *Pharm-Emerg, Leslie 47y F • •	♥ 2 10 B Unassigned 072/01 mm0	
AC,207 672:04 *Pharm-Emerg, Tasha 47y F O Myocardial infarction	V 10 Dussigned	
AC,209 672:04 *Pharm-Emerg, Bessie Myocardial infarction	♥ 10 B Unassigned 072201 mm]
AC.210 672:04 *Pharm-Emerg, Nicole Myocardial infarction	Unassigned	η,

Sitting next to your colleague, you can either review the patient by scrolling through ED LaunchPoint or by opening the Single Patient View.

The incoming Provider can make notes using the **Comment** F function



🕴 Part B

The system will automatically "Check Out" a user after 15 hours, but Providers may prefer to do it themselves at the end of a shift.

Remember, the first Provider assigned to a patient can never be replaced from the patient assignment like a secondary Provider could.

It is important to note that checking out will not forcefully Unassign you from a patient. Youwould have to manually Unassign yourself from a patient, which is not common practice.

If you would like to checkout, complete the following steps:

- 1. From the **ED LaunchPoint** screen, click the **menu** icon in the upper right corner.
- E FirstNet Organizer for Train, Emergency-Physician1, MD - • • Task Edit View Patient Chart Links Notifications Navigation Help 👫 ED LaunchPoint Tracking Shell 💷 Message Centre 👫 MyEsperience 🎆 Results Callback Worklist 🐘 LearningLIVE 🔤 🕄 Patient Health Education Materials 🐧 Policies and Guidelines 🐧 UpToDate 🔤 🕄 Care-Connect 🖏 PHSA PACS 2 4 🛃 Exit 🔒 PM Conversation 👻 🕵 Depart 🔩 Communicate 👻 🍙 Discern Reporting Portal ED-UrbanlPhy-MontyH, Monty 🔹 隆 Recent 🔹 N - Q ED LaunchPoint 🗚 🗋 | 📥 | 🔍 🔍 | 100% 🛛 🔹 | 🔿 🚭 🚮 My Patients All Beds Resus/DTU Acute/INTK Acute INTK FA Train, Emergency-Physicia ≣∙⊾ 1 View: My Patients and Unassigned 🗸 My Patients Current: 1 Last Hour: 0 Today: 0 Department 2 Check Out WR: 179 Prearrivals: 2 Current: 198 Last Hour: 0 Today: 0 Show: Critical Labs/VS VR VR Hide Empty Beds Median Door to Doctor: -edian Door to Doctor: --٩ . 0 P в 2 RN sh D MIP Patient Detai ED-UrbanlPhy-Monty... 39v M Emergency 10 P 1 she -1 ACWR ¥. 。È 335:29 11 AC,216 Respiratory distress (2), moderate RC111 1 *ED-UC-B, Kelli 85y F 😡 🗘 ¥ 1 +] *ED-UC-B, SONIA 85y F 🛛 🛞 💭 🌾 / 11 DTU,01 Respiratory distress (2), moderate RC111 \square w 10 Myocardial infarction Î *Pharm-Emerg, Audrey 47y F Ö • Unassigned v AC,201 835:51 Chest pain / Î Unassig 836:13 *VALIDATE, PHARM-E... 47y F AC,219 v rg, Faith Օ Myocardial infarction Î ✓ 10 Unassig AC,202 Y 47v F Myocardial infarction 10 1 Unassigned 835:51 *Pharm-Emerg, Rose 47y F ¥ AC,203 0 ✓ 10 1 Myocardial infarction erg, Charl... Unassig AC,204 . Myocardial infarction Î 10 *Pharm-Emerg, Jo Unassigned AC,205 ¥ 0 47y F *Pharm-Emerg, Leslie Myocardial infarction • 🗖 1 Unassigned ٢ AC.200 TRAIN1 TRAIN.MDEMER1 Monday, 2018-January-29 10:38 PST
- 2. Select Check Out.



3. The Provider Checkout window will appear. Click OK.

Provider:		Display Name:	*Provider Role:
Train, Emergency-Physician1, MD	Q	ET	ED Provider
Default Location:		Default Relation:	
		ED Provider	
Provider Comment:			
	•	Associated Provide	er Color
Available Teams:		Assigned Teams:	
	Assign->		
	C-Bemove		
	1101110110		
Assigned Team Locations:			
Assigned Team Locations:		Reassign to Provider	🕅 All providers
Assigned Team Locations: Assigned Patients: ED-UrbanPhy-MontyH, Monty		Reassign to Provider:	Mal providers
Assigned Team Locations: Assigned Patients: ED-UrbaniPhy-MontyH, Monty		Reassign to Provider:	All providers
Assigned Team Locations: Assigned Patients: ED-UrbanIPhy-MontyH, Monty	Assign All->>	Reassign to Provider:	All providers Patient
Assigned Team Locations: Assigned Patients: ED-UrbanIPhy-MontyH, Monty	Assign All->> Assign >>	Reassign to Provider:	All providers
Assigned Team Locations: Assigned Patients: ED-UrbanIPhy-MontyH, Monty	Assign Allo> Assign> <remove< td=""><td>Ressign to Provider</td><td>Patient</td></remove<>	Ressign to Provider	Patient
Assigned Team Locations: Assigned Patients: ED-UrbanIPhy-MontyH, Monty	Assign All>> Assign> <remove <remove prov<="" td=""><td>Reassign to Provider.</td><td>Patient</td></remove></remove 	Reassign to Provider.	Patient

Knowledge Check

- Before handing off, what must you do to properly view all your patients?
- If you were the first Provider assigned to a patient, will checking out automatically **Unassign** you from your patients?
- What button do you click to begin the Check Out process?



SCENARIO 2 Key Learning Points





Select Check Out from the menu drop-down list to check out as an available Provider



DEPENDIX 1: INCOMING ED PATIENT

Part A - Prearrival

A family physician, Dr. Bains calls the ED, saying he is sending over a patient. The following process replaces written notes, books, or other method of recording incoming patient information.

You will document this incoming patient as a Pre-Arrival.

- 1. Starting from the ED LaunchPoint Multi-Patient List, click the Add Patient icon and select Add Prearrival.
- 2. A PowerForm window will open. This PowerForm is for Pre-Arrival, where information about an incoming patient can be documented.

PowerForms are electronic versions of common forms used by hospital personnel.

Access PowerForms any time by clicking the Ad Hoc MadHoc button in the toolbar.

My Packets My Packets Reserved Coll			Pre-Annval Form								- 0 - X	1					(PAPATA-D			c.
CVERUPTION Listand Date L	Add Prearrival	All Beds Resus(DTU	Releting Source	Last Name	Feat No	ne	Age	Gender		Room Assignment Preferival (0)			9				TestUser	, Nurse-Er	nergency (=	
Ny Patients: Preenting Problem AC2,203 1282.5 CSTOD MOCINIS, DOL:: SNY Patients: Preenting Problem Namespreent Page SSP DEP Safe 0.2 Pain Temp Vingle 6 2 2 1 Comp Vingle	Room 7+ 105	Patient Information 1+	Estimated Date 29-Nov-2017	Estimated Time								tay:5	Median LO	5: 1 hrs 39	min 	0	0	J	Saturi (
AC.209 1923 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 1 2 2 2 2 2 1	y Patients		Presenting Problem																	
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FA,506 01:59 CSTEDHONG, BRAVO T/M DS Interventione	AC,201 01:22 2	PITTHIRTYTWOVILL 7/ H 😵 🕽	GCS Stoke	CPB in Progess	Trauma Team	Activation						~					0		Unassigned 02:15	
AC,214 2150 2 577 FM Alagad DTU,01 2400 2 PCSTTEST, 080 Alagad 22541 AC,203 4500 557 M Provider/Referral Info: 1 AC,203 5500 S57 M Intersigned AC,214 21603 S57 M Intersigned AC,215 S57 M Intersigned 1	FA,506 01:59	CSTEDHONG, BRAVO 4y M 🚱 🧿	EHS Interventions									6	ø	i		0			Unassigned	
DTU,01 2400 2 POSTIEST, 608 0 Den Information AC,203 643 PHC/ETTROTYCURAL AC,203 1653 CSTPRODULT, STIWD AC,210 21653 CSTPRODULT, S	NC,214 23:50 3	CSTPPTEST, EMMA Sy F	Alergies																Assigned 23:41	
AC_203 tot Provider/Referral Info: Unassigned AC_203 tot Provider/Referral Info: Unassigned AC_203 tot Provider/Referral Info: Unassigned AC_204 tot Provider/Referral Info: Unassigned AC_204 tot Provider/Referral Info: Unassigned AC_205 tot Provider/Refer	DTU,01 24:00 3	PPCSTTEST, BOB 55y M	Other Information																Unassigned	
AC,218 216-33 CSTPRODUL STIWO ON Unsing/EHS Additional Info:	AC,203 45:43	PHCCPITFORTYCUNN 62y M O	Provider/Referra	al Info:							í.	1	-						Unassigned	
	NC,218 216-35	CSTPRODML, STTWO) 47y M	Nursing/EHS Ad	Iditional Info:								1				E	0		Unassigned	
2			2								OK. Cancel									

Create a patient to Pre-Arrive and fill out as much information as you like.

Areas highlighted in yellow indicate mandatory fields that need to be populated before completing the form. Non-highlighted areas are not required.

Click **OK** when done.

If you register patients in your practice, turn to Appendix 1, otherwise continue to Activity 2.2.



Fart B – ED Quick Reg

The responsibility for ED Quick Reg varies from site to site. If you are responsible for registering patients in your practice (eg. After-hours).

The paramedics arrive with a patient. Use ED Quick Reg to enter them in the system:

- 1. From ED LaunchPoint, click the Add Patient icon and select ED Quick Reg.
- 2. A pop-up window will prompt a Person Search.

Though you may typically enter a patient's PHN, for the purpose of this activity you will enter some basic demographics.

Input the same first and last name you chose in the previous activity for PreArrival. The patient informs you that his birthday is *June 30, 1976*. Click **Search**.

3. If the patient has previous encounters in CIS, the information will populate and you would select his name and click **Add Encounter**.

For this scenario, you find that your patient does not have any previous encounters. Select **MPI Search**.





1. The External Master Patient Index (MPI) message will populate with search results stating "No candidates found."

The MPI is a province-wide list of all PHNs. The training system does not allow access to this list, so no candidates will be found. In reality, any patient with a PHN would appear on this list, and you would **Add Encounter**.

Out of Province or Foreign patients would not have a PHN, so you would follow the procedure in this book.

Click Close.



- 2. You will now be able to click the Add Person button in the Person Search window.
- 3. An External MPI window opens to **Request PHN**. Enter the details for your made-up patient. Select **Submit** when done.

Address type: Home Mall Country: Canada v
Address 1: Address 2: City: Province/State: (Required when country is Canada or USA) Postal code (A#A #A#)/Zip code (#####):

4. The ED Quick Reg window will populate. Enter the mandatory patient information and click **Complete**.

Lait Name RANDOM	First Name NAME	Midde Name:	Date of Birth: 30-Jun 1976	Age 41Y	Gender Male •
DC PHN;	Antre Date 29-Jan-2010	Anne Tine 11:39	Medical Record Number 760010036	Encounter Number	
Pimary Care Provider (PCP)	Attending Provider: Provider: Emergency	Reason for Visit	Viskar Statur		
Location					
Building WHC Whistler •	Uni/Clinic: WHICED -	Encounter Type. Emergency -	Medical Service: Emergency -	Dinaster Flag.	
VP - Person Level					
• Registration Date	Registration Time.	ED Quick Reg User Name			



4. A Document Selection prompt will appear asking to print patient documents. You can choose which documents and labels to print or choose to print nothing.

A Document Selection		X
Document	Printer	Copies
🐼 Armband Label	lgh_cst_t2	1
🐼 Lab Blood Specimen Label	lgh_cst_t2	1
🐼 Lab Non-Blood Specimen Label	lgh_cst_t2	1
PHSA Facesheet	lgh_2flrcopyrm_l1	1
Do not print documents		Edit OK

5. A notification will populate stating an Encounter Number has been created for your patient. Click **OK**.

ED Quick Reg	×
The following WHC Whistler Health Care Centre aliases have been assigned for RANDOM, NAME:	
Visit Id: 760000001134	
9к	

Your patient is now in the Waiting Room of ED LaunchPoint.

A key icon — appears in the Status Column indicating the patient needs full registration. If you are at a rural site and registration is part of your workflow, you will learn about registration in CIS in a different session.

Currently, your patient appears on LaunchPoint twice – once as a PreArrival and the other in the Acute Waiting Room.

You will notice that patients with similar names are italicized. This way, you are visually alerted to patients with similar names to avoid charting on the wrong patient.

ED LaunchPoint	1																(c) Fulls	creen	Q 0	minutes ago
A 8 0 B	3 4 10	xx - 0 0 🗳																		
-1	y Patients	All Bods Resus/DTU	Acute/INTK	Acute INTK	FA Triage WR								9				Tes	tUser, Nu	se-Emergency	≡•
View: All Show: Crit	ocal Labs/VS	WR. WHide Empty Beds		My Cur	Patients rent: 2 Last Hour: 0 Today: 1		Depa WR: 25	rtment i Pream	ivals: 1 (Ourrent: 39	2 Last Ho	ur: I Today:	15 Media	in LOS: 13	hrs 21 min					
Room (+	1.05	Patrent Information	EDHD' HLP	RN Patient Details		. W	с т	EHR))	88	02	197	đ	Q.	1.	Ski.	6	13	3	Status	
ACWR	04:14	PYLON, MONTY 41y M		131								2							Triage 04:14	-0
PreArrival		PYLON, MONTY H		Fall resulting in	blunt force chest injury and elbow la	-													Pre-Arrival ETA 00:00	
ACWR	45:40	CSTLEARNING, DEMO 80y M		Respiratory dis	tress (3), mild/moderate RC112	٣	3	16.9	16	99	75	₽ 45	×.	1			0	2	22:05	
ACWR	03:55	CSTPRODOSSYSTEM, 4y M				٧					- 26	5			4				Triage 03:55	-0
ACWR	25:23	CSTSNWINDU, STMACE 45y M										2					0		23.52	
ACWR Poss. Septic	48:20	*DONOTUSELEARN, K 859 F	CWC MT	WC Cough and feve	r (2), looks septic ID010	٧	8 I B	10.2	1,26	186		65				-	0		Eval in Progre 03:25	88 0
ACWR WSBC	50:03	*DONOTUSELEARN, M 41y M	CWC Res	wc Chest trauma (1), blunt, severe respiratory distress	÷	11.3	6.5	1.24	1 89		1	֯.	-		۲	10		Eval in Progre 03:42	55
															PRODBC	TEST.ED	NURSE T	hursday 3	0-November-201	17 13-28 PS



Part C – Attaching a Pre-Arrival

Attaching the **Pre-Arrival** that was completed prior to Quick Reg prevents duplicate documentation and creates a clear history of the patient's arrival to the ED. This is typically nurses' responsibility, but is included here if you wish to use this function yourself.

You will now attach your patient's PreArrival to their associated ED Quick Reg:

1. Right-click the patient's name in ED LaunchPoint. Select Attach PreArrival.

	A Depart Commu	nicate • Lincein Ke	sarting	Ponal							RANDO	M NAME	- 64	ecent + Name	-
D LaunchPoint												j.), Full scre	en 👘 🖓 0 r	ninu
My Patients View: All Show: Critical Labs/VS	All Beds	v Bods	My P Currer Modia	Nationts 1: 0 Last Hour: 0 Today: 0 1 Does to Dester	Depa WR: 1	r tmen Prearri	t vals: 1	q Current: 1	Last He	rur: 1 Ti	oday: 1	Tra Median LC	ain, Emerç 25: Me	gency-Physician1, MD dian Door to Doctor:	=•
Room 5+ 105	Patient Information	EDMD MEP	RN	Patient Details			ø	P	ų.	di.	æ	0	3	Status	
PreArrival	*Random, Name			Fell while skiing, injured left leg.										Pre-Arrival ETA 00:26	
WFR 00:14	"RANDOM, NAME- 419 M	Emergency Workflow Quick Orders Documentation Orders Profile Results Review Database Attach Proverived Descharge Attach Proverived Descharge Attach Proverived Descharge Start Event Complete Event Set Events Assogn/Unacidia Complete Discharge Procession Other Patient Summary Res Discharge Procession	ms rs ort											17iage 00:14 end	



2. The **Select Pre-Arrival to attach to patient** window opens. Select the appropriate patient name from the Available Pre-Arrivals section.

The information captured during the PreArrival documentation will populate. Review the displayed information before attaching.

- 3. Once you have reviewed the information, select **Attach**. The patient's name will move from the Available Pre-Arrivals section to Attached Pre-Arrivals section.
- 4. Click **Close** when complete.

tached Pre-Arrivals	Referring Source Last Name First Name Age Gender Room Assignment
	Ski Patrol Random Name PreArrival (1)
	Edicated Data Edicated Time
	29Jan-2018
	Hresenting Hroblem
	i cir vinic avang, inforce kar leg.
Attach Detach	Pulse Resp SBP DBP Sats O2 Pain Temp Weight Glucose
ailable Pre-Arrivale	
andore Marrie	GCS CPR in Progress Stroke Trauma Team Activation
andoni, Manie	- No 🗘
	EHS Interventions
	Splinted leg, ice applied
	Allergies
	Other Information
	Provider/Referral Info:
	Nursing/EHS Additional Info:

If you cannot find your PreArrival or ED Quick Reg patient, try checking your view filter settings. Click on the **All Beds** tab and select the **WR** checkbox.

After successfully attaching the PreArrival to the ED Quick Registered patient the PreArrival encounter will disappear from the ED LaunchPoint screen.

The information is now combined with the Quick Registered file.

Remember to clean up pre-arrivals that do not get attached per your facility policy, as the lists will become cluttered if they do not get addressed.



b End of Workbook

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review.