

**SELF-GUIDED PRACTICE WORKBOOK [N85]**  
CST Transformational Learning

WORKBOOK TITLE:

**MI INTERVENTIONAL RADIOLOGY ADD-ON**

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## # SELF-GUIDED PRACTICE WORKBOOK

<b>Duration</b>	2 hours
<b>Before getting started</b>	<ul style="list-style-type: none"> <li>■ Sign the attendance roster (this will ensure you get paid to attend the session).</li> <li>■ Put your cell phones on silent mode.</li> </ul>
<b>Session Expectations</b>	<ul style="list-style-type: none"> <li>■ This is a self-paced learning session.</li> <li>■ A 15 min break time will be provided. You can take this break at any time during the session.</li> <li>■ The workbook provides a compilation of different scenarios that are applicable to your work setting.</li> <li>■ Work through different learning activities at your own pace</li> </ul>
<b>Key Learning Review</b>	<ul style="list-style-type: none"> <li>■ At the end of the session, you will be required to complete a Key Learning Review.</li> <li>■ This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.</li> <li>■ Your instructor will review and assess these with you.</li> </ul>

## ■ 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**
- 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 to follow the steps, immediately **raise your hand for assistance** to use classroom time efficiently

### **Introduction/ General Remarks**

The workbook is divided in sections relevant to each MI role. You will be asked to follow only the section relevant to your position. However, the text will contain explanations on the sequence of the workflow and what tasks the other roles are completing, in order to give you the complete overview of the process. Please note that the roles of MI Nurse and MI Technologist are grouped together because in practice they will complete similar tasks (depending on the presence in the department).

## PATIENT SCENARIO 1 – For Activities 1-3

### Learning Objectives

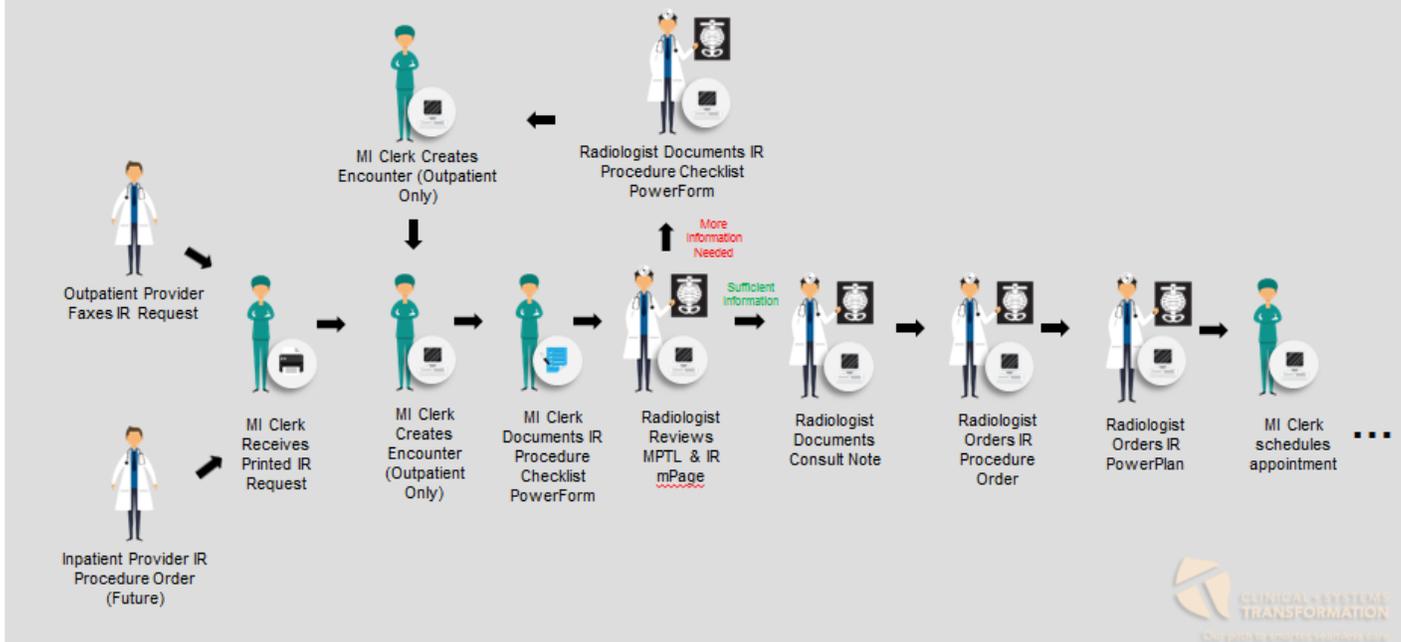
At the end of this Scenario, you will be able to:

- Understand your role in an Interventional Radiology case
- Clerk will be able to create an encounter, schedule a protocolled IR patient and receive the patient for check-in
- MI Physician will be able to protocol a patient for IR and understand how to admit and discharge a patient
- MI Nurse/ Tech will be able to move through the different phases of care activating and discontinuing orders as well as documenting.
- Follow the workflow required in an Interventional Radiology case

### SCENARIO

- A faxed requisition arrives in your department from an outpatient from their Provider for an IR Biopsy Liver Transjugular. Using PowerChart and RadNet the MI Clerk will register the patient, prepare the order for protocoling, schedule the exam, and check-in the patient on the day of the procedure. The IR Radiologist will protocol the order, and place relevant orders for the patient in Cerner, prior to scheduling. The IR Radiologist, IR Technologist and IR Nurse will perform the pre-procedural, intra-procedural and post-procedural related tasks and documentation.

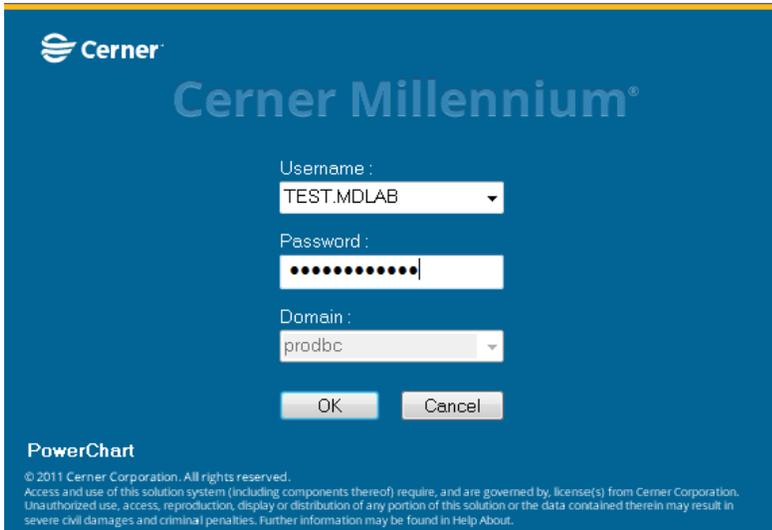
### Where We Are Now – Outpatient & Future Orders



## Activity 1.1 – MI Clerk – Create an encounter and schedule an IR appointment from a faxed request for an outpatient

### 1 Username and Password

Begin by entering the provided Username and Password in to the Login screen.



**Cerner Millennium**

Username :  
TEST.MDLAB

Password :  
●●●●●●●●

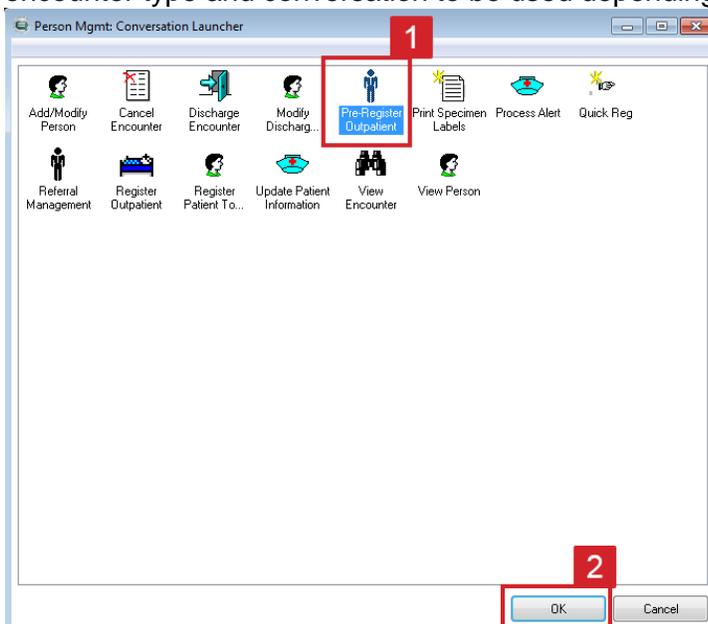
Domain :  
prodabc

OK Cancel

PowerChart

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2  Open **PM Office** from **Storefront**, and double-click on **Pre-register Outpatient** (1) (or the relevant conversation depending on what type of exam it is). Please refer to IR QRG to determine the appropriate encounter type and conversation to be used depending on the exam. Click **OK** (2).



- 3 The Person Search window will open. Search for the patient listed on your training card (1) and then click **Search** (2). Select your patient and click **Add Encounter** (3).

- 4 Using your previous knowledge go through the steps of registration. Make sure you are registering the patient as **Pre-Outpatient**.



**NOTE:** When undertaking this task make sure to choose the correct type of encounter (pre-outpatient, pre-daycare, pre-minor procedure etc.)

- 5 Add an estimated date and time (1) of the expected appointment. It does not need to be exact, as the scheduling date of the patient will override this date. Select **Complete** (2).

The screenshot shows a registration form with fields for Encounter Type (Pre-Outpatient), Medical Service (Medical Imaging), Reason for Visit (IR), and Facility (LGH Med Imaging). A calendar pop-up is open over the 'Estimated Arrive Date' field, showing the date 05-Dec-2017. A red box labeled '1' highlights the calendar, and another red box labeled '2' highlights the 'Complete' button.

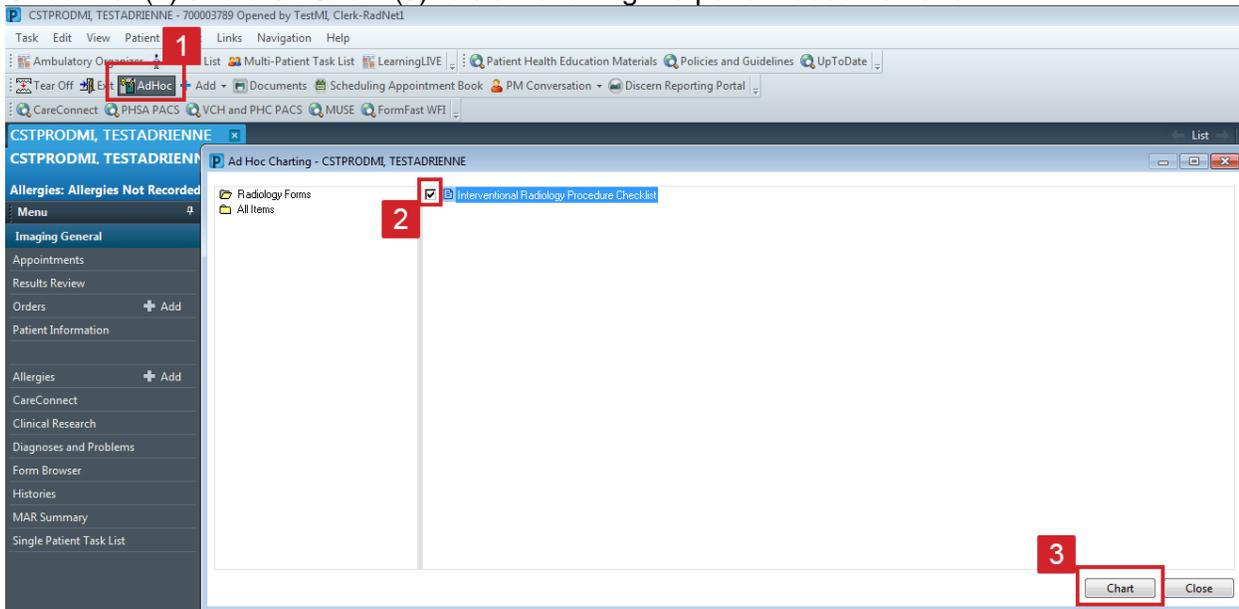
- 6 After you complete registration of the patient, open **PowerChart** from **Storefront** and find your patient. Lab and other previous results can be viewed on the **Imaging General** (1) page, **CareConnect** (2) and **VCH and PHC PACS** and/or **PHSA PACS** (3). Print out previous Labs and other relevant documentation for the patient and attach them to the original paper requisition.



**NOTE:** Print relevant reports directly from the **CareConnect** tab accessed via **PowerChart**.

The screenshot shows the PowerChart interface for patient CSTPRODML ALEXIS. The 'Imaging General' tab is selected and highlighted with a red box labeled '1'. The 'CareConnect' tab is also highlighted with a red box labeled '2'. A red box labeled '3' highlights the 'PHSA PACS' and 'VCH and PHC PACS' tabs in the top navigation bar. The main content area displays patient information, allergies, and documents.

- 7 Open **Ad-Hoc** documentation by clicking on the button on the toolbar (1). Check the **IR Procedure Checklist** (2) and click **Chart** (3) to start charting the patient documentation.



- 8
1. Enter the **procedure** from the requisition in the free text box.
  2. Add any outpatient medications that may be listed on the requisition.
  3. Select **Yes** to Previous Imaging if there are relevant imaging results viewable in CareConnect or PACS. Select **Yes** for ready for Radiologist protocol.
  4. Click the **Check sign** (4) to sign the form.



**NOTE:** Signing will add the protocolling request to the IR Radiologist’s **Multi Patient Task List**, indicating that the patient is ready for protocoling. The window will close automatically. The paper requisition with all the printouts will be passed to the IR Radiologist.

Interventional Radiology Procedure Checklist - CSTPRODM, TESTADRIENNE

4 Formed on: 30-Nov-2017 1535 PST

**Pre-Screening**

Procedure Requested (Outpatient)

1

Medications (Inpatient) Print 7 minutes ago

+ Add | Document Medication by Hx | Check Interactions | Reconciliation Status | Meds History | Admission | Outpatient

Displayed: All Active Orders | All Inactive Orders | All Active Medications, All Inactive Medications 24 Hrs Back | Show More Orders...

Order Name	Status	Dose ...	Details
prednisONE	Ordered	20 mg, PO, once, drug form: tab, first dose: NOW, start: 2017-Aug-22 14:25 PDT, stop: 2...	
allopurinol	Ordered	200 mg, PO, once, drug form: tab, first dose: NOW, start: 2017-Aug-22 14:24 PDT, stop: ...	

Medications (Outpatient)

2

**Imaging and Protocolling**

3

Previous Imaging  No  Yes

Ready for Radiologist Protocol  No  Yes

At this point, the IR Radiologist will access their Multipatient Task List, review the request, and place the order for the specific IR procedure in PowerChart. The order will drop into the **Scheduling Request Queue**. The clerk will access the **Scheduling Appointment Book** to schedule the procedure.

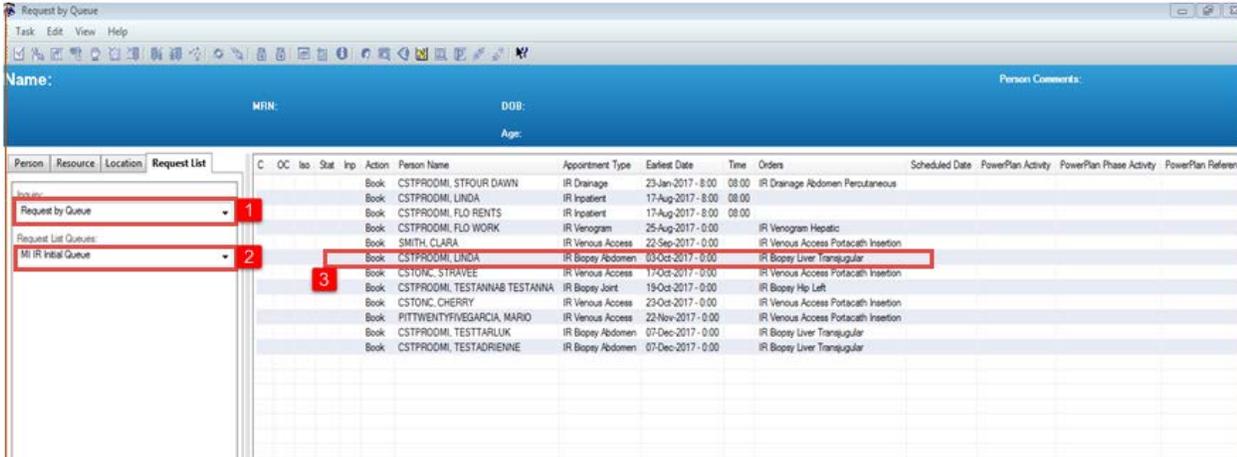
## Activity 1.2 – MI Clerk – Schedule a protocolled Outpatient IR Order

1

Based on your previous knowledge, open the **Scheduling Appointment Book**



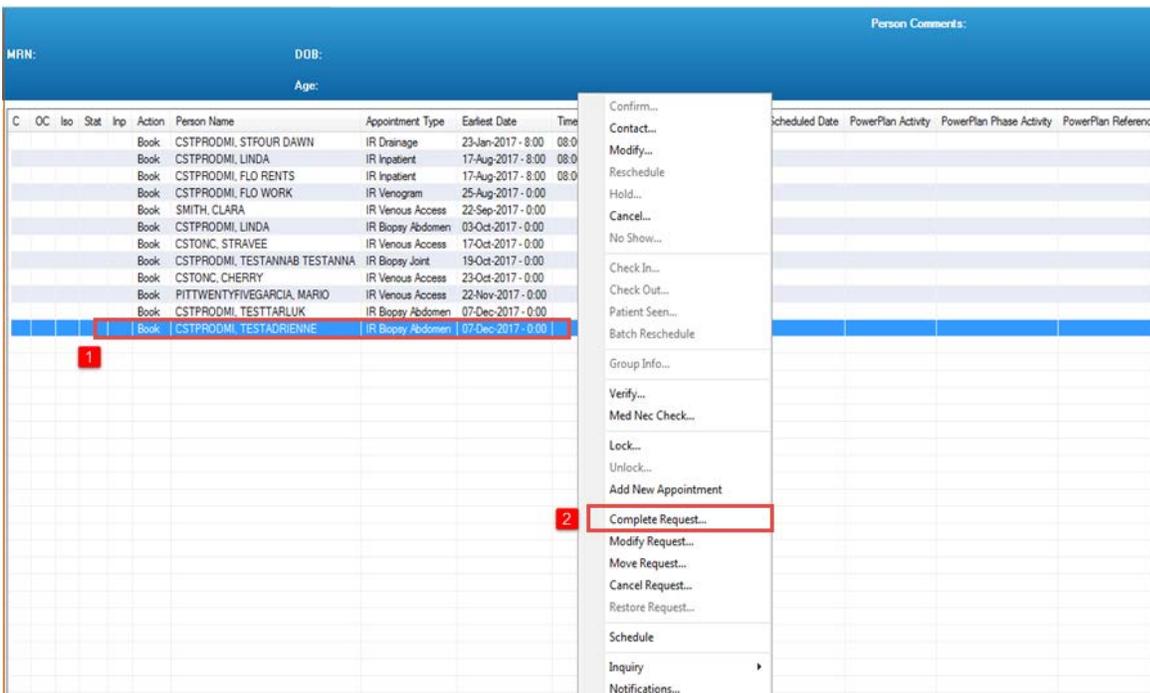
and then click the **schedule inquiry** icon in the menu bar and search in the queue (here the MI IR Initial Queue). Type in the criteria - (1) and (2) - and identify the order for **IR Biopsy Liver Transjugular** (3) for your second outpatient on the training card.



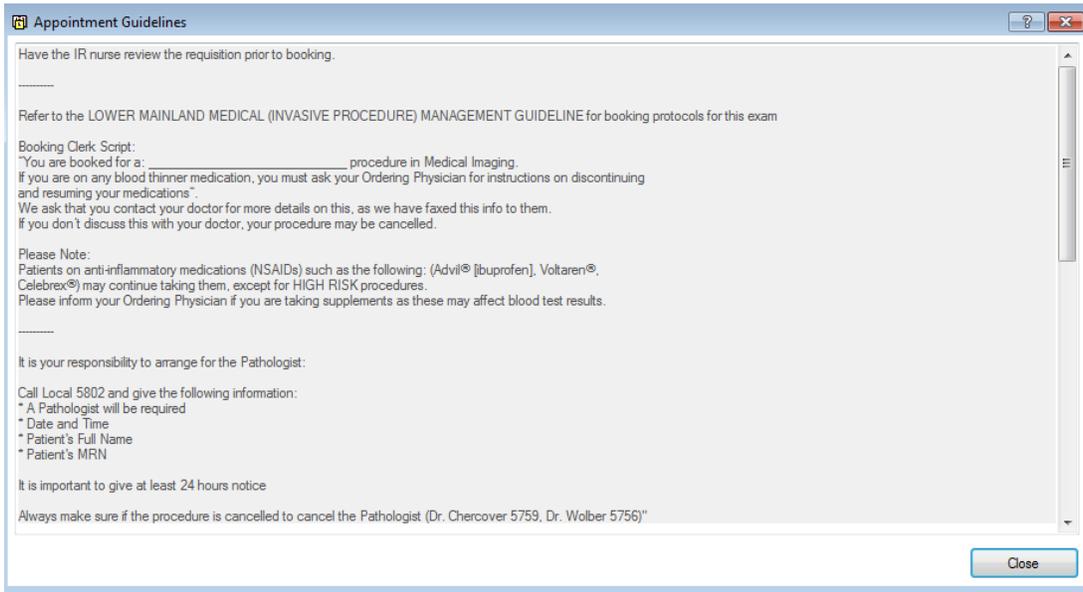
**NOTE:** This step can't take place until the Radiologist has protocolled the patient.

2

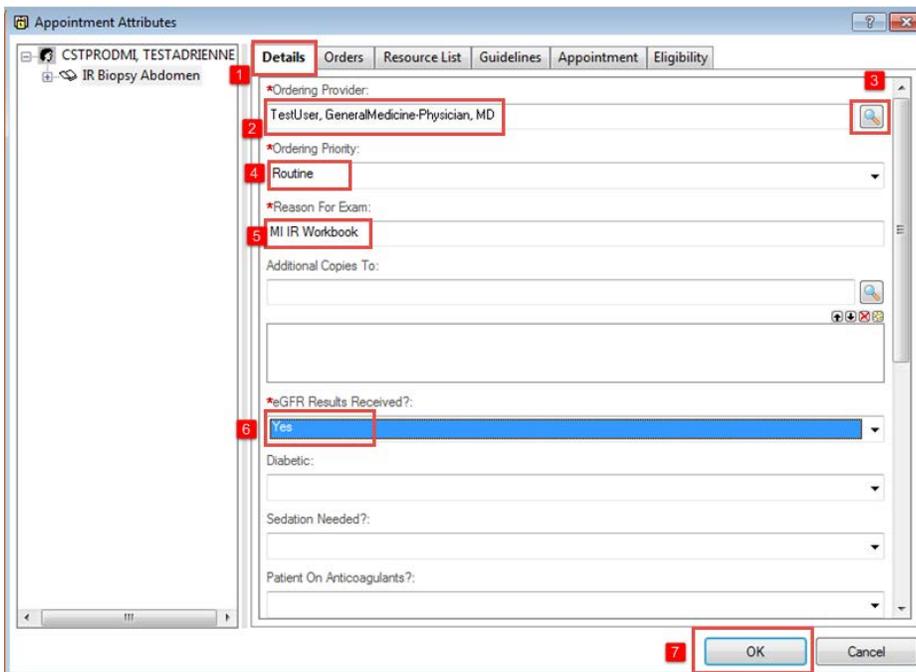
Right-click on the order and select **Complete Request**.



- After confirming the order to be scheduled, a guideline page will open. Please read it carefully and click **Close** when done.



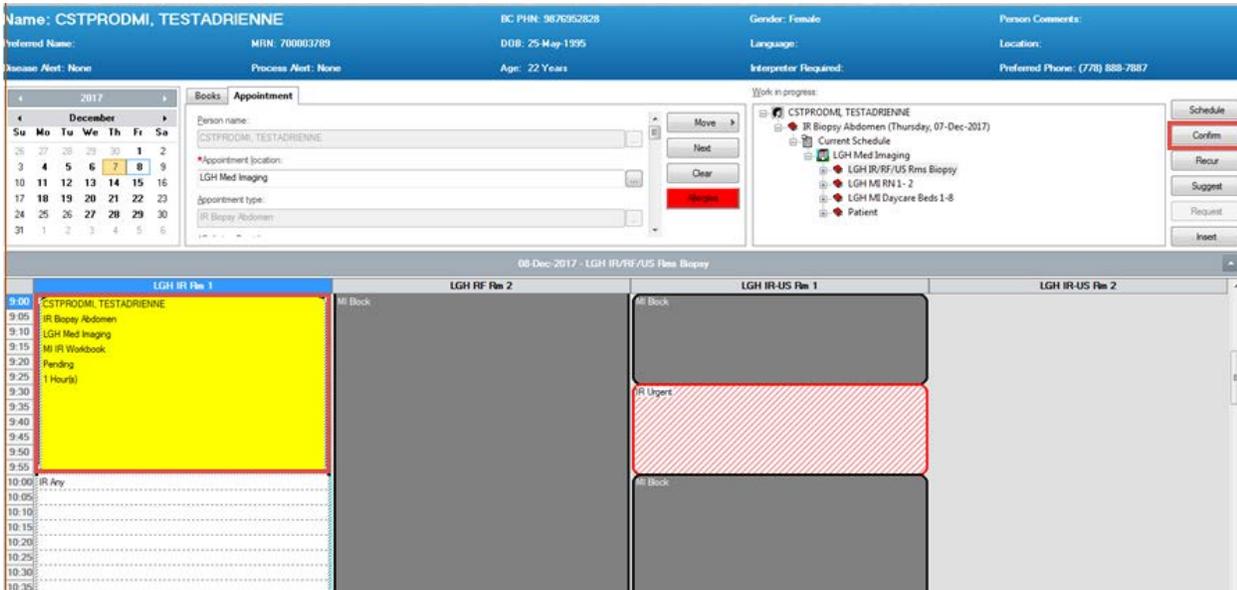
- The window with order details will open. Click on the **Details** tab (1), and change the **Ordering Provider's** name from the Radiologist to the Provider on the original paper requisition (2). You can type in the Provider's name, type the first letters and/or use the search function (3).  
Make sure you fill in all the other mandatory fields like eGFR Results Received (4, 5, 6) denoted by the asterisk. Click **OK** (7) when done.



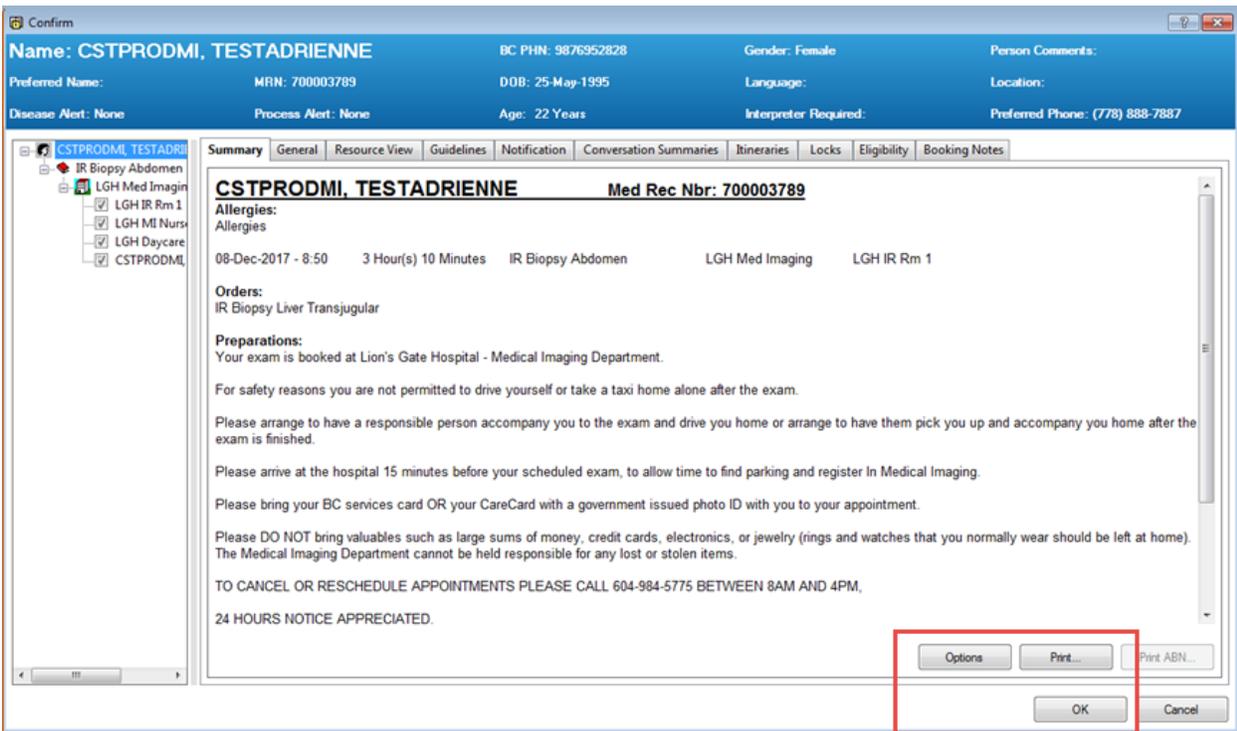
**NOTE:** If the Provider has ordered this procedure, his/her name will automatically default in the Ordering Provider field.

- 5 Schedule using the drag and drop functionality based on Radiologist availability to perform the procedure. For the purpose of this exercise, schedule the procedure for today's date.

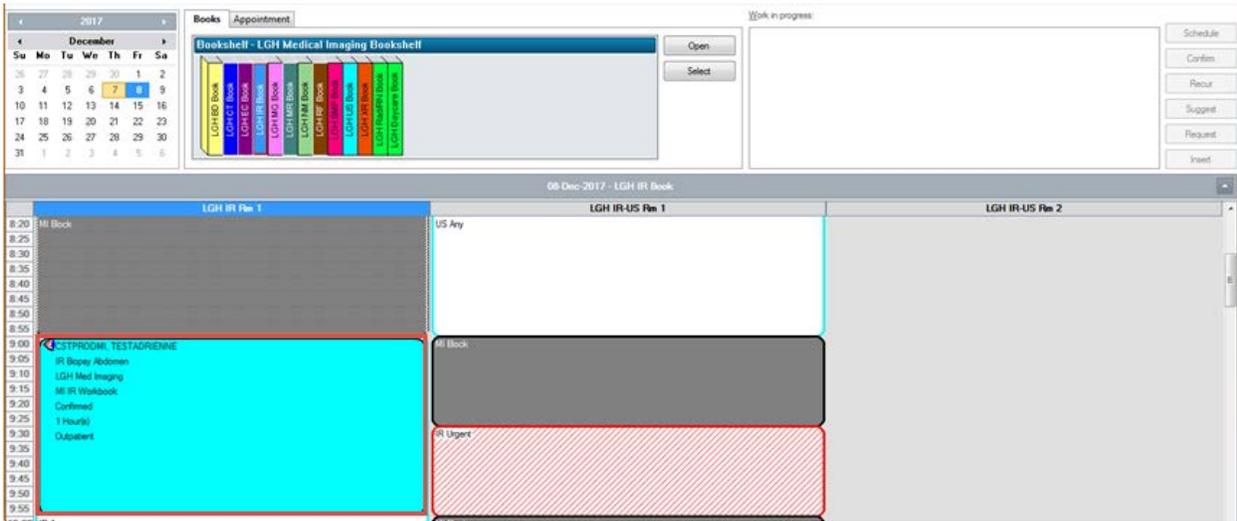
The order appears with the yellow background (pending) in the day and time slot chosen. Click **Confirm**.



- 6 The order details appear on the screen. You can print them, and click **OK** when you are done.



- 7 The Background of the scheduled appointment turns blue and the status is Confirmed. **Close** when done. The IR appointment is now scheduled and ready to be performed.



## Activity 1.3 – MI Clerk – Receiving the patient and preparing for the IR procedure

- The patient arrives at the department’s front desk on the date of the procedure, and needs to be checked in. Open the **Scheduling Appointment Book** on the day when the IR exam is scheduled. Using the knowledge you already have, please check-in the patient. Click on the **check-in icon** and click **OK** when done. Continue using the same patient.

**Check In**

Name: CSTPRODMI, TESTADRIENNE BC PHN: 9876952828 Gender: Female Person Comments:

Preferred Name: MRN: 700003789 DOB: 25-May-1995 Language: Location:

Disease Alert: None Process Alert: None Age: 22 Years Interpreter Required: Preferred Phone: (778) 888-7887

General Summary Details Orders Guidelines Notification Conversation Summaries Itineraries Locks Eligibility Booking Notes

Date: 07-Dec-2017 Time: 1437

Tracking location: <None>

Comments:

Person Name	Enc Type
CSTPRODMI, TESTADRIENNE	Outpatient

Guar Pmt Enc Pmt View Modify Set Enc Charges

Request Information  
Medical record requested: No  
Status of medical record request:

OK Cancel

An Available Conversations dialogue box appears. In this case select Register Outpatient.

**Available Conversations**

Please select the conversation you would like to use:

- Register Outpatient
- Register Patient To A Bed

Check In

EDMUND

MRN: 76000

Process Alert

General Sum

Date: 11-Jan-2018

Tracking location: <None>

- In the process please remember to change the status of the patient from **Pre-Outpatient** to **Outpatient**. In the **Encounter Information** tab select **Outpatient** from the **Encounter Type** drop-down menu. Continue to fill out all mandatory fields.

Medical Record Number: 700003783    Encounter Number: 700000016212    Last Name: CSTPRODM    First Name: TESTADRIENNE    Middle Name:    Preferred Name:    Previous Last Name: CCSTPRODM    Maiden Name:    Date of Birth: 25-May-1995

Age: 22Y    Gender: Female    BC PHN: 9876352828    Images

ALERTS | Patient Information | **Encounter Information** | Insurance | Insurance Summary | Additional Contacts

Encounter Type: **Outpatient**    Medical Service: Medical Imaging    Reason for Visit: IR Visit    Referral Source:    Arrival by Ambulance:    Source of ID: BC Services Card With P...

Building: LGH Med Imaging    Unit/Clinic: LGH Med Imaging    Accom Form Signed:    Isolation Precautions:    Primary Care Provider (PCP): Pivca, Rocco, MD    PCP Verified?: Yes    Referring Provider: Kerkke, Leslie David

Account Data

Recurring Review Date	Registration Date	Registration Time	Estimated Arrive Date	Estimated Arrive Time	Last Encounter Date	Last Encounter Time	Pre-Reg Date	Pre-Reg Time
	07-Dec-2017	08:57	08-Dec-2017	08:50	04-Oct-2017	08:34		

Pre-Reg User Name:    Registration User Name: TestM, Supervisor-RadN

**Complete**    Cancel

- After completing the check-in remember to print the armband label for the patient.

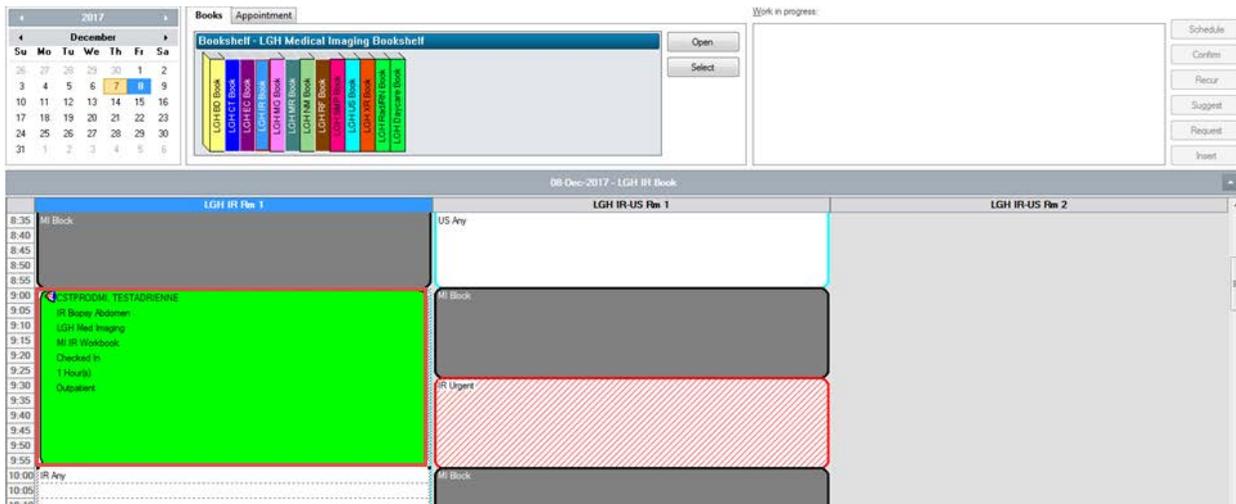
Document Selection

Document	Printer	Copies
<input checked="" type="checkbox"/> Armband Label	590_1stfl_t8	1
<input checked="" type="checkbox"/> PHSA Facesheet	ph_590_it_t1-General	1

Do not print documents

Edit    **OK**

- 4 The patient is now checked in and the appointment background in the schedule turned green. The patient is ready for the procedure, and you can continue your day with a different task.



### Summary of Key Learnings

- Reviewed creating Encounters and registering the patient to print relevant reports from PowerChart, accessing PACS and CareConnect
- Completing the AdHoc documentation for IR Procedure Checklist that prepares the patient to be protocolled by the Radiologist
- Scheduling a protocolled order
- Checking in an outpatient to prepare for their IR procedure

## Activity 2.1 – MI Physician – Processing an IR order placed on an Outpatient

The MI Clerk brings you a package for protocolling which includes a faxed requisition and previous lab results printed from CareConnect. You are logged in to PowerChart, and you select the patient from MultiPatient Task List. All requests for IR protocolling will be displayed here. Use the patient provided to you on your training card.

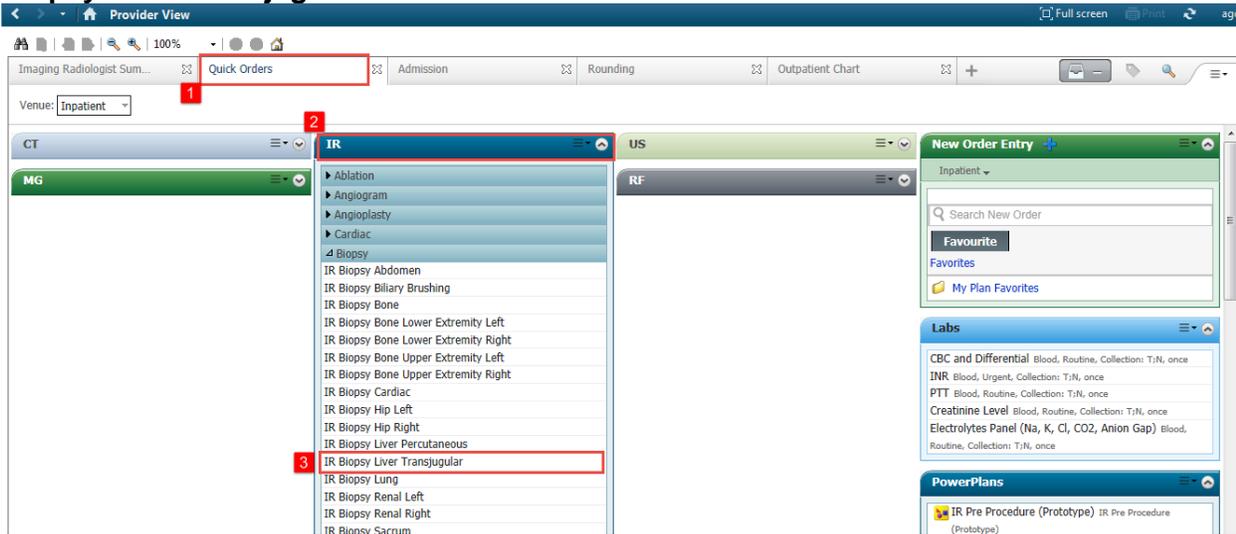
- 1 Click on **Multi-Patient Task List** icon (1) in the toolbar. You will find your outpatient’s name. Right-click (2) on the patient and then click **Open Patient Chart** (3) from the drop-down menu. A second menu will open; click **Provider View** (4). The patient’s chart will open.

You can review the requisition package and the important information regarding the patient such as lab results, vitals, previous exams, etc.

The screenshot shows the PowerChart interface. At the top, the 'Multi-Patient Task List' icon is highlighted with a red box and labeled '1'. Below this, a table of 'IR Request List' is shown. The patient 'MIWTHREE, Joe' is highlighted in blue, with a red box and label '2' over the right-click action. A context menu is open over this patient, with 'Open Patient Chart' highlighted by a red box and label '3'. A secondary menu is open over 'Open Patient Chart', with 'Provider View' highlighted by a red box and label '4'.

Name	Medical Record Number	Location/Room/Bed	Task Description
MIREIGHT, Alberto	760000210	LGH Med Imaging	IR Protocol: Ready for Re
MIREIGHT, Blake	760000211	LGH Med Imaging	IR Protocol: Ready for Re
MIRFOUR, Cameron	760000202	LGH Med Imaging	IR Protocol: Ready for Re
MIRFOUR, Timothy	760000203	LGH Med Imaging	IR Protocol: Ready for Re
MIRNINE, Harry	760000213	LGH Med Imaging	IR Protocol: Ready for Re
MIRNINE, Harry	760000213	LGH Med Imaging	IR Protocol: Ready for Re
MIRNINE, Harry	760000213	LGH Med Imaging	IR Protocol: Ready for Re
MIRNINE, Jeffery	760000212	LGH Med Imaging	IR Protocol: Ready for Re
MIWTHREE, Cary	760000200	LGH Med Imaging	IR Protocol: Ready for Re
MIWTHREE, Joe	760000201	LGH Med Imaging	IR Protocol: Ready for Re
MIWTHREE, Group	760000200	LGH Med Imaging	IR Protocol: Ready for Re

2 Click the **Quick Orders** tab, (1) then click on the **IR** bar (2) to select the procedure for this patient: **IR Biopsy Liver Transjugular**.

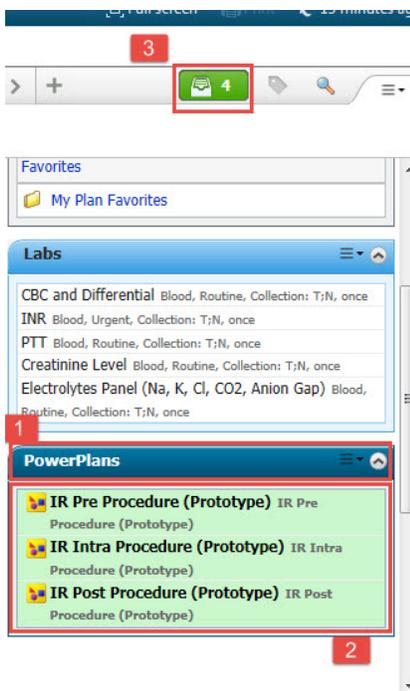


**NOTE:** You must complete this step in order for the Clerk to be able to schedule the appointment. However you do not need to place orders for PowerPlans at this time if you do not wish to do so or your department has a different workflow.

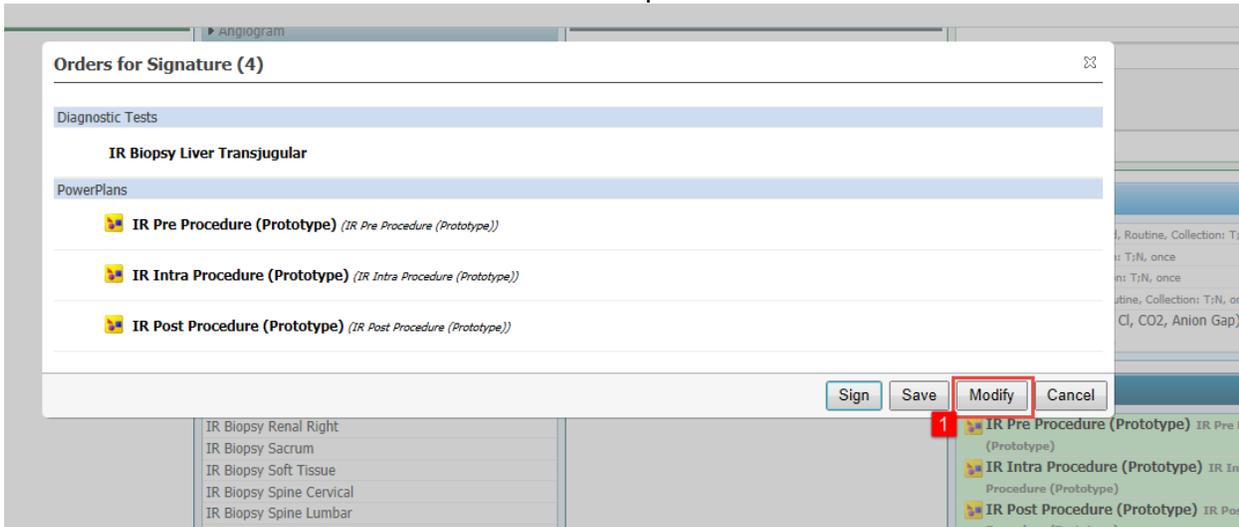
3 From the **PowerPlans** bar (1) click on the pre- intra- and post- procedures for this order. Each one will highlight in green. This will place them in the **inbox** (3) waiting for signature.



**NOTE:** The majority of IR procedures will only require Intra procedure orders, while more complex procedures (i.e. those requiring sedation) may require Pre-procedure and Post-procedure orders.



- Click on the **Inbox** icon. The list of procedures open. They can be modified from here. Click on **Modify** (1). The list of all of the orders within the PowerPlan opens.

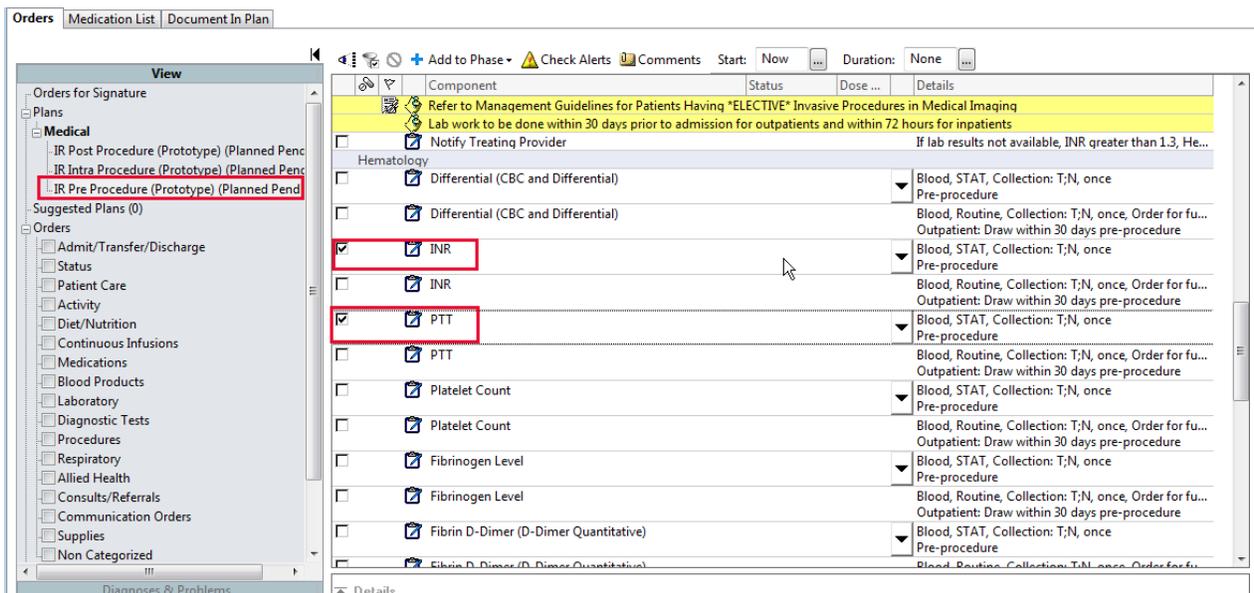


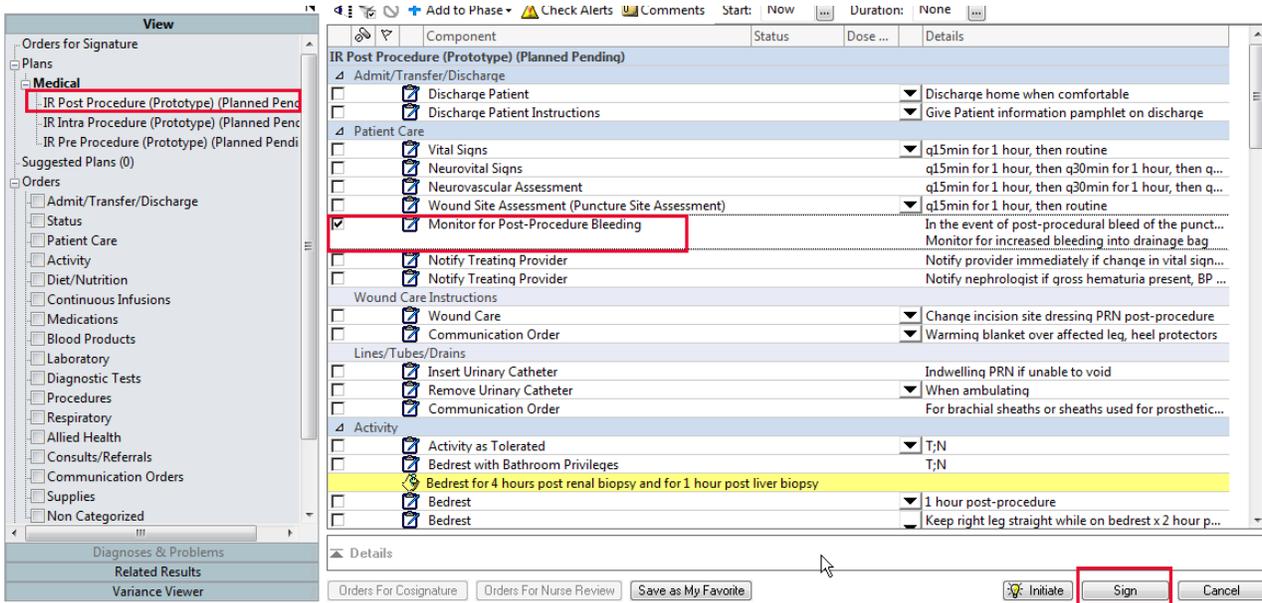
- Here you can select or deselect any orders/procedures within the PowerPlan. Check to see which phase you are in by clicking on the different phases in the **View**. Don't click sign until all the PowerPlans have been entered.

- Find the **IR Pre-procedure phase** and scroll down, find the Hematology section and select an INR and PTT.
- Find the **IR Intra Procedure phase** and click on the box to select midazolam and fentanyl.
- Find the **IR Post Procedure** under Plans and click on the box to select a Monitor for Post-Procedure bleeding and add an analgesic.
- Click **Sign** when done.



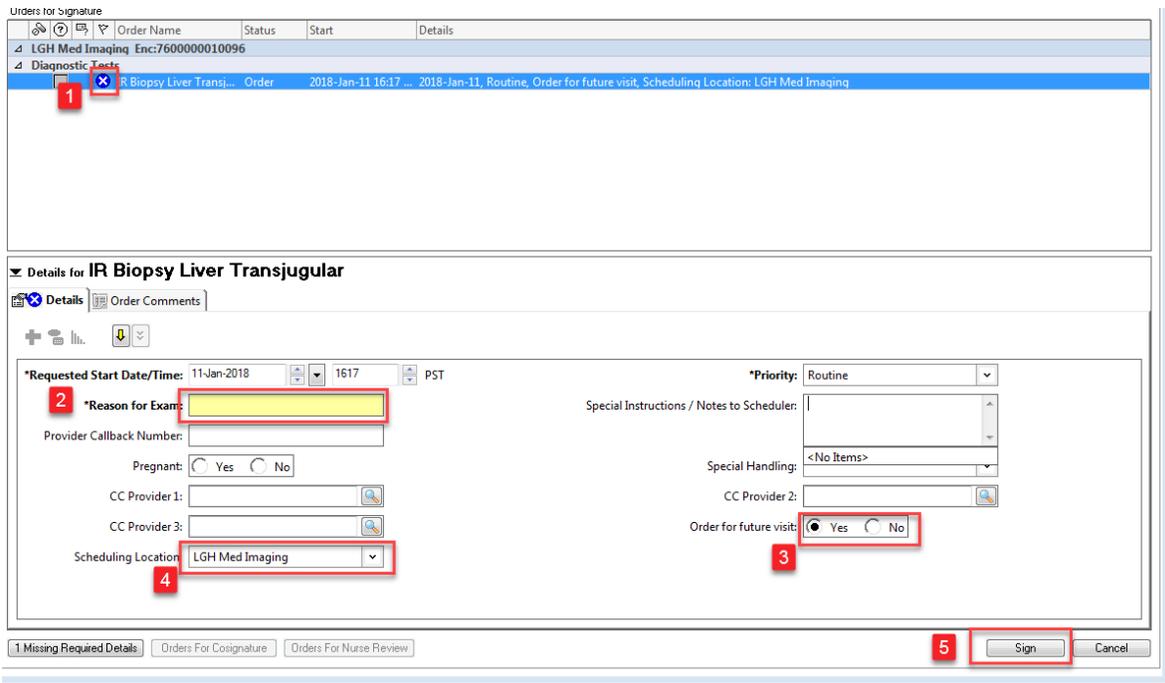
**NOTE:** Do **not** click Initiate at this time; this will be done at the time of the procedure. Remember you are only planning the orders at this time.



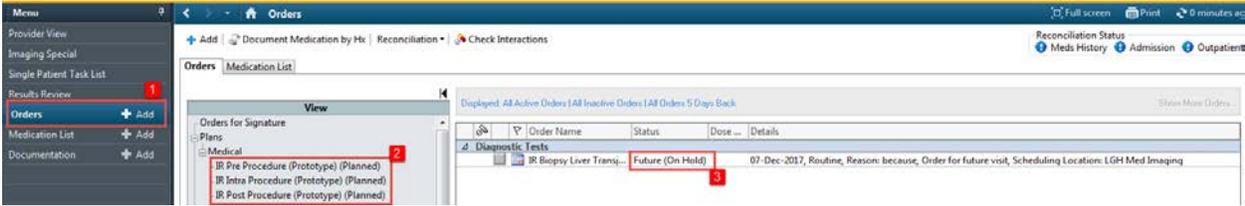


6 The page with the IR order will open. Note the **blue X icon** (1) meaning that order details are not complete.

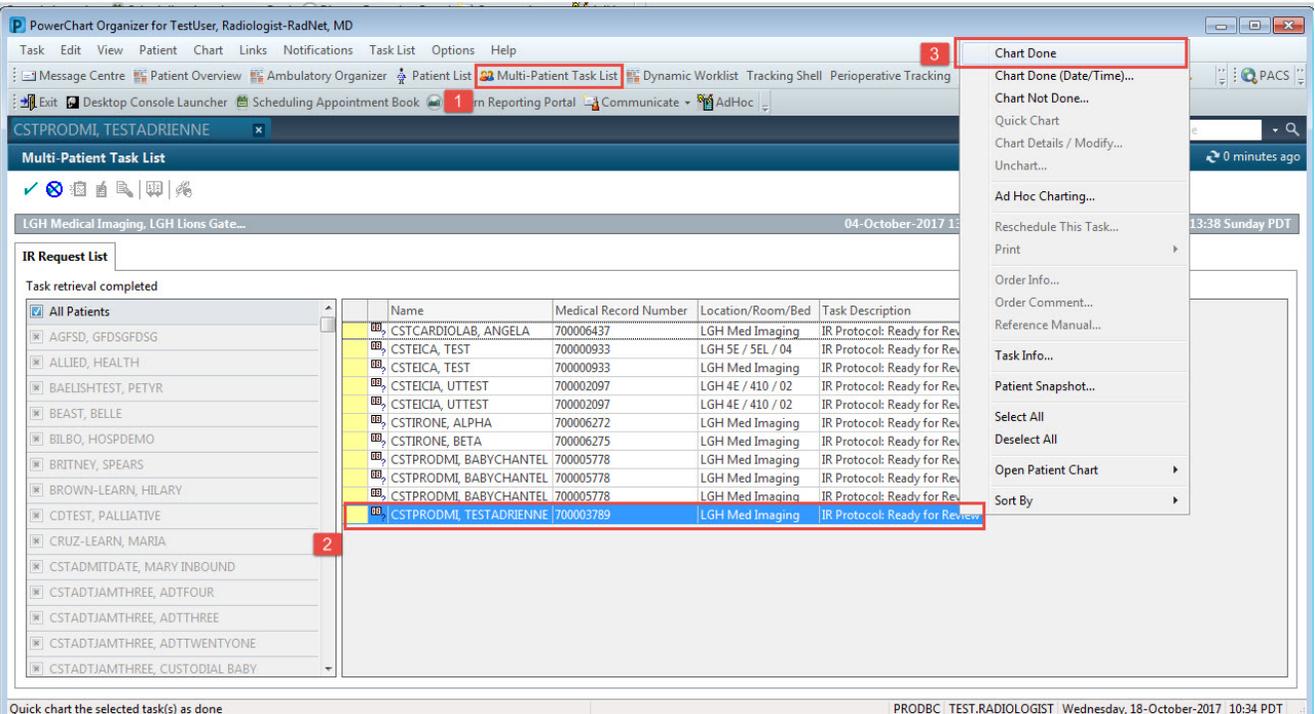
1. Right-click on the order to open and **modify** the details.
2. Type in the **Reason for Exam** - ? Cancer (2). Note that Orders for Future Visit will be defaulted to **Yes** (3). Make sure Yes is selected. This action is what will send the exam to the clerk for scheduling.
3. Finally choose the correct location (here **LGH Medical Imaging**) (4). Click **Sign** (5). The exam is automatically transferred to the **Scheduling Appointment Book** queue.



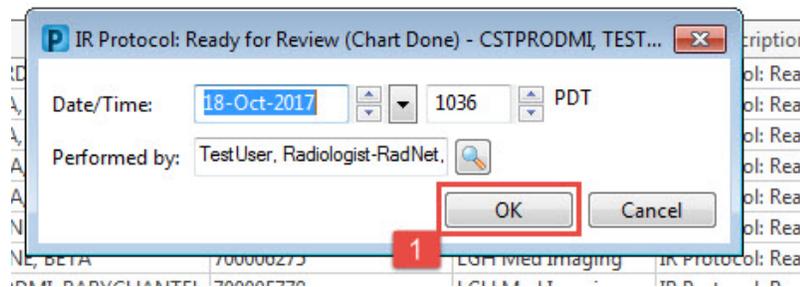
7 From the Menu click on **Orders** (1). The IR PowerPlans appear with the status **Planned** (2) and the MI order appears in the order list with the status **Future (on hold)** (3).



8 Click on the **Multi-Patient Task List** icon (1). Right-click on your patient name (2) and choose **Chart Done** (3) from the drop-down menu. The date and time confirmation window opens.



9 Click **OK** to confirm date and time. Click the **refresh** button. The patient will be removed from the **Multi-Patient Task List**.



The MI Clerk will schedule the exam and the orders will be ready for initiation on the day of the procedure.

## Activity 2.2 – MI Physician – Admitting a Patient Post Procedure

You have completed an IR procedure and determine that your patient will need to be admitted overnight for closer observation. In the occasional event when a patient needs further observation you will need to admit and discharge an IR patient. These are the basic steps you will need to follow in order to admit the patient.

### 1 Admit Order

You've examined your patient and decided to admit them for overnight monitoring. Now, you must place an **Admit to Inpatient** order to ensure that the following important steps happen automatically:

- The status of the patient becomes inpatient and the clock starts for the admission.
- There is a notification to Access Services to locate a bed for the patient.
- The encounter type changes from Outpatient to Inpatient.
- Admission tasks are sent to the inpatient nurse assigned to this patient.

1. Open the patient's chart. From Provider view click the **Quick Orders** tab.
2. Add a **+New Order Entry** for **Admit to Inpatient**.



**NOTE:** It is important that the Admit to Inpatient Order is placed before any other orders. Pharmacy dispensing may be delayed if this order is not placed first.

The screenshot shows the 'Add Order' window for patient MIIRONE, Tracy. The patient information includes DOB: 195..., MRN: 760..., Code Status, Process, Location: LGH Med..., Age: 67 y..., Enc: 7600..., Disease, Enc Type: Outpatient, Allergies: No Kno..., Gender, PHN: 107..., Dosing Wt: 70 kg, Isolation, and Attending: Train, Ge... The search filters are set to 'admit to', 'Advanced Options', and 'Type: Ambulatory (Meds as Rx)'. The search results show 'Admit to Day Surgery', 'Admit to Inpatient', and 'Enter to Search'. The 'Admit to Inpatient' option is highlighted with a red box and number 2. The 'Done' button is highlighted with a red box and number 3. A secondary screenshot on the right shows the 'GH Med Imaging' section with a red box and number 1 highlighting the '+New Order Entry' button.

3. Select **Medical Imaging Inpatient** under Medical Service.
4. Click **Sign**.

Orders for Signature

Order Name	Status	Start	Details
LGH Med Imaging Enc:760000000201 Admit: 2018-Jan-18 11:25 PST			
Admit/Transfer/Discharge			
Admit to Inpatient	Order	2018-Jan-24 14:25 ... 2018-Jan-24 14:25 PST, Admit to Medical Imaging Inpatient, Admitting provider: Train, Radiologist-RadNet1	

**Details for Admit to Inpatient**

\*Patient Admission Date/Time: 24-Jan-2018 14:25 PST  
 \*Admitting Provider: Train, Radiologist-RadNet1  
 Telemetry:  Yes  No

\*Medical Services: **Medical Imaging Inpatient**

Bed Type: Hospitalist Medicine, Hyperbaric Medicine, Infectious Diseases, Laboratory Medicine, Medical Genetics, **Medical Imaging Inpatient**, Medical Oncology, Midwifery, Neonatology, Nephrology, Neurology

0 Missing Required Details | Orders For Cosignature | Orders For Nurse Review | **Sign**

**2 BPMH**

As part of admitting your patient, you need to review their best possible medication history (BPMH) and complete their admission medication reconciliation. Find the **Admission** tab in Provider view. Within the admission tab, there are a few tools to help with this:

- **Home Medications** – this component lists home medications documented for this visit and carried over from previous encounters
- **Current Medications** – this component lists medications administered during the current encounter

LEARNTEST, PHYS

DOB: 1975-Jun-01 | MRN: 700006586 | Code Status: Attempt CPR, Full Code | Process: | Location: LGH 7E, 724, 92  
 Age: 42 years | Enc: 7000000010224 | PHN: 0000012345 | Dosing: Wt: 80 kg | Disease: | Enc Type: Inpatient  
 Allergies: Peanuts | Isolation: | Attending: Pirovca, Rocco, MD

**Home Medications (4)**

Medication	Responsible Provider	Compliance	Estimated Supply Remaining
amLODIPine (ACT Amlodipine 10 mg oral tablet) 1 tab, PO, qdaily, 0 Refill(s)	--	--	--
glyBURIDE 10 mg, PO, qdaily with food, for 30 day, 30 tab, 0 Refill(s)	--	Taking as prescribed	21 days remaining
metFORMIN (metFORMIN 850 mg oral tablet) 1 tab, PO, BID, 0 Refill(s)	--	--	--
multivitamin (Centrum 8400 oral tablet) 1 tab, PO, qdaily, 30 tab, 0 Refill(s)	--	--	--

Document History: Completed by eLearn, MDGENMED, MD on 13/09/2017 At 13:45

**Current Medications (3)**

Order	Order Start	Status
Scheduled (3) Next 12 hours		
ipratropium 250 mcg, nebulized, q4h while awake	September 13, 2017 14:01	Ordered
metFORMIN 850 mg, PO, BID	September 13, 2017 17:00	Ordered
salbutamol 5 mg, nebulized, q4h while awake	September 13, 2017 14:01	Ordered



**WARNING:** In the CIS, the BPMH must be completed before proceeding with the admission medication reconciliation. The Admission Reconciliation will not be available until the

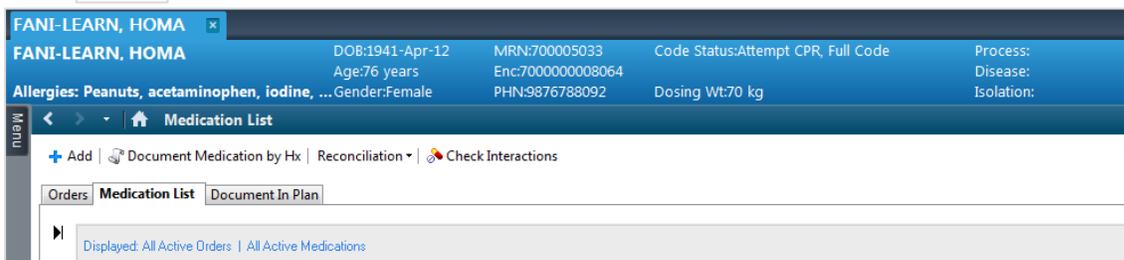
Medication History is documented.

The best possible medication history is generally documented by a pharmacy technician. When a pharmacy technician is not available, it can be completed by a nurse, medical student, resident, or by you as the patient's most responsible physician.

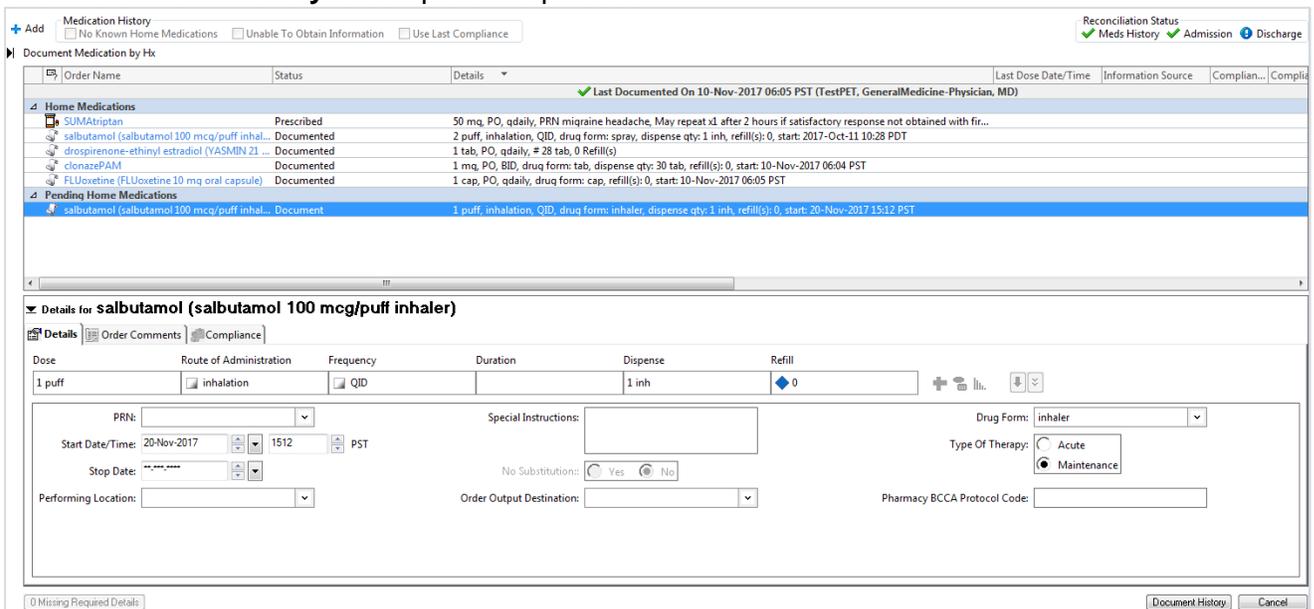


**NOTE:** Home medications can be updated at any time, even if the Meds History status states **complete**. In some cases, you may document that the patient has no home medications or you are unable to obtain information.

1. Click on the heading **Home Medications**.
2. Click **Document Medication by Hx**.
3. Click **+ Add** to add any unlisted medications.



4. The patient tells you the use an inhaler salbutamol 100 mcg/puff prn and the last dose they took was yesterday evening (find the compliance tab).
5. Click **Document History** to complete the process.



**IMPORTANT:** To view a patient's PharmaNet profile, you will access home medications in a similar manner as above, by selecting the **Document Medications by Hx** button.

**Document Medication by Hx**

Within the Document Medications by Hx page, a new **External Rx History** button will be visible. **External Rx History**. Clicking this button will open up the PharmaNet External Rx History window in a side-by-side view with the Document Medication by Hx window

**3 Admission Medication Reconciliation**

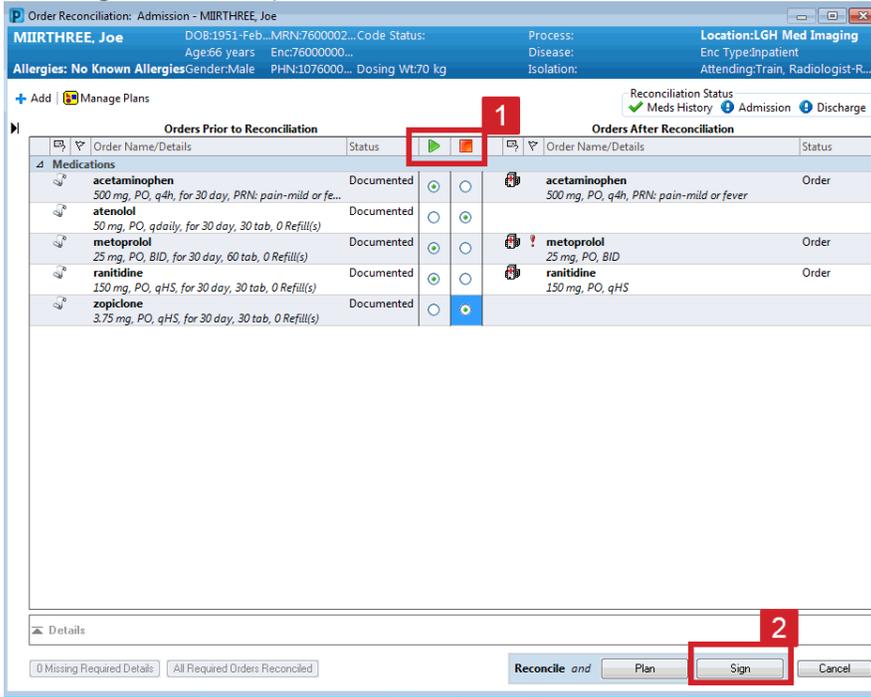
With the BPMH completed, move to the next component – **Current Medications** in Provider View. The status of medication management in patient’s chart is available.

To complete admission medication reconciliation:

1. Click the **Admission** button under the **Current Medications** component. The Order Reconciliation window opens.



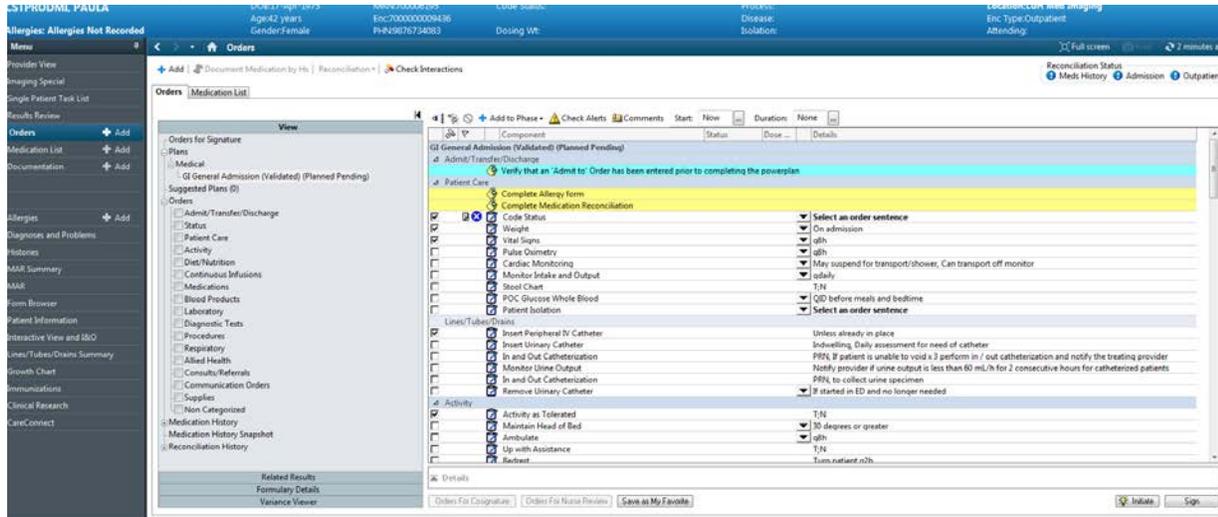
2. Click the corresponding button to continue and or to discontinue for each home medication.
3. Click **Sign** when complete.



**NOTE:** indicates a documented home medication from the BPMH  
 indicates an inpatient medication  
 indicates the medication is part of the order set called PowerPlan  
 indicates unreconciled medication

**5 Admission PowerPlans**

There are multiple admission Powerplans that you can use to help admit your patient. Choose the appropriate one by navigating to the **Orders** page from the menu and searching **Admission**. The  icon indicates that it is a PowerPlan. Some examples are: GI General Admission, GENSURG General Surgery Admission or MED General Medicine Admission.

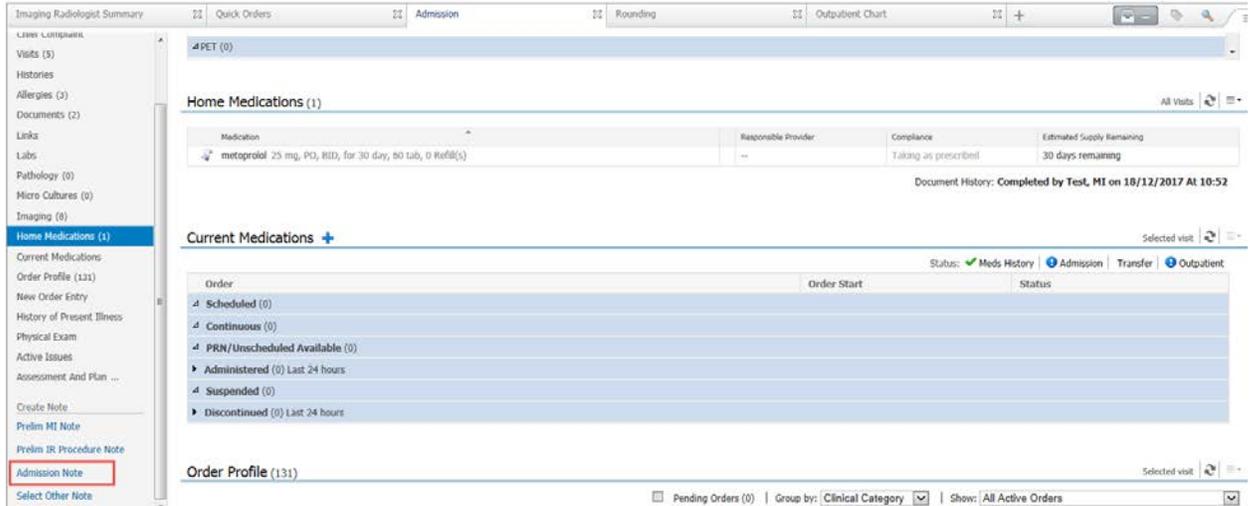


1. Choose the **GENSURG Admission** PowerPlan.
2. Add a code status, diet, lactated ringers maintenance fluid and CBC and electrolytes for tomorrow morning.
3. Click **Initiate** for the orders to become active. Then **Orders for Signature** and finally **Sign**.

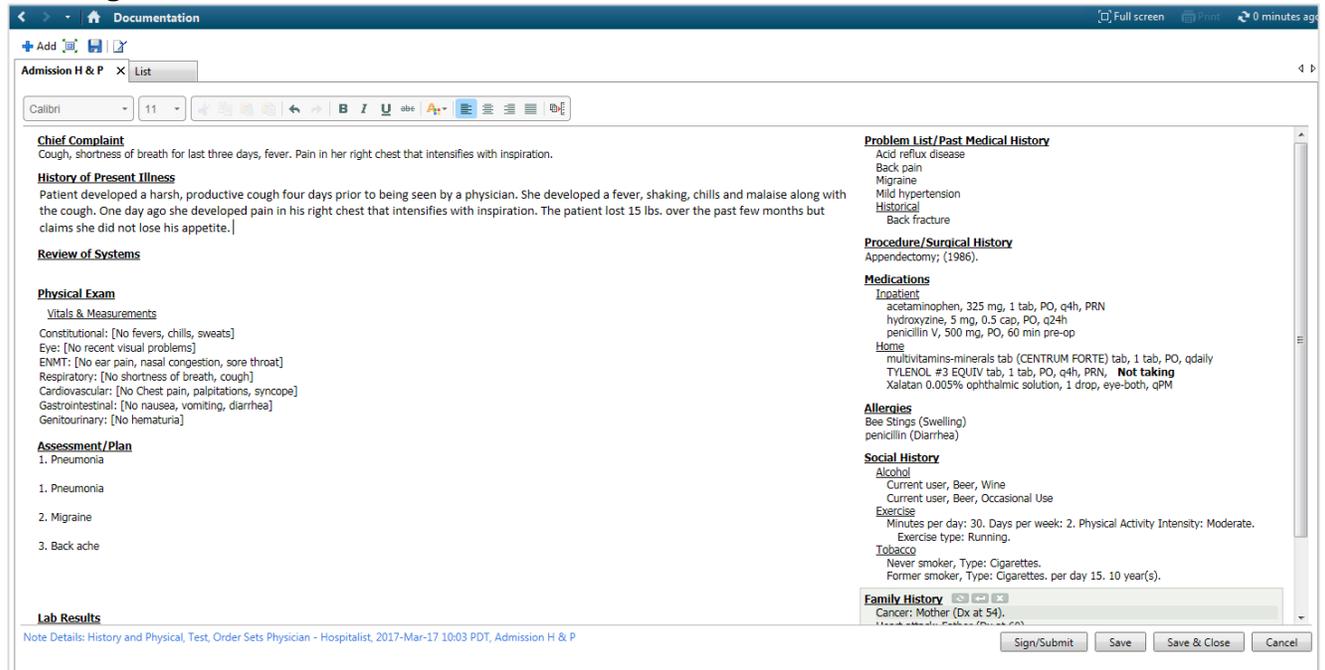
**6 Adding an Admission Note**

Lastly you need to add an Admission note. The note uses **Dynamic Documentation** pulling information from the components within the admission workflow tab. This is why it is more efficient to create the note as the last step of the admission process.

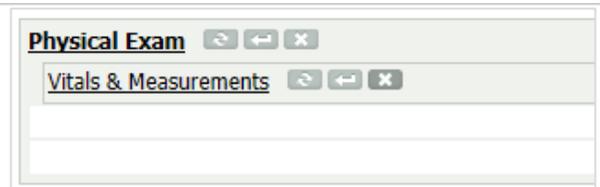
1. Navigate back to the Admission tab in Provider View and select **Admission Note** from the components on the left side of the screen.



2. An Admission H & P will display, fill in the applicable areas and close the headings that don't apply. Information will be pulled from the dynamic charting in your admission tab.
3. Click **Sign/Submit**.



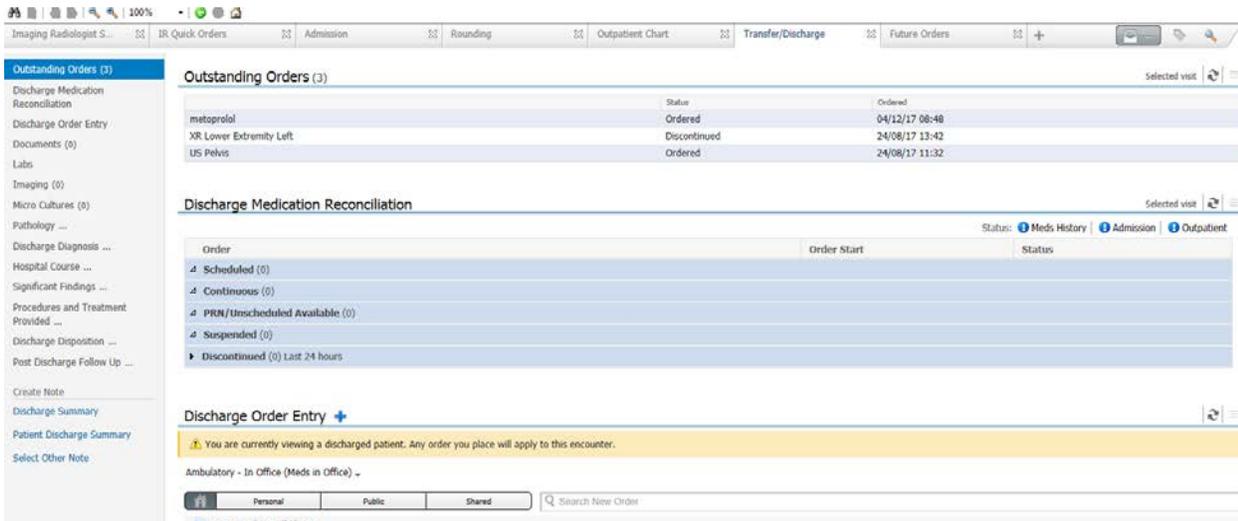
- refreshes the dynamic information in the box
- activates the box for edits or new entries
- removes the entire section or content of the box



## Activity 2.3 – MI Physician – Discharging a Patient

It is the next morning and you have just assessed your patient and determined that they are now ready for discharge. Follow the steps to complete the discharge process.

- 1 Navigate to the provider view in your patients chart and select the **Transfer/Discharge** tab. Review the **Outstanding Orders** to ensure that there are no outstanding orders/tests that need to be completed.



The screenshot displays the 'Transfer/Discharge' tab in a medical chart. The 'Outstanding Orders (3)' section contains the following table:

Order	Status	Ordered
metoprolol	Ordered	04/12/17 08:48
XR Lower Extremity Left	Discontinued	24/08/17 13:42
US Pelvis	Ordered	24/08/17 11:32

The 'Discharge Medication Reconciliation' section shows a list of orders with columns for Order, Order Start, and Status. The list includes:

- Scheduled (0)
- Continuous (0)
- PRN/Unscheduled Available (0)
- Suspended (0)
- Discontinued (0) Last 24 hours

A yellow warning banner at the bottom reads: "You are currently viewing a discharged patient. Any order you place will apply to this encounter."

## 2 Discharge Medication Reconciliation

Now that you have reviewed the current orders, you are ready to complete your discharge medication reconciliation. The list of medications to reconcile includes:

- **Home Medications** - medications that the patient was taking at home prior to admission. These medications were documented with BPMH but were not continued during the hospital visit.
- **Continued Home Medications**- medications the patient was taking at home prior to admission and continued during this admission. Note that this section clearly highlights which medications were substituted by an equivalent hospital formulary medication. Substitutions are marked by  icon. The home medication and the substituted medication always appear together in the medication list.
- **Medications** - new medications that the patient started during this inpatient stay.
- **Continuous Infusions** -inpatient fluids and medications that were given by continuous infusion.

You will determine which home medications and inpatient medications your patient should continue after discharge. Continued medications will be carried forward and available as documented home medications within the patient’s medication history. This will be viewable at the patient’s next visit.

You can also create a prescription for the existing or new medications directly in the reconciliation screen.

ck Orders    Future Orders    Outpatient Chart    Admission    **Transfer/Discharge**    +

Outstanding Orders (5) Selected visit

	Status	Ordered
zopiclone	Ordered	03/04/18 14:39
acetaminophen	Ordered	03/04/18 14:39
bisOPROLOL	Ordered	03/04/18 14:39
salbutamol	Ordered	03/04/18 14:38
IR Biopsy Liver Transjugular	Ordered	27/12/17 14:57

**Discharge Medication Reconciliation** Selected visit

Status:  Meds History |  Admission |  Outpatient

Order	Order Start	Status
4 Scheduled (0)		
4 Continuous (0)		
4 PRN/Unscheduled Available (0)		
4 Suspended (0)		
▶ Discontinued (0) Last 24 hours		

Fill out the discharge med reconciliation the same way as you completed the admission medication reconciliation with the addition of adding a **prescription** represented by the  icon.

Order Reconciliation: Outpatient - MIIRFOUR, Cameron

**MIIRFOUR, Cameron** DOB:1951-Ja...MRN:760000...Code Status: Process: Location:LGH Med Imagi...  
Age:67 years Enc:7600000... Disease: Enc Type:Outpatient  
Allergies: No Known Alle... Gender:Male PHN:107600... Dosing Wt:70 kg Isolation: Attending:Train, GeneralMe...

+ Add    Manage Plans    Reconciliation Status:  Meds History |  Admission |  Outpatient

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
<b>Home Medications</b>							
acetaminophen 1 g, PO, QID, for 30 day, PRN: fever, 120 ...	Documented						
bisOPROLOL 2.5 mg, PO, qdaily, for 30 day, 30 tab, 0 ...	Documented	<input type="checkbox"/>	<input type="checkbox"/>				
salbutamol 2.5 mg, nebulized, q4h, PRN: shortness a...	Documented	<input type="checkbox"/>	<input type="checkbox"/>				
zopiclone 3.75 mg, PO, qHS, for 30 day, 30 tab, 0 R...	Documented	<input type="checkbox"/>	<input type="checkbox"/>				

Acknowledge Remaining Home Meds

0 Missing Required Details    4 Unreconciled Order(s)

Reconcile and    Plan    **Sign**    Cancel

All medications must be reconciled to successfully complete the discharge medication reconciliation process.

1. Add **Tylenol#3 po QID prn** for pain as a prescription. Once all medications are reconciled, click **Sign** to complete discharge reconciliation. The prescription prints automatically.



**NOTE:** You can also add triplicate prescriptions into the CIS but will also need to use your triplicate prescription pad.

A medication summary will be included in the **Patient Discharge Summary** as well as in the **Discharge Summary**

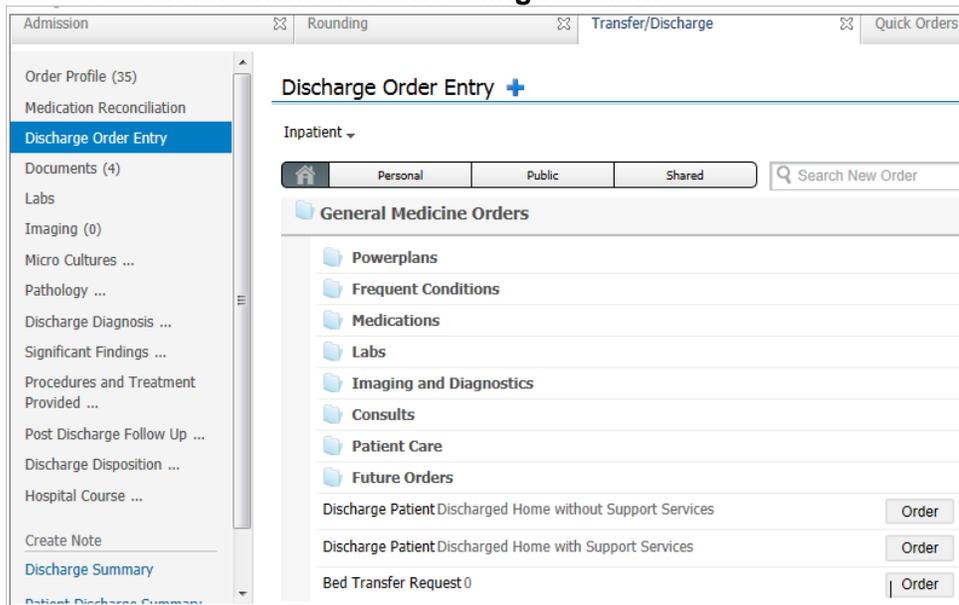
### 3 Discharge Orders

Now you can place a discharge order. The **Discharge Patient** order creates tasks informing the team that the patient is ready to be discharged. The order is also required by Hospital Act Regulation. After the patient physically leaves the hospital, the encounter can be closed.

1. Enter a **Discharge** order.

In the CIS, you also have the ability to create future orders to be completed after the patient has been discharged. If a specimen is expected to be collected either at home or at an external facility, a printed requisition should be given to the patient.

2. Select CT Abdomen w/o contrast. Complete the order by going to the **Discharge Order Entry** component and selecting the correct order. Make sure that order for future visit is selected as **YES**, add a **reason for exam** and **scheduling location**.



**WARNING:** For locations that are not part of the CIS, the **Paper Referral** option is to be selected. Although the process remains on paper, entering and signing this order in the CIS informs care providers for this patient that the specific referral has been placed.

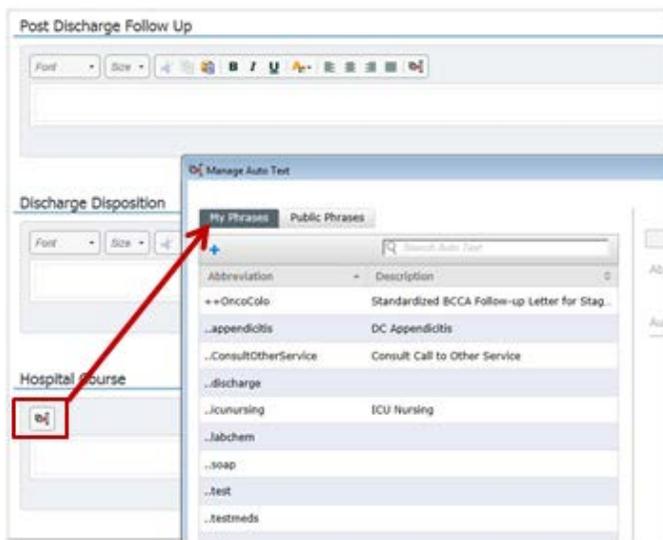
#### 4 Discharge Documentation

Continue to work through the discharge workflow on the Discharge tab.

1. Confirm problems and diagnoses status at discharge.
2. Start documenting patient’s discharge by typing information under:
  - Significant Findings
  - Procedures and Treatment Provided
  - Hospital Course



**REMEMBER:** Entries made in these fields will auto-populate into your discharge summary. Use auto text entry to speed up the process. The Hospital Course component offers direct access to your saved autotext.



Once you are ready to create discharge notes click the links provided under Create Note There are two note links available:

3. **Discharge Summary** – create the note clicking Sign/Submit, if you click **Save & Close** you can finish the note later in the Message Centre.
4. Complete **Patient Discharge Summary**.

#### 🔑 Summary of Key Learnings

- Access the Multipatient task to protocol the order for future use
- Admitting and Discharging a patient using your tabs to help with workflow
- It is recommended to complete admission medication reconciliation prior to entering additional admission orders
- Admitting a patient – Admission order, BPMH, Med Reconciliation, PowerPlan and Admission note
- Discharging a Patient – discharge reconciliation and prescriptions, discharge summary note.

## **Activity 3.1 – MI IR Physician, MI IR Technologist and MI Nurse – Initiate the order**

Your role as MI Physician, MI Technologist or MI Nurse in the case of an Interventional Radiology procedure within the system is interchangeable. However, personnel with the system privileges of an MI Technologist (or an MI Physician) need to be present during the procedure and his/her presence documented in the system when you start the exam in Exam Management. Please follow along with the patient provided. Your patient has now been checked in by the clerk and you need to initiate the PowerPlan the Radiologist has ordered.

- 1 In **Storefront** click the icon to open **Online Work List**, and click on the **exam** to select it (2). Access PowerChart by pressing Ctrl+w.

The screenshot shows the 'Cerner Imaging: Online Work List' window. It includes a menu bar (Task, View, Launch, Help), a toolbar, and filter options. The filters are set to 'Between 22-Oct-2017 and 24-Oct-2017'. Below the filters is a table of exams. The table has columns for Priority, Status, Status DT/TM, Patient Name, Procedure Name, and Transp... The following table represents the data in the screenshot:

Priority	Status	Status DT/TM	Patient Name	Procedure Name	Transp...
Routine	On Hold	23-Oct-2017 12:30	CSTPRODME, TEST-EIGHT	NM Infection WBC Indium Whole Body	Ambul...
Routine	On Hold	23-Oct-2017 11:15	CSTPRODMI, TESTTWO	NM Parathyroid	Ambul...
Routine	On Hold	23-Oct-2017 10:55	CSTPRODMI, TESTTWO	NM Liver Hemangioma RBC	Ambul...
Routine	Ordered	23-Oct-2017 08:40	CSTPRODMI, TESTADRIENNE	US Biopsy Lymph Node Axilla Right	Ambul...
Routine	Canceled	13-Oct-2017 09:48	CSTPRODMI, SANDRA	EC Echo w/ Contrast Saline	Ambul...

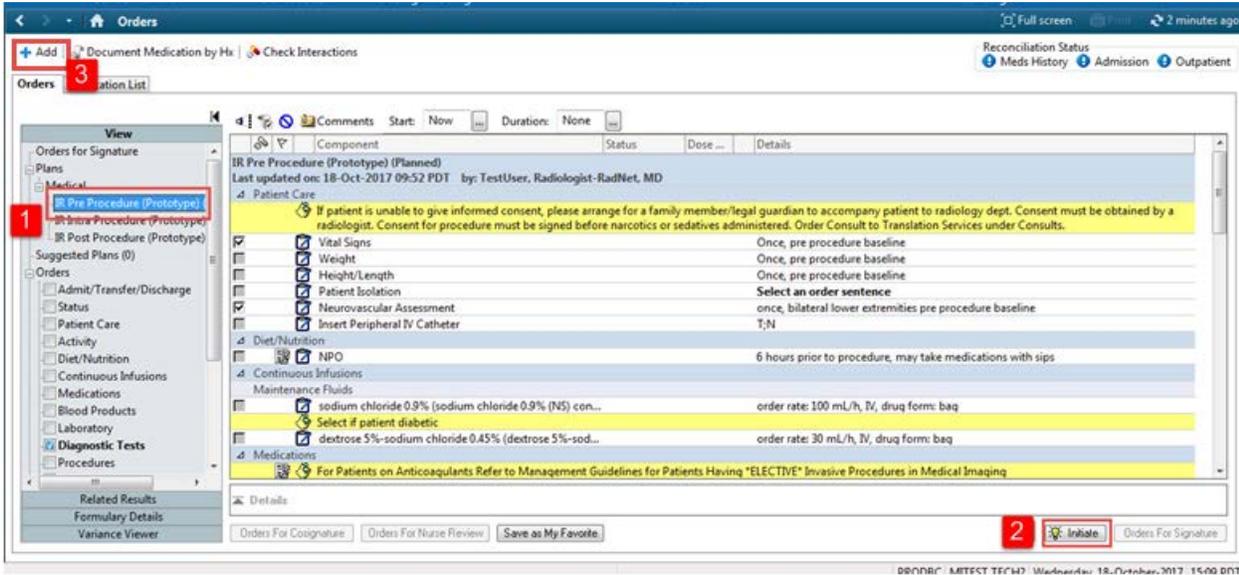
At the bottom of the window, it shows 'Total cases: 5' and buttons for 'Details' and 'Exit'. The status bar at the bottom indicates 'Ready' and 'PRODBC MITEST.TECH1 14:15'.

- 2 **Initiating Orders**  
Go into **Orders** (1) and view the menu with the protocolled orders in the planned phase (2).

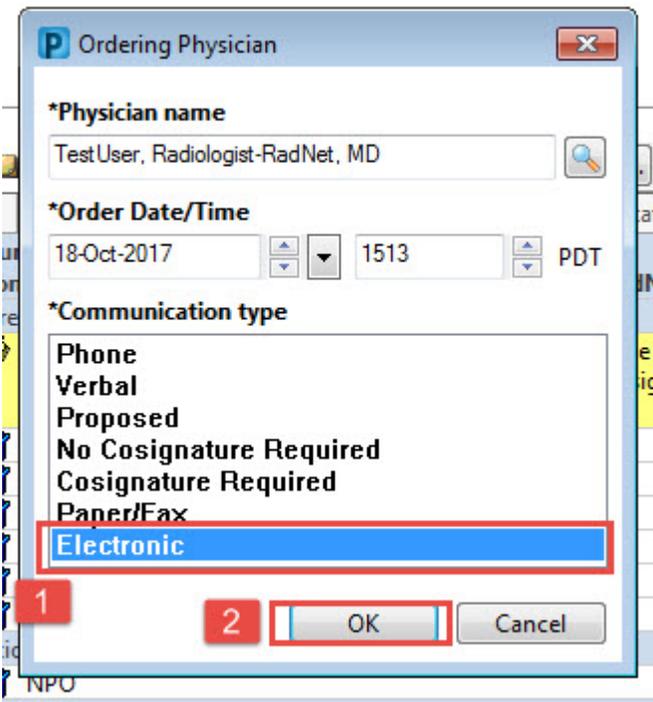
The screenshot shows the 'Orders' menu in a clinical system. The 'Orders' menu item is highlighted with a red '1'. Below it, a list of orders is shown, with 'IR Pre Procedure (Prototype) (Planned)' highlighted with a red '2'. The main window displays a table of orders with columns for Order Name, Status, Dose, and Details. The following table represents the data in the screenshot:

Order Name	Status	Dose	Details
IR Biopsy Liver Transj...	Future (On Hold)		07-Dec-2017, Routine, Reason: because, Order for future visit, Scheduling Location: LGH Med Imaging

- 3 At this point the pre-procedures need to be activated in the system. Click on **Pre-procedure** in the view (1) and click **Initiate** (2). At any point in the process, additional orders can be added by clicking on the **+ Add** (3) button or **Add to Phase** (Provider).



- 4 For the communication type choose **Electronic** (1) and Click **OK** (2). (non- provider)



Then click **Orders For Signature**.

5 Click **Sign (1)** in order to initiate the pre-procedure related orders.

The screenshot shows the 'Orders Medication List' interface. On the left, there is a 'View' sidebar with a tree structure under 'Orders for Signature'. The main area displays a table of orders:

Order Name	Status	Start	Details
LGH Med Imaging Enc:7000000011966 Admit: 18-Oct-2017 13:43 PDT			
Patient Care			
Vital Signs	Order	18-Oct-2017 15:13 ...	18-Oct-2017 15:13 PDT, Once, pre procedure baseline
Neurovascular Assess...	Order	18-Oct-2017 15:13 ...	18-Oct-2017 15:13 PDT, once, Stop: 18-Oct-2017 15:13 PDT, bilateral lower extremities pre procedure ba...
Laboratory			
HIV 1/2 Antibody and p24 Antigen BCCDC	Order	18-Oct-2017 15:13 PDT	Blood, STAT, Collection: 18-Oct-2017 15:13 PDT, once Pre procedure

At the bottom right, a red box highlights a 'Sign' button with a '1' next to it.

6 Refresh the page. The initiated orders are active in the order list (status has changed to Ordered).

The screenshot shows the 'Orders Medication List' interface after refreshing. The 'IR Pre Procedure (Prototype) (Initiated)' order is now active. The main area displays a table of components:

Component	Status	Dose ...	Details
IR Pre Procedure (Prototype) (Initiated) Last updated on: 18-Oct-2017 15:29 PDT by: TestML, MedicalImagingTechnologist-RadNet2			
Patient Care			
If patient is unable to give informed consent, please arrange for a family member/legal guardian to accompany patient to radiology dept. Consent must be obtained by a radiologist. Consent for procedure must be signed before narcotics or sedatives administered. Order Consult to Translation Services under Consults.			
Vital Signs	Ordered	18-Oct-2017 15:13 PDT, Stop: 18-Oct-2017 15:13 PDT, Once, pre proc...	
Neurovascular Assessment	Ordered	18-Oct-2017 15:13 PDT, once, Stop: 18-Oct-2017 15:13 PDT, bilateral ...	
Continuous Infusions			
Maintenance Fluids			
Select if patient diabetic			
Medications			
For Patients on Anticoagulants Refer to Management Guidelines for Patients Having "ELECTIVE" Invasive Procedures in Medical Imaging			
Antimicrobials			
For severe penicillin or cephalosporin allergy (e.g. anaphylaxis)			
Laboratory			
Refer to Management Guidelines for Patients Having "ELECTIVE" Invasive Procedures in Medical Imaging			
Lab work to be done within 30 days prior to admission for outpatients and within 72 hours for inpatients			
Virology			
HIV 1/2 Antibody and p24 Antigen BCCDC	Ordered		Blood, STAT, Collection: 18-Oct-2017 15:13 PDT, once

The 'Status' column for the 'Vital Signs' and 'Neurovascular Assessment' components is 'Ordered'.

## Activity 3.2 – Document the IR Procedure (MI Nurse or MI Technologist)

### 1 Documenting in IView

You can now start to document the pre-procedures on the patient.

1. Click the **Interactive View and I&O** in the menu (1) and click on **PreProcedure Imaging** (2) from the list of bands. At the right of the screen the Imaging Procedures CheckList opens (3).
2. Double-click on the blue highlighted box (4) to go through the whole list or double-click into the relevant boxes.



**NOTE:** The columns of the table represent hour intervals (these are customizable). If a drop-down menu opens, click in the boxes (5) to select the appropriate choice (can be multi-selectable).



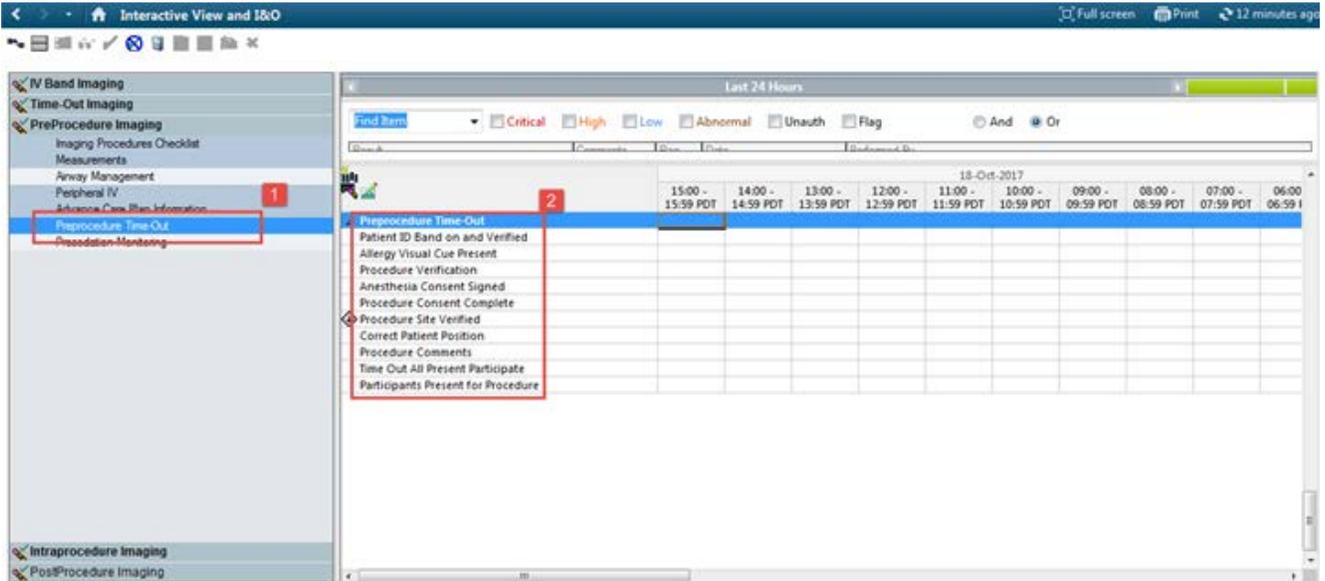
**NOTE:** The different bands are where you will be documenting through the different phases of the procedure. Take a minute to look through the different bands.

### 2 Some documentation cells are free text. Click on the cell and enter your documentation directly.

#### Enter the following:

1. Patient Identification Checked: *Indentification band, MRN, verbal*
2. Allergies reviewed: *Yes*
3. RN who verified site: *Type your name*
4. Remember to sign your documentation by clicking the **Check sign** ✓.

- After you finish documenting and administering any meds in the pre-procedure phase, click on the **Preprocedure Time-Out** band (1) and document.



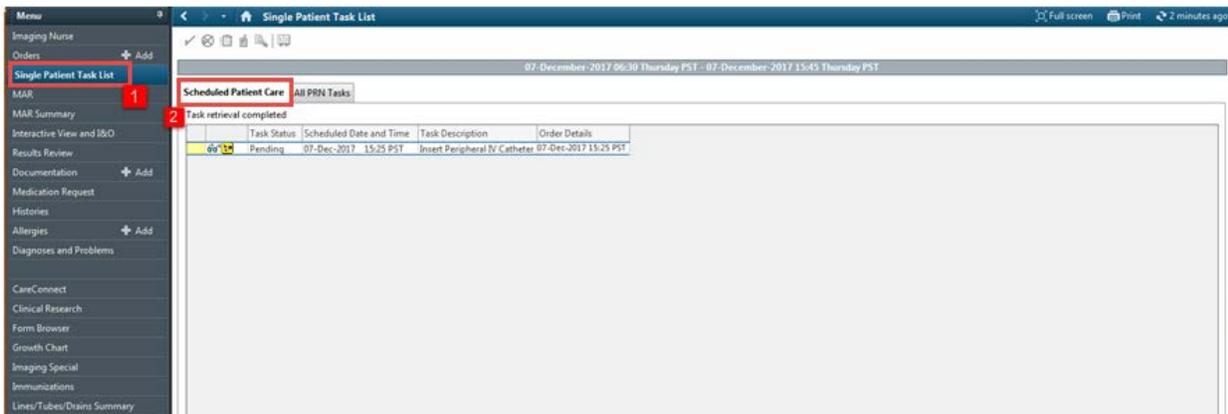
- Insert a 18G Peripheral IV from within the PreProcedure Imaging band.

#### 4 Single Patient Task List (Nurses only)

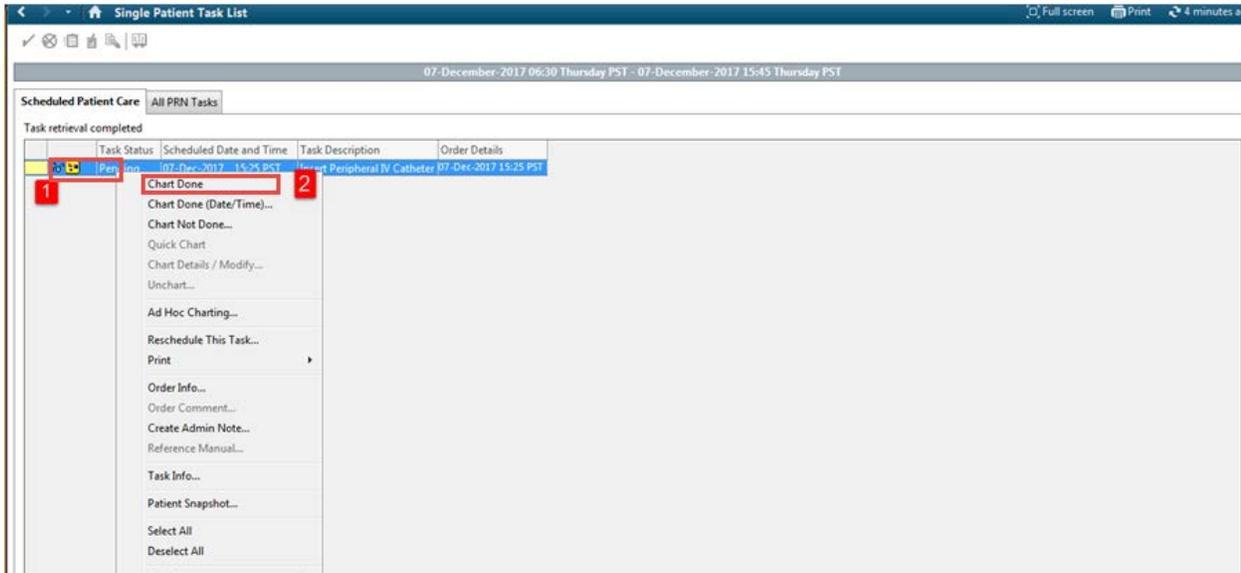
To complete tasks, you will need to click on the **Single Patient Task List** in the Menu Bar (1). Your task list will show your scheduled tasks that you are required to complete in the Scheduled Patient Care tab (2).



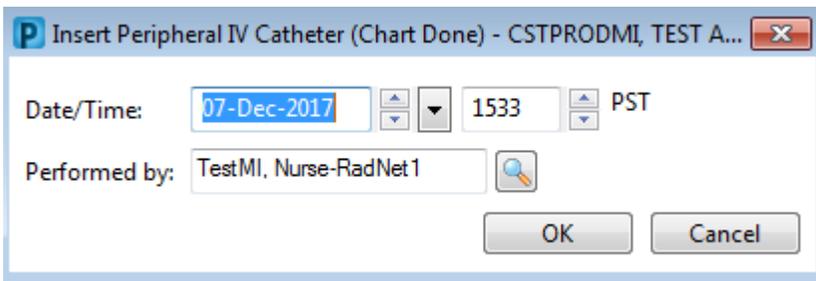
**NOTE:** If the PowerPlan gets discontinued and you do not complete on your tasks, then these tasks will get cancelled. Tasks are assigned when orders become active.



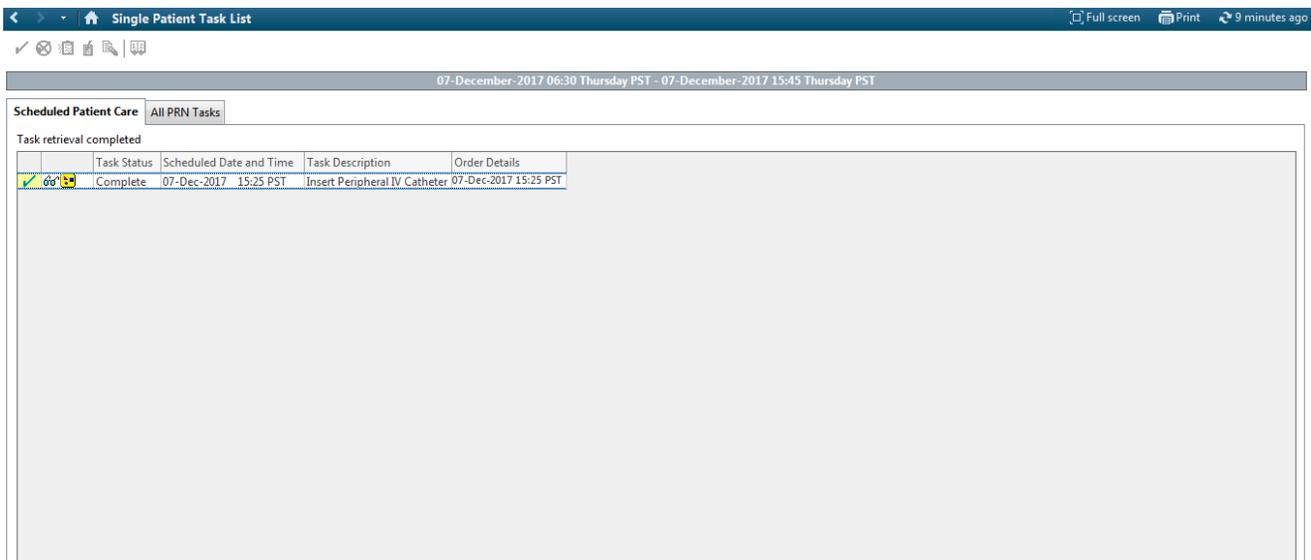
To complete your tasks right-click on the task (1) and select **Chart Done** (2).



The Insert Peripheral IV Catheter (Chart Done) window pops up. The date and time fields will default to today's date and time. Click on **OK**.



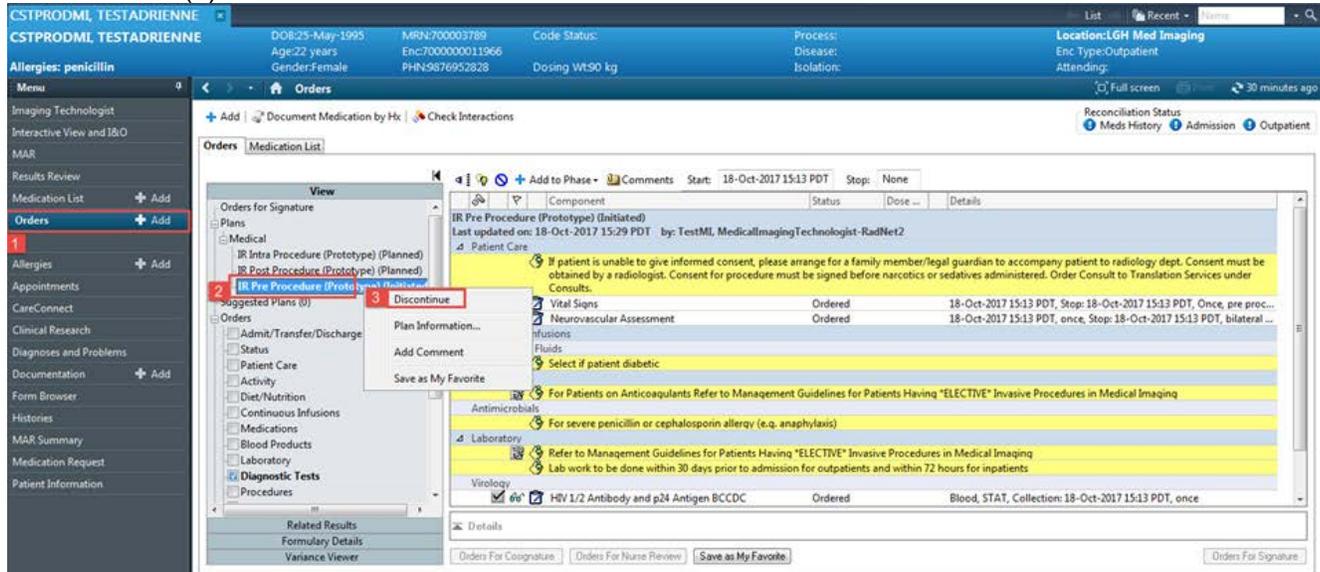
The task status will now change from 'Pending' to 'Complete.'



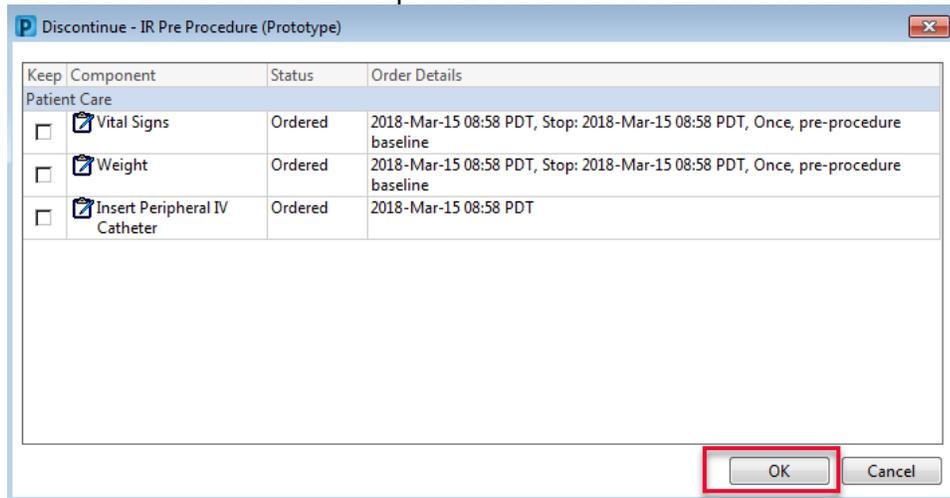
**NOTE:** You will need to check Single Patient Task List in different phases to see if there are new tasks.

**5 Ending a Phase**

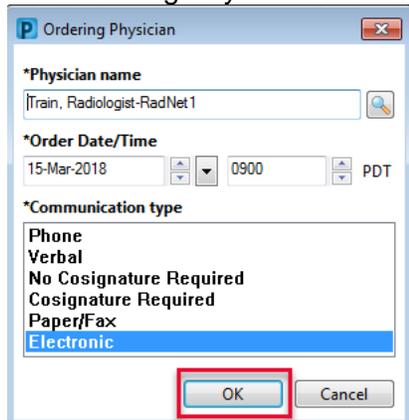
The Pre-procedure phase is finished and the patient is moving into the IntraProcedure phase. Click on **Orders** from the menu tab (1) then under the orders tab, right click on **IR PreProcedure** (2) and select **Discontinue** (3).



The Discontinue window will open. Leave the boxes unchecked and click **OK**.



The Ordering Physician window will open. Select the **Physician's name** and **Communication type**.

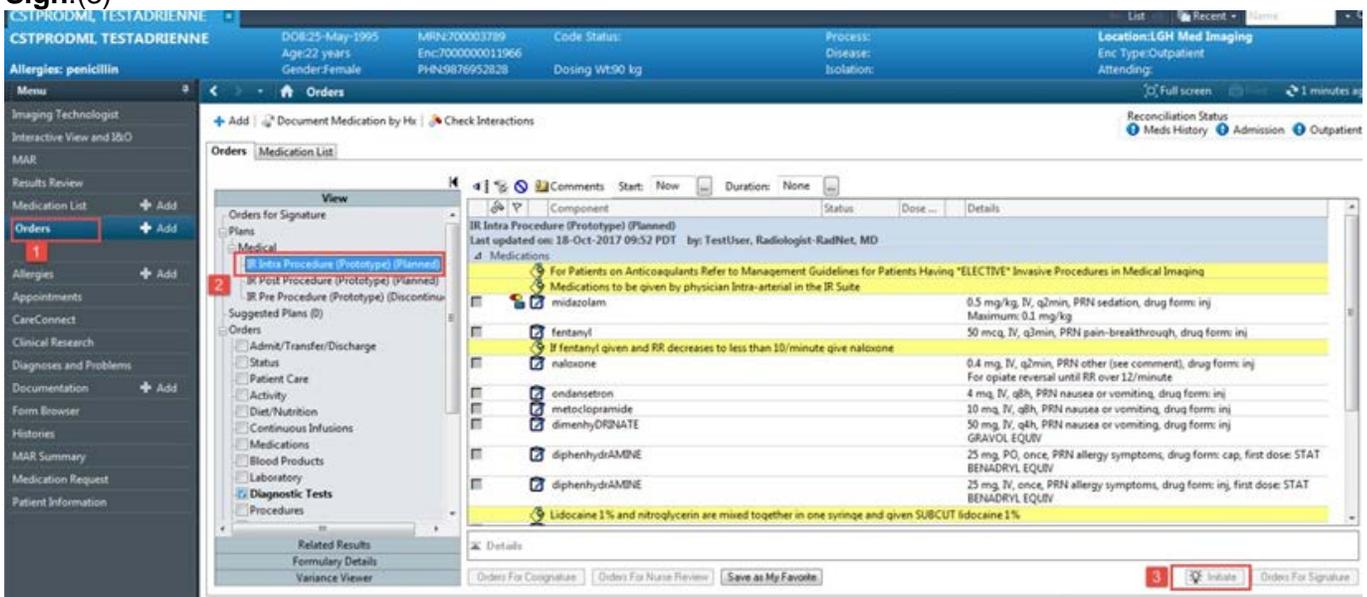


Then Click **Orders for Signature** and **Sign** to discontinue.



Any tasks or orders not complete from the IR Pre Procedure will cancel.

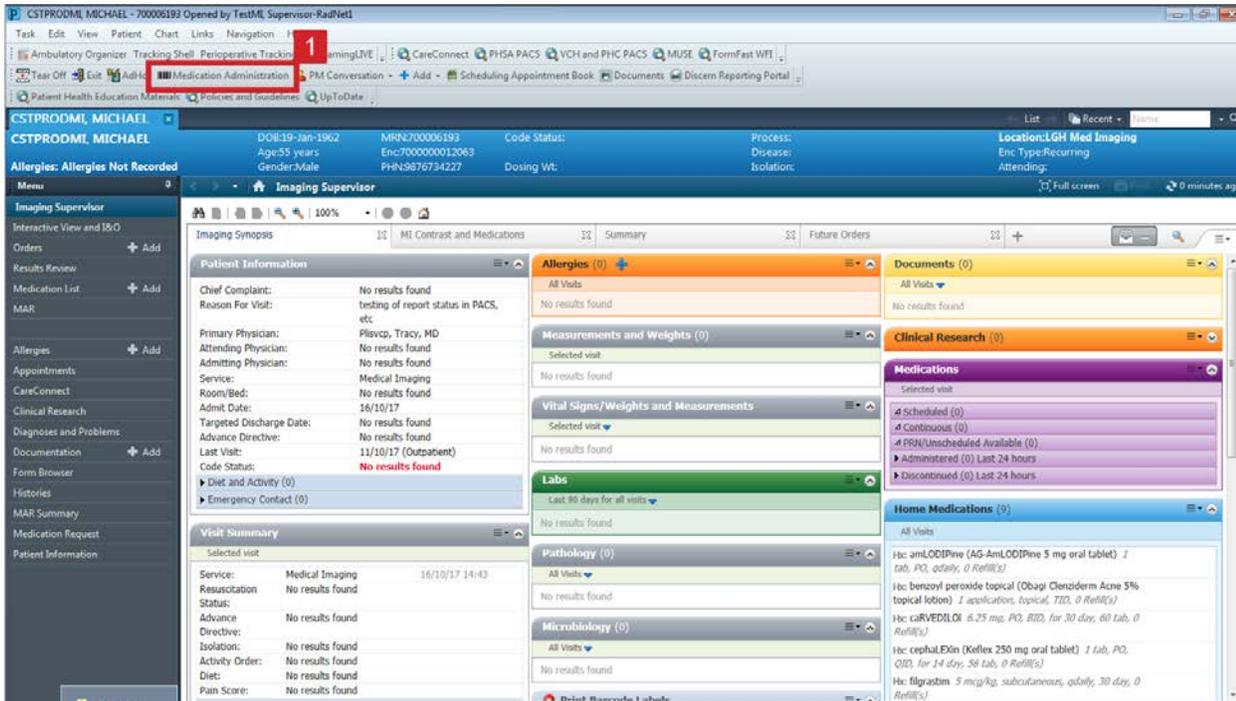
- 6 Follow the same steps you used in the PreProcedure phase in order to initiate the IntraProcedure phase of the IR procedure, right click **IR Intra-Procedure** (2) and click **Initiate, Orders for Signature** and then **Sign**.(3)



You can now go back to start your documentation in IView.

## 7 Medication Administration

Based on previously acquired knowledge, go to MAW section in toolbar and document medication administration if ordered.



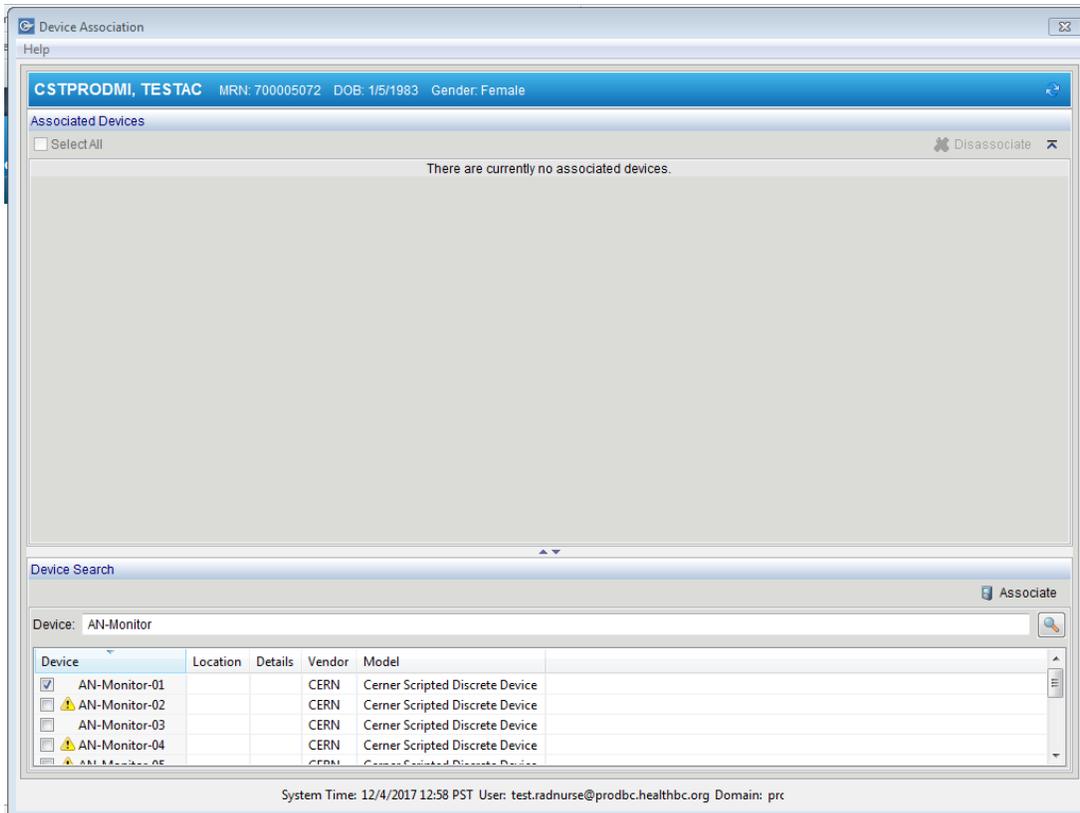
1. Administer Fentanyl 25mcg IV.

## 8 BMDI

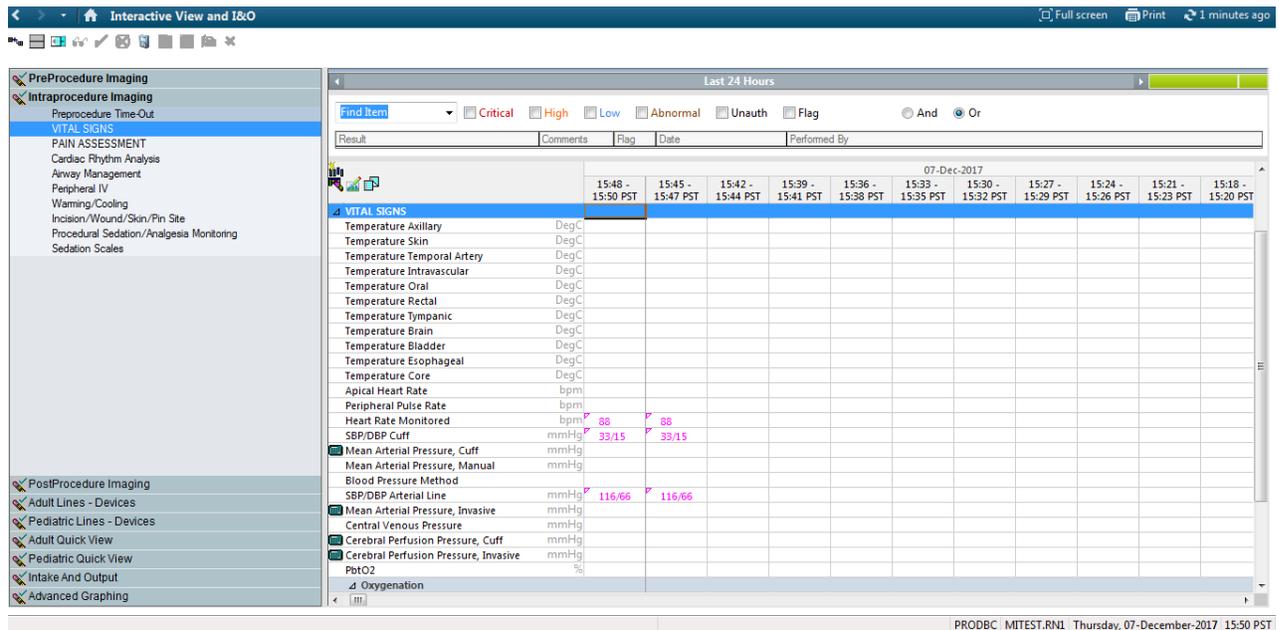
BMDI (Bedside Medical Device Integration) automatically records data from bedside monitors into IView. Once the monitors are attached to the patient you will need to make sure the correct device is associated to the patient to pull that information into the chart. (This function is not available in all areas but will be used in IR).

1. Click Interactive View and I&O **Interactive View and I&O** from the Menu.
2. Click the **Associate Device** Icon  in the row of icons above the bands.
3. In the Device Association window, find the correct device and select the box.
4. Select the BMDI Device corresponding to the Bed your patient is in.
5. Click **Associate**.
6. Click **X** to close the Device Association window.

Use **PHSA-M** to find a device.



1. Ensure you are in the correct phase of the procedure within the bands and select **VITAL SIGNS**
2. Double-click on the cell next to **VITAL SIGNS**, the patient's Vital Signs will now populate to iView



3. Review the set of Vitals Signs and click the green checkmark ✓ to finalize (sign)

21-Nov-2017		09:10 PST	09:07 PST
<b>VITAL SIGNS</b> <input checked="" type="checkbox"/>			
Temperature Axill...	DegC		
Temperature Tem...	DegC		
Temperature Oral	DegC	37.6	37.5
Temperature Rectal	DegC		
Temperature Core	DegC		
Heart Rate Monit...	bpm	73	75
SBP/DBP Cuff	mmHg	120/85	110/90
Cuff Location			
Mean Arterial P...	mmHg	97	97
Mean Arterial P...	mmHg		
Blood Pressure Method			
Central Venous...	mmHg		
Intracranial Pre...	mmHg		
Cerebral Perfus...	mmHg		

Not Finalized (purple font)

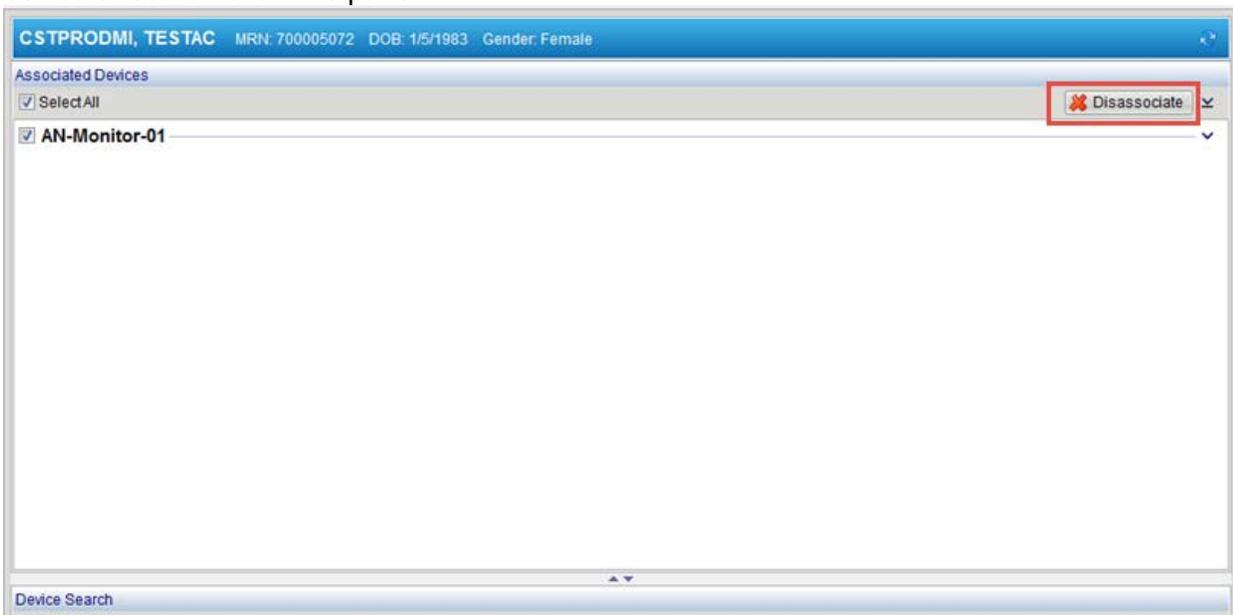
Finalized



**NOTE:** The documentation will not be saved until you validate the integrated information by signing it.

Critical results will be marked in red; results higher than defined limits will be marked in orange; and results lower than defined limits will be marked in blue.

- 9 To **dissociate** a **device**, you will follow the same steps except click **Disassociate** and then exit out of the pop-up window. This will need to be done if the patient is moving between different areas in IR because the device does not follow the patient.



## Activity 3.3 – Adding on Lab tests (Radiologist, MI Nurse or MI Technologist)

During a different Interventional procedure the physician decides that additional lab tests are required. You will need to use your next IR patient on your training card. This first phase was already initiated when the Ordering Provider entered the MI order and the required pre-procedural labs and signed the PowerPlan.

- 1 Open the patient’s chart in PowerChart. Select the **Orders** tab in the menu and look under plans for **MI Centesis Imaging Guided (Multiphase)**.

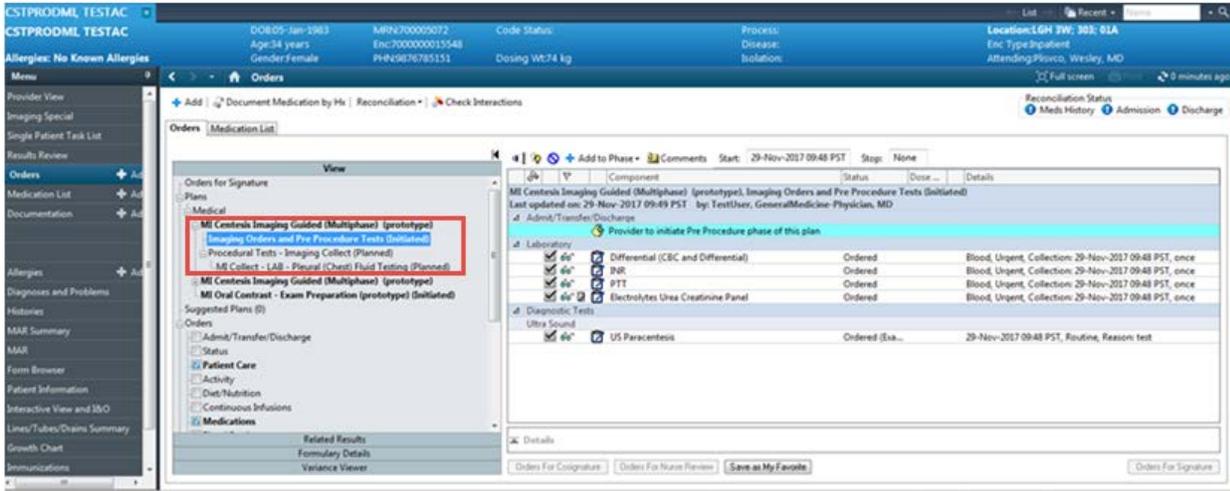


**NOTE:** The first phase of the PowerPlan - Imaging Orders and Pre-Procedural Tests has already been initiated and all the orders and tests in this phase are in an ordered status.

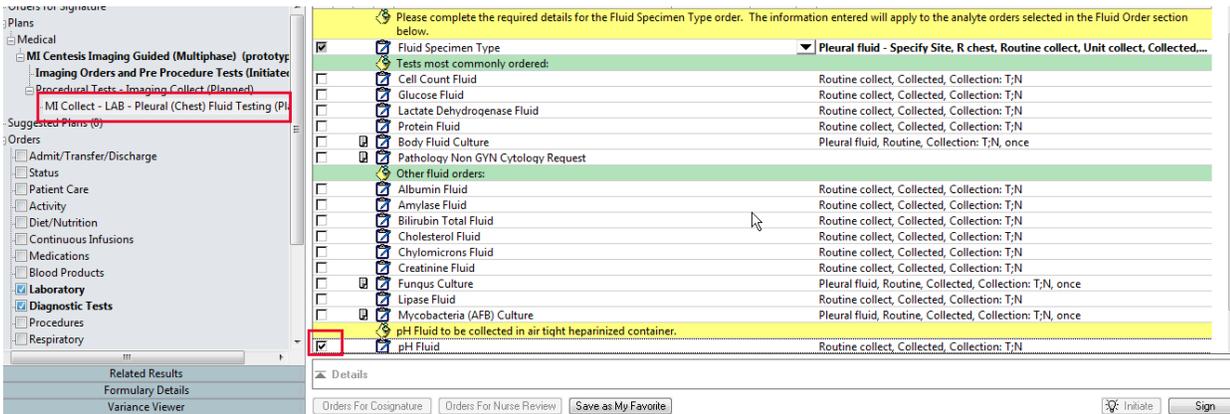
- 2 The Radiologist decides he wants to add a lab test for pH Fluid before the Procedural-Tests phase has begun. The Radiologist will enter in the additional lab test by selecting the second phase - **Procedural Tests Imaging Collect (Planned)**. Select **MI Collect- Lab- Pleural (Chest) Fluid Testing** or select **MI Collect-LAB- Pleural (Chest) Fluid Testing (Planned)** directly.



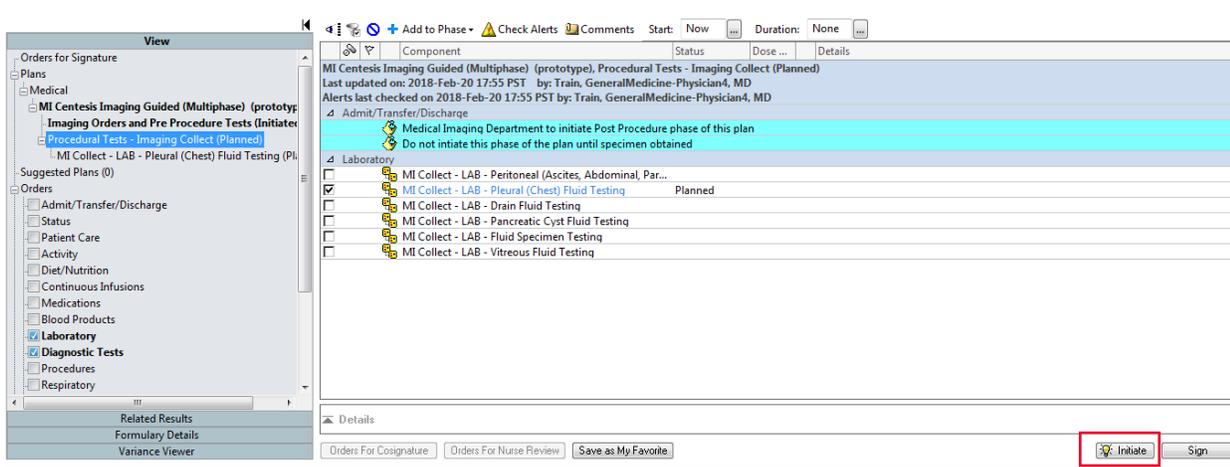
**NOTE:** This step must be done prior to initiating the PowerPlan. This step can also be done by MI Nurse/ MI Technologist but they must **Initiate** the PowerPlan and then add the test before orders for signature. .



Select pH Fluid.  
(If you are the physician click on **Sign**.)



**3** MI Technologist/MI Nurse will then Initiate the PowerPlan by clicking on **Initiate**.



- The Ordering Physician window opens, enter in the Ordering Provider in the Physician Name field and select **Verbal**. Click on **OK**. (Non- Provider)

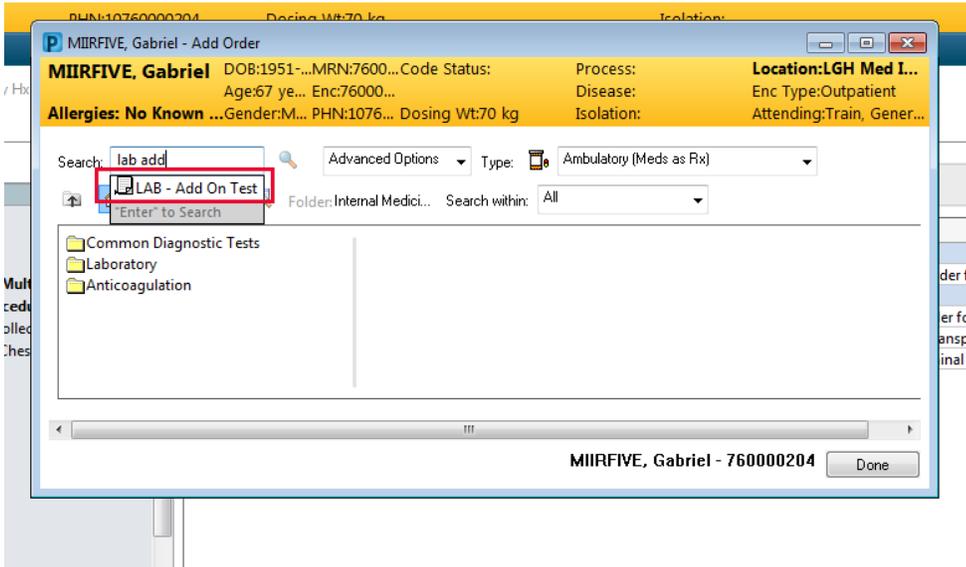
- Second phase should go from Planned to Initiated Pending. Complete required fields Specimen Type, Specify Site, Collection Priority, Collection Date/Time, and Frequency and Click on **Orders For Signature**.

Click on **Sign**. Second phase should go from Initiated Pending to Initiated.

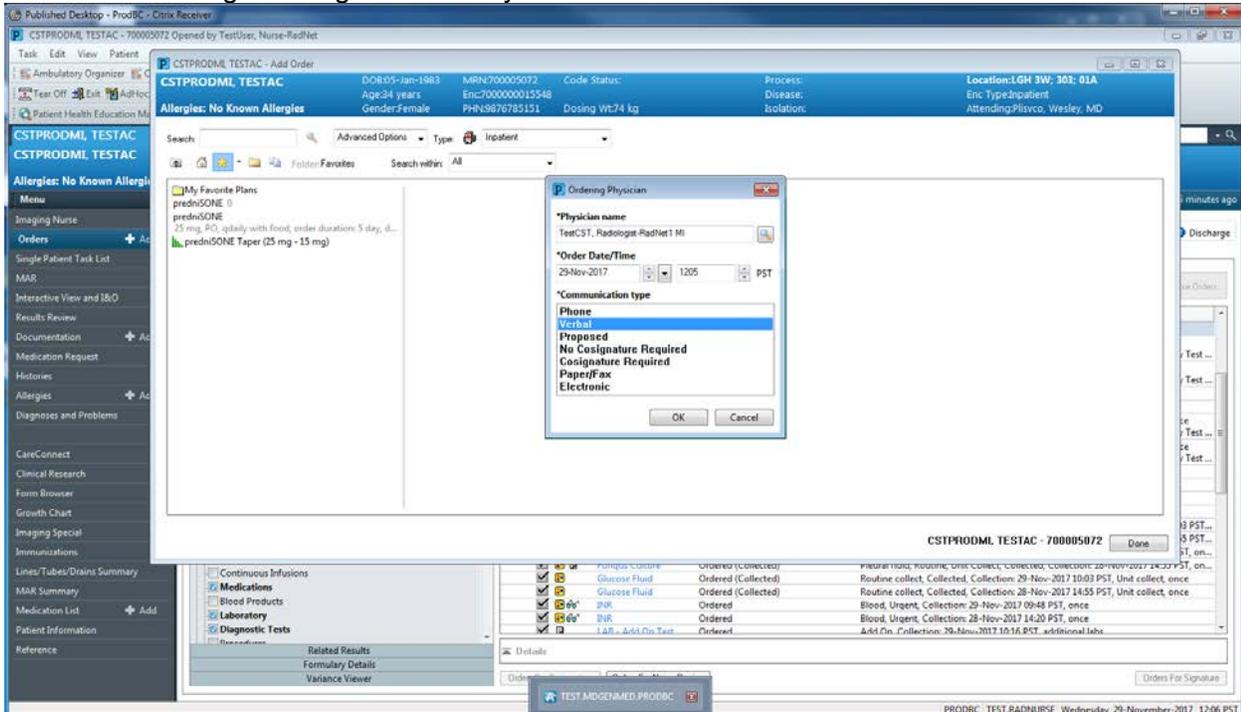
- If the phase has already been initiated then you can use **Lab-Add On Test** order. The Radiologist gives a verbal order for an additional lab test. Click on the add orders tab on the menu and search for **Lab-Add On Test** and select it. Click **Done**.



**NOTE:** This step is done after initiating the second phase.



- Enter the ordering radiologist in the Physician Name field and select **Verbal**. Click **OK**. Click on **Done**.

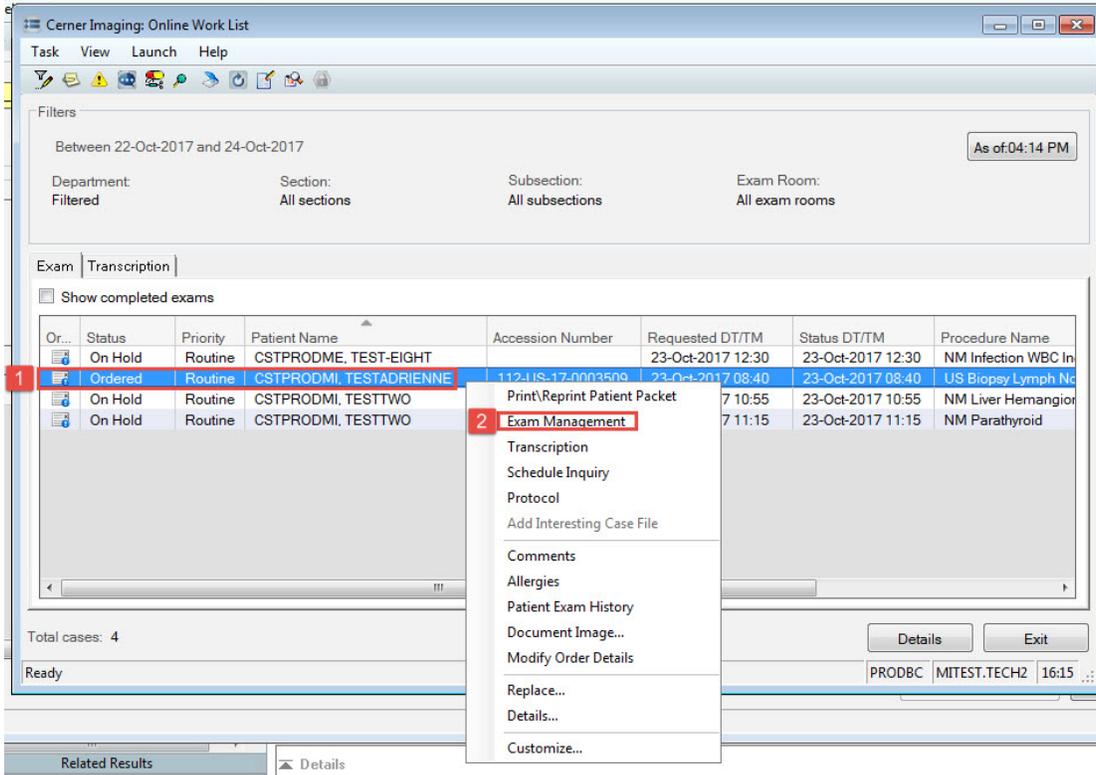


Type in the additional lab tests in the free text field (The lab team will place the correct orders in Sunquest). Add the Ordering Provider as a CC if desired. Then **Sign**.

The screenshot displays a medical software interface for a patient named CSTPRODMI, TESTAC. The patient's demographic information includes DOB: 05-Jan-1983, Age: 34 years, Gender: Female, MRN: 700005072, EAC: 700000015548, PHN: 9876785151, and Dosing Weight: 74 kg. The patient is currently in the process of being admitted to LGH 3W, 303, 01A, with an admission date of 27-Nov-2017 at 11:09 PST. The interface shows a list of orders, with a specific order for 'LAB - Add On Test' selected. The details for this order show a collection date/time of 28-Nov-2017 at 1505 PST. A field for 'Lab Tests To Be Added Indicate Specimen Type:' is present, with a placeholder text 'Type name of lab: required'. The interface also includes a navigation menu on the left with options like 'Orders', 'Medication List', and 'Patient Information', and a bottom status bar indicating the user is 'PRODCB TEST.RADNURSE' on 'Tuesday, 28-November-2017 15:08 PST'.

## Activity 3.4 – Start and Complete IR exam in Exam Management

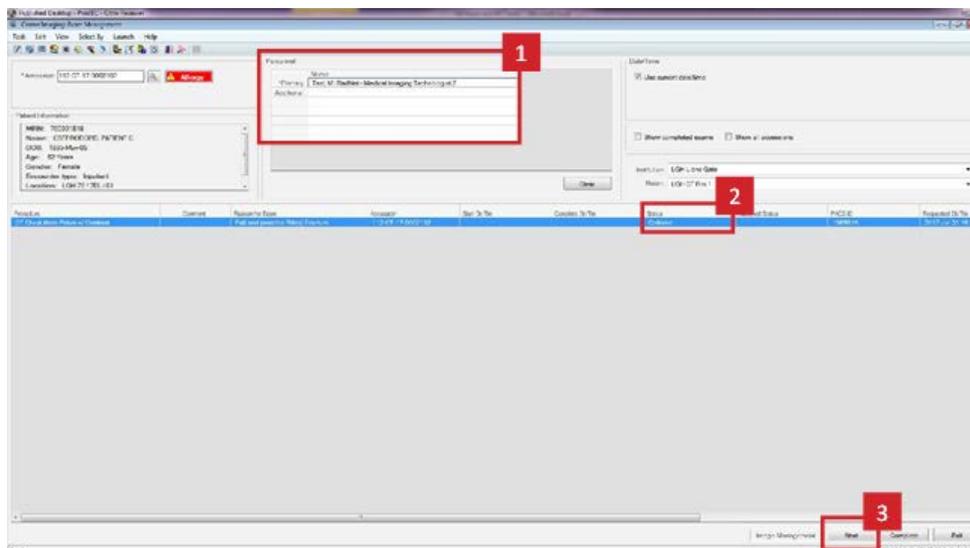
- At the start of the procedure, access the **Online Work List** from Storefront. Find your patient on the list and select their exam **IR Biopsy Liver Transjugular** (1). Right-click and choose **Exam Management** from the drop-down menu (2).



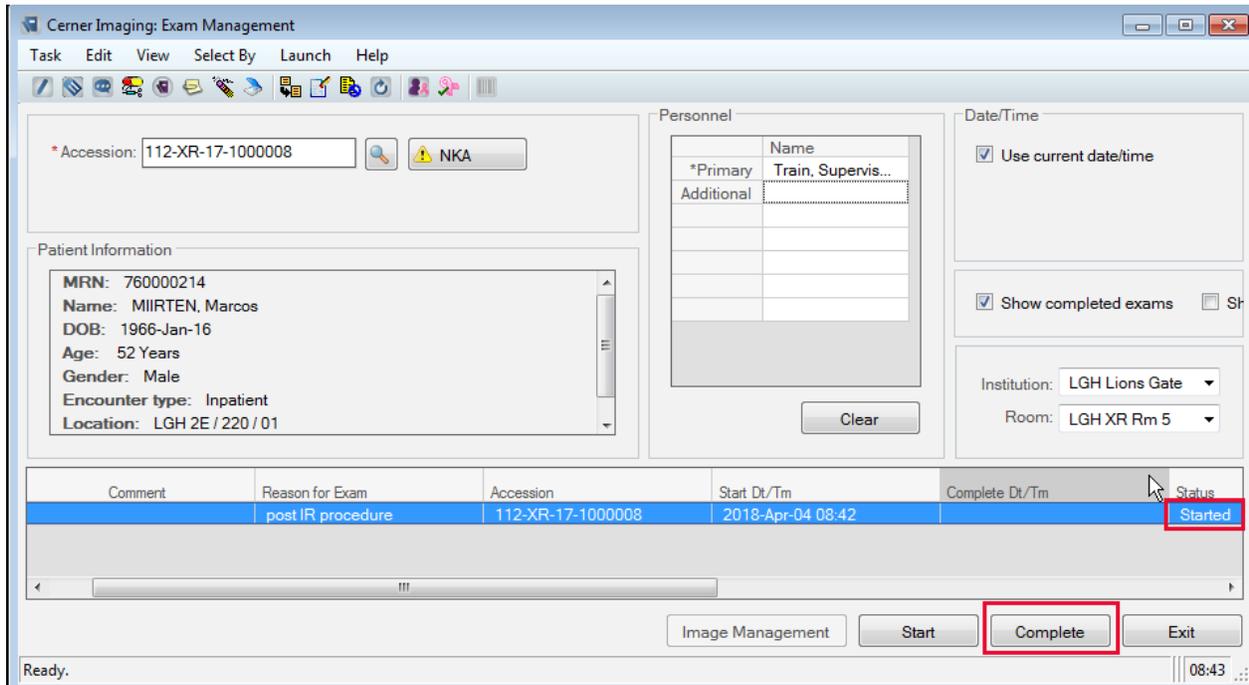
- Verify the **Personnel** list (1) to ensure all relevant personnel are included. The exam appears listed in the working window (2) with the status of **Ordered**. Click on **Start** (3).



**NOTE:** It is important to click on Start before the patient comes into the room in order to avoid non-MI staff cancelling or modifying the exam while it is in progress.



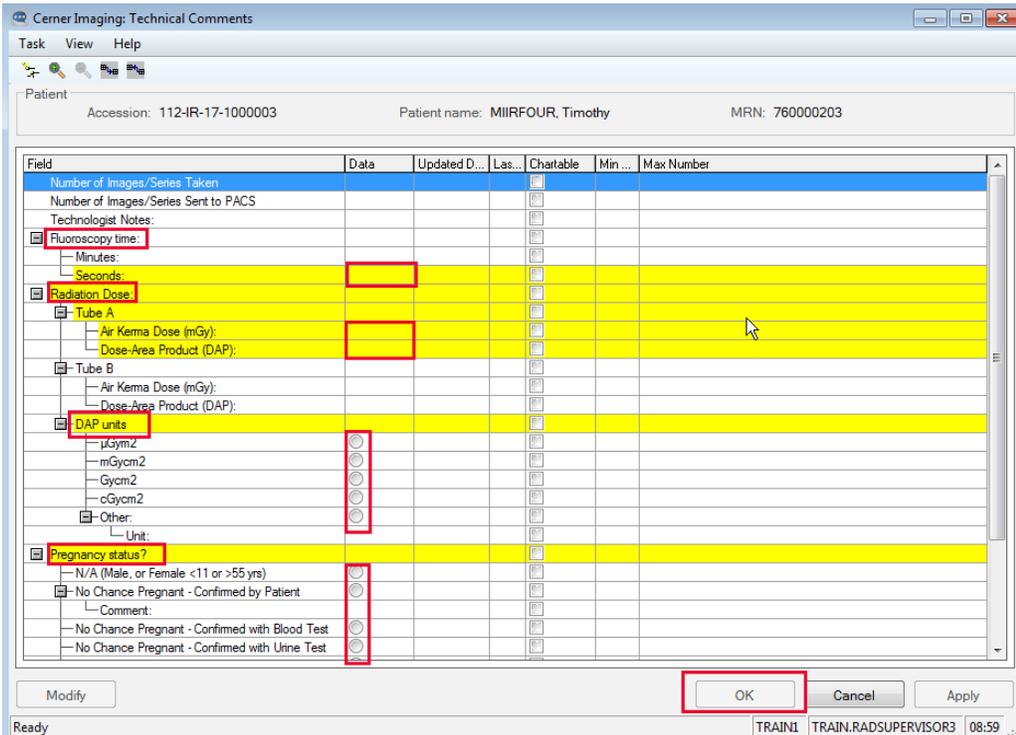
3 The exam status changes to Started (1) in the list. When the exam is done, click **Complete** (2).



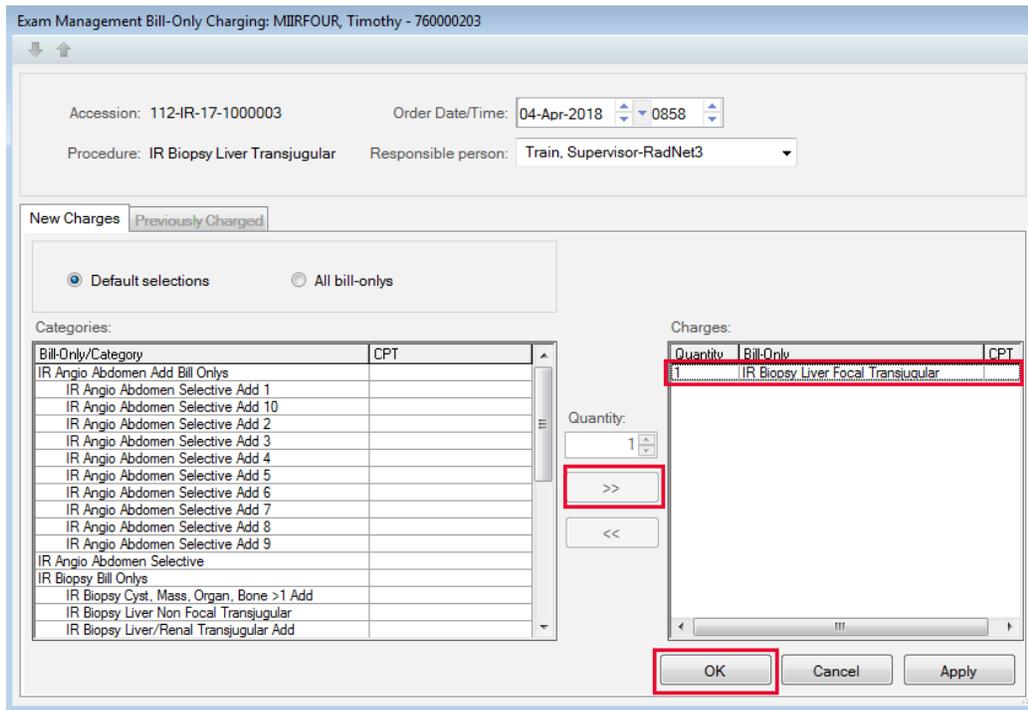
4 The **Technical Comments** window pops-up. Complete the yellow highlighted required fields: **Pregnancy Status** and **Patient Shielded** by double clicking into the appropriate circle. Click **OK**.



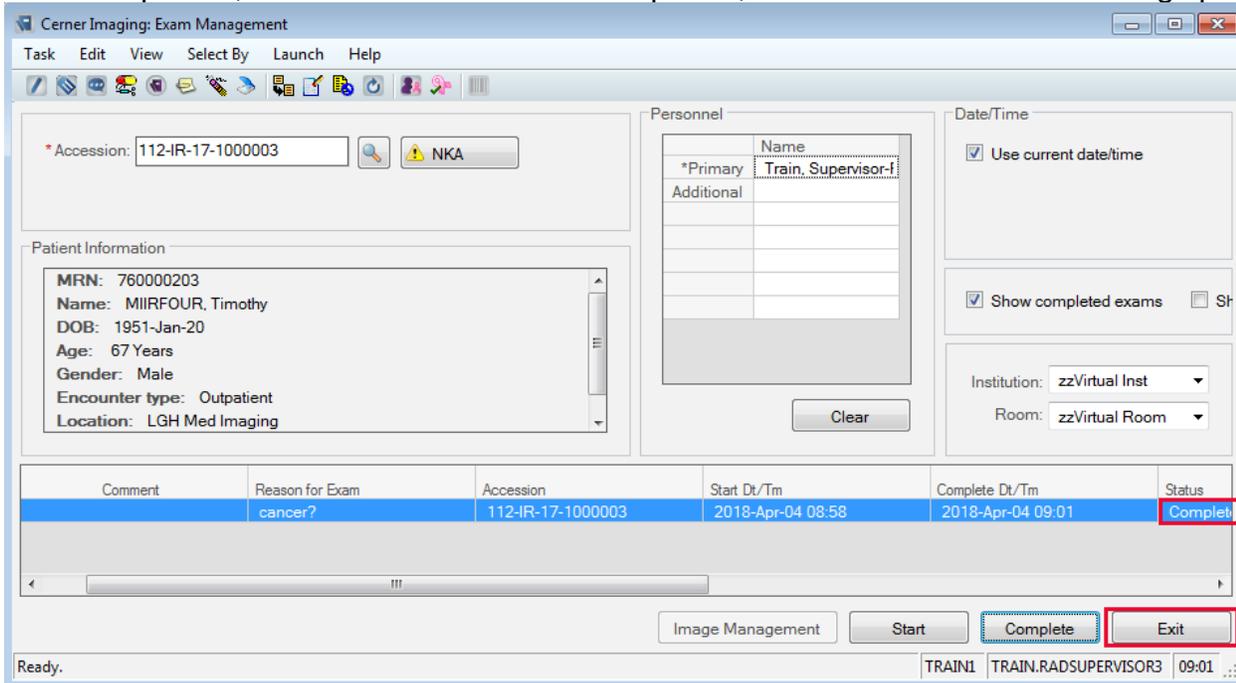
**NOTE:** There are different required fields depending on the modality and/or the exam.



- 5 The **Bill Only Charging** window opens. If needed, select the Bill-Only Categories to be attached to the exam and move them into the **Charges** window specifying the Quantity and using the arrows. Click **OK**.



- 6 After completion, the exam status will be Completed, click **Exit** to close the working space.



7 On the **Online Work List**, the exam status will be changed to **Completed** (1) if the **Show completed exams** is checked (2). Click **Exit** (3) when done.

Status	Priority	Name	Procedure Name	Transport Mode	Or...	Requested DT/TM	Accession Number	MRN	Patient Type	Nurse
Ordered	Urgent	CSTDEMOBRADLEY, DONOTDI...	XR Chest			21-Nov-2017 16:38	112-XR-17-0006275	700008147	Emergency	LGH E
Ordered	Urgent	CSTDEMOCHRIS, DONOTUSE	XR Chest			22-Nov-2017 08:54	112-XR-17-0006282	700008281	Emergency	LGH E
Completed	Urgent	CSTEDHONG, JACK	RF Wrist Right			21-Nov-2017 21:16	425-RF-17-0001964	700005980	Emergency	WHC I
Ordered	Urgent	CSTEDTEST, LUCY	XR Forearm Left			23-Nov-2017 09:14	112-XR-17-0006294	700007742	Emergency	LGH E
Canceled	Urgent	CSTEDTEST, LUCY	XR Wrist Left			23-Nov-2017 09:14	112-XR-17-0006293	700007742	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Spine Cervical w/o Contrast			23-Nov-2017 09:38	112-CT-17-0004419	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Head w/o Contrast			23-Nov-2017 09:38	112-CT-17-0004418	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	XR Wrist Right			23-Nov-2017 09:38	112-XR-17-0006296	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	XR Chest	Portable		23-Nov-2017 09:38	112-XR-17-0006295	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Chest Abdo Pelvis w/ Contrast			23-Nov-2017 09:38	112-CT-17-0004420	700008285	Emergency	LGH E
Ordered	Routine	CSTOSVECINA, DEMORAISA	XR Pelvis			23-Nov-2017 09:55	112-XR-17-0006299	700001191	Inpatient	LGH 3
Canceled	Urgent	CSTOSVECINA, DEMORAISA	XR Chest			23-Nov-2017 09:56	112-XR-17-0006298	700001191	Inpatient	LGH 3
Ordered	Routine	CSTPRODME, TEST-DELTA	MRI Abdomen Adrenal w/o Contrast			22-Nov-2017 15:05	112-MR-17-00021...	700006504	Inpatient	LGH 7
Ordered	Routine	CSTPRODME, TEST-DELTA	CT IACs w/o Contrast			22-Nov-2017 15:19	112-CT-17-0004417	700006504	Inpatient	LGH 7
Replaced	Routine	CSTPRODMI, GRAHAM CRACK...	IR Cementoplasty			23-Nov-2017 07:49	112-IR-17-0001742	700006830	Pre-Outpatient	LGH M

For all modalities except ECHO, the order will not be available to be reported on in Fluency for Imaging (FFI) until you click on COMPLETE. It is very important to do this step.

8 Access **PowerChart** and **discontinue** the IntraProcedure phase as shown previously. Follow the same steps as in the case of PreProcedure and IntraProcedure documentation to activate any PostProcedure orders and document the PostProcedure in PowerChart.

The screenshot shows the 'Medication List' in PowerChart. The 'IR Post Procedure (Prototype) (Initiated)' order is selected. A context menu is open over this order, with the 'Discontinue' option highlighted in red. Other options in the menu include 'Admit/Transfer/Discharge', 'Plan Information...', 'Add Comment', 'Save as My Favorite', 'General Diet', 'Continuous Infusions', 'Remove Peripheral IV Catheter', and 'Select for diabetic patients'. The main table shows various orders with columns for Component, Status, Dose, and Details.

### Summary of Key Learnings

- Initiate and discontinue orders throughout the different phases of care
- Document pre, intra and post procedure using IView, Single Patient Task List, MAW and BMDI
- Ability to start and complete an exam using Exam Management

## End Book One

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review and complete only your role.