SELF-GUIDED PRACTICE WORKBOOK [N85] CST TransformationalLearning

## WORKBOOK TITLE: MI INTERVENTIONAL RADIOLOGY ADD-ON





## **TABLE OF CONTENTS**

MI INTERVENTIONAL RADIOLOGY ADD-ON	1
TABLE OF CONTENTS	2
SELF-GUIDED PRACTICE WORKBOOK	3
Using Train Domain	4
PATIENT SCENARIO 1 – For Activities 1-3	5
<ul> <li>Activity 1.1 – MI Clerk – Create an encounter and schedule an IR appointment from a faxed re an outpatient</li> </ul>	equest for 6
Activity 1.2 – MI Clerk – Schedule a protocolled Outpatient IR Order	11
• Activity 1.3 – MI Clerk – Receiving the patient and preparing for the IR procedure	15
Activity 2.1 – MI Physician – Processing an IR order placed on an Outpatient	18
Activity 2.2 – MI Physician – Admitting a Patient Post Procedure	23
Activity 2.3 – MI Physician – Discharging a Patient	29
Activity 3.1 – MI IR Physician, MI IR Technologist and MI Nurse – Initiate the order	33
Activity 3.2 – Document the IR Procedure (MI Nurse or MI Technologist)	
Activity 3.3 – Adding on Lab tests (Radiologist, MI Nurse or MI Technologist)	44
Activity 3.4 – Start and Complete IR exam in Exam Management	49
End Book One	53



## **\$ SELF-GUIDED PRACTICE WORKBOOK**

Duration	2 hours
Before getting started	<ul> <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>
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.
	Your instructor will review and assess these with you.



## 🖬 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 Radiologist Documents IR **MI Clerk Creates** Procedure Checklist Encounter (Outpatient PowerForm Only) Outpatient Provider Faxes IR Request MI Clerk MI Clerk Radiologist Radiologist Radiologist MI Clerk Radiologist MI Clerk Creates Documents IR Reviews Documents Orders IR Receives Orders IR schedules Encounter MPTL & IR Procedure Consult Note Procedure Printed IR PowerPlan appointment (Outpatient Checklist mPage Order Request PowerForm Only) Inpatient Provider IR Procedure Order (Future)



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

#### Username and Password

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

⊜ cerner Cer	ner Millennium <sup>.</sup>
	Username : TEST.MDLAB
	Password :
	Domain : prodbc 🚽
	OK Cancel
PowerChart © 2011 Cerner Corporation. All rights re Access and use of this solution system (ind. Unauthorized use, access, reproduction, di severe civil damages and criminal penaltie	erved. uding components thereof) require, and are governed by, license(s) from Cerner Corporation. play or distribution of any portion of this solution or the data contained therein may result in . Further information may be found in Help About.

2

1

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).

	VIP	Deceased	Alerts	BC PHN	MRN	Name		DOB	Age	Gender .	Address	Add	Ire
	12			9876952828	700003789	CSTPRODMI, TES	FADRIENNE	25-May-1	995 22 Years	emale	789 E as	st Broadway	
	1												
	-												
	-												
	-												
	-												
ber:	Faci	lity	Er	ncounter #	Visit #	Enc Type	Med Service	•	Unit/Clinic	Room	Bed	Est Arrival Date	
	- <b>-</b>	.GH Med Imag	ging 70	00000015751	70000000157	751 Pre-Outpatient	Medical Ima	ging	LGH Med Imaging	L.		29-Nov-2017 14:4	ż
	S L	.GH Med Imag	ging 70	00000015846	7000000158	346 Data Storage	Medical Ima	ging	LGH Med Imaging	I			
	- <b>3</b>	.GH Med Ima	ging 70	00000008976	7000000090	014 Recurring	Medical Ima	ging	LGH Med Imaging	1		15-Aug-2017 11:0	ĺ
	- <b>3</b>	.GH Med Imag	ging 70	00000008984	7000000090	022 Recurring	Medical Ima	ging	LGH Med Imaging	1		17-Aug-2017 10:5	5
	- <b>3</b>	GH Med Ima	ging 70	000000009058	7000000090	097 Recurring	Medical Ima	ging	LGH Med Imaging	1		17-Aug-2017 13:5	5
		GH Med Ima	ging 70	00000011966	7000000120	033 Outpatient	Medical Ima	ging	LGH Med Imaging	1		16-0ct-2017 13:4	1
		GH Med Imag	ging 70	00000011594	7000000118	561 Outpatient	Medical Ima	ging	LGH Med Imaging	1		11-Oct-2017 12:0	
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	39.L	.GH Med Imag	ging 70	00000009746	700000009	788 Outpatient	Medical Ima	ging	LGH Med Imaging	1		31-Aug-2017 11:4	4
et	39.L	.GH Laborato	y 70	00000009713	700000009	755 Outpatient	Laboratory N	fedicine	LGH Laboratory				
	1.50 L	.GH Lions Ga	te 70	00000009399	7000000094	440 Outpatient	Medical Ima	ging	LGH Morgue			15-Sep-2017 14:4	4
	39.L	.GH Lions Ga	te 70	00000008913	700000008	350 Emergency	Emergency		LGH ED	ACWR	1	15-Aug-2017 8:15	5
		.GH Lions Ga	te 70	00000008416	7000000084	452 Emergency	Emergency		LGH ED	ACWR	1	14-Aun-2017 14:0	00

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.)

Medical Record Number: 700003789	Encounter Number:	Last Name: CSTPRODMI	First Name: TESTADRIENNE	Middle Name:	Preferred Name:
Age: 22Y	Gender: Female 1	BC PHN: 9876952828	Pre-Reg Status: Incomplete	Images	
ALERTS Patient Information	Encounter Information Insu	rance Insurance Summary Add	ditional Contacts		
Encounter Type: Pre-Outpatient	Medical Service:	Reason for Visit: ▼ IR	Referral Source:		
Pre-Dutpatient Pre-Dutpatient Pre-Dutpatient in a Bed Pre-Dutpatient Ob Pre-Dutreach Pre-Recurring	Building: 2 Ied Imaging	Unit/Clinic: ▼ LGH Med Imaging ▼	•		



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).

Encounter Type:	Medical Service:	Reason for Visit	Referral Source:
- Location	Buildina:	Unit/Clinic:	
LGH Med Imaging	LGH Med Imaging -	LGH Med Imaging 🔹	
Care Providers     Attending Provider:	Primary Care Provider (PCP): Plisvca, Rocco, MD	PCP Verified?:	Referring Provide:
– Patient Privacy – – – – – – – – – – – – – – – – – – –			
- Comment			
Comment			5
Previous Comments:			1
Account Data			
Pre-Reg Date: 30-Nov-2017	Pre-Reg Time: 15:06	Pre-Reg User Name: TestMI, Supervisor-Rad	Extended Arrive Date: Extended Arrive Time: 05 Dec 2017
			3 4 5 6 7 8 9 10 11 12 13 14 15 16 Complete Can
ady			17 18 19 20 21 22 23 24 25 26 27 28 29 30 PRODBC MITES SUPPORT

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.



6

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

CSTPRODMI, ALEXIS - 700006998 Op	ened by TestMI, Clerk-RadNetJ	0				-c		
Task Edit View Patient Chart	Links Navigation Help					in a start start		
🕵 Ambulatory Organizer 🝦 Patient L	ist 🔉 Multi-Patient Task List	K LearningLIVE	lealth Education Materials 🔞 Polici	es and Guidelines 🔞 UpToDat	te ,			
Tear Off - Exit MAdHoc + Ad	Id - P Document 3 Sched	Juling Appointment Book	onversation + Discern Reporting	o Portal				
CareConnect @ PHSA PACS @ V	CH and PHC PACS MUSE	C FormFast WFI						
CSTPRODML ALEXIS					List - On Rece	nt • Name		
CSTPRODMI, ALEXIS	DOB:01-Apr-1987 Age:30 years	MRN:700006998 Code St Enc:700000016724	alus:	Process: Disease:	Location:LGH Med Imaging Enc Type:Pre-Outpatient			
Allergies: Allergies Not Recorded	Gender:Female	PHN:9876567059 Dosing 1	Mt	Isolation:	Attending:			
Menu 7	< 🔿 🔸 👘 Imaging	General			D Full screen	🔅 👘 ninutes a		
Imaging General	ABIBBISS	1005						
Appointments 1	Imaging Synonsis	17 Exture Orders	22 4					
Results Review	anaging synopies	52 Telefic Grant	** T					
Orders 🕂 Add	Patient Information	<b>≡•</b> ∧	Allergies (0) 🚽	=• ×	Documents (1)	<b>≡•</b> ⊗		
Patient Information	Chief Complaint:	No results found	All Visits		All Visits 🖝			
	Reason For Visit:	Test	No results found		My Documents			
Allergies	Primary Physician:	Plisvcc, Trevor, MD	Managements and Woldh	- (0) = - 0	Rote Type Author	Data/Time		
CareConnect	Admitting Physician:	No results found	Measurements and weights (0) =* •		Procedure Note TestMI, Ra	diologist-13/12/17		
Clinical Research	Service:	Medical Imaging	Selected Athe		KadNets	10:10		
Diagnoses and Problems	Room/Bed:	No results found	No results found		Clinical Research (0)	E • 🗢		
Entre Resures	Targeted Discharge Date:	No results found	Vital Signs/Weights and	≡• ⊗				
Point Browser	Advance Directive:	No results found	Measurements		Medications	<ul> <li>S</li> </ul>		
Histories	Last Visit:	14/12/17 (Outpatient)	Selected visit 👻		Selected visit			
MAR Summary	Code Status:	No results found	No results found		A Scheduled (0)	1		
Single Patient Task List	<ul> <li>Diet and Activity (0)</li> </ul>				4 Continuous (0)			
	<ul> <li>Emergency Contact (0)</li> </ul>		Labs	= · O	4 PRN/Unscheduled Available (0)			



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.



- 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.



8

**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.



M	dications (Inpatient)		👍 Print 🔮 7 minutes
	+ Add   🍣 Document Medication by H	Hx   🚴 Check Interactions	Reconciliation Status Meds History ④ Admission ④ Outpati
H	Displayed: All Active Orders   All Inactive	e Orders   All Active Medications, All Inactive Medications 24 Hrs B	lack Show More Ord
	Image: Second state         Image: Second state	Status Dose Details Ordered 20 mg, PO, once, drug form: tak Ordered 200 mg, PO, once, drug form: ta	b, first dose: NOW, start: 2017-Auq-22 14:25 PDT, stop: 2 ab, first dose: NOW, start: 2017-Auq-22 14:24 PDT, stop:
	Details Orders For Cosignature Orders For	r Nurse Review	Orders For Signal
	edications (Outpatient)		
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2			
2			
2			
2	naging and Protocolling		
2 2	naging and Protocolling svious Imaging	C No C Yes	
2 3	naging and Protocolling	C No C 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.

因於回惑 6 日油 前独心 6	316	10		<b>0</b>	0.23									_
lame:												Person Com	mendat.	
	н	RN:				DOB:								
						Age:								
Person Resource Location Request List	15	0	C Inc.	Stat in	Action	Person Name	Annointment Tune	Fadent Date	Time	Orders	Scheduled Date	ProverPlan Activity	PowerPlan Phase Activity	PowerPlan Reference
	-16				P l.	COTTODONE OTTOUD DUNN	ID Colores	22 1- 2017 8.00	00.00	10 December 10 dec				
log inc.					Book	CSTPRODMI, STPOOR DAWN	IR branage	17.4-0.2017-8-00	00.00	in pranage Accorner Percutaneous				
Request by Queue	1				Buck	CSTEPOOM, DIO DENTS	IR locations	12.4.0.2017 - 8.00	00.00					
and the second se		1			Book	CSTPRODMI FLO WORK	IR Venonrem	25Acc-2017-0.00	00.00	IR Vennerse Henstin				
Request List Queues:					Book	SMITH CLARA	IR Venous Access	22-Sec-2017-0:00		IR Venous Access Portacath Insection				
Mi IR Initial Queue	2			-	Book	CSTPRODML LINDA	IR Boosy Abdomen	03-Oct-2017 - 0:00	_	IR Boosy Liver Translugular				
L		r		2	Book	CSTONC, STRAVEE	IR Venous Access	1740et-2017 - 0.00	-	IR Venous Access Portacath Insertion				
				3	Book	CSTPRODMI, TESTANNAB TESTANNA	IR Blopsy Joint	19-Oct-2017 - 0:00		IR Bopey Hp Left				
					Book	CSTONC, CHERRY	IR Venous Access	23-Oct-2017 - 0:00		IR Venous Access Portacath Insertion				
					Book	PITTWENTYFIVEGARCIA, MARIO	IR Venous Access	22-Nov-2017 - 0:00		IR Venous Access Portacath Insertion				
					Book	CSTPRODML TESTTARLUK	IR Biopey Abdomen	07-Dec-2017 - 0:00		IR Bopsy Liver Transjugular				
					Book	CSTPROOMI, TESTADRIENNE	IR Biopey Abdomen	07-Dec-2017 - 0:00		IR Bopey Liver Transjugular				

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

2

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

												Person Com	ments:	
MRN:						DOB:								
						Age:					-			
C C	oc.	lso	Stat	hp	Action Book Book Book Book Book Book Book Bo	Person Name CSTPRODM, STFOUR DAWN CSTPRODM, LINDA CSTPRODM, FLO WORK SMITH, CLARA CSTPRODM, LINDA CSTONC, STRAVE CSTPRODM, LINDA CSTONC, CHERRY PITTWENTYFIVEGARCIA, MARIO CSTPRODM, TESTARLUK CSTPRODM, TESTARLUK	Appointment Type IR Drainage IR Inpatient IR Inpatient IR Venous Access IR Bopsy Addomen IR Bopsy Addomen IR Bopsy Addomen IR Bopsy Addomen IR Bopsy Addomen IR Bopsy Addomen	Earlest Date 23-Jan-2017 - 8:00 17-Aug-2017 - 8:00 25-Aug-2017 - 8:00 25-Sep-2017 - 0:00 22-Sep-2017 - 0:00 23-Oct-2017 - 0:00 23-Oct-2017 - 0:00 23-Oct-2017 - 0:00 07-Oce-2017 - 0:00 07-Oce-2017 - 0:00	Time 08:0 08:0	Confirm Confirm Modify Reschedule Hold Cancel No Show Check Im Check Out Patient Seen Batch Reschedule Group Info Verify Med Nec Check Lock Unlock	scheduled Date	PowerPlan Activity	PowerPlan Phase Activity	PowerPlan Referenc
									2	Complete Request Modify Request Cancel Request Restore Request Schedule Inquiry				
										Schedule Inquiry Notifications	•			



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



4 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.

Appointment Attributes		? <mark>×</mark>
CSTPRODMI, TESTADRIENNE	Details Orders Resource List Guidelines Appointment Eligibility	
🕀 🧐 IR Biopsy Abdomen	*Ordering Provider:	3
	TestUser, GeneralMedicine-Physician, MD	
	*Ordering Priority:	
	Routine	•
	*Reason For Exam:	
	5 MI IR Workbook	E
	Additional Copies To:	
		(€ € 🛛 🔯
	*eGER Results Received?	
6	Yes	-
	Diabetic:	
		•
	Sedation Needed?:	
	Patient On Anticoagulants?:	
4 [ III ] b		•
	<b></b>	Cancel

**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.

Name: CSTPRODMI, TE	ESTADRIENNE	BC PHN: 9876952828	Gender: Female	Person Comments:
Yelemed Name:	MRN: 700003789	D08: 25-May-1995	Language:	Location:
Naeaan Alent: Nore	Process Alert: None	Age: 22 Years	Interpreter Required;	Preferred Phone: (778) 888-7887
+ 2017 +	Books Appointment			Schedule
December     P	Berson name		Move > CSTPROOM, TESTADALENNE	ry, 07-Dec-2017)
25 27 28 23 30 1 2	CSTPROOMI, TESTADRIENNE		Nest Current Schedule	Comm
3 4 5 6 7 8 9	*Appointment location:		Gaar Gaar	s Biopsy Recur
10 11 12 13 14 15 16	LGH Med Imaging	Lond	EGH MI RN 1- 2	Suggest
17 18 19 20 21 22 23	Appointment type:		Alogan B. Station	eds 1-8
31 1 2 3 4 5 6	Pt Binpey Abdomen			
				Foet
			les Bopsy	
LGH	IR Ba 1	LGH RF Rm 2	LGH IR-US Rm 1	LGH IR-US Rm 2 *
9:05         iit Boper, Addemen           9:16         LGH Med Inageng           9:17         M.IR Wookbook.           9:20         Pendeng           9:23         Pendeng           9:24         Pendeng           9:25         II. Houris)           9:26         Pendeng           9:27         Pendeng           9:28         Pendeng           9:29         Pendeng           9:29         Pendeng           9:29         Pendeng           9:29         Pendeng           9:29         Pendeng           9:40         Pendeng           9:50         Pendeng           9:50		(r) typ	-	
10:10 10:15 10:20 10:30 10:30				

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

🔂 Confirm				? <b></b>		
Name: CSTPRODM	, 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		
	Summary General Resource View Guidelines	Notification Conversation Summaries	Itineraries Locks Eligibility Bo	oking Notes		
R Biopsy Abdomen     Reingsy Abdomen     Generation     Gener	CSTPRODMI, TESTADRIEN           Allergies:           Allergies           08-Dec-2017 - 8:50         3 Hour(s) 10 Minutes           Orders:           IR Biopsy Liver Transjugular           Preparations:           Your exam is booked at Lion's Gate Hospital -           For safety reasons you are not permitted to drir           Please arrange to have a responsible person are exam is finished.           Please arrive at the hospital 15 minutes before           Please bring your BC services card OR your CC           Please DO NOT bring valuables such as large in the Medical Imaging Department cannot be he           TO CANCEL OR RESCHEDULE APPOINTMEND           24 HOURS NOTICE APPRECIATED.	NE Med Rec Nbr: 7 IR Biopsy Abdomen LGH Medical Imaging Department. ve yourself or take a taxi home alone after ccompany you to the exam and drive you your scheduled exam, to allow time to fin areCard with a government issued photo I sums of money, credit cards, electronics. Id responsible for any lost or stolen items NTS PLEASE CALL 604-984-5775 BETW	00003789 Med Imaging LGH IR Rm 1 r the exam. home or arrange to have them pick id parking and register In Medical Ir D with you to your appointment. or jewelry (rings and watches that //EEN 8AM AND 4PM,	: you up and accompany you home after the naging. you normally wear should be left at home).		
				Options Print Print ABN		
				OK Cancel		



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.

			2 <b>×</b>
TESTADRIENNE	BC PHN: 9876952828	Gender: Female	Person Comments:
MRN: 700003789	DOB: 25-May-1995	Language:	Location:
Process Alert: None	Age: 22 Years	Interpreter Required:	Preferred Phone: (778) 888-7887
General         Summary         Details           Date:         07-Dec-2017         Tracking location:           ranking location:             cNone>         Commerts:            Person Name         CSTPRODMI, TESTADRIENNE            Request Information         Medical record requested:         Status of medical record request:	Orders Guidelines Notification Conversation Summaries	s Itineraries Locks Eligibility ne: 337 Enc Pmt View	Booking Notes
	TESTADRIENNE MRN: 700003789 Process Aert: None General Summary Details Date: 07-Dec:2017 Tracking location:  Comments:           Person Name           CSTPRODMI, TESTADRIENNE   Request Information Medical record requests:	TESTADRIENNE     BC PHN: 9876952828       MRN: 700003789     D0B: 25 May 1995       Process Net: None     Age: 22 Years       General Summary Details     Orders: Guidelines Notification Conversation Summarie       Date:     The Conversation Summarie       Conversion Isolation     Conversation Summarie       Commerts:     Conversation Summarie       Person Name     Enc Type       Conversion Isolation     Guar Pint       Guar Pint     The Conversation Summarie       Request Information     No       Status of medical record request:     No	TESTADRIENNE     BC PHH: 9876952828     Gender: Fenale       MRN: 700003789     DDB: 25-May-1995     Language:       Process Alert: None     Age: 22 Years     Interpreter Required:       General     Summary     Details     Order: Guidelines     Notification     Conversation Summaries     Rineraries     Locks     Eligibility       Date:     Time:     Time:     Time:     Time:     Time:       07-De: 2017     Image:     Image:     Image:     Image:     Image:       7racking location:     Image:     Image:     Image:     Image:       Commerts:     Image:     Image:     Image:     Image:       Person Name     Enc Type     Image:     Image:     Image:       Commerts:     Image:     Image:     Image:     Image:       Request Homation     No     Image:     Image:     Image:       Request Homation     No     Status of medical record request:     No     Status of medical record request:

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





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.

Register Outpatient								ec.	
1									
fedical Record Number 200003789	Encounter Number 7000000016212	Last Name CSTPRIDDMI	First Name TESTADRIENNE	Midde Name	Preferred Name	Previous Last Name CCS TPRODMI	Maiden Name:	Date of Birth 25-May-1995	
lge:	Gender Female -	BC PHN 9876952828	Images						
ALERTS Patient Information	Encounter Information Insurance	e Insurance Summary Add	Stional Contacts						
Encounter Type	Medical Service: Medical Imaging	Reason for Visit	Referral Source	Arrival by Ambulance	Source of ID:     BC Services Card With P	-			
Dupsterr Fra Deu Dupsterr Fra Deu Dupsterr DB Dutesch Phone Cono R	Building LGH Med Imaging	Unit/Clinic LGH Med Imaging	Accom Form Signed	Isolation Precautions	•				
Provider to Provider Recurring Telehealth	Primary Care Provider (PCP) Plavca, Rocco, MD	PCP Verified?	Referring Provider.						
Additional Information     Visitor Status:									
Connert									
Conment									:
Previous Comments:									
									<u>_</u>
- Account Data				200000000000000000000000000000000000000	10.0200002050	11112200000200	121212	202000	
Recurring Review Date:	Registration Date 07-Dec-2017	Registration Time: 08:57	E rimaled Arrive Date: 08-Dec-2017	Estimated Arrive Time:	Last Encounter Date:	- 08:34	PießegDate:	Pre-Reg Time:	
Pre-Reg User Name	Registration User Name TestMI, Supervisor-Radf	4							
								Complete	Cancel

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

Document	Printer	Copies
🖉 Armband Label	590_1stfl_t8	1
PHSA Facesheet	ph_590_it_11-General	1



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 protocoling will be displayed here. Use the patient provided to you on your training card.

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.

Task Edit View Patient (	Chart Links Notifications	Task List Option			(L. 1.D.	7
🖃 Message Centre 📲 Patient C	Overview 📲 Ambulatory Orga	nizer 💧 Patient List 🔐 Mu	lti-Patient Task List	Dynamic Worklist Track	Chart Done Chart Done (Date/Time)	perience 👫 LearningLIVE 💷 🤅 🕄 CareConne
Fxit MadHoc 🔄 Commun	icate 👻 🖬 Deskton Console I	auncher 🛱 Scheduling Apr	ointment Book 😭	1 Reporting Portal	Chart Not Done	
🖓 Datiant Haalth Education Mat	esiala 🥝 Deliaise and Cuideli	an 🖓 Ha Ta Data			Quick Chart	
					Chart Details / Modify	
MIIRTHREE, Joe 🛛 🗶					Unchart	
Multi-Patient Task List						
🖌 🚫 🐵 首 🔍 💷 🌾					Ad Hoc Charting	
					Reschedule This Task	
LGH Medical Imaging, Assigned	Tasks				Print +	
IR Request List					Order Info	
Task retrieval completed					Order Comment	
All Patients	Name	Medical Record Number	Location/Room/Bed	Task Description	Reference Manual	
MIREIGHT, Alberto	MIREIGHT, Alberto	760000210	LGH Med Imaging	IR Protocol: Ready for Re	Task Info	
	MIREIGHT, Blake	760000211	LGH Med Imaging	IR Protocol: Ready for Re		
	MIRFOUR, Camero	on 760000202	LGH Med Imaging	IR Protocol: Ready for Re	Patient Snapshot	
MIRFIVE, Erick	MIRFOUR, Timoth	y 760000203	LGH Med Imaging	IR Protocol: Ready for Re	Select All	
MIRFIVE, Gabriel		760000213	LGH Med Imaging	IR Protocol: Ready for Re	Deselect All	4
MIRFOUR, Cameron	MIRNINE, Harry	760000213	LGH Med Imaging	IR Protocol: Ready fo Re		
MIRFOUR, Timothy	MIIRNINE, Jeffery	760000212	LGH Med Imaging	IR Protocol: Ready fo Re	Open Patient Chart	Provider view
	? MILKTHREE, Cary	760000200	LGH Med Imaging	IK Protocol: Ready for R	Sort By	imaging special
	MIRTHREE, Joe	760000201	LGH Med Imaging	IR Protocol: Ready for R	<u></u>	Single Patient Task List
MIRNINE, Jettery				2		Results Review
MIRONE, Tracy					-	Orders
MIRONE, William						Medication List
MIRSEVEN, Roderick						Documentation
MIRSEVEN, Toby						
MIRSIX, Owen						Allergies
MIRSIX, Percy						Diagnoses and Problems
MIRTHREE, Cary						Histories
MIRTHREE, Joe						MAR Summary
MIRTWO, Edmund						MAR
MIRTWO, Elias						Form Browser
MIWB1P1, Alfred						Patient Information
MIWB1P1, Billy						Interactive View and IO
MIWRID1 Elijah						Lines/Tubes/Drains Summary
						Growth Chart
MIWB1P1, Gerardo						Immunizations
MIWB1P1, Joey						Clinical Research
ADVD101 K						CareConnect



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.





4 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.

n <del></del>				
			23	
				l, Routine, Collection: T;N
				n: T;N, once n: T;N, once
				utine, Collection: T;N, on
				Cl, CO2, Anion Gap)
Sign	Save	Modify	Cancel	
	1	🔰 IR Pre	Procedure (	Prototype) IR Pre P
		(Prototy	/pe)	
		🔰 IR Intr	a Procedure	e (Prototype) IR Int
		Procedu	re (Prototype	)
		IR Pos	t Procedure	(Prototype) IR Post
	Sign	Sign Save	Sign Save Modify	Sign Save Modify Cancel (Prototype) IR Intra Procedure Procedure (Prototype) IR Intra Procedure Procedure (Prototype) IR Post Procedure Procedure (Prototype) IR Post Procedure Procedure (Prototype) IR Post Procedure Inter Procedure (Prototype) Inter Prototype) Inter Procedure (Prototype) Inter Prototype) Inter

- 5 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.
  - 1. Find the **IR Pre-procedure phase** and scroll down, find the Hematology section and select an INR and PTT.
  - 2. Find the IR Intra Procedure phase and click on the box to select midazolam and fentanyl.
  - 3. Find the **IR Post Procedure** under Plans and click on the box to select a Monitor for Post-Procedure bleeding and add an analgesic.
  - 4. 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.

Orders Medication List Document In Plan		
No. 1	- 📢 😤 🛇	🕽 🕂 Add to Phase 🗸 🛕 Check Alerts 🛄 Comments Start: Now 📖 Duration: None 🛄
View	8 8	Component Status Dose Details
Diana		Sector to Management Guidelines for Patients Having *ELECTIVE* Invasive Procedures in Medical Imaging
- Plans	1	A Lab work to be done within 30 days prior to admission for outpatients and within 72 hours for inpatients
		Notify Treating Provider If lab results not available, INR greater than 1.3, He
IN Post Procedure (Prototype) (Planned Penc	Hemat	ology
IR Intra Procedure (Prototype) (Planned Penc		Differential (CBC and Differential) Blood, STAT, Collection: T;N, once
IR Pre Procedure (Prototype) (Planned Pend		Pre-procedure
Suggested Plans (0)		Differential (CBC and Differential) Blood, Routine, Collection: T;N, once, Order for fu
Orders		Outpatient: Draw within 30 days pre-procedure
- Admit/Transfer/Discharge		Blood, STAT, Collection: T;N, once
- Status	-	Pre-procedure
Patient Care		INK Blood, Routine, Collection: 1;N, once, Order for fu Outpatient Drawwithing 20 days represented
- Activity		Capacity Data Collection Table Section Table
Diet/Nutrition		
- Continuous Infusions		PTT Blood Boutine Collection: T/N once Order for fu
- Medications		Outpatient: Draw within 30 days pre-procedure
- Blood Products		Platelet Count Blood, STAT, Collection: T;N, once
- Laboratory		Pre-procedure
- Diagnostic Tests		Platelet Count Blood, Routine, Collection: T;N, once, Order for fu
- Procedures		Outpatient: Draw within 30 days pre-procedure
- Respiratory		Blood, STAT, Collection: T;N, once
Allied Health		Pre-procedure
- Consults/Referrals		Fibrinogen Level Blood, Routine, Collection: T;N, once, Order for fu
Communication Orders		Outpatient: Draw within 30 days pre-procedure
- Supplies		Fibrin D-Dimer (D-Dimer Quantitative)     Blood, STA1, Collection: 1;N, once     Bood, STA1, Collection: 1;N, once
Non Categorized		Pre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedurePre-procedure
Diagnoses & Problems	Details	



View	4 : ™ Now Mase + Add to Phase +	Duration: None				
- Orders for Signature	🔊 🕅 Component Status	Dose Details				
Plans	IR Post Procedure (Prototype) (Planned Pending)					
Mada	⊿ Admit/Transfer/Discharge					
ID Deat December (Deatations) (Discout December)	Discharge Patient	<ul> <li>Discharge home when comfortable</li> </ul>				
IR Post Procedure (Prototype) (Planned Pend	Discharge Patient Instructions	<ul> <li>Give Patient information pamphlet on discharge</li> </ul>				
IK Intra Procedure (Prototype) (Planned Penc	⊿ Patient Care					
IR Pre Procedure (Prototype) (Planned Pendi	🗖 🕅 Vital Signs	q15min for 1 hour, then routine				
- Suggested Plans (0)	Neurovital Signs	q15min for 1 hour, then q30min for 1 hour, then q				
Orders	Neurovascular Assessment	q15min for 1 hour, then q30min for 1 hour, then q				
- Admit/Transfer/Discharge	Wound Site Assessment (Puncture Site Assessment)	q15min for 1 hour, then routine				
- Status	Monitor for Post-Procedure Bleeding	In the event of post-procedural bleed of the punct				
- Patient Care		Monitor for increased bleeding into drainage bag				
- Activity	Notify Treating Provider	Notify provider immediately if change in vital sign				
- Diet/Nutrition	Notify Treating Provider	Notify nephrologist if gross hematuria present, BP				
Continuous Infusions	Wound Care Instructions					
- Medications	🗖 💆 Wound Care	Change incision site dressing PRN post-procedure				
- Blood Products	Communication Order	<ul> <li>Warming blanket over affected leg, heel protectors</li> </ul>				
Laboratory	Lines/Tubes/Drains					
Diagnostic Tests	🗖 🎽 Insert Urinary Catheter	Indwelling PRN if unable to void				
Procedures	E Remove Urinary Catheter	<ul> <li>When ambulating</li> </ul>				
Respiratory	Communication Order	For brachial sheaths or sheaths used for prosthetic				
	⊿ Activity					
Consults/Referrals	Activity as Tolerated	T;N				
	Bedrest with Bathroom Privileges	T;N				
	Bedrest for 4 hours post renal biopsy and for 1 hour post liver biopsy					
- Supplies	E Bedrest	1 hour post-procedure				
Non Categorized	E Bedrest	Keep right leg straight while on bedrest x 2 hour p				
Diagnorar & Problems	- Detaile					
Palated Pasults		· · · · · · · · · · · · · · · · · · ·				
Vering on Viewer	Ordere For Contemptives   Ordere For Nurse Pourieus   State to Mu Esuarite	M Initiata Sian Cana				
variance viewer	Orders nor cosignature   Orders nor Nuise neview   Odders nor cosignature	ance sign Lance				

- 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.
  - 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.

Status Statu Details A IGH Med Imaging Enc/F00000010096 A IGH Med Imaging Enc/F00000010096 B Recy Liver Transj Order 2018-Jan-11.617
1 LGH Med Imaging Inc/260000010096     2 Diagnosic Let     R Biopsy Liver Transj Order 2018-Jan-11 fo:17 2018-Jan-11, Routine, Order for future visit, Scheduling Location: LGH Med Imaging      Details for IR Biopsy Liver Transjugular     Order Comments     Provider Comments     Provider Start Date/Time: 11-Jan-2018 ♥ 1617 ♥ PST ♥Priority: Routine     Provider Callback Number     Provider Callback Number     Provider Callback Number     Pregnant: ♥ S No     CC Provider 1: ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●
2 Diagnostic Test  1 Diagnostic Test  2018-Jan-11 16:17 2018-Jan-11, Routine, Order for future visit, Scheduling Location: LGH Med Imaging  2 Details for IR Biopsy Liver Transjugular  2 Details for IR Biopsy Liver Transjugular  2 Details for IR Biopsy Liver Transjugular  2 Petails for IR Biopsy Liver Transjugular  2 Converting 10 Post 2 Provider Comments  2 Provider Callback Number  2 Pregnant Ves No  2 CC Provider 1: CON  2 CC Provider 2: CON  2 CC Pro
Reliepsy Liver Trans Order 2018-Jan-11 16:17 2018-Jan-11, Routine, Order for future visit, Scheduling Location: LGH Med Imaging      Details for IR Biopsy Liver Transjugular      Details for IR Biopsy Liver Transjugular      Provider Comments      Requested Start Date/Time: 11:Jan-2018      1617      PST     PFrority: Routine      Return Special Instructions / Notes to Scheduler:      Pregnant: Yes No     CC Provider 1:      CC P
Letais for IR Biopsy Liver Transjugular      Detais Order Comments      Requested Start Date/Time: 11-Jan-2018 * 1617 * PST *Priority: Routine *      Requested Start Date/Time: 11-Jan-2018 * 1617 * PST *Priority: Routine *      Provider Callback Number      Pregnant: Yes No      CC Provider 1: CC Provider 2: CC Prior PST * CC
*Requested Start Date/Time:       11-Jan-2018       v       1617       PST       *Priority:       Routine       v         2       *Reason for Exant       Special Instructions / Notes to Scheduler:       v       v       v         Provider Callback Number:       Special Instructions / Notes to Scheduler:       v       v       v         Pregnant:       Yes       No       Special Handling:       v       v         CC Provider 1:       CC Provider 2:       v       v       v
*Requested Start Date/Time:       11Jan-2018       1617       PST       *Priority:       Routine         2       *Reason for Exam:       Special Instructions / Notes to Scheduler:       Image: Comparison of the second secon
2       "Reason for Exam:       Special Instructions / Notes to Scheduler:         Provider Callback Number:       Pregnant:       Yes         Pregnant:       Yes       No         Special Handling:           CC Provider 1:       CC Provider 2:          CC Provider 3:
*Keason for Exam       Special Instructions / Notes to Scheduler:         Provider Callback Number:           Pregnant:       Yes         No       Special Handling:         CC Provider 1:           CC Provider 2:           Option for the model
Provider Callback Number:  Pregnant: Yes No  CC Provider 1:  CC Provider 2:  C
Pregnant:     Yes     No       CC Provider 1:     CC Provider 2:
CC Provider 1: CC Provider 2:
Under for future visit Ves ( No
Scheduling Location
4
_
1 Missing Required Details Orders For Cosjonature Orders For Nurse Review Cancel



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).

Menu	ę	< 🕘 - 💏 Orders		🗇 Full screen 🛛 Print 💸 0 minutes ag
Provider View Imaging Special Single Patient Task List		+ Add 2 Document Medication by Hx Reconciliation	Reconciliation Status	
		Orders Medication List	Meds History	
Results Review			H	
Orders	+ Add	View	Displayed, All Active Orders (All Inactive Orders (All Orders 5 Days Back	
Medication List	+ Add	Orders for Signature	🚯 🖓 Order Name Status Dose Details	
Documentation	🕈 Add	Medical IR Pre Procedure (Prototype) (Planned) IR Intra Procedure (Prototype) (Planned) IR Post Procedure (Prototype) (Planned)	Diagnostic Tests     Diag	, Scheduling Location: LGH Med Imaging

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.

ask Edit View Patient Chart Links N	lotification	c Tas	k List Ontions Help				Chart Dana		
				T I I I I I I I I I I I I I I I I I I I	W US 1 T 15 C	11 D 1 11 T 11	Chart Done		+  : C
Miessage Centre 📲 Patient Overview 📲 Amb	oulatory Or	ganizer	Patient List Multi-Pat	lent Task List	worklist Tracking Sne	en Perioperative Fracking	Chart Done (Date/ Time)	-	<del>-</del> - : <b>4</b>
Exit 🖸 Desktop Console Launcher 📋 Schedu	iling Appoi	ntment	: Book 🗃 🚺 rn Reporting P	ortal 🔄 Communicate 🝷	AdHoc 👳		Chart Not Done		
STPRODMI, TESTADRIENNE 🛛 🗶							Quick Chart	e	
Multi-Patient Task List							Chart Details / Modify		<b>2</b> 0 m
							Unchart		
🖌 🐼 🖾 🖬 🔊   📩   🇤							Ad Hoc Charting		
GH Medical Imaging, LGH Lions Gate						04-October-2017 13	Reschedule This Task	13:3	38 Sun
R Request List							Print		
R Request List							Order Info	_	
Task retrieval completed		_		1	1		Order Comment	_	
All Patients	- Â	PHY	Name	Medical Record Number	Location/Room/Bed	Task Description	Reference Manual		
💌 AGFSD, GFDSGFDSG		2 100 100	CSTCARDIOLAB, ANGELA	700006437	LGH Med Imaging	IR Protocol: Ready for Rev	Kererence Manualia		
ALLIED, HEALTH		2 2 2 2 3	CSTEICA, TEST	700000933	LGH SE / SEL / 04	IR Protocol: Ready for Rev	Task Info		
BAELISHTEST, PETYR			CSTEICIA, UTTEST	700002097	LGH 4E / 410 / 02	IR Protocol: Ready for Rev	Patient Snapshot		
			CSTEICIA, UTTEST	700002097	LGH 4E / 410 / 02	IR Protocol: Ready for Rev			
			CSTIRONE, ALPHA	700006272	LGH Med Imaging	IR Protocol: Ready for Rev	Select All		
BILBO, HOSPDEMO		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CSTIRONE, BETA	700006275	LGH Med Imaging	IR Protocol: Ready for Rev	Deselect All		
BRITNEY, SPEARS		200	CSTPRODMI, BABYCHANTEL	700005778	LGH Med Imaging	IR Protocol: Ready for Rev	Open Patient Chart	•	
BROWN-LEARN, HILARY		Ξ,	CSTPRODMI, BABYCHANTEL	700005778	LGH Med Imaging	IR Protocol: Ready for Rev	Sort By		
CDTEST, PALLIATIVE		00,	CSTPRODMI, TESTADRIENNE	700003789	LGH Med Imaging	IR Protocol: Ready for Review	Solt by	,	
CRUZ-LEARN, MARIA	2								
CSTADMITDATE, MARY INBOUND									
CSTADTJAMTHREE, ADTFOUR									
CSTADTJAMTHREE, ADTTHREE									
STADTJAMTHREE, ADTTWENTYONE									
	-								

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



9

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.

#### **Admit Order**

1

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.

		GH Med Imaging
		utpatient
. I∢		rain, GeneralMedicine-Physician7, MD
	P MIRONE, Tracy - Add Order Show More Urders	🖸 Full screen 👘 Print ಿ 22 minute
*	MIRONE, Tracy DOB:195 MRN:760Code 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: Attending:Train, Ge	
	e curste advoit tal 💿 Advanced Ontione 🚽 Turste 📅 Ambulatoru (Made as By)	
	Search: aumit of	<b>1</b>
	Admit to Day Surgery Folder: Internal Medici Search within: All	
	Admit of appacent	եղ 🕂 🔳 🗐 🖉
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		ial Blood, Routine, Collection: T:N, once
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		Blood, Routine, Collection: T;N, once
		(Na, K, Cl, CO2, Anion Gap) Blood,
		F;N, once
-	A Dataile	=- 6
	Potais	lure (Prototype) IR Pre Procedure
	Orders For Cosignature Orders For Nurse Review Orders For Signature Done	
_		edure (Prototype) IR Intra Procedure

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



Orders for Signature						
🔊 🕐 🎅 🕫 Order Name	Status Sta	rt Details				
△ LGH Med Imaging Enc:760000000201	Admit: 2018-J	Jan-18 11:25 PST				
⊿ Admit/Transfer/Discharge						
📕 🏷 Admit to Inpatient	Order 201	.8-Jan-24 14:25 2018-Jan-2	4 14:25 PST, Admit to Medical Imaging Inpatier	t, Admitting provider: Train, Radiologist-R	adNeti	
Details for Admit to Inpatient	:					
The Details Order Comments						
+ ∎ lh. I×						
*Patient Admission Date/Time: 24-Jan-20	18 🌲	• 1425 🚔 PST	*Medical Service	e: Medical Imaging Inpatient		
*Admitting Provider: Train, Rad	diologist-RadNet1		Bed Typ	e Hyperbaric Medicine		
Telemetry: 🔿 Yes	⊖ No		Special Instruction	Infectious Diseases Laboratory Medicine		
				Medical Genetics		
			[	Medical Imaging Inpatient	1	
			-	Iviedical Uncology		
				Midwifery		
				Neonatology		
				Nephrology		
				Neurology	1	
0 Missing Required Details Orders For Cosign	ature Orders	For Nurse Review			2	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

ARNTEST, PHYS 🖪							List 👘 🍋 Recent	· Marrie
ARNTEST, PHYS	DO8:1975-Jun-01 Age:42 years Gender:Male	MRN:700006586 Enc:7000000010224 PHN:0000012345	Code Status:Attempt CPR, Full Dosing Wt80 kg	Code	Process: Disease: Isolation:		Location:LGH 7E: 72 Enc Type:Inpatient Attending:Plisyca, Ro	24; 02
< > • 🔒 Provider View							(C) Full screen	🛱 Print 💸 6 m
A B   - B B   - A   100%								
Admission 22	Rounding	23 Quick Orders	23 Outpatient	Chart	22 Transfer/Disch	arge 🛛 🖓 🕂		
Chief Complaint Histories Allergies (1)	Home Medications	(4) 💠						All Visits $  \boldsymbol{\vartheta}  $
Visits (1)	Medication		♦		Responsible Provider	Compliance	Estimated Supply R	temaining
Documents (3)	amLODIPine (ACT /	Amlodipine 10 mg oral table	t) 1 tab, PO, qdaily, 0 Refill(s)		-	-		
Unks	glyBURIDE 10 mg.	PO, edaily with food, for 3	0 day, 30 tab, 0 Refill(s)	6	-	Taking as prescribed	21 days remaini	ng
Vital Signs	a metFORMIN (metF	ORMIN 850 mg oral tablet)	1 tab, PO, BID, 0 Refill(s)			-		
Labs	a multivitamin (Centr	um 8400 oral tablet) 1 tab.	PO, gdaily, 30 tab, 0 Refill(s)		-	-	-	
Microbiology Pathology (0) Imaging (0)					Document History: Co	ompleted by eLearn, MDGi	ENMED, MD on 13/0	19/2017 At 13:4
Current Medications	Current Medication	15 🕈					3	relected visit
Order Profile (24)						Status: V Meds History	Admission Transf	fer   😲 Discharge
Subjective/Listory of Dresent	Order				Order Sta	rt	Status	
Illness	4 Scheduled (3) Next 1	2 hours						
Objective/Physical Exam	ipratropium 250 mcg,	nebulized, q4h while awake			September	13, 2017 14:01	Ordered	
Active Issues	metFORMIN 850 mg, I	PO, BID			September	13, 2017 17:00	Ordered	
Assessment And Plan	salbutamol 5 mg, nebr	lized, q4b while awake			September	13, 2017 14:01	Ordered	
New Order Entry	▲ Continuous (0)							

**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.

F/	ANI-LEARN, HOMA 🛛 🛛				
F/	ANI-LEARN, HOMA	DOB:1941-Apr-12	MRN:700005033	Code Status:Attempt CPR, Full Code	Process:
	laurian Daaruta aastawiyankan iadiya	Condem Comolo	DUN-0076700000	Design WH/70 km	Usease.
A	lergies: Peanuts, acetaminophen, iodine, .	Gender:Female	PHIN:9876788092	Dosing withong	isolation:
Me	< 👻 👻 👫 Medication List				
5	🕂 Add   🍶 Document Medication by Hx   R	leconciliation 🕶   🚴 Che	ck Interactions		
	Orders Medication List Document In Plan				
	Displayed: All Active Orders   All Active Med	lications			

- 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.

Add Medication History	edications 📃 Unable To Obta	in Information	Use Last Compliance				Re	conciliation Status Meds History 🖋 Adn	nission  Discharge	
Document Medication by Hx										
Order Name	Status		Details 🔻				Last Dose Date/Time	Information Source	Complian Comp	
				✔ Last Documented On 10-No	v-2017 06:05 PST (TestPET, 0	GeneralMedicine-Physicia	n, MD)			
⊿ Home Medications										
SUMAtriptan	Prescribed	1	50 mg, PO, gdaily, PRN mic	raine headache, May repeat x1 af	ter 2 hours if satisfactory respo	onse not obtained with fir				
salbutamol (salbutamol	100 mcg/puff inhal Documen	ted	2 putt, inhalation, QID, drug	g form: spray, dispense qty: 1 inh,	refill(s): 0, start: 2017-Oct-111	L0:28 PD I				
drospirenone-etninyi es	tradiol (YASMIN ZI Documen	ted	1 tab, PO, qdaily, # 28 tab, t	) Ketili(s) ab dispanse atu 20 tab rafill/s): (	+++++ 10-Nov-2017 06:04 DST					
FI Llovetine (FI Llovetine	10 mg oral cansule) Documen	ted	1 can PO adaily drug form: t	ab, dispense quy: 50 tab, renn(s): t n: cap: refill(s): 0: start: 10-Nov-20	17.06-05.0ST					
Pending Home Medication	s	iteu	i cap, PO, qualiy, uluq form	n. cap, remi(s). 0, start. 10-1404-20	17 00.05 P31					
🔮 salbutamol (sal <u>butamo</u> l	100 mcg/puff inhal Documen	t	1 puff, inhalation, OID, drue	g form: inhaler, dispense <u>atv: 1 in</u>	h, refill(s): 0, start: 20-Nov-2017	7 15:12 PST				
✓ /// /////////////////////////										
E Details for salbutame	ol (salbutamol 100	mcg/puff inl	haler)							
✓ Details for Salbutame     ✓ Details )	ol (salbutamol 100	mcg/puff inl	haler)	~	2.5%					
▼ Details for <b>Salbutam</b> (	ol (salbutamol 100 hts ) @Compliance   Route of Administration	mcg/puff inl	Duration	Dispense	Refill					
Details for Salbutame     Details )     Details )     Dotails )     Dotails )     Dotails )	DI (salbutamol 100 ts) Compliance Route of Administration a inhalation	Frequency	Duration	Dispense 1 inh	Refill	+ • 1.	₩)>			
Details for Salbutame     Details )      Dorder Commen     Dose     1 puff     PRN:	Compliance Route of Administration	Frequency QID	Duration  Special Instructions	Dispense 1 inh	Refill • 0	+ 🕯 III.	Ug Form: inhaler	~	]	
Details for Salbutame     Details is Order Commen     Dose     I puff     PRN: Start Date/Time: 20Mov	bl (salbutamol 100 ts ) Compliance Route of Administration inhalation -2017 I 512	Frequency QID	Duration Duration Special Instructions	Dispense 1 inh	Refill	Type Of	ug Form: inhaler	~	]	
Details for Salbutand     Details     Details     Details     Dorder Commen      Dose     1 puff     PRN:     Start Date/Time: 20-Nov	col (salbutamol 100 ts) Compliance Route of Administration inhalation -2017 Internation 1512	Frequency	Duration Duration Special Instructions	Dispense 1 inh	Refill	Type Of	IJ ≍ ug Form: inhaler Therapy: Acute	· ·	]	
Details for Salbutance     Details IIII Order Commen Dose     I puff     PRN:     Start Date/Time: 20-Nov     Stop Date:     """""	col (salbutamol 100 ts) Compliance Route of Administration inhalation v2017 v v 1512 v v	Frequency QID PST	haler) Duration Special Instructions No Substitution:	Dispense 1 inh	Refill	<b>بالا</b> لله الله الله الله الله الله الله ال	Ug Form: inhaler Therapy: Acute Mainten	vance v	]	
Details for Salbutante     Details IIII Order Commen     Dose     1 puff     Start Date/Time: 2040v     Stop Date:     Details     Details	cl (salbutamol 100 ts Compliance Route of Administration inhalation	requency a QID ST	haler) Duration Special Instructions No Substitutions	Dispense 1 inh	Refil	الله الله الله الله الله الله الله الله	Ug Form: inhaler Therapy: C Acute C Mainter	vance	]	
Details for Salbutance     Details     Details     Details     Details     Details     Details     Dorder Commen      Dose     1 puff     PRN:     Start Date/Time: 20-Nov     Stop Date:     Performing Location:	bl (salbutamol 100 its) Compliance Route of Administration inhalation -2017 v 1512 	mcg/puff inl Frequency QD	Duration Duration Special Instructions No Substitution: Order Output Destination	Dispense 1 inh	Refil	the second secon	Ug Form: inhaler Therapy: Acute Mainten col Code:	vance	]	
Details for Salbutance     Details I Order Commen Dose     I puff     PRN:     Start Date/Time: 20-Nov     Stop Date:     Performing Location:	cl (salbutamol 100 ts Compliance) Route of Administration inhalation -2017 in 1512 	requency Frequency QD PST	haler)  Duration  Special Instructions  No Substitution  Order Output Destination	Dispense 1 inh	Refill • 0	الله الله الله الله الله الله الله الله	Image: Second secon	vance.	]	
Details for Salbutante     Details     Details     Details     Dorder Commen     Dose     1 puff     PRN:     Start Date/Time: 2040v     Stop Date:     Performing Location:	cl (salbutamol 100 ts Compliance Route of Administration inhalation +2017 is 1512 	requency Prequency QD PST	haler)  Duration  Special Instructions  No Substitution: Order Output Destination	Dispense 1 inh	Refil	Pharmacy BCCA Proton	Use form: inhaler Therapy: Acute Mainter	ance v	]	
Details for Salbutance     Details I III Order Commen     Dose     1 puff     PRN:     Start Date/Time: 2948ev     Stop Date     Performing Location:	cl (salbutamol 100 ts) Compliance Route of Administration inhalation -2017 v v 1512 	requency Frequency QID PST	haler)  Duration  Special Instructions No Substitution: Order Output Destination	Dispense 1 inh 	Refiil	Type Of Pharmacy BCCA Proton	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	vance v	]	
Details for Salbutance     Details I III Order Commen Dose     I puff     PRNk     Commen Start Date/Time: 20Mov Stop Date     Performing Location:	bl (salbutamol 100 ts) Compliance Route of Administration inhalation	mcg/puff inl	haler)  Duration  Special Instructions  No Substitution  Order Output Destination	Dispense 1 inh Ves No	Refill 0	الله الله الله الله الله الله الله الله	II ≥ ug Form: inhaler Therapy: ○ Acute ④ Mainter col Code: ○	ance v	]	
Details for Salbutante     Details IIII Order Commen Dose     I puff     Start Date/Time: 2040v     Stop Date: Performing Location:	cl (salbutamol 100 ts Compliance Route of Administration inhalation +2017 in inhalation +2017 in inhalation +2017 in inhalation +2017 in inhalation -2017 in inhalation	mcg/puff inl	haler)  Duration  Special Instructions  No Substitution: Order Output Destination	Dispense 1 inh Ves ( No)	Refil	the second secon	Ug Form: inhaler Therapy: Acute Mainter Col Code:	aance Denvis		

**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.

Within the Document Medications by Hx page, a new **External Rx History** button will be visible. <sup>C</sup> 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.

Current Medications			Sele	cted visit $  \boldsymbol{\vartheta}   =$
	Status: ✔ Meds History	Admission	Transfer	Outpatient
Order	Order Start	Status		
∠ Scheduled (0)				
∠ Continuous (0)				
⊿ PRN/Unscheduled Available (0)				
Administered (0) Last 24 hours				
△ Suspended (0)				
Discontinued (0) Last 24 hours				

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

P Order Reconciliation: Admission - MIIRTHREE, Joe							
MIIRTHREE, Joe DOB:1951-FebMRN:760000	2Code Statu				Location:LGH Med Imaging		
Age:66 years Enc:7600000					Enc Type:Inpatient		
Allergies: No Known AllergiesGender:Male PHN:107600	0 Dosing Wt	:70 kg		Isolation:	Attending:Train, Radiologist-R		
🕂 Add   📴 Manage Plans				1	Reconciliation Status Meds History  Admission Discharge		
Orders Prior to Reconciliation				Orders	After Reconciliation		
🖾 🖾 Order Name/Details	Status			🖳 🏹 Order Name/Det	tails Status		
⊿ Medications							
acetaminophen 500 mg, PO, g4h, for 30 day, PRN: pain-mild or fe	Documented	۲	0	acetaminophen 500 mg, PO, g4h,	Order PRN: pain-mild or fever		
atenolol 50 mg, PO, adaily, for 30 day, 30 tab, 0 Refill(s)	Documented	0	۲				
metoprolol 25 mg, PO, BID, for 30 day, 60 tab, 0 Refill(s)	Documented	۲	0	metoprolol 25 mg, PO, BID	Order		
ranitidine 150 mg, PO, qHS, for 30 day, 30 tab. 0 Refill(s)	Documented	۲	0	ranitidine 150 mg, PO, qHS	Order		
zopiclone 3.75 mg, PO, qHS, for 30 day, 30 tab, 0 Refill(s)	Documented	0	۰	2			
▲ Details					2		
0 Missing Required Details All Required Orders Reconciled				Reconcile and	Plan Sign Cancel		

- 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 pizza icon inidicates that it is a PowerPlan.

Some examples are: GI General Admission, GENSURG General Surgery Admission or MED General Medicine Admission.

Allergies: Allergies	Not Recorded	GenderFemale	PHIN9876734083 Dosing Wt	Isolation	Attending:
Menu		< > + I 💏 Orders			D Full screen 👘 📀 2 minutes ag
rovider View		+ Add   Document Medication by Hs   Recordinat	ion *   🐊 Obeck Interactions		Reconciliation Status  Medic History  Admission  Outpatient
naging special Single Patient Task Li		Orders Medication List			
lesults Review			H al S O + Add to Phase .	Check Alerts ACcomments Start Now Duration None	
Orden	Add	View	A P Comment	Status Dave Databa	
	1000	Orders for Signature	GI General Administra Districted	Planed Profice)	
bedication List	T Add	Plans	A Admit Crander Discharge	( Annual Contemport	
	🕈 Add	G Medical G General Admission (Validated) (Planned Pendie Suggested Plans (0) Orders	ng) (9 Verity that an 1 a Patient Care (9 Complete Alle (9 Complete Mele	idmit to' Order has been entered prior to completing the powerplan ay form cation Reconciliation	
Allergies	🕈 Add	Admit/Transfer/Discharge	🕼 🕼 🖸 Code Status	Select an order sen	stence
	101	Status	🖓 🔀 Weight	T On admission	7X52 -
ragnoses and Propie	mp.	Patient Care	R 🚺 Vital Signs	💌 qốh	
fistories		Activity	E Pulse Oximetry	💌 qốh	
MAR Summery		Diet/Nutrition	Cardiac Monit	cring May suspend for tra	insport/shower, Can transport off monitor
		Continuous Infusions	I Monitor Intaka	and Output 💆 gdaily	
and a		Medications	Stool Chart	in a second s	
Form Browser		E BIODO PRODUCTS		Qu' otroit meas an     Salart to order can	io ecome
atient Information		Laboratory	Lines/Tuber/Drains		aleada.
	147	Disentionsc Texts	🔽 🕅 Insert Peripher	al IV Catheter Unless already in pla	AC8
iteractive view and a	NU	Considered	Insert Urinary (	atheter Indwelling, Daily ass	sessment for need of catheter
ines/Tubes/Drains S	ammary	TABled Health	In and Out Cat	heterization PRN, If patient is unu	able to void x 3 perform in / out catheterization and notify the treating provider
Fronth Chart		Consulta Referrals	T Monitor Unine	Output Notify provider if un	ine output is less than 60 mL/h for 2 consecutive hours for catheterized patients
		Communication Orders	🗖 🚺 In and Out Cat	heterization PRN, to collect urine	e specimen
mmunizations		Sumles	E Remove Urina	y Catheter 🔄 🗶 Started in ED and n	no langer needled
Sinical Research		Non Categorized	4 Activity		1. I.
CareConnect		Medication History	Activity as Tell	rated I/N	
		Medication History Snapshot		cried viete	
		Reconciliation History	E In with Arrist	TN TN	
			C Redret	Turn outlient n2h	•
		Related Recults	T Details		
		Formulary Details	- Count		
		Valiance Viewer	Ordert For Congruiture   Ordert Fo	Visita Revolution Sava as My Favorite	O Initiate Sign

- 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.

Imaging Radiologist Summary	22 Quick Orders	23 Admission	22 Rounding	23 Outputient	Chart 21	+	9 - 9	A. /
Lines Company. Visits (5)	4 PET (0)							
Histories Allergies (3) Documents (2)	Home Medications (1)						All Visi	n   <b>∂</b>  ≡-
Links	Medication	÷		Responsible Provider	Compliance	Estimated Supply Re	maining	
Labs	metoproiol 25 mg, PD, 81D,	, for 30 day, 60 tab, 0 Refil(s)			Taking as prescribed	30 days remainin	Q.	
Micro Cultures (0) Imaging (8)	Constitution of the				Document History: Co	ompleted by Test, MI o	n 18/12/2017	At 10:52
Home Medications (1)	Current Medications +						Selected vis	a (C) =
Current Medications					Status: 🛩 Meds H	History 3 Admission	Transfer 00	utpatient
Order Protec (131)	Order			Order Start		Status		
New Order Entry	⊿ Scheduled (0)							
Diversal Evam	d Continuous (0)							
Active Icouec	4 PRN/Unscheduled Available	n (0)						
Assessment And Plan	<ul> <li>Administered (0) Last 24 hour</li> </ul>	15						
	4 Suspended (0)							
Create Note	Discontinued (0) Last 24 hour	t						
Preim MI Note								
Preim IR Procedure Note	05/255.021.08							17840
Admission Note	Order Profile (131)						Selected vie	a   C   =-
Select Other Note			Pendine	o Orders (0)   Group by: Clinical	Category V   Show: All Ar	tive Orders		V

- 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.

The Documentation	💭 Full screen 👘 Print 🏕 0 m
Add 🗐 📕 📝	
mission H & P X List	
allori 🔹 🕙 11 🔹 🕼 🕼 🕼 🖘 🖉 B I U 🔤 🖉 🗮 🗮 🚱	
Chief Complaint Cough, shortness of breath for last three days, fever. Pain in her right chest that intensifies with inspiration. History of Present Illness Patient developed a harsh, productive cough four days prior to being seen by a physician. She developed a fever, shaking, chills and malaise along with the cough. One day ago she developed pain in his right chest that intensifies with inspiration. The patient lost 15 lbs. over the past few months but claims she did not lose his appetite.]	Problem List/Past Medical History Acd reflux disease Back pain Mightypertension <u>Historical</u> Back fracture
Review of Systems	Appendectomy; (1986).
Physical Exam <u>Vitals &amp; Measurements</u> Constitutional: [No fevers, chills, sweats] Eye: [No recent visual problems] EWT: [No eer pain, nasal congestion, sore throat] Respiratory: [No shortness of breath, cough] Cardiovascular: [No Chest ain, usalitations, swncope]	Medications           Ingatient           acetaminophen, 325 mg, 1 tab, PO, q4h, PRN           hydroxyrine, 5 mg, 0.5 cao, PO, q24h           penicillin V, 500 mg, PO, 60 min pre-op           Home           multiViamins-minerals tab (CENTRUM FORTE) tab, 1 tab, PO, qdaily           TYLENOL #3 EQUIV tab, 1 tab, PO, q4h, PRN, Not taking           Xalatan 0.005% opthilamic solution, 1 drop, eye-both, qPM
Gastrointestinal: [No nausea, vomiting, diarrhea] Genitourinary: [No hematuria] Accessment (Van	<u>Allergies</u> Bee Stings (Swelling) penicillin (Diarrhea)
I. Preumonia	Social History Alcohol
1. Pneumonia	Current user, Beer, Wine Current user, Beer, Occasional Use
2. Migraine	EXERCISE Minutes per day: 30. Days per week: 2. Physical Activity Intensity: Moderate. Exercise type: Running
3. Back ache	Tobacco Never smoker, Type: Cigarettes. Former smoker, Type: Cigarettes. per day 15. 10 year(s).
Lab Results	Family History C C C C C C C C C C C C C C C C C C C
te Details: History and Physical, Test, Order Sets Physician - Hospitalist, 2017-Mar-17 10:03 PDT, Admission H & P	Sign/Submit Sava Sava & Clora

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

Physical Exam 💿 📼 🗙		
<u>Vitals &amp; Measurements</u> 💽 🖝 🗙		
	28	5

1



## 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.

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.



#### 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 M 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.



Orders	23	Future Orders	23	Outpatient Chart	23	Admission	🛛 Tran	sfer/Discharge	× +	. (		۹ (
Outstanding	g Ord	ers (5)									Selected v	sit $ \boldsymbol{\vartheta}  \equiv$
						Status		Ordered				
zopiclone						Ordered		03/04/18 14:3	19			
acetaminophen						Ordered		03/04/18 14:3	19			
bisOPROLOL						Ordered		03/04/18 14:3	39			
salbutamol						Ordered		03/04/18 14:3	88			
IR Biopsy Liver	Transjug	jular				Ordered		27/12/17 14:5	57			
Discharge N	Medica	ation Reconcil	iation								Selected v	sit $  \boldsymbol{\vartheta}   \equiv$
								Sta	itus: 🗹 Me	eds History   ✔ Ac	Imission   🙂 C	outpatient
Order							Order 9	Start		Status		
⊿ Scheduled	(0)											
⊿ Continuous	s (0)											
⊿ PRN/Unsch	heduled	Available (0)										
⊿ Suspended	(0)											

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 **i**con.

P Order Reconciliation: Outpatient - MIIRFOUR, Cameron	Order Reconciliation: Outpatient - MIIRFOUR, Cameron 💿 💿 💌									
MIIRFOUR, Cameron DOB:1951-JaMRN:760000Code St Age:67 years Enc:7600000	atus:			F	Proces Diseas	55: 5e:	Location:LGH Med Imagi Enc Type:Outpatient			
Allergies: No Known Alle Gender:Male PHN:107600 Dosing	Wt:70	kg		I	solatio	on:	Attending:Tra	ain, GeneralMe		
🕂 Add 🐌 Manage Plans		K,				Reconciliation S Meds History	tatus / 🕒 Admission	<ul> <li>Outpatient</li> </ul>		
Orders Prior to Reconciliation	_					Orders After Reco	onciliation			
🔄 🕅 Order Name/Details Status		۵.		\$	70	order Name/Details		Status		
⊿ Home Medications										
Q Ocumented 1 g, PO, QID, for 30 day, PRN: fever, 120	0	0	0							
Socumented 2.5 mg, PO, qdaily, for 30 day, 30 tab, 0	0	0	0							
3 salbutamol Documented 2.5 mg, nebulized, q4h, PRN: shortness a	0	0	0							
2 zopiclone Documented 3.75 mg, PO, qHS, for 30 day, 30 tab, 0 R	0	0	0							
						Ackno	owledge Remainii	ng Home Meds		
▲ Details										
0 Missing Required Details 4 Unreconciled Order(s)		I	Recon	cile	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 presciption prints autmatically.



**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**.

Admission	23	Rounding	X	Transfer/Discharge	X Quick Orders
Order Profile (35) Medication Reconciliation	Di	scharge Order En	itry 🕂		
Discharge Order Entry	Inp	atient 🗸			
Documents (4)		Personal	Public	Shared	Search New Order
Labs		Conoral Modicina	Ordore		
Imaging (0)		General Medicine	orders		
Micro Cultures		Powerplans			
Pathology		Frequent Condit	tions		
Discharge Diagnosis		Medications			
Significant Findings		📄 Labs			
Procedures and Treatment		📄 Imaging and Di	agnostics		
Provided		Consults			
Post Discharge Follow Up		Patient Care			
Discharge Disposition		Future Orders			
Hospital Course		Discharge Patient Disc	harged Home with	out Support Services	Order
Create Note	_	Discharge Patient Disc	harged Home with	Support Services	Order
Discharge Summary		Bed Transfer Request	D		Order

**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.

ost Discharge Fol	llow Up		
Fort . Sow .	E	2 3 8 M	
	Di Manane Auto Test		
scharge Disposit	ION Hy Phrases Public Phr	ases	1
Fort • 528 •	1. 1.	Q Sum A Arts Tar	
	Abbreviation	Description	0
	++OncoColo	Standardized BCCA Follow-up Letter	for Stag.
	appendicitis	DC Appendicitis	
	ConsultOtherService	Consult Call to Other Service	
ospital ourse	discharge		
e.	Journersing	ICU Nursing	
<u> </u>	Jabchem		
	-30ep		
	.test		
	.testmeds		
	No executive a		

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.

Carper Imp				MON.	
Contract arrive	aging: Online Work	List			
de View	Launch Hele				Louise Constant
		8 1 2 2 4			
~ ~	R M C V				
ners					
Between	22-Oct-2017 and 2	4-Oct-2017			As of:02:15 P
Departme	ent	Section	Subsection	Exam Boom	
LGH Med	1 Imaging	All sections	All subsections	All exam rooms	
Show co	ompleted exams				
Show co	ompleted exams				
Priority	Status	Status DT/TM	Patient Name	Procedure Name	TranspO
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

#### Initiating Orders

2

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





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).



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.

Add   🕼 Document Medication by He   🚴 Cl	eck Interactions					Reconciliation Sta Meds History	tus 🚯 Admissie	on 😗 Outpati
ders Medication List								
,		♥ Order Name	Status	Start	Details			
View	4 LGH Med In	naging Enc:70000001196	56 Admit:	18-Oct-2017 13:43 PD	r			
Orders for Signature	4 Patient Car							
Plans	<u>č</u> .	Vital Signs	Order	18-Oct-2017 15:13	18-Oct-2017 15:13 PDT, Once, pre procedure baseline			
Medical	Č.	Neurovascular Assess	Order	18-Oct-2017 15:13	. 18-Oct-2017 15:13 PDT, once, Stop: 18-Oct-2017 15:13 P	DT, bilateral lower e	odremities pr	e procedure
Se IR Pre Procedure (Prototype) (Initiat	d Laboratory		1.1.1.1					
IR Intra Procedure (Prototype) (Planned)	6.	HIV 1/2 Antibody and	Order	18-Oct-2017 15:13	Blood, STAT, Collection: 18-Oct-2017 15:13 PDT, once			
IR Post Procedure (Prototype) (Planned)		per Anogen boobe		101	Pre procedure			
uggested Plans (0)								
Unders								
Admit/Transfer/Discharge								
Defeat Care								
C Patient Care								
Activity								
Continuour Infurior	11							
Medications								
E Blood Products								
I aboratory								
Diagnostic Tests								
Procedures								
	16							
Related Results	- Details							
Formulary Details	C. sections							
Variance Viewer	O Minting Back in	d Databal C. Dident For Conte		Orders For Maria Davisor			10710	Sim

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



#### CLINICAL+ SYSTEMS Our path to smarter, seamless care

## 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 dropdown 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 🖌.



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

ry bana anayniy			Last 24 Hor								
Time-Out Imaging					0.052	573	1.1.1.1.1.1.1.1.1	- N			
PreProcedure Imaging	Find 2 cm	Low Abn	ormal 🔄	Unauth 📃	Flag	0	And 😐 O	r			
Imaging Procedures Checklist Measurements	Bank ICam	terreta Il Dise Il Dis	-	Li.	indexend De						
Anway Management	100					18-01	5-2017				
Perpheral IV 1	2	15:00 - 15:59 PDT	14:00 - 14:59 PDT	13:00 - 13:59 PDT	12:00 - 12:59 PDT	11:00 - 11:59 PDT	10:00 - 10:59 PDT	09:00 - 09:59 PDT	08:00 - 08:59 PDT	07:00 - 07:59 PDT	06:55
Preprocedure Time Out	Preprocedure Time-Out										1000
Presodation Monitoring	Patient ID Band on and Verified										
	Allergy visual Cue Present								-		
	Anacharia Consect Signed										
	Proceedings Concert Complete		-						-		-
	Procedure Site Verified										
	Correct Patient Position										
	Procedure Comments										
	Time Out All Present Participate										
	Participants Present for Procedure										

1. 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).



Image: Construct of the construction of the constructio	< 🔹 🕈 Single Patient Task List	D, Full screen	Print	2 4 minutes
Scheduled Patient Care  All PRN Task  Task retrieval completed  Task Stettui-de Date and Time. Task Description Order Details  Chart Done Quick Chart Chart Chart Done Chart Done Char	× ⊗ © ± №   ₩			
Scheduled Patient Car Task retrieval completed Task status Scheduled Date and Time Task Description Order Details I Task Status Scheduled Date and Time Task Description Order Details I Task Status Scheduled Date and Time Task Description Order Details I Task Done. Q Chert Done (Date/Time) Q Chert Done (Date/Time) Q Chert Done (Date/Time) Q Chert Done (Date/Time) Q Chert Done. Q Chert Done.		07-December-2017 06:30 Thursday PST - 07-December-2017 15:45 Thursday PST		
Task retrieval completed Task Status Scheduled Date and Time Task Description Order Details Task Status Scheduled Date and Time Task Description Order Details Task Status Scheduled Date and Time Task Description Order Details Chart Done Chart Not Done. Quick Chart Chart Not Done. Quick Chart Ad Hoc Charting Reschedule This Task Print Ad Hoc Charting Reschedule This Task Print Create Admin Note Reference Manual Task Info Petient Snapshot Select All Deslect All	Scheduled Patient Care All PRN Tasks			
Task Status Scheduled Date and Time Task Description Order Details          Task Status Scheduled Date and Time Task Description       Order Details         Task Status Scheduled Date and Time Task Description       Order Details         Chart Done (Date/Time)       Chart Done (Date/Time)         Quick Chart       Chart Done(Date/Time)         Chart Done(Date/Time)       Quick Chart         Chart Done(Date/Time)       Chart Done(Date/Time)         Print       Ad Hoc Charting         Reschedule This Task       Print         Print       Ad Hoc Charting         Reference Manual       Task Info         Patient Snapshot       Select All         Descent All       Descent All	Task retrieval completed			
Int 2       Period       Int 2, her. 2012       15, 25, 2512         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image: State Construction       Image: State Construction         Image: State Construction       Image:	Task Status Scheduled Date and Time Task Der	cription Order Details		
Chart Done (Date/Time) Chart Not Done Quick Chart Chart Not Done Quick Chart Chart Details / Modify Unchart Ad Hoc Charting Ad Hoc Charting Print Order Info Order Info Order Info Order Comment Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	10 10 Pen Ing. 107-Dec-2017 15-25 PST Unregt Pe	ripheral IV Catheter p7-Dec-2017 15:25 PST		
Chart Nat Done (Date/Time) Chart Nat Done Quick Chart Chart Net Done Quick Chart Chart Details / Modify Unchart Ad Hoc Charting Ad Hoc Charting Print  Ad Hoc Charting Print  Create Admin Note Reference Manual Task Info Patient Snapshot Select All Desciect All	1 Chart Done 2			
Chart Not Done Quick Chart Chart Details / Modify Unchart Ad Hoc Charting Ad Hoc Charting Print Print Order Info Order Comment Create Admin Note Reference Manual Reference Manual Reference Manual Stehet Saspshot Select All Desdect All	Chart Done (Date/Time)			
Chart Deals / Modify Unchart Ad Hoc Charting Reschedule This Task Print • Order Info Order Comment Create Admin Note Reference Manual Task.Info Patient Snapshot Select All Desslect All	Chart Not Done			
Unchant Al Hoc Charting Reschedule This Task Print Order Info Order Comment Create Admin Note Reference Manual Task Info Patient Snapshot Select All Desclect All	Quick Chart			
Ad Hoc Charting Ad Hoc Charting Print Order Infe Order Comment Create Admin Note Reference Manual Task Infe Patient Snapshot Select All Desclect All	Chart Details / Modify			
Ad Hoc Charing Reschedule This Task Print • Order Info Order Annonett Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	Unchanter -			
Reschedule This Task Print  Print Print Order Info Order Comment Order Comment Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	Ad Hoc Charting			
Print  Pr	Reschedule This Task			
Order Info Order Comment Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	Print >			
Order Comment Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	Order Info			
Create Admin Note Reference Manual Task Info Patient Snapshot Select All Deselect All	Order Comment			
Reference Manual Task Info Patient Snapshot Select All Deselect All	Create Admin Note			
Task Info Patient Snapshot Select All Deselect All	Reference Manual			
Patient Snapshot Select All Deselect All	Task Info			
Select All Deselect All	Patient Snapshot			
Deselect All	Select All			
	Deselect All			

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**.

P Insert Periph	eral IV Catheter (Chart Done) - CSTPRODMI, TEST A 🞫
Date/Time:	07-Dec-2017
Performed by:	TestMI, Nurse-RadNet1
	OK Cancel

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

< 🚿 🝷 🚔 Single Patient Task List	[D] Full screen	Print	€ 9 minutes ago
07-December-2017 06:30 Thursday PST - 07-December-2017 15:45 Thursday PST			
Scheduled Patient Care Alli PRN Tasks			
Task retrieval completed			
Task Status     Scheduled Date and Time     Task Description     Order Details       ✔     60° 12     Complete     07-Dec-2017     15:25 PST			
<b>NOTE</b> : You will need to check Single Patient Task List in different phase new tasks.	s to see	e if the	ere are



#### 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).

CSTPRODMI, TEST	ADRIENNE	8						List Ma Recent - Name - Q
CSTPRODMI, TEST Allergies: penicillin	ADRIENNE	DOB:25-May-1995 Age:22 years Gender:Female	MRN:700 Enc:7000 PHN:987	003789 100011966 1952828	Code Status: Dosing Wt90 kg	Process: Disease: Isolation:		Location:LGH Med Imaging Enc Type:Outpatient Attending:
Menu	9	< 👌 🔸 🚔 Orders						(O) Full screen 👘 👘 💸 30 minutes agr
Imaging Technologist		+ Add   @ Document Medication	by Hx   , Che	k Interactions				Reconciliation Status
Interactive View and 18tC MAR		Orders Medication List						Meds History U Admission U Outpatient
Results Review			M	4 00	+ Add to Phase - 🛄 Comments Start:	18-Oct-2017 15:13 PD7 Stop: N	one	
Medication List	+ Add	View Order: for Signature		1 6	? Component	Status	lose Details	
Orders	+ Add	Plans	ñ	IR Pre Proces	dure (Prototype) (Initiated)		-	
1		Medical		A Patient Ca	on: 18-Oct-2017 15:29 PDT by: TestMI, are	MedicalImagingTechnologist-KadNe	42	
Allergies	+ Add	IR Intra Procedure (Prototype) IR Post Procedure (Prototype)	(Planned) (Planned)		( If patient is unable to give informed	consent, please arrange for a family m	ember/legal guardian to acc	company patient to radiology dept. Consent must be
Appointments		2 IR Pre Procedure (Proto type	A Middle and		Consults.	or procedure must be signed before ha	records or sedatives automos	terea. Order Consult to Translation Services under
CareConnect		Suggested Plans (U)	Discontinue	_	Vital Signs	Ordered	18-Oct-2017 15:	13 PDT, Stop: 18-Oct-2017 15:13 PDT, Once, pre proc
Clinical Research		Admit/Transfer/Discharge	Plan Inform	ation	Neurovascular Assessment Infusions	Ordered	18-Oct-2017 15:	13 PDT, once, Stop: 18-Oct-2017 15:13 PDT, bilateral
Diagnoses and Problems		Status	Add Comm	ent	Fluids			
Documentation	+ Add	Patient Care	Save as My	avorite	Select if patient diabetic			
Form Browser		Diet/Nutrition			🛪 🔇 For Patients on Anticoagulants Refe	r to Management Guidelines for Patien	ts Having "ELECTIVE" Invasio	ve Procedures in Medical Imaging
Histories		Continuous Infusions		Antimicro	bials	a diama fa a sanah da isi		
MAR Summary		Medications     Blood Products		d Laborator	G For severe peniciliin or cephalospon	n allerdy (e.d. anaphylaxis)		
Medication Request		Laboratory		3	Refer to Management Guidelines fo A Lab work to be done within 30 days	Patients Having *ELECTIVE* Invasive F	Procedures in Medical Imagin within 72 hours for inpatient	ng
Patient Information		Diagnostic Tests		Virology	G the new to be done minimize days			•
		- m	, *	M 6	6° 🚺 HIV 1/2 Antibody and p24 Antigen I	BCCDC Ordered	Blood, STAT, Co	ollection: 18-Oct-2017 15:13 PDT, once -
		Related Results		🛣 Dotails				
		Formulary Details		0.4. 5. 6.		- H F		Data Sci Contra
		Variance Viewer	-	Unders For Co	inghature   [ Urigers For Nurse Hervew ] [ 5.0	re as my navorre		Urdent Foll Signature

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

P Dis	scontinue - IR Pre Procedure	e (Prototype)		3
				_
Keep	Component	Status	Order Details	
Patie	nt Care			
	🕈 Vital Signs	Ordered	2018-Mar-15 08:58 PDT, Stop: 2018-Mar-15 08:58 PDT, Once, pre-procedure baseline	
	🔭 Weight	Ordered	2018-Mar-15 08:58 PDT, Stop: 2018-Mar-15 08:58 PDT, Once, pre-procedure baseline	
	Tinsert Peripheral IV Catheter	Ordered	2018-Mar-15 08:58 PDT	
			OK Cancel	

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

P Ordering Physician
*Physician name
Train, Radiologist-RadNet1
*Order Date/Time
15-Mar-2018 🖉 🗸 0900 🚔 PDT
*Communication type
Phone
No Cosignature Required
Cosignature Required
Paper/Fax Electronic
OK Cancel



Then Click Orders for Signature and Sign to discontinue.

Orders For Signature

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

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)

CSTPRODML TEST	ADRIENNI					- Lia	Recent + Name +
CSTPRODML TEST	ADRIENN	E D08:25 May 1995	MRN:70000378	9 Code Status:	Process	Location:	GH Med Imaging
Allergies: penicillin		Age22 years GenderFemale	PHN/987695283	966 S Dosina Wt90 ka	Disease: biolations	Enc Types Attending	Julpatient
Menu	•	< > • n Orders					(Full screen 💿 👘 👌 1 minutes a
Imaging Technologist		+ Add Document Medication by	Ha Check Inter	actions		Reco	nciliation Status
Interactive View and 18:0						• M	eds History () Admission () Outpatient
MAR		Orders Medication List					
Results Review			H	A Differente Stat New D	untion None		
Medication List	+ 4.61	View			Dates De	Details	
Orders	- 444	Orders for Signature	IR let	ra Procedure (Prototype) (Planned)	and the second s	OR L. LORANS	
Londers		Medical	Last o	pdated on: 18-Oct-2017 09:52 PDT by: TestU	ser, Radiologist-RadNet, MD		
	1.000	Rintia Procedure (Prototype) (7	Linned)	edications	Management C. idalaan Inc Daliant	Haring 10 (CTMC) have a first start in Made	-
Allergies	+ Add	2 R Post Procedure (Prototype) (P	(anned)	Medications to be given by physician 1	ntanagement undernes for Patient	s Having "ELEC TIVE" anvasive Procedures in Medic	at priaging
Appointments		- JR Pre Procedure (Prototype) (Dr	icontinue E	S 🚺 midazolam		0.5 mg/kg, IV, q2min, PRN sedation, dr	rug form: inj
CareConnect.		Suggested Plans (0)	1			Maximum: 0.1 mg/kg	
<b>Clinicel Research</b>		Admit/Transfer/Discharge	10	Fertanyl oven and RR decreases to b	is than 10/minute give nalmone	50 mcq, IV, q3min, PRN pain-breakthro	Jugh, drug form: inj
Diagnoses and Problems		Status	E	aloxone	an orient and mentantic dark strategister	0.4 mg, IV, q2min, PRN other (see com	ment), drug form: inj
Documentation	A 444	Patient Care				For opiate reversal until RR over 12/min	nute
Decomensuon	- F 1400	Activity	-	ondansetron		4 mg, IV, g8h, PRN nausea or vomiting	, drug form: inj
Form Browser		Diet/Nutrition		dimenhyDENATE		50 mg, IV, gbh, PRN nausea or vombin	a drug form: inj
Histories		Made ations				GRAVOL EQUIV	g, stog tente ng
MAR Summary		Blood Products	п	diphenhydrAMINE		25 mg, PO, once, PRN allergy sympton BENADRVL EQUIV	ns, drug form: cap, first dose: STAT
Medication Request		Laboratory	E	diphenhydrAMINE		25 mg, N, once, PRN allergy symptom	s, drug form: inj, first dose: STAT
Patient Information		Procedures		A Lidentics IV and alteral antis an at	attended in second second share	BENADRYL EQUIV	
				A Lidocane 1% and hitrodycerin are mis	ed together in one syringe and given	SUBCUT BOCKINE 1%	
		Related Results	a De	Auls			
		Formulary Details					
		Variance Viewer	Order	Is For Congristure   Orders For Nurse Review	eve as My Favorite		3 Sinhate Orders For Signature

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.

CSTPRODML MICHAEL - 70000619	3 Opened by TestML Supervisor-RadNet	4				- 5 -
Task Edit View Patient Chart	t Links Navigation House					
Ambulatory Organizer Tracking	Shell Perioperative Tracking	IgLIVE 🔡 🧟 CareConnect 🙆 PHSA F	PACS 🔕 VCH and PHC PACS 🙆 MUSE 😋 Formi	est WFI		
Tear Off A Exit MAdHe	Medication Administration	versation - 🕂 Add - 🗂 Scheduling A	ppointment Book 💌 Documents 🖨 Discern Repo	rting Portal		
2 Patient Health Education Material	s Q Policies and Guidelines Q UpTol	Date				
CSTPRODML MICHAEL	-	1000 <b>4</b> 0			List D'a Recent	• Name • Q
CSTPRODMI, MICHAEL	DO8:19-Jan-1962	MRN:700006193 Co	de Status:	Process:	Location:LGH Med Imag	aing
	Age:55 years	Enc:7000000012063		Disease:	Enc Type:Recurring	
Allergies: Allergies Not Recorded	Gender:Male	PHN:9676734227 Do	ising Wt:	Isolation:	Attending:	
Menu 4	< 🔹 🔸 者 Imaging Supe	rvisor			(C), Full screen	O minutes ago
Imaging Supervisor	A	- 0 0 4				
Interactive View and 18:0	Imaging Synopsis	22 MI Contrast and Medication	ns S2 Summary	53 Future Orders	22 +	Q ( =.
Orders 🕂 Add						
Results Review	Patient Information	=• /	Allergies (0)	=• @	Documents (0)	=• @ @
Medication List 🕂 Add	Chief Complaint:	No results found	All Visits		Al Vists 🖝	
MAR	Reason For Visit:	testing of report status in PACS, etc	No results found		No results found	
	Primary Physician:	Plisvcp, Tracy, MD	Measurements and Weights (0)	≡• 🔿	Clinical Research (0)	E• •
Allergies 🔶 Add	Attending Physician:	No results found	Selected visit			
Appointments	Admitting Physician:	No results found	No reads found		Medications	- C - C - C - C - C - C - C - C - C - C
CareConnect	Room/Red:	No results found			Selected visit	
Clinical Research	Admit Date:	16/10/17	Vital Signs/Weights and Measuremen	nts 🗏 • 🗞	4 Scheduled (0)	
Diagnoses and Problems	Targeted Discharge Date:	No results found	Selected visit 🔷		A Continuous (0)	
Documentation <b>d</b> Add	Advance Directive:	No results found	No results found		A PRN/Unscheduled Available (0)	
Farm Decement	Code Status:	No results found			<ul> <li>Administered (0) Last 24 hours</li> </ul>	
Form browser	<ul> <li>Diet and Activity (0)</li> </ul>		Labs	<b>≡•</b> ⊘	<ul> <li>Discontinued (0) Last 24 hours</li> </ul>	
Histories	<ul> <li>Emergency Contact (0)</li> </ul>		Last 90 days for all visits 🔷		Home Medications (0)	E.A.
MAR Summary	and the second		No results found		THOME PROMAEUONS (2)	
Medication Request	Visit Summary	2.1			All Visita	
Patient Information	Selected visit		Pathology (0)	=• *	Hs: amLODIPine (AG-AmLODIPine 5 mg oral tablet)	1
	Service: Medical Imagi	ng 16/10/17 14:43	All Visits 🛩		the beened period topical (Ob sai Plantidarm Area	- EN
	Resuscitation No results fou Status:	nd	No results found		topical lotion) I application, topical, TID, 0 Refil(s)	0.5%
	Advance No results fou Directive:	nd	Microbiology (8)	=• •	He caRVEDILOI 6.25 mg, PO, BID, for 30 day, 60 t, Robits)	ate, 0
	Isolation: No results fou	nd	All Visits 🗸		Her ceohal EXin (Keflex 250 mg oral tablet) 1 Lab. P	12.
	Activity Order: No results fou	nd	No results found	1	QID, for 14 day, 56 tab, 0 Refill(s)	
-	Diet: No results fou	nd	the sublet former		Hoc filgrastim 5 mcg/kg, subcutaneous, gdaily, 30 d	liy, 0
	Pain Score: no results fou	114			Refille	

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 <sup>II</sup> 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.



eln								
CSTPRODMI. TES	TAC MRN:	70000507	2 DOE	3: 1/5/1983 Gender: Female				æ
Associated Devices								
Select All							🏦 Disassociate	~
				There are currently n	a associated devices			
				mere are currently in	to associated devices.			
					×*			
Device Search					•		Asso	ciate
Device Search Device: AN-Monitor					• •		Asso	ciate
Device Search Device: AN-Monitor Device: T	Location	Details	/endor	Model			Asso	ciate
Device Search Device: AN-Monitor Device AN-Monitor-01	Location	Details \	/endor CERN	Model Cerner Scripted Discrete Device	× •		Asso	ciate
Device Search Device: AN-Monitor Device I AN-Monitor-01 A AN-Monitor-02	Location	Details \	/endor CERN CERN	Model Cerner Scripted Discrete Device Cerner Scripted Discrete Device	• •		Asso	ciate
Device Search Device: AN-Monitor Device: AN-Monitor-01 AN-Monitor-02 AN-Monitor-02	Location	Details \ (	/endor ERN ERN ERN	Model Cerner Scripted Discrete Device Cerner Scripted Discrete Device Cerner Scripted Discrete Device	•		Asso	ciate
Device Search Device AN-Monitor Device AN-Monitor-01 AN-Monitor-02 AN-Monitor-03	Location	Details \ ( ( (	/endor CERN CERN CERN CERN	Model Cerner Scripted Discrete Device Cerner Scripted Discrete Device Cerner Scripted Discrete Device			Asso	ciate

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

PreProcedure Imaging	4				Last 24 Hour	~s						•	
ntraprocedure Imaging						-						·	
Prenmoedure Time-Out	Find Item	High	low 🗉	Abnormal	🔲 Unauth	Flag		C And	Or				
VITAL SIGNS								0	· ·				
PAIN ASSESSMENT	Result	Comment	s Flag	Date		Performe	ed By						
Cardiac Rhythm Analysis													
Airway Management	<u>in</u>							07-De	ec-2017				
Peripheral IV	R 🛋 🗗		15:48 -	15:45 -	15:42 -	15:39 -	15:36 -	15:33 -	15:30 -	15:27 -	15:24 -	15:21 -	15:1
Warming/Cooling			15:50 PST	15:47 PST	15:44 PST	15:41 PST	15:38 PST	15:35 PST	15:32 PST	15:29 PST	15:26 PST	15:23 PST	15:20
Incision/Wound/Skin/Pin Site	Z VITAL SIGNS	DogC											
Procedural Sedation/Analgesia Monitoring	Temperature Axinary	DegC											
Sedation Scales	Temperature Skin	DegC											
	Temperature Temporal Artery	DegC											
	Temperature Oral	DegC											
	Temperature Partal	DegC											
	Temperature Tympanic	DegC											
	Temperature Brain	DegC											
	Temperature Bladder	DeaC											
	Temperature Esophageal	DeaC											
	Temperature Core	DegC											
	Apical Heart Rate	bpm											
	Peripheral Pulse Rate	bpm											
	Heart Rate Monitored	bpm	88	88									
	SBP/DBP Cuff	mmHg	33/15	33/15									
	Mean Arterial Pressure, Cuff	mmHg											
	Mean Arterial Pressure, Manual	mmHg											
stProcedure Imaging	Blood Pressure Method												
tult Lines Devices	SBP/DBP Arterial Line	mmHg	116/66	116/66									
un Lines - Devices	Mean Arterial Pressure, Invasive	mmHg											
ediatric Lines - Devices	Central Venous Pressure	mmHg											
lult Quick View	Cerebral Perfusion Pressure, Cuff	mmHg											
ediatric Quick View	Cerebral Perfusion Pressure, Invasive	mmHg											
take And Output	PbtO2	%											
han and Oranghian	⊿ Oxygenation												

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



in 18 ₹ <b>1</b>	21-Nov	/-2017 09:07 PST	
⊿ VITAL SIGNS	<b></b>		
Temperature Axill DegC			Not Finalized (purple fo
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	Finali
Cuff Location			
🔟 Mean Arterial P mmHg	97	97	
Mean Arterial P mmHg			
Blood Pressure Method			
Central Venous mmHg			
Intracranial Pre mmHg			
Cerebral Perfus mmHq			



**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.

CSTPRODMI, TESTAC MRN: 700005072 DOB: 1/5/1983 Gender: Female	9
Associated Devices	
Select All	🚜 Disassociate 🛛 🗠
Z AN-Monitor-01	~ ~
Device Search	



# 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.



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.



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.



CSTPRODML TESTAC						
CSTPRODML TESTAC	DOB05-Jan-1983	MRN2700005072	Code Status	Process		Location:LGH TW; 301: 01A
Allergies: No Known Allergies	Gender Female	PHN/9876785151	Dosing Wt:74 kg	Isolation		Attending Playco, Wesley, MD
Menu 0	< > • 🔒 Orders					D Full screen 🛛 👘 🕹 0 minutes ago
Provider View	+ Add   @ Document Medication by H	fs   Reconciliation •   🚴 Check I	nteractions			Reconciliation Status Medu History & Admission & Discharge
Imaging Special Single Patient Task List	Orders Medication List					
Results Review	111		H al O + Add to Phase -	Comments Start: 29-Nov-2017.0	9.48 PST Stops None	
Orders + Ad	Vie		Compone	rt	Status Dose	Details
Medication List + Ad	Plans		MI Centesis Imaging Guided (Mo Last undated per 20 Nov. 2017.0	Hiphase) (prototype), Imaging Orders 9:49 PST, his Testilluer, GeneralMedi	and Pre Procedure Tests Unitiat	ed
Documentation + Ad Allergies + Ad Diagnoses and Problems Histories	Model MC Centresk Imaging Guided MM (Imaging Orders and Pro Treve Procedural Tests - maging Cell MC Centresk Imaging Guide MC Centresk Imaging Guided (M MC Centresk Imaging Called Contrast - Scient Prepara Suggested Plans (II) Context	Highwei (prototype) Immirien et (Piennel) et (Piennel) Highwei (Piennel) Highwei (prototype) tion (prototype) (Initiated)	Admit/Teamfer Discharge     Admit/Teamfer Discharge	o initiate Pre Procedure phase of this plu al (CBC and Offerential) es Unea Creatinine Panel	an Ordered Ordered Ordered Ordered	Blood, Urgent, Collection: 20-Nov-2017 09-88 PST, once Blood, Urgent, Collection: 29-Nov-2017 09-88 PST, once Blood, Urgent, Collection: 29-Nov-2017 09-88 PST, once Blood, Urgent, Collection: 29-Nov-2017 09-88 PST, once
MAR Summary MAR Form Browser Patient Information Interactive View and IStO Lines/Tubles/Drains Summary	Admit/Transfer/Discharge Status Patient Care Activity Disc/Natrition Continuous Influiens Medications		₩ 44° 🕜 US Parace	ntess .	Ordered (Exa	29-Nov-2017 09-88 PST, Roudive, Resson test
Growth Chart	Falated	Results	X Dataila			
Immunications -	Variance	Viewer	Orders For Colignature   Orders P	(a Nutrie Franker) (Save as My Favorite)		Orden For Signature

## Select **pH Fluid**.

(If you are the physician click on Sign.)

- Orders for Signature			/8.	Disease second stands and stands for the Divid Consistence Transporter	The lafe	and the second will see been the second as and second second in the F	huid Order cratics
Plans			<b>V</b>	helew	r. The into	ormation entered will apply to the analyte orders selected in the r	fuid Order section
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MI Centesis Imaging Guided (Multiphase) (prototyp	14		2	Tudo specimen Type		<ul> <li>Fleural huid - Specify Site, K chest, Koutine collect, Oli</li> </ul>	t collect, collected,
Imaging Orders and Pre Procedure Tests (Initiated			2	Tests most commonly ordered:			
Procedural Tests - Imaging Collect (Planned)			Ľ,	Cell Count Fluid		Routine collect, Collected, Collection: 1;N	
MLCellert, LAR, Disural (Chart) Eluid Testing (Di			Q	Glucose Fluid		Routine collect, Collected, Collection: T;N	
- Mit Collect - CAB - Pleural (Chest) Pluid Testing (Pl		]	Ø	Lactate Dehydrogenase Fluid		Routine collect, Collected, Collection: T;N	
Suggested Plans (0)			Ø.	Protein Fluid		Routine collect, Collected, Collection: T;N	
Orders			7	Body Fluid Culture		Pleural fluid, Routine, Collection: T;N, once	
Admit/Transfer/Discharge	E		2	Pathology Non GYN Cytology Request			
- Status			۲	Other fluid orders:			=
Patient Care		1	1	Albumin Fluid		Routine collect, Collected, Collection: T;N	
Activity	I E	1	7	Amylase Fluid		Routine collect, Collected, Collection: T;N	
Diet/Nutrition	Г	1	Ø	Bilirubin Total Fluid	2	Routine collect, Collected, Collection: T;N	
Continuous Infusions		1	Ø	Cholesterol Fluid		Routine collect, Collected, Collection: T;N	
Medications			7	Chylomicrons Fluid		Routine collect, Collected, Collection: T;N	
Blood Products		1	2	Creatinine Fluid		Routine collect, Collected, Collection: T;N	
				Fungus Culture		Pleural fluid, Routine, Collected, Collection: T;N, once	
		j	7	Lipase Fluid		Routine collect, Collected, Collection: T;N	
	Г		7	Mycobacteria (AFB) Culture		Pleural fluid, Routine, Collected, Collection: T;N, once	
Procedures			٢	pH Fluid to be collected in air tight heparinized container.			
- Respiratory	1		Ø	pH Fluid		Routine collect, Collected, Collection: T;N	
4							
Related Results		Details					
Formulary Details							
Variance Viewer		Orders For C	losig	nature Orders For Nurse Review Save as My Favorite			😥 Initiate 🛛 Sign

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

	🗴 🔹 🗞 🚫 🕂 Add to Phase - 🛕 Check Alerts 🔐 Comments Start: Now 🛄 Duration: None 🛄
View	
- Orders for Signature	Qor Y     Component     Status     Dose     Details
Plans	MI Centesis Imaging Guided (Multiphase) (prototype), Procedural Tests - Imaging Collect (Planned)
Medical	Last updated on: 2010-reb-20 17:55 r51 by: Iran, Generalmedicine-rnysician4, MD
MI Centesis Imaging Guided (Multiphase) (prototyp	A dents las Checked on 2010-rep-2017:55 r51 by: Tran, Generalmedicine-rhysiciana, MD
Imaging Orders and Pre Procedure Tests (Initiated	A Admin (Tamber) Discharge
<ul> <li>Procedural Tests - Imaging Collect (Planned)</li> </ul>	Pipe of this to this part of the play utilized in a strained
MI Collect - LAB - Pleural (Chest) Fluid Testing (Pla	A Laboratory
Suggested Plans (0)	Se MI Collect - LAB - Peritoneal (Acrites Abdominal Par
- Orders	Song State St
Admit/Transfer/Discharge	Superstanding and the second sec
Status	By MI Collect - LAB - Pancreatic Cyst Fluid Testing
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Activity	🗖 🦉 MI Collect - LAB - Vitreous Fluid Testing
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Procedures	
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Related Results	▲ Details
Formulary Details	
Variance Viewer	Orders For Cosignature Orders For Nurse Review; Save as My Favorite Sign



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

	· · ·
P Ordering Physician	×
*Physician page	
Fnysician name	
TestUser, GeneralMedicine-Physician, MD	
*Order Date/Time	
07-Dec-2017 🔹 💌 1558	PST
*Communication type	
Phone	
Verbal	
Electronic	
ОК	Cancel

5 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**.

H	18 m			
Yew	A 7 Component	Statul	Dose Details	
ens Medical	MI Centesis Imaging Guided (Multiphase) (prototype), Last updated on: 29-Nov-2017 10:00 PST by: TestUs	Procedural Tests - Imaging Co er, Radiologist-RadNet, MD	liect, MI Collect - LAB - Pleural (Che	st) Fluid Testing Unitiated Fending)
MI Centesis Imaging Guided (Multiphase) (prototype) Imaging Orders and Pre Procedure Tests (Initiated)	Please complete the required details for Order section below.	the Fluid Specimen Type order.	The information entered will apply to	the analyte orders selected in the Fluid
Procedural Tests - Imaging Collect (Initiated Pending)     EMI Collect - LAB - Preved (Chest) End Testing (Initiated	Read Specimen Type	Grafer	Pleural fluid - Specify S	ite, Routine collect, Collected, 29-Nov-20
MI Centesis Imaging Guided (Multiphase) (prototype)	Cell Count Duid	Order	Routine collect, Collect	ed Collection 29-New 2012 10:03 PST 11
Proceedural Texts - Imaging Collect (Initiated) MI Collect - LAB - Pieural (Chent) Field Texting (Initiated) MI Oral Contrast - Isaan Preparation (prototype) (Initiated) (protof Plans (II)) (en Adend/Transfer/Discharge Status Patient Care (Adend/T	Concession (Constants) (Collect Details (Concession (Constants)) Concession (Constants) Concession	003 🕅 PST		
Dist Nutrition Continuous Infusions Medications Blood Products Laborators	Frequency: Durition	*		
Related Results	Order for future visit: Yes 📴 💿 No	*		
Formulary Details	The second	and the French		25 June 1 Datasta Con

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

7



6 If the phase has already been initiated then you can use Lab-Add On Test order.

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

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**.

/ Hx	MIRFIVE, Gabriel - Add MIRFIVE, Gabriel - Add MIRFIVE, Gabriel Allergies: No Known .	Decine W(#20 kg I Order DOB:1951MRN:7600Code Status: Age:67 yeEnc:76000 Gender:MPHN:1076Dosing Wt:70 kg	Process: Disease: Isolation:	Location:LGH Med I Enc Type:Outpatient Attending:Train, Gener
<b>Vult</b> c <b>edi</b> ollec Ches	Common Diagnosti Common Diagnosti Anticoagulation	Test Folder: Internal Medici Search within		de er in:
	•		MIIRFIVE, Gabriel - 7	760000204 Done

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

CSTPROOML TESTAC - 700005	5072 Opened by TestUser, Nurse-RadNet						0 9
esk Edit View Patient	CSTPRODML TESTAC - Add Order						
Ambulatory Organizer 👫 C	CSTPRODML TESTAC	DO8:05-Jan-1983	MRN:700005072	Code Status:	Process	Location:LGH 3W; 303; 01A	-
Tear Off 📲 Exit 🛍 AdHoc		Age:B4 years	Enc:70000001554	8	Disease:	Enc Typednpatient	
Patient Health Education Me	Allergies: No Known Allergies	GenderFemale	PHN:9876785151	Dosing Wt:74 kg	Isolation:	Attending:Plisyco, Wesley, MD	
TPRODMI, TESTAC	Seach	Advanced Options . Type	- 📵 Inpatient	•			
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Summary	Blood Products			Glucose Fluid	Ordered (Collected)	Routine collect, Collected, Collection: 28-Nov-2017 14:55 PST, Unit collect, Blood Ureant, Collection: 29, Nov-2017 06:05 PST, and	once
cation List 🔶 🕂 Adi	Laboratory			BOY INR	Ordered	Blood, Urgent, Collection: 28-Nov-2017 14:20 PST, once	
nt Information	Diagnostic Tests			LAR - Add Dis Test	Ordered	Add On Collection: 29-Nov-2017 10:16 PST, additional labs	
ence	Relati	ed Results	Total				
	Formu	lary Details	Tak a	1.000		- Printer	
	Varian	A Widelar					

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.** 



CSTPRODME TESTAC - 700005072 (	Opened by TestUser, Nurse-RadNet			
Task Edit View Pabent Chart	Unixs Options Current Add Help	W Distance Backbourd an Date Language W Langu	and Decision Andre have Avenue	BLOBACE QUEER Q Deverture MED
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CSTPRODMI, TESTAC	DOB:05-Jan-1983 MRN:70	0005072 Code Status:	Process:	Location:LGH 3W; 303; 01A
Allergies: No Known Allergies	Gender:Female PHN987	6785151 Dosing WE74 kg	Bolation	Attending:Pisyco, Wesley, MD
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Reference	Related Results			
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## **b** Activity 3.4 – Start and Complete IR exam in Exam Management

1 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).

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Ur	On Hold	Routine	CSTPRODME, TEST-EIGHT	Accession Number	23-Oct-2	017 12:30	23-Oct-2017 12:30	NM Infection WBC
	Ordered	Routine	CSTPRODMI, TESTADRIENNE	112-118-17-0003509	23-0ct-2	017 08:40	23-Oct-2017 08:40	US Biopsy Lymph
Ġ	On Hold	Routine	CSTPRODMI, TESTTWO	Print\Reprint Patient	Packet	7 10:55	23-Oct-2017 10:55	NM Liver Hemang
Č	On Hold	Routine	CSTPRODMI, TESTTWO	2 Exam Management		7 11:15	23-Oct-2017 11:15	NM Parathyroid
				Transcription				
				Schedule Inquiry				
				Protocol				
				Add Interesting Case	File			
				Comments				
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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.

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

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*Accession: 112-XR-17	-1000008 🔍 🔌 🔥	(A	Personnel           Personnel           *Primary         Train, S           Additional	upervis	Date/Time	late/time
Patient Information MRN: 760000214 Name: MIIRTEN, Ma DOB: 1966-Jan-16 Age: 52 Years Gender: Male Encounter type: Inp Location: LGH 2E / :	arcos patient 220 / 01			Clear	Show complete Institution: LGI	eted exams
Comment	Reason for Exam post IR procedure	Accession 112-XR-17-1000008	Start Dt/Tm 2018-Apr-04 0	8:42	Complete Dt/Tm	Status Started
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			Image Managemen	t	Complete	Exit

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.

Cerner Imaging: Technical Comments								- • •	
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5 <u>.</u> 0									
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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**.

<b>计</b> 企					
Accession: 112-IR-17-1000003	Order Date/Time:	04-Ap	r-2018 🚊 🗸 085	8 🚖	
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6

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

📢 Cerner Imaging: Exam Management				
Task Edit View Select By Launch Help				
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*Accession: 112-IR-17-1000003		Personnel           Name           *Primary         Train, Supervisor-f           Additional	Date/Time	
Patient Information				
MRN: 760000203 Name: MIIRFOUR, Timothy DOB: 1951-Jan-20	×		Show completed exam	s 🔲 Sł
Age: 6/Years Gender: Male				
Encounter type: Outpatient	_		Institution: ZZVIITUAI Inst	-
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4				4
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Ready.		•	TRAIN1 TRAIN.RADSUPERVISOR	3 09:01 <sub>.::</sub>



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.

Itatus	Priority	Name	Procedure Name	Transport Mode	Or	Requested DT/TM	Accession Number	MRN	Patient Type	Nurse
Ordered	Urgent	CSTDEMOBRADLEY, DONOTDI	XR Chest		ð	21-Nov-2017 16:38	112-XR-17-0006275	700008147	Emergency	LGH E
	Urgent	CSTDEMOCHRIS, DONOTUSE	XR Chest		ð	22-Nov-2017 08:54	112-XR-17-0006282	700008281	Emergency	LGH E
Completed	Lincont	CSTEDHONG, JACK	RF Wrist Right		ő	21-Nov-2017 21:16	425-RF-17-0001964	700005980	Emergency	WHC I
Jraerea	1	CSTEDTEST, LUCY	XR Forearm Left		ő	23-Nov-2017 09:14	112-XR-17-0006294	700007742	Emergency	LGH E
Canceled		CSTEDTEST, LUCY	XR Wrist Left		ð	23-Nov-2017 09:14	112-XR-17-0006293	700007742	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Spine Cervical w/o Contrast		6	23-Nov-2017 09:38	112-CT-17-0004419	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Head w/o Contrast		6	23-Nov-2017 09:38	112-CT-17-0004418	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	XR Wrist Right		6	23-Nov-2017 09:38	112-XR-17-0006296	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	XR Chest	Portable	- Ö	23-Nov-2017 09:38	112-XR-17-0006295	700008285	Emergency	LGH E
Ordered	STAT	CSTEDTEST, TANYA	CT Chest Abdo Pelvis w/ Contrast		6	23-Nov-2017 09:38	112-CT-17-0004420	700008285	Emergency	LGH E
Ordered	Routine	CSTOSVECINA, DEMORAISA	XR Pelvis		e	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	CSTPRODMED, TEST-DELTA	MRI Abdomen Adrenal w/o Contrast		é	22-Nov-2017 15:05	112-MR-17-00021	700006504	Inpatient	LGH 7
Ordered	Routine	CSTPRODMED, TEST-DELTA	CT IACs w/o Contrast		e	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 N
										•

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.

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.

	🖢 🍕 📎 🕂 Add to Phase 🗸	Gomments Start: 2018-Apr-04 09:06 PD	)T Stop: None	
View	Compor	nent	Status Dose	Details
Plans	IR Post Procedure (Prototype) Last updated on: 2018-Apr-04	(Initiated) 09:07 PDT by: Train, Supervisor-RadNet3	Status Dose in	
IR Post Procedure (Prototype) (Initiated IR Pre Procedure (Prototype) (Discontinue	Discontinue	ge Patient	Ordered	2018-Apr-04 09:06 PDT, Discharge h
IR Intra Procedure (Prototype) (Discontinu Suggested Plans (0)	Plan Information ig	ins	Ordered	2018-Apr-04 09:06 PDT, Stop: 2018
Orders Admit/Transfer/Discharge	Add Comment it Save as My Favorite	with Bathroom Privileges for 4 hours post renal biopsy and for 1 hour pos	Ordered t liver biopsy	2018-Apr-04 09:06 PDT
- Patient Care	✓ 66 මේ ඊ General ∠ Continuous Infusions	Diet	Ordered	2018-Apr-04 09:06 PDT
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Medications	, 	or diabetic patients		Ŧ
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#### 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



## **b** 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.